

OASIS-D1 to OASIS-E/E1 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/E1 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-E1 and beyond. Note: When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.

Item Summary

14 a ma #	C	Description	OASIS-D1		1 Time Points		(OASIS-E/E1			Time Points		Notos		
Item #	Sec.	Description	SOC	ROC	FU	TRF	DC	DAH	SOC	ROC	FU	TRF	DC	DAH	Notes
M0010-100,150	Α	Administrative Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M0102	Α	Date of Phys-ordered S/ROC	✓	✓					✓	✓					
M0104	Α	Date of Referral	✓	✓					✓	✓					
M0110	Α	Episode Timing	✓	✓	✓				Е	Е	Е				Removed (E1)
M0906	Α	Discharge/Transfer/Death Date				✓	✓	✓				✓	✓	✓	
M1000	Α	Inpat Fac DC within 14 days	✓	✓					✓	✓					
M1005	Α	Inpat DC Date	✓	✓					✓	✓					
M0140	Α	Race/Ethnicity	✓	✓											Removed (E)
A1005	Α	Ethnicity							✓						Added (E)
A1010	Α	Race							✓						Added (E)
A1110	Α	Language							✓						Added (E)
A1250	Α	Transportation							✓	✓			✓		Added (E)
M2301	Α	Emergent Care				1	✓					√	✓		()
M2310	Α	Reason for EC				1	✓					✓	√		
M2410	Α	Inpat Fac admitted to				1	√					√	√		
M2420	Α	DC Disposition					✓						√		
A2120	Α	Med List Provision to Provider										✓			Added (E)
A2121	Α	Med List Provision to Provider											√		Added (E)
A2122	Α	Route of Provision to Provider										√	✓		Added (E)
A2123	Α	Med List Provision to Patient										·	·		Added (E)
A2124	Α	Route of Provision to Patient											·		Added (E)
B0200	В								√				Ť		Added (E)
M1200	В	Hearing Vision	√	V	√				ľ						
		Vision	_	V					V						Removed (E)
B1000	В								\ \ \	✓			√		Added (E)
B1300	В	Health Literacy							∨	∨					Added (E)
C0100	С	BIMS Interview Attempted							v				√		Added (E)
C0200	С	BIMS: Repetition of 3 Words							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√			√		Added (E)
C0300	С	BIMS: Temporal Orientation							V	√			√		Added (E)
C0400	С	BIMS: Recall							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√			√		Added (E)
C0500	С	BIMS: Summary Score							V	V			√		Added (E)
C1310	С	Signs/Symp of Delirium	,						V	√			√		Added (E)
M1700	С	Cognitive Functioning	√	√			√		V	√			√		
M1710	С	When Confused	√	√			✓		√	√			✓		
M1720	С	When Anxious	✓	✓			✓		✓	✓			✓		
M1730	D	Depression Screening	✓	✓											Removed (E)
D0150	D	Patient Mood Interview							✓	✓			✓		Added (E)
D0160	D	Total Severity Score							✓	✓			✓		Added (E)
D0700	D	Social Isolation							✓	✓			✓		Added (E)
M1740	E	Cog, Behav, Psych Symptoms	✓	✓			✓		✓	✓			✓		
M1745	E	Freq of Behavior Symptoms	✓	✓			✓		✓	✓			✓		
M1100	F	Living Situation	✓	✓					✓	✓					
M2102	F	Types and Src of Assistance	✓	✓			✓		✓	✓			✓		
M1800	G	Grooming	✓	✓	✓		✓		✓	✓	✓		✓		
M1810	G	Upper Dressing	✓	✓	✓		✓		✓	✓	✓		✓		
M1820	G	Lower Dressing	✓	✓	✓		✓		✓	✓	✓		✓		
M1830	G	Bathing	✓	✓	✓		✓		✓	✓	✓		✓		
M1840	G	Toilet Trf	✓	✓	✓		✓		✓	✓	✓		✓		
M1845	G	Toilet Hyg	✓	✓			✓		✓	✓			✓		
M1850	G	Bed Trf	✓	✓	✓		✓		✓	✓	✓		✓		
M1860	G	Ambulation	✓	✓	✓		✓		✓	✓	✓		✓		
GG0100	GG	Prior Functioning	✓	✓					✓	✓					

Continued		5		OASIS-D1 Time Points		3	OASIS-E/E1			Time Points			N		
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	✓	✓	✓		✓		✓	✓	✓		✓		DC Goal Remvd (E
GG0170	GG	Mobility	✓	✓	✓		✓		✓	✓	✓		✓		DC Goal Remvd (E
M1600	Н	UTI	✓	✓			✓		✓	✓			✓		
M1610	Н	Urinary Incont/Catheter	✓	✓	✓				✓	✓					Removed at FU (E)
M1620	Н	Bowel Incont Freq	✓	✓	✓		✓		✓	✓			✓		Removed at FU (E)
M1630	Н	Ostomy	✓	✓	✓				✓	✓					Removed at FU (E)
M1021	I	Primary Dx	✓	✓	✓				✓	✓					Removed at FU (E)
M1023	ı	Other Dx	✓	✓	✓				✓	✓					Removed at FU (E)
M1028	ı	Comorb/Co-existing Conditions	✓	✓					✓	✓					
M1033	J	Risk for Hospitalization	✓	✓	✓				✓	✓	✓				
J0510	J	Pain Effect on Sleep							✓	✓			✓		Added (E)
M1242	J	Freq of Pain Interfer w/ Activity	✓	✓	✓		✓								Removed (E)
J0520	J	Pain Interfer w/ Therapy							✓	✓			✓		Added (E)
J0530	J	Pain Interfer w/ Activity							✓	✓			✓		Added (E)
J1800	J	Any Falls since S/ROC				✓	✓	✓				✓	✓	✓	, ,
J1900	J	Number of Falls since S/ROC				✓	✓	✓				✓	✓	✓	
M1910	J	Falls Risk Asmt	✓	✓											Removed (E)
M1400	J	Dyspnea	✓	✓	✓		✓		✓	✓			✓		Removed at FU (E)
M1060	K	Height and Weight	✓	✓					✓	✓					. ,
<0520	K	Nutritional Approaches							✓	✓			✓		Added (E)
M1030	K	Therapies Received at Home	✓	√	✓										Removed (E)
M1870	K	Feeding or Eating	✓	1			√		√	✓			✓		()
M1306	М	Unhealed PU Stage 2+	✓	√	✓		✓		✓	✓	✓		✓		
M1307	М	Oldest Stage 2 PU					√						√		
M1311	М	Current # Unhealed PUs	✓	√	✓		✓		✓	✓			✓		Removed at FU (E)
M1322	М	Current # Stage 1 PUs	√	1	✓				√	✓					Removed at FU (E)
M1324	М	Stage of Most Prob PU	✓	√	✓		✓		✓	✓			✓		Removed at FU (E)
M1330	М	Presence of Stasis Ulc	√	√	✓		√		√	✓			✓		Removed at FU (E)
M1332	М	Current # Obs Stasis Ulc	✓	√	✓				√	√					Removed at FU (E)
M1334	M	Status of Most Prob Stasis Ulc	✓	√	✓		√		√	√			√		Removed at FU (E)
M1340	M	Presence of Surgical Wound	√	√	√		√		√	√			√		Removed at FU (E)
M1342	M	Status of Most Prob Srg Wnd	✓	√	✓		√		√	√			√		Removed at FU (E)
N0415	N	High Risk Drug Classes			-				✓	√			✓		Added (E)
M2001	N	Drug Reg Review	√	√					√	√					ridded (L)
W2003	N	Medication Follow-up	✓	· ✓					√	· ✓					
W2005	N	Medication Intervention		,		√	√	√	,	·		√	√	√	
M2010	N	High-Risk Drug Education	√	√		•			√	√			•	•	
M2016	N	Drug Education Intervention		,		√	√		,	·					Removed (E)
M2020	N	Mgmt of Oral Meds	✓	√		•	√		√	√			✓		itellioved (L)
M2030	N	Mgmt of Injectable Meds	· ✓	· /	√				· ·	· ·			•		Removed at FU (E)
00110		,	_	_	•				√	√			√		
	0	Special Trtmts, Proced, Prog COVID-19 Vac							,	•		√	∨		Added (E1)
O0350	0					√	✓					✓	∨	V	Added (E1)
M1041	0	Flu Vac Data Collection Period										✓			
M1046	0	Flu Vac Received				√	√					V	✓		Damas d (E)
M1051	0	Pneumococcal Vac				V	√								Removed (E)
M1056	0	Reason PPV Not Received	,		,	✓	✓		_						Removed (E)
M2200	0	Therapy Need	✓	✓	✓				Е	Е					Removed (E1)
M2401	Q	Intervention Synopsis				✓	✓					✓	✓		2401a removed (E)

This is based on the Final OASIS-E1 All Items Instrument posted by CMS on December 23, 2024 and scheduled for implementation on January 1, 2025. 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.

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MOSTA, Branch State MOSTA, Branch B Number	M0010. CMS Certification Number	All	Ī
MO016. Barlon ID Number MO017. National Provider Identifier (NPI) for the attending physician who has signed the plan of care All MO018. National Provider Identifier (NPI) for the attending physician who has signed the plan of care All MO020. Patient 10 Number All MO030. Start of Care Date MO030. Patient Cary Voar MO030. Patient Care MO030. Patient Start of Residence All MO030. Patient Start of Residence All MO030. Patient Start of Residence MO030. Modicare Number MO030. Modicare Number MO040. Social Security Number MO050. Modicare Number MO050. Modicare Number All MO050. Modicare Number All MO050. Modicare Number All MO060. Social Security Number All MO060. Soci			Ī
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M0018. National Provider Identifier (MPI) for the attending physician who has signed the plan of care M0018. National Provider Identifier (MPI) for the attending physician who has signed the plan of care M0020. Patient IN Number	M0016. Branch ID Number	All	r
W0020, Patient ID Number			t
W0020, Patient ID Number	M0018. National Provider Identifier (NPI) for the attending physician who has signed the plan of care	All	r
M0020. Patient ID Number	I	- 7	F
M030. Start of Care Date M031		All	ī
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M0060. Patient Name M0060. Patient Name	Industrial Grant Bate	All	ŀ
MO040. Patient Name	Month Day Year		
MO040. Patient Name Mo050. Patient State of Residence	M0032. Resumption of Care Date	All	N
M0050. Patient Name M0050. Patient ZIP Code			
M0090. Patient State of Residence M0090. Patient ZIP Code	M0040. Patient Name	All	N
M0090. Patient State of Residence M0090. Patient ZIP Code			
M0060. Patient ZIP Code M0063. Medicare Number			L
M0063. Medicare Number	M0050. Patient State of Residence	All	N
M0063. Medicare Number			L
M0064. Social Security Number	M0060. Patient ZIP Code	All	N
M0064. Social Security Number			L
M0064. Social Security Number		All	N
M0065. Medicaid Number			L
M0065. Medicald Number M0066. Birth Date		All	N
M0066. Birth Date Month Day Year			
M0066. Birth Date Month		All	N
Month			L
M0069. Gender	M0066. Birth Date	All	ľ
Enter Code 1. Male 2. Female	Month Day Year		
Description of Person Completing Assessment	M0069. Gender	All	N
M0080. Discipline of Person Completing Assessment Enter Code 1. RN 2. PT 3. SLP/ST 4. OT M0090. Date Assessment Completed Month Day Year M0100. This Assessment is Currently Being Completed for the Following Reason Enter Code 1. Start/Resumption of Care 1. Start of care - further visits planned 3. 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 discharged from agency ↓ Skip to M1041 Discharge from Agency - Not to an Inpatient Facility 8. Death at home ↓ Skip to M2005			
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M0100. This Assessment is Currently Being Completed for the Following Reason Enter Code Start/Resumption of Care 1. Start of care - further visits planned 3. 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 discharged from agency ↓ Skip to M1041 Discharge from Agency - Not to an Inpatient Facility 8. Death at home ↓ Skip to M2005			L
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7. Transferred to an inpatient facility - patient discharged from agency ↓ Skip to M1041 Discharge from Agency - Not to an Inpatient Facility 8. Death at home ↓ Skip to M2005		1	
8. Death at home ↓ Skip to M2005			
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OASIS-E/E1	Section A	Administrative Information	P
M0010. CMS C	ertification Num	ber	All
M0014. Branch	State		All
M0016. Branch	ID Number		All
M0018 Nationa	al Provider Ident	tifier (NPI) for the attending physician who has signed the plan of care	All
		☐ UK - Unknown or Not Available	7
M0020. Patient	ID Number		All
moozo. i ationi			All
M0030. Start of	Care Date		All
WOOSO. Start O		, <u>, , , , , , , , , , , , , , , , , , </u>	All
	Month Day	Year	
M0032. Resum	ption of Care Da	ate	All
	Month Day	- NA - Not Applicable Year	
M0040. Patient		Teal	All
	(First)	(MI) (Last) (Suffix)	
M0050. Patient	State of Reside		All
M0060. Patient	ZIP Code		All
] - []	
M0063. Medica	re Number		All
		□ NA - No Medicare	
M0064. Social	Security Numbe	r	All
	-	- UK - Unknown or Not Available	
M0065. Medica	id Number		All
		□ NA - No Medicare	
M0066. Birth D	ate		All
] - [
M0069. Gender	Month Day	Year	All
Enter Code	1. Male		
	2. Fema	ale	
M0080. Discipl	ine of Person C	ompleting Assessment	All
Enter Code	1. RN 2. PT		
	3. SLP /	ST	
	4. OT		
M0090. Date As	ssessment Com	pleted	All
	Month Day	- Year	
M0100. This As	,	rrently Being Completed for the Following Reason	All
Enter Code	Start/Resump	tion of Care	
		of care - further visits planned Imption of care (after inpatient stay)	
	Follow-Up	implion of care (after inpatient stay)	
	4. Rece	ertification (follow-up) reassessment ↓ Skip to M0110	
		er follow-up ↓ Skip to M0110	
		ı Inpatient Facility sferred to an inpatient facility - patient not discharged from agency ↓ Skip to M1041	
		sferred to an inpatient facility - patient discharged from agency ↓ Skip to M1041	
		m Agency - Not to an Inpatient Facility h at home ↓ Skip to M2005	
	9. Disc	harge from agency ↓ Skip to M1041	

		_
M0102. Date of	Physician-ordered Start of Care (Resumption of Care)	000
	indicated a specific start of care (resumption of care) date when the patient was referred for home health	SOC
	the date specified.	ROC
301 11003, 100010	the date specified.	
	-	
	Month Day Year	
	□ 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 dat	e that the written or verbal referral for initiation or resumption of care was received by the HHA.	ROC
indicate the dat	e that the written of verbal referral for initiation of resumption of care was received by the Firm.	1100
	Month Day Year	
MO440 Enined	·	000
M0110. Episod		SOC
	home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the	ROO
patient's curren	sequence of adjacent Medicare home health payment episodes?	FU
Enter Code	4 Fash	
Enter Code	1. Early	
Ш	2. Late	
	UK Unknown	
	NA Not Applicable: No Medicare case mix group to be defined by this assessment.	
M0150 Curren	t Payment Sources for Home Care	All
	•	
	all that apply	-
	O. None; no charge for current services Outlinear (traditional for foregards)	
	Medicare (traditional fee-for-service)	
	2. 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)	
Ħ	UK Unknown	
		TRI
	rge/Transfer/Death Date	DC
Enter the date o	f the discharge, transfer, or death (at home) of the patient.	DAI
		DAI
	Month Day Year	
M1000. From w	hich of the following Inpatient Facilities was the patient discharged within the past 14 days?	SO
	all that apply	RO
	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)	1
Ö	6. Psychiatric hospital or unit	1
ä	7. Other (specify)	1
片	(1)	-
_	NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis	SO
м1005. Inpatie	nt Discharge Date (most recent)	RO
	UK - Unknown	1100
		1

M1030. Therapies shown in section K

M1033. Risk for Hospitalization shown in section J



	Physician-ordered Start of Care (Resumption of Care)	soc
	indicated a specific start of care (resumption of care) date when the patient was referred for home health	ROC
services, record	the date specified.	
	-	
	Month Day Year	
	□ NA - No specific SOC/ROC date ordered by physician	
M0104. Date of	Referral	SOC
	e that the written or verbal referral for initiation or resumption of care was received by the HHA.	ROC
	Month Day Year	
M0110. Episod		SOC
	home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the	ROC FU
patient's curren	sequence of adjacent Medicare home health payment episodes?	FU
Enter Code	1. Early	
	2. Late	
_	UK Unknown	
	NA Not Applicable: No Medicare case mix group to be defined by this assessment.	
M0150. Curren	t Payment Sources for Home Care	All
	all that apply	
	0. None ; no charge for current services	
	Medicare (traditional fee-for-service)	
	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)	
H	UK Unknown	
M0906. Discha	rge/Transfer/Death Date	TRF
	f the discharge, transfer, or death (at home) of the patient.	DC
		DAH
	Month Day Year	
M1000. From w	hich of the following Inpatient Facilities was the patient discharged within the past 14 days?	SOC
	all that apply	ROC
	1. Long-term nursing facility (NF)	
	2. Skilled nursing facility (SNF/TCU) 3. Short stay could be price (IRRS)	
	Short-stay acute hospital (IPPS) 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	C
	nt Discharge Date (most recent)	SOC
		ROC
	UK - Unknown or Not Available	
		ı

(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	

	,	ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency ing/observation status)?	DC
Enter Code	0. 1. 2. UK	No → Skip to M2410, Inpatient Facility Yes, used hospital emergency department WITHOUT hospital admission Yes, used hospital emergency department WITH hospital admission Unknown → Skip to M2410, Inpatient Facility	
M2310. Reasor	n for Emer	gent Care	TRF
For what reasor	n(s) did the	patient seek and/or receive emergent care (with or without hospitalization)?	DC
↓ Check :	all that app	oly	
	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 Inpatier	at 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

1005. Ethnici		SOC
	nic, Latino/a, or Spanish origin?	
	all that apply	
	A. No, not of Hispanic, Latino/a, or Spanish origin	
	B. Yes, Mexican, Mexican American, Chicano/a C. Yes, Puerto Rican	
H	D. Yes, Cuban	
	E. Yes, Another Hispanic, Latino, or Spanish origin	
	X. Patient unable to respond	
	Y. Patient declines to respond	
1010. Race		SOC
Vhat is your ra	e?	
↓ Check	all that apply	
	A. White	
	B. Black or African American	
<u> </u>	C. American Indian or Alaska Native	
片	D. Asian Indian	
	E. Chinese F. Filipino	
+	F. Filipino G. Japanese	
H	H. Korean	
	I. Vietnamese	
	J. Other Asian	
	K. Native Hawaiian	
	L. Guamanian or Chamorro	
	M. Samoan	
	N. Other Pacific Islander	
	X. Patient unable to respond	
	Y. Patient declines to respond	
	Z. None of the above	000
1110. Langua	ge	SOC
Enter Code	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	
11250 Transn	ortation (NACHC ©)	
	sportation (NACHC ©)	
		SOC
		ROC DC
	ill that apply	ROC
	A. Yes, it has kept me from medical appointments or from getting my medications	ROC
	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	ROC
	A. Yes, it has kept me from medical appointments or from getting my medications	ROC
	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 C. No	ROC
	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 C. No X. Patient unable to respond Y. Patient declines to respond	ROC 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 C. No X. Patient unable to respond Y. Patient declines to respond and Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency	ROC 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 C. No X. Patient unable to respond Y. Patient declines to respond	ROC 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 C. No X. Patient unable to respond Y. Patient declines to respond ont Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)?	ROC DC
### A2301. Emerge At the time of or department (incomplete)	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 C. No X. Patient unable to respond Y. Patient declines to respond and Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)?	ROC DC
### A2301. Emerge At the time of or department (incomplete)	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 C. No X. Patient unable to respond Y. Patient declines to respond ont Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility	ROC DC
### A2301. Emerge At the time of or department (incomplete)	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 C. No X. Patient unable to respond Y. Patient declines to respond ont Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission	ROC DC
M2301. Emergent the time of ordepartment (incomplete Code	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 C. No X. Patient unable to respond Y. Patient declines to respond and the Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? O. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility	ROC DC
M2301. Emergent the time of oil department (incomplete Code	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 C. No X. Patient unable to respond Y. Patient declines to respond Int Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)?	ROC 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 C. No X. Patient unable to respond Y. Patient declines to respond ont Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)?	ROC DC TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond ont Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? Ill that apply 1. Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis	ROC DC TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond Int Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? Ill that apply 1. Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis 10. Hypo/Hyperglycemia, diabetes out of control	ROC DC TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond Int Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? Ill 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	ROC DC TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond Int Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? O. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? Ill 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	TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond Int Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? Ill 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 Inpatient Facility has the patient been admitted?	TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond mt Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? 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 In Inpatient Facility has the patient been admitted? 1. Hospital	TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond Int Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? 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 1 Inpatient Facility has the patient been admitted? 1. Hospital 2. Rehabilitation facility	TRF 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 C. No X. Patient unable to respond Y. Patient declines to respond mt Care at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency udes holding/observation status)? 0. No → Skip to M2410, Inpatient Facility 1. Yes, used hospital emergency department WITHOUT hospital admission 2. Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility for Emergent Care (s) did the patient seek and/or receive emergent care (with or without hospitalization)? 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 In Inpatient Facility has the patient been admitted? 1. Hospital	TRF DC



TRF

M2420. Discha Where is the pa	•	discharge from your agency? (Choose only one answer.)	
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]	



M2420. Discharge I	Disposition after discharge from your agency? (Choose only one answer.)	DC			
Enter Code	 Patient remained in the community (without skilled servi hospice) → Skip to A2123, Provision of Current Reconciled Patient remained in the community (with skilled services Provision of Current Reconciled Medication List to Subseque Patient transferred to a non-institutional hospice → Cont List to Subsequent Provider at Discharge 	Medication List to Patient at Discharge s from a Medicare Certified HHA) → Continue to A2121, ent Provider at Discharge inue to A2121, Provision of Current Reconciled Medication on not served by this agency → Skip to A2123, Provision of			
	f Current Reconciled Medication List to Subsequent Provider at				
At the time of transfe subsequent provider	er to another provider, did your agency provide the patient's current in the contract of the provider, did your agency provider the patient's current in the patient in the patient's current in the patient in the	reconciled medication list to the			
	 No - Current reconciled medication list not provided to the SOC/ROC Yes - Current reconciled medication list provided to the Current Reconciled Medication List Transmission to Subsequentum NA - The agency was not made aware of this transfer time 	subsequent provider → Continue to A2122, Route of uent Provider sely → Skip to J1800, Any Falls Since SOC/ROC			
	f Current Reconciled Medication List to Subsequent Provider at				
At the time of discha subsequent provider	arge to another provider, did your agency provide the patient's currer つ	nt reconciled medication list to the			
Enter Code	No - Current reconciled medication list not provided to Yes - Current reconciled medication list provided to the Current Reconciled Medication List Transmission to Subsequent Irrent Reconciled Medication List Transmission to Subsequent	uent Provider			
	of transmission of the current reconciled medication list to the subs				
Route of Transmission	on	↓ Check all that apply □			
	Health Record				
C. Verbal (e.g	ormation Exchange Organization g., in-person, telephone, video conferencing) sed (e.g., fax, copies, printouts) chods (e.g., texting, email, CDs)				
		ompleting A2122, Skip to B1300, Health Literacy at Discharge			
	f Current Reconciled Medication List to Patient at Discharge arge, did your facility provide the patient's current reconciled medical	tion list to the patient, family and/or caregiver?			
Enter Code	At the time of discharge, did your facility provide the patient's current reconciled medication list 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 Cu	irrent Reconciled Medication List Transmission to Patient	DC			
Indicate the route(s)	of transmission of the current reconciled medication list to the patie	nt/family/caregiver.			
Route of Transmission		↓ Check all that apply □			
	: Health Record ormation Exchange Organization	H			
	g., in-person, telephone, video conferencing)				
	sed (e.g., fax, copies, printouts)				
	hods (e.g., texting, email, CDs)				

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.	RO0 FU
	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



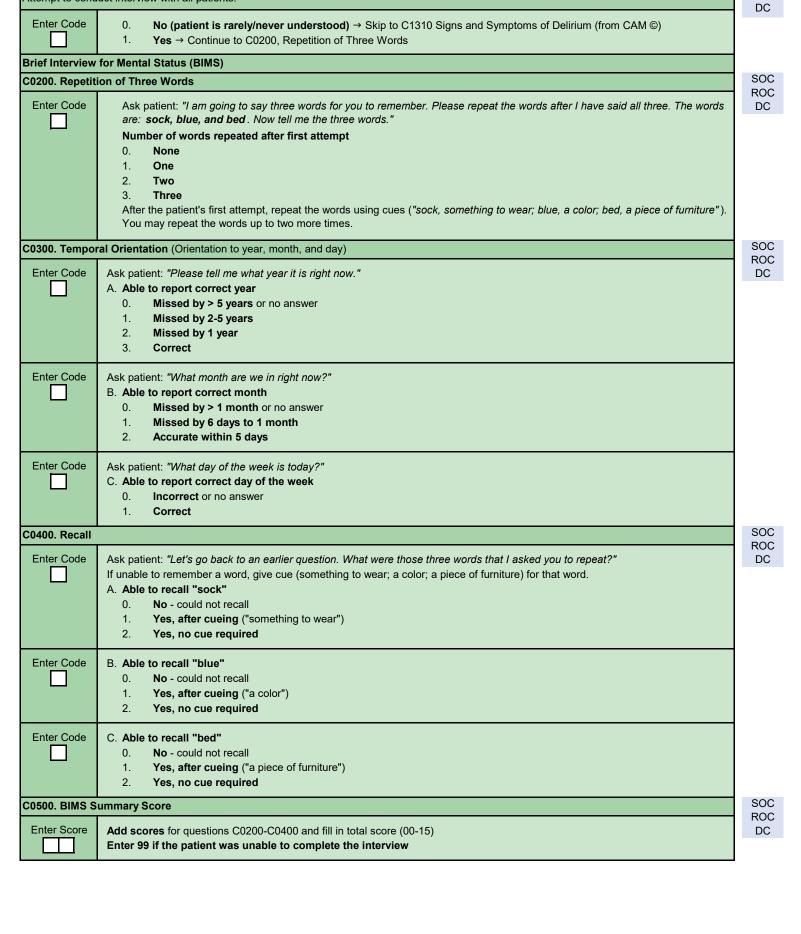
OASIS-E/E1	Section B Hearing, Speech, and Vision] В
B0200. Hearing		SOC
Enter Code	Ability to hear (with hearing aid or hearing appliances if normally used) 0. Adequate - no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly, or setting is noisy) 2. Moderate difficulty - speaker has to increase volume and speak distinctly 3. Highly impaired - absence of useful hearing	
B1000. Vision		SOC
Enter Code	Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate - sees fine detail, such as regular print in newspapers/books 1. Impaired - sees large print, but not regular print in newspapers/books 2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired - object identification in question, but eyes appear to follow objects 4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects	
	Literacy (From Creative Commons ©) ou need to have someone help you when you read instructions, pamphlets, or other written material from your acy?	SOC ROC DC
Enter Code	 Never Rarely Sometimes Often Always Patient declines to respond Patient unable 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/E1 Section C Cognitive Patterns

Attempt to conduct interview with all patients.

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



M1700. Cognitive Functioning						
Patient's curren simple comman	` •	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 Confused Reported or observed within the last 14 days.						
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 and Symptoms of Delirium (from CAM©)						
	<u> </u>	Status and reviewing medical record.	ROC DC			
A. Acute Enter Code	Onset of Mental Status Change Is there evidence of an acute cha 0. No 1. Yes	ange in mental status from the patient's baseline?	DC			
not fluctu 2. Behavior	continuously present, does	 ♣ Enter Codes in Boxes 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)? 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. Cognition Patient's current simple command	(day of assessment) level of alertne	ss, orientation, comprehension, concentration, and immediate memory for	SOC ROC DC			
Enter Code						
M1710. When C	Confused served Within the Last 14 Days.		SOC ROC			
Enter Code	DC					
M1720. When A Reported or Obs	Anxious served Within the Last 14 Days.		SOC ROC DC			
Enter Code O. None of the time 1. Less often than daily 2. Daily, but not constantly 3. All of the time NA Patient nonresponsive						

M1730. Depres	sion Scree	ening						
Depression Scr	eening: Has	s the pati	ient been screened for depr	ession, using	a standardized	, validated depression s	screening tool?	
Enter Code	0.	No						
	1.	Yes, pa	tient was screened using th	e PHQ-2©* s	cale.			
			ons for this two-question to he following problems?"	ol: Ask patier	nt: "Over the last	two weeks, how often	have you been both	ered by
		PHQ-2©*		Not at all	Several days	More than half of the	Nearly every day	NA Unable
			1 1 1 1 1 1	0-1 day	2-6 days	days 7-11 days	12-14 days	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.		tient was screened with a di	fferent stand	ardized, validate	ed assessment and the	patient meets criter	ia for further
	3.	•	s considerable assistance in more than half the time.	n routine situ	ations. Is not ale	ert and oriented or is un	able to shift attention	n and recall
	4.		tient was screened with a di evaluation for depression.	fferent stand	ardized, validate	ed assessment and the	patient does not me	eet criteria for
					*Copyright© Pfi	izer 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)

•	n 1, then ask the patient: "About how often have you been bothered by this?" w the patient a card with the symptom frequency choices. Indicate response in column 2, Sympto	om Frequency.	
0. No 1. Ye	response (leave column 2 blank) Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 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 int	erest or pleasure in doing things		
B. Feeling	lown, depressed, or hopeless		
If either D150A2	or D150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview	W.	
C. Trouble	alling or staying asleep, or sleeping too much		
D. Feeling	ired or having little energy		
E. Poor app	etite or overeating		
F. Feeling	ad 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		
	or speaking so slowly that other people could have noticed. Or the opposite – being so r restless that you have been moving around a lot more than usual		
l. Thought	s that you would be better off dead, or of hurting yourself in some way		
0160. Total Sever	ty Score		
	d scores for all frequency responses in Column 2, Symptom Frequency. Total score must be if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)	between 00 and	27. Enter
0700. Social Isola	ion		
ow often do you fe	el lonely or isolated from those around you?		
Enter Code	 Never Rarely Sometimes Often Always Patient declines to respond Patient unable to respond 		

Determine if the patient is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, code D0150A1 and D0150B1 as 9, No response, leave D0150A2 and D0150B2 blank, end the PHQ-2 interview, and leave D0160, Total Severity Score

SOC ROC DC



OASIS-E/E1 Section D Mood

D0150. Patient Mood Interview (PHQ-2 to 9)

Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"

SOC ROC

	ive, Behavioral, and Psychiatric Symptoms that are	e demonstrated a	at least once a w	veek (reported or	observed)		so					
	all that apply 1	liar paragna/al	oc inability to	scall avents of	act 24 hours		RO					
	 Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, 											
	Impaired decision-making: failure to per jeopardizes safety through actions	rform usual ADL	s or IADLs, inab	ility to appropriat	tely stop activitie	es,						
	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, punches, dangerous maneuvers with wheelchair or other objects)											
	5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)											
	6. Delusional, hallucinatory, or paranoid behavior											
1745. Freque	ency of Disruptive Behavior Symptoms (reported or	observed)					SO					
ny physical, ve	erbal, or other disruptive/dangerous symptoms that are	e injurious to sel	f or others or jed	pardize persona	ll safety.		RO DO					
Enter Code	0. Never											
	Less than once a month											
	2. Once a month											
	Several times each month											
	Several times a week											
	5. At least daily											
ASIS-D	Living Assessments / Core Managemen	-4					1					
ผอเอ-บ	Living Arrangements / Care Managemer	11					J					
	t Living Situation						sc					
hich of the fo	llowing best describes the patient's residential circums	stance and availa					RC					
				lability of Assis	1	In a co						
iving Arrange	ement	Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term	No Assistance Available						
		Olock		Check one box or		Available	1					
A. Pati	ent lives alone	□ 01	□ 02	□ 03	□ 04	□ 05	1					
	ent lives with other person(s) in the home	□ 06	□ 07	08	□ 09	☐ 10	1					
	ent lives in congregate situation						1					
(for	example, assisted living, residential care home)	<u> </u>	<u> </u>	<u> </u>	1 4	<u> </u>						
etermine the a	and Sources of Assistance ability and willingness of non-agency caregivers (such noe for the following activities, if assistance is needed. A. ADL assistance (for example, transfer/ambulati	Excludes all ca	re by your agend	eating/feeding)	egivers) to		D					
Ш	No assistance needed - patient is indeper		t have needs in	this area								
	Non-agency caregiver(s) currently provide Non-agency caregiver(s) need training/su		to provide assi	stanco								
	3. Non-agency caregiver(s) are not likely to				ovide assistance	•						
	4. Assistance needed, but no non-agency ca			, ,								
Finter O. I	O Madhadan ad da	Salada I. J. J. J. J.	. I. I V				1					
Enter Code	C. Medication administration (for example, oral, i 0. No assistance needed - patient is indeper	•	,	this area			D					
Ш	Non-agency caregiver(s) currently provide		t nave necus III	แกง ผเบิด								
	Non-agency caregiver(s) need training/su		s to provide assi	stance								
	3. Non-agency caregiver(s) are not likely to				ovide assistance	•						
	4. Assistance needed, but no non-agency ca	aregiver(s) availa	able									
Enter Code	D. Medical procedures/treatments (for example,		_		m)		D					
Ш	No assistance needed - patient is indeper		t 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) need training/su Non-agency caregiver(s) are not likely to 				ovide assistance)						
	Assistance needed, but no non-agency call				40010141100							
Entor Code												
Enter Code	F. Supervision and safety (for example, due to co 0. No assistance needed - patient is indeper	-	•	this area			SC					
Ш	No assistance needed - patient is indeper Non-agency caregiver(s) currently provide		t nave needs in	แแจ สเซส			D					
	Non-agency caregiver(s) currently provide Non-agency caregiver(s) need training/su		s to provide assi	stance								
	Non-agency caregiver(s) are not likely to page 1.				ovide assistance	•						
	Assistance needed, but no non-agency ca			·								

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



ASIS-E/E1 Section E Behavior											
740. Cognitive, Behavioral, and Psychiatric Symptoms that a	re demonstrated	at least once a w	reek (reported o	r observed)							
↓ Check all that apply			<u></u>								
Memory deficit: failure to recognize fam		es, inability to re	ecall events of pa	ast 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,										
2. Impaired decision-making: failure to per jeopardizes safety through actions	erform usual ADL	s or IADLs, inab	ility to appropria	tely stop activitie	es,						
3. Verbal disruption: yelling, threatening,	excessive profani	ty, sexual refere	nces, etc.								
4. Physical aggression: aggressive or cor		•		hrows objects, p	ounches,						
dangerous maneuvers with wheelchair o											
	5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)										
6. Delusional, hallucinatory, or paranoid 7. None of the above behaviors demons											
45. Frequency of Disruptive Behavior Symptoms (reported o											
physical, verbal, or other disruptive/dangerous symptoms that a	•	f or others or jed	pardize persona	al safety.							
nter Code 0. Never											
nter 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											
5. At least daily											
	- · · ·	41.141									
SIS-E/E1 Section F Preferences for Customa	ry Routine Ac	tivities									
100 Patient Lister Officetion											
00. Patient Living Situation ch of the following best describes the patient's residential circum	estance and avail	ability of assistar	2002								
on or the following best describes the patient's residential circuit	T			tanaa							
	Around the	Regular	Regular	Occasional/	No Assistance						
ng Arrangement	Clock	Daytime	Nighttime	Short-Term	Available						
		↓ C	heck one box o	nly 🛮							
A. Patient lives alone	□ 01	□ 02	□ 03	1 04	□ 05						
B. Patient lives with other person(s) in the home	□ 06	□ 07	□ 08	1 09	1 0						
C. Patient lives in congregate situation	1 1	□ 12	□ 13	□ 14	☐ 15						
(for example, assisted living, residential care home) 02. Types and Sources of Assistance											
ermine the ability and willingness of non-agency caregivers (such	h as family memb	ers, friends, or p	rivately paid car	egivers) to							
ide assistance for the following activities, if assistance is needed				<i>J</i> ,							
nter Code A. ADL assistance (for example, transfer/ambula	tion, bathing, dre	ssina. toiletina. e	eating/feeding)								
No assistance needed - patient is independent of the control	_	-									
Non-agency caregiver(s) currently provide											
 Non-agency caregiver(s) need training/s Non-agency caregiver(s) are not likely to 	• •	•		ovido assistance	2						
4. Assistance needed, but no non-agency of			ear ii tiley will pi	Ovide assistante	5						
Inter Code C. Medication administration (for example, oral,	-										
No assistance needed - patient is indeperation. Non-agency caregiver(s) currently provide.		ot nave needs in	tnis area								
3. Non-agency caregiver(s) are not likely to				ovide assistance	е						
Assistance needed, but no non-agency of	caregiver(s) availa	able									
nter Code D. Medical procedures/treatments (for example	changing ways	droceina han-	ovorciae area	·m)							
nter Code D. Medical procedures/treatments (for example, 0. No assistance needed - patient is indepe		_		IIII <i>)</i>							
Non-agency caregiver(s) currently provide		HOUGH	4.04								
Non-agency caregiver(s) need training/si		s to provide assis	stance								
Non-agency caregiver(s) are not likely to			ear if they will pr	ovide assistance	е						
Assistance needed, but no non-agency of the second se	caregiver(s) availa	able									
ter Code F. Supervision and safety (for example, due to d	cognitive impairm	ent)									
			this area								
Non-agency caregiver(s) currently provide	·										

1. Non-agency caregiver(s) currently provide assistance

4. Assistance needed, but no non-agency caregiver(s) available

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

M1800. Groomi	ng	SOC
	tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth	ROC
-	or fingernail care).	FU
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.	
	Someone must assist the patient to groom self.	
	Patient depends entirely upon someone else for grooming needs.	
11810. Current	Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-	SOC
pening shirts a	nd blouses, managing zippers, buttons, and snaps.	ROC
Enter Code	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.	FU
	Able to dress upper body without assistance if clothing is laid out or handed to the patient.	DC
	2. Someone must help the patient put on upper body clothing.	
	Patient depends entirely upon another person to dress the upper body.	
11820. Current	Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.	SOC
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
	Able to dress upper body without assistance if clothing is laid out or handed to the patient.	FU
	2. Someone must help the patient put on upper body clothing.	DC
	Patient depends entirely upon another person to dress the upper body.	
1830. Bathing		SOC
_	wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	ROC
Enter Code	Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower.	FU
	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.	DC
	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. 	
	 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.	
//1840. Toilet T	ransferring	SOC
	get to and from the toilet or bedside commode safely and transfer on <u>and</u> off toilet/commode.	ROC
Enter Code	O. Able to get to and from the toilet and transfer independently with or without a device.	FU
	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. Toiletin	a Hygiene	SOC
	maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet,	ROC
•	an, 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.	
	1. Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for	
· -	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.	
11850. Transfe	rring	SOC
current ability to	move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	ROC
Enter Code	Able to independently transfer.	FU
	Able to transfer with minimal human assistance or with use of an assistive device.	DC
	2. Able to bear weight and pivot during the transfer process but unable to transfer self.	
	3. 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.	
1860. Ambula	tion/Locomotion	SOC
urrent ability to	walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	ROC
Enter Code	Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically:	FU
	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.	
	3. 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.	



OASIS-E/E1 Section G Functional Status G SOC Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth ROC FU or denture care, or fingernail care). DC Enter Code Able to groom self unaided, with or without the use of assistive devices or adapted methods. 0. Grooming utensils must be placed within reach before able to complete grooming activities. Someone must assist the patient to groom self. Patient depends entirely upon someone else for grooming needs. M1810. Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-SOC opening shirts and blouses, managing zippers, buttons, and snaps. ROC 0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. FU DC 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. Patient depends entirely upon another person to dress the upper body. M1820. Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes. SOC Enter Code ROC Able to obtain but on and remove clothing and shoes without assistance FU Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. DC Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. Patient depends entirely upon another person to dress lower body. M1830. Bathing SOC Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair). ROC FU Enter Code Able to bathe self in shower or tub independently, including getting in and out of tub/shower DC With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower Able to bathe in shower or tub with the intermittent assistance of another person: a. for intermittent supervision or encouragement or reminders, OR b. to get in and out of the shower or tub, <u>OR</u> 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 Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in 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. Unable to participate effectively in bathing and is bathed totally by another person. M1840. Toilet Transferring SOC Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode. ROC FU Enter Code Able to get to and from the toilet and transfer independently with or without a device. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance). <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. Is totally dependent in toileting. M1845. Toileting Hygiene SOC ROC Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, DC commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not anaging equipment. 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 Someone must help the patient to maintain toileting hygiene and/or adjust clothing. Patient depends entirely upon another person to maintain toileting hygiene. M1850. Transferring SOC Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. ROC FU Able to independently transfer. 0. DC 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 self. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 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 Ambulation/Locomotion SOC Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. ROC FU Enter Code Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: DC needs no human assistance or assistive device). 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.

Chairfast, unable to ambulate and is unable to wheel self.

Bedfast, unable to ambulate or be up in a chair.

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.

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.

OASIS-D ADL / IADLs

OASIS-D	Functi	onal Abilit	ies and Go	als	
		ning: Everyda	-	vitios prior	to the current illness, executation, or injury
mulcate the	patient's usu	iai ability with	everyuay acti	-	to the current illness, exacerbation, or injury.
				↓ Enter (Codes in Boxes
		tient complete erself, with or			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.
assis helpe 2. Neec	tive device, w er. led Some He	vith no assista v ilp - Patient no from another	ance 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.
comp	olete any activendent - A he ties for the pa	<i>r</i> ities. Iper 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.
_	Applicable				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.
	rior Device U				
		•	patient prior t	o ine curre	nt illness, exacerbation, or injury.
↓ Ch	eck all that ap	oply Manual whe	elchair		
	A. B.		eicnair heelchair and	or scooter	
	C.	Mechanical		JU 3000181	
		Walker			
	E.	Orthotics/Pro	osthetics		
	Z.	None of the			
GG0130. S	elf Care				
SOC/ROC	/Follow-Up/D	C1 Code the	patient's usua	l performa	nce for each activity using the 6 point scale. If activity was not attempted, code the
			goal(s) using t		
					de discharge goal(s).
Coding:	, 000 0. 0000	2 0., 00, .0 0	00 10 po		20 21007121 go goz.(0).
-	Quality of Possistance pro		If helper assi	stance is r	equired because patient's performance is unsafe or of poor quality, score according to
			ithout assistiv	e devices	
	•				rself with no assistance from a helper.
				-	ns up; patient completes activity. Helper assists only prior to or following the activity.
					s verbal cues and/or touching/steadying and/or contact guard assistance as patient
-		_	•	•	out the activity or intermittently.
03. Parti		assistance -			N HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less
02. Subs			ce - Helper do	es MORE	THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than
01. Dep e	endent - Help		of the effort. P		s none of the effort to complete the activity. Or, the assistance of 2 or more helpers
		ted, code rea			
•	nt refused				
		Not attempted	and the patie	nt did not i	perform this activity prior to the current illness, exacerbation or injury.
		-	-		, lack of equipment, weather constraints)
88. Not a	attempted du	ie to medical	conditions of	r safety c	oncerns
[at SC	C/ROC]	[at Fol-Up]	[at DC]		
1. SOC/	2. DC	4. Fol-Up	3. DC		
ROC Perf	Goal	Perf	Perf		
	↓ Enter Cod	es in Boxes D		A =	
					ating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
		 			ral Hygiene: The ability to use suitable items to clean teeth. Dentures (if
ш				ар	pplicable): The ability to insert and remove dentures into and from mouth, and anage denture soaking and rinsing with use of equipment.
		Ш	Ш	C. To	bileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and the voiding or having a bowel movement. If managing an ostomy, include wiping the bening but not managing equipment.
				E. Sh	nower/bathe self: The ability to bathe self, including washing, rinsing, and drying lf (excludes washing of back and hair). Does not include transferring in/out of
				F. Up	pper 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.
Ш				H. Pu	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.



OASIS-E	/E1 Section	GG Fund	ctional Abi	lities an	d Goals	GG
GG0100. P	rior Function	ing: Evervda	v Activities			SOC
			-	vities prior	to the current illness, exacerbation, or injury.	ROC
		-		↓ Enter C	Codes in Boxes	
Coding: 3. Independent - Patient completed all the activities by him/herself, with or without an					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.	
assis help 2. Nee	stive device, w	th no assista p - 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.	
com 1. Dep	plete any activi endent - A hel rities for the pa	ities. per 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.	
_	Applicable				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. P	rior Device U	se				soc
Indicate de	vices and aids	used by the	patient prior t	o the curre	nt illness, exacerbation, or injury.	ROC
	neck all that ap		-1-1			
		Manual whee	eicnair heelchair and	or scooter		
		Mechanical I				
		Walker				
		Orthotics/Pro				
GG0130. S		None of the a	above			200
[SOC/ROC reason. Co	:/Follow-Up/Dode the patient's	s discharge g	oal(s) using t	he 6 point		ROC FU
] Use of codes	6 07, 09, 10 o	r 88 is permis	sible to co	de discharge goal(s).	DC
Coding:	L Quality of Bo	rformonoo	If holper agai	otopoo io r	aguired because national performance is upperformed and poor quality occurs according to	
_	assistance pro		ii neiper assi	stance is re	equired because patient's performance is unsafe or of poor quality, score according to	
	nay be complet		thout assistiv	e devices.		
					self with no assistance from a helper.	
					s 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. N HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less	
	half the effort.		·			
	stantial/maxin the effort.	nal assistand	ce - Helper do	es MORE	THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than	
	endent - Helpe quired for the p				none of the effort to complete the activity. Or, the assistance of 2 or more helpers	
•	as not attempt	ed, code reas	son:			
-	ent refused	at attampted	and the natio	nt did not r	perform this activity prior to the current illness, exacerbation or injury.	
				-	lack of equipment, weather constraints)	
	attempted due				·	
	DC/ROC]	[at Fol-Up]	[at DC]			
1. SOC/ ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf			
	↓ Enter Code					
				an	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.	
				ар	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.	
Ш				aft	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.	
				E. Sh	ower/bathe self: The ability to bathe self, including washing, rinsing, and drying f (excludes washing of back and hair). Does not include transferring in/out of	
				F. Up	per body dressing: The ability to dress and undress above the waist; including steners, if applicable.	
					wer body dressing: The ability to dress and undress below the waist, including teners; does not include footwear.	

Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0170. Mc	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).							
[at SOC	C/ROC]	[at Fol-Up]	[at DC]				
1. SOC/	2. DC	4. Fol-Up	3. DC	į			
ROC Perf	Goal	Perf	Perf				
	↓ Enter Code	es in Boxes 🛘		<u> </u>			
				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.		
				В.	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.		
	Ш			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.		
	Н			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.		
					Q1/Q3/Q4. Does patient use wheelchair and/or a scooter?		
					0. No \rightarrow 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		
				<u> </u>	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		
				l	2. Motorized		



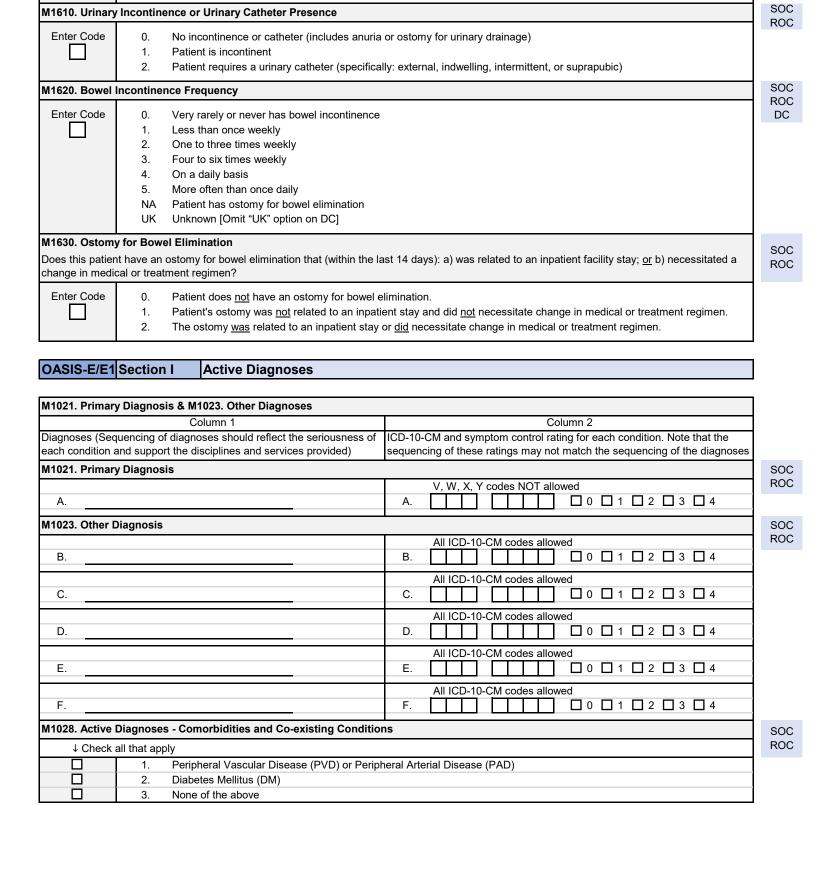
SOC ROC FU DC

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).							
	Use of codes	s 07, 09, 10 or [at Fol-Up]	[at DC]	ssible to code discharge goal(s).			
1. SOC/	2. DC	4. Fol-Up	3. DC				
ROC Perf	Goal	Perf	Perf				
	↓ Enter Code	es in Boxes □					
				A. 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.			
				B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.			
	Н			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.			
	Н			 Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. 			
	Н			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.			
				 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 \rightarrow 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.			
				O. 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?			
			ш	 No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 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			
				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.			
			Ш	1. Manual			
				2. Motorized			

SOC ROC FU DC

OASIS-D	Elimination Status		
M1600 Has th	is patient been treated for a Urinary Tract Infection in	the nast 14 days?	SOC
Enter Code	O. No 1. Yes NA Patient on prophylactic treatment UK Unknown [Omit "UK" option on DC]	the past 14 days:	ROC DC
M1610. Urinary	/ Incontinence or Urinary Catheter Presence		SOC
Enter Code	No incontinence or catheter (includes anuria Patient is incontinent Patient requires a urinary catheter (specifical	or ostomy for urinary drainage) lly: external, indwelling, intermittent, or suprapubic)	ROC FU
M1620. Bowel	Incontinence Frequency		SOC
Enter Code	O. 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]		FU DC
Does this patie	y for Bowel Elimination nt have an ostomy for bowel elimination that (within the la cal or treatment regimen?	nst 14 days): a) was related to an inpatient facility stay; or b) necessitated a	SOC ROC FU
Enter Code OASIS-D	The state of the s	limination. ent stay and did <u>not</u> necessitate change in medical or treatment regimen. or <u>did</u> necessitate change in medical or treatment regimen.	
M1021. Primar	y Diagnosis & M1023. Other Diagnoses		
each condition	and support the disciplines and services provided)	Column 2 ICD-10-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses	
M1021. Primar	y Diagnosis	V, W, X, Y codes NOT allowed	SOC ROC
Α		A.	FU (o)
M1023. Other I	Diagnosis		SOC
В		All ICD-10-CM codes allowed B.	ROC FU (o)
C		All ICD-10-CM codes allowed C.	
D		All ICD-10-CM codes allowed D. 0 1 2 3 4	
E		All ICD-10-CM codes allowed E. 0 0 1 0 2 3 4	
F		All ICD-10-CM codes allowed F.	
	Diagnoses - Comorbidities and Co-existing Condition idance Manual for a complete list of relevant ICD-10 code		SOC ROC
	all that apply	porel Arterial Disease (DAD)	
	Peripheral Vascular Disease (PVD) or Periph Diabetes Mellitus (DM)	ierai Arteriai Disease (PAD)	

None of the above



H/I

SOC

ROC

DC

OASIS-E/E1 Section H Bladder and Bowel

1. Yes

Enter Code

Ш

M1600. Has this patient been treated for a Urinary Tract Infection in the past 14 days?

NA Patient on prophylactic treatment UK Unknown [Omit "UK" option on DC]



OASIS-D	Patient History (continued) / Sensory Status (continued) / Health Conditions	
	or Hospitalization	SOC
	ollowing signs or symptoms characterize this patient as at risk for hospitalization?	ROC FU
↓ Check	all that apply 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)	
	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 6 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	
M1242. Frequ	ency of Pain Interfering with patient's activity or movement	SOC
Enter Code	0. Patient has no pain	FU
	Patient has pain that does not interfere with activity or movement Less often than daily	DC
	3. Daily, but not constantly	
	4. All of the time	
J1800. Any Fa	Ils Since SOC/ROC, whichever is more recent	TRF
Enter Code	Has the patient had any falls since SOC/ROC, whichever is more recent?	DC DAH
	 No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH Yes → Continue to J1900, Number of Falls Since SOC/ROC 	
J1900. Numbe	r of Falls Since SOC/ROC, whichever is more recent	TRF
	↓ Enter Codes in Boxes	DC DAH
Coding:	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	
0. None 1. One	B. Injury (except major): Skin tears, abrasions, lacerations, superficial	
2. Two or		
	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	
M1910. Has th	is patient had a multi-factor Falls Risk Assessment using a standardized, validated assessment tool?	SOC(o)
Enter Code	0. No	ROC(o)
	 Yes, and it does not indicate a risk for falls. Yes, and it does indicate a risk for falls. 	
M1400. When	is the patient dyspneic or noticeably Short of Breath?	SOC
Enter Code	0. Patient is not short of breath	ROC FU(o)
	 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) 	DC
	 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 	

At rest (during day or night)

Enter Code	0520. Pain Interference with Therapy Activities	
therapy session) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer I1800. Any Falls Since SOC/ROC, whichever is more recent 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 I1900. Number of Falls Since SOC/ROC, whichever is more recent Enter Codes in Boxes 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 D. None B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain C. Major injury: Bone fractures, joint dislocations, closed head injuries with	to pain?" 0. Does not apply – I have 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly	
therapy session) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer I1800. Any Falls Since SOC/ROC, whichever is more recent Enter Code O. 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 Unable of Falls Since SOC/ROC, whichever is more recent? In 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 O. None 1. One 2. Two or more D. Major injury: Bone fractures, joint dislocations, closed head injuries with	J0530. Pain Interference with Day-to-Day Activitie	s
O. 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 of Falls Since SOC/ROC, whichever is more recent Enter Codes in Boxes	therapy session) because of pair 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly	
O. 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 of Falls Since SOC/ROC, whichever is more recent Lenter Codes in Boxes 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 D. None 1. One B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain C. Major injury: Bone fractures, joint dislocations, closed head injuries with	J1800. Any Falls Since SOC/ROC, whichever is mo	re recent
Lenter Codes in Boxes 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 Done B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain C. Major injury: Bone fractures, joint dislocations, closed head injuries with	0. No → Skip to M1400, Sh	ort of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH
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 O. None 1. One 2. Two or more B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain C. Major injury: Bone fractures, joint dislocations, closed head injuries with	J1900. Number of Falls Since SOC/ROC, whichev	er is more recent
2. Two or more bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain C. Major injury: Bone fractures, joint dislocations, closed head injuries with	-	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
		bruises, hematomas and sprains; or any fall-related injury that causes the
M1400. When is the patient dyspneic or noticeably Short of Breath? Enter Code 0. Patient is not short of breath 1. When walking more than 20 feet, climbing stairs 2. With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) 3. With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation	Enter Code 0. Patient is not short of b When walking more tha 2. With moderate exertion	oreath on 20 feet, climbing stairs or (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)

SOC

ROC FU

SOC ROC

DC



OASIS-E/E1 Section J

Enter Code

J0510. Pain Effect on Sleep

M1033. Risk for Hospitalization

9.

3.

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

Frequently
Almost constantly
Unable to answer

Rarely or not at all Occasionally

Currently taking 5 or more medications

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

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

2. 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

Multiple emergency department visits (2 or more) in the past 6 months Decline in mental, emotional, or behavioral status in the past 3 months

M1060. Height	and Weig	pht - While measuring, if the number is X.1-X.4 round down; X.5 or greater round up.	SO RO
inches	A.	Height (in inches). Record most recent height measure since the most recent SOC/ROC	RC
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.)	

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

M1030. Therap	ies the pa	atient 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	o feed sel	f meals and snacks safely.	ROC
Note: This refer	s only to t	the 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; 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.	
			1

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



OASIS-E/E1 Section K Swallowing/Nutritional Status			
M1060. Height and Weight - While measuring, if the number is X.1-X.4 round down; X.5 or	r greater round up.		
A. Height (in inches). Record most recent height measure since the inches	e most recent SOC/	ROC	
B. Weight (in pounds). Base weight on most recent measure in las standard agency practice (for example, in a.m. after voiding, bet	•		, according to
K0520. Nutritional Approaches	SOC/ROC	С	OC .
On Admission - Check all that apply on admission	1.	4.	5.
4. Last 7 days - Check all 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 □		y 🛮
A. Parenteral/IV feeding			
B. Feeding tube (e.g., nasogastric or abdominal (PEG))			
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)			
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)			
Z. None of the above			

11870. Feedin	•	meals and snacks safely.	SOC ROC
,		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. 1. 2. 3. 4. 5.	Able to independently feed self. Able to feed 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. Unable to feed self and must be assisted or supervised throughout the meal/snack. Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. Unable to take in nutrients orally or by tube feeding.	

OASIS-D	Integumentary Status	
	nis patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable?	SOC
	e 1 pressure injuries and all healed pressure ulcers/injuries)	ROC FU
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 	DC
M1307. The OI	I dest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 pressure ulcers)	DC
Enter Code	 Was present at the most recent SOC/ROC assessment Developed since the most recent SOC/ROC assessment. Record date pressure ulcer first identified: 	
	Month Day Year	
M1311 Curren	NA. No Stage 2 pressure ulcers are present at discharge It Number of Unhealed Pressure Ulcers/Injuries at Each Stage	-
milori. Guirei	Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough.	SOC
Enter Number	May also present as an intact or open/ruptured blister. A1. Number of Stage 2 pressure ulcers - If 0 → Skip to M1311B1, Stage 3	ROC FU(o)
Enter Number		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
	B1. Number of Stage 3 pressure ulcers - If 0 → Skip to M1311C1, Stage 4	FU(o) 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 → 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	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	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. Curren	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. Zero 1. One	
	2. Two 3. Three	
11100: 5:	4. Four or more	800
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	DC
	2. Stage 2 3. Stage 3	
	4. Stage 4	
	NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries	

OASIS-E/E1	Section M Skin Conditions	М
M1306 Does th	nis patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable?	
	ressure injuries and all healed pressure ulcers/injuries)	SOC
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 Old	l dest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 pressure ulcers)	DC
Enter Code	Was present at the most recent SOC/ROC assessment Developed since the most recent SOC/ROC assessment. Record date pressure ulcer first identified: Month Day Year	
	NA. No Stage 2 pressure ulcers are present at discharge	
M1311. Curren	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 DC
Ш	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 DC
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
	C1. Number of Stage 4 pressure ulcers - If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device	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 → Skip to M1311E1, Unstageable: Slough and/or eschar	ROC DC
Enter Number	D2. Number of <u>these</u> 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 DC
Enter Number	E2. Number of <u>these</u> 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 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
	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
Enter Code	0. Zero 1. One	
	2. Two	
	3. Three 4. Four or more	
Excludes pressi	I 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	SOC ROC DC
,	or deep tissue injury.	
Enter Code	1. Stage 1 2. Stage 2	
	3. Stage 3 4. Stage 4	
	NA Patient 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



M1330. Does th	is patient have a Stasis Ulcer?	S F
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 	
M1332. Curren	t Number of Stasis Ulcer(s) that are Observable	5
Enter Code	 One Two Three Four 	F
M1334. Status	of Most Problematic Stasis Ulcer that is Observable	S
Enter Code	 Fully granulating Early/partial granulation Not healing 	
M1340. Does th	nis patient have a Surgical Wound?	8
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 	- F
M1342. Status	of Most Problematic Surgical Wound that is Observable	8
Enter Code	 Newly epithelialized Fully granulating Early/partial granulation Not healing 	- F

M2001 Drug R	legimen 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 	
Did the agency	ttion 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	TRF
Did the agency calendar day ea	contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next ach time potential clinically significant medication issues were identified since the SOC/ROC?	DC DAH
Enter Code	 No Yes NA - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications 	
Has the patient	ct/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	c/Caregiver Drug Education Intervention or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or the provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and to report problems that may occur?	TRF DC
Enter Code	No Yes NA 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. NA No oral medications prescribed. 	
Patient's curren	ement of Injectable Medications t ability to prepare and take all prescribed injectable medications reliably and safely, including administration of 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. 	n

OASIS-D Medications

OASIS-E/E1	Section N Medications		
OC/ROC and D	Discharge		
N0415. High-Ris	sk Drug Classes: Use and Indication		
pharma	ng if the patient is taking any medications by acological classification, not how it is used, in the	1. Is Taking	2. Indication Noted
all med	mn 1 is checked, check if there is an indication noted for dications in the drug class		that apply □
	Antipsychotic Anticoagulant		
	Antibiotic		
	Opioid Antiplatelet		
	Hypoglycemic (including insulin)		
Z. N 12001. Drug Re	None of the above		
_	lrug regimen review identify potential clinically significant medication iss	ues?	
Enter Code	 0. No - No issues found during review → Skip to M2010, Pat 1. Yes - Issues found during review 9. NA - Patient is not taking any medications → Skip to O01 ion Follow-up 		
oid the agency co	contact a physician (or physician-designee) by midnight of the next calen nmended actions in response to the identified potential clinically significa		
Enter Code	0. No 1. Yes		
	ion Intervention		
	contact and complete physician (or physician-designee) prescribed/recor ch time potential clinically significant medication issues were identified s		the next
Enter Code	No Yes NA - There were no potential clinically significant medication any medications	issues identified since SOC/ROC	C or patient is not taking
las the patient/c	Caregiver High-Risk Drug Education caregiver received instruction on special precautions for all high-risk medetc.) and how and when to report problems that may occur?	dications (such as hypoglycemics	5,
Enter Code	 No Yes NA Patient not taking any high-risk drugs OR patient/caregiver fu with all high-risk medications 	ılly knowledgeable about special	precautions associated
Patient's current	ment of Oral Medications <u>ability</u> to prepare and take <u>all</u> oral medications reliably and safely, include e times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This	= -	=
Enter Code	O. Able to independently take the correct oral medication(s) and Able to take medication(s) at the correct times if:	proper dosage(s) at the correct	times.
_	 a. individual dosages are prepared in advance by anothe b. another person develops a drug diary or chart. 2. Able to take medication(s) at the correct times if given remine 3. Unable to take medication unless administered by another person developed in advance by a developed in advance	ders by another person at the ap	propriate times
	NA No oral medications prescribed.		
Patient's current	ment of Injectable Medications <u>ability</u> to prepare and take <u>all</u> prescribed injectable medications reliably the appropriate times/intervals. <u>Excludes</u> IV medications.	and safely, including administrati	ion of
Enter Code	O. Able to independently take the correct medication(s) and pro Able to take injectable medication(s) at the correct times if: a. individual syringes are prepared in advance by another b. another person develops a drug diary or chart.	r person; <u>OR</u>	
	 Able to take medication(s) at the correct times if given remine Unable to take injectable medication unless administered by 	-	the frequency of the injection

NA No injectable medications prescribed.

	ea vaccine Data Colle le of care (SOC/ROC t	ection Period Transfer/Discharge) include any dates on or between October 1 and March 31?	DC	
Enter Code		to M1051, Pneumococcal Vaccine ntinue to M1046, Influenza Vaccine Received		
M1046. Influen	a Vaccine Received		TRF	
Did the patient	eceive the influenza va	accine for this year's flu season?	DC	
Enter Code	 Yes; receiv Yes; receiv No; patient No; patient No; not ind No; inabilit 	red from your agency during this episode of care (SOC/ROC to Transfer/Discharge) red from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge) red from another health care provider (for example, physician, pharmacist) offered and declined assessed and determined to have medical contraindication(s) icated - patient does not meet age/condition guidelines for influenza vaccine y to obtain vaccine due to declared shortage 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 pneu	mococcal vaccination (for example, pneumovax)?	DC	
Enter Code	0. No 1. Yes [Go to	M2005 at TRN; Go to M1242 at DC]		
	M1056. Reason Pneumococcal Vaccine not received			
If patient has ne	ver received the pneur	nococcal vaccination (for example, pneumovax), state reason:	DC	
Enter Code	2. Assessed	d Declined and determined to have medical contraindication(s) ted; patient does not meet age/condition guidelines for Pneumococcal Vaccine e above		

OASIS-D Patient History (continued)

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OASIS	S-E/E1 Section O Special Treatment, Procedures, and Pro	ograms		C
SOC/RO	OC and Discharge			SOC
	Special Treatments, Procedures, and Programs	a. On Admission	c. At Discharge	ROC
	all of the following treatments, procedures, and programs that apply.		that apply □	DC
	Treatments			
A1.				
A1.	A2. IV			
	A3. Oral		H	
	A10. Other			
B1.	Radiation			
Respira	atory Therapies			
C1.	Oxygen Therapy			
• • • • • • • • • • • • • • • • • • • •	C2. Continuous			
	C3. Intermittent			
	C4. High-concentration			
D1.	Suctioning			
	D2. Scheduled			
	D3. As needed			
E1.	Tracheostomy Care			
F1.	Invasive Mechanical Ventilator (ventilator or respirator)			
G1.	Non-invasive Mechanical Ventilator			
	G2. BiPAP			
	G3. CPAP			
Other				
H1.	IV Medications			
	H2. Vasoactive medications			
	H3. Antibiotics			
	H4. Anticoagulation			
	H10. Other			
11.	Transfusions			
J1.	Dialysis J2. Hemodialysis			
	J3. Peritoneal dialysis			
01.				
01.	O2. Peripheral		H H	
	O3. Mid-line		H	
	O4. Central (e.g., PICC, tunneled, port)	i i	H	
None of	f the Above			
Z1.	None of the Above			
	Patient's COVID-19 vaccination is up to date.			TRF
	Tation to covid to vaccination to up to date.			DC
Enter	Code 0. No , patient is not up to date			DAH
	1. Yes , patient is up to date			
M1041	Influenza Vaccine Data Collection Period			TRF
-	is episode of care (SOC/ROC to Transfer/Discharge) include any dates on or b	etween October 1 and March 312		DC
		ctween october 1 and March 51:		
Enter				
	1. Yes → Continue to M1046, Influenza Vaccine Received			
M1046.	Influenza Vaccine Received			TRF
	patient receive the influenza vaccine for this year's flu season?			DC
Enter				
	2. Yes ; received from your agency during a prior episode of co		rge)	
	3. Yes ; received from another health care provider (for examp	ole, physician, pharmacist)		
	4. No ; patient offered and declined			
	5. No ; patient assessed and determined to have medical cont			
	6. No ; not indicated - patient does not meet age/condition guid	ueimes for influenza vaccine		
	7. No ; inability to obtain vaccine due to declared shortage			

No; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.

M2200. Therapy Need			. Ala:	and will define a construction wheat in	soc
In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology					ROC FU(o)
visits combined)? (Enter zero ["000"] if no therapy Number of therap NA - Not Applicable	y visits indi	cated (total o		cupational and speech-language pathology combined).	
OASIS-D Items Collected at TRF/D	C (continu	neq)]
M2401. Intervention Synopsis At the time of or at any time since the most recen physician-ordered plan of care AND implemented				wing interventions BOTH included in the	TRF DC
Plan/Intervention	No	Yes	Not Applicable		
	↓Check or	nly one box in	n each row↓]
A. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education 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 prevention interventions	□ o	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.	
C. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current 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. Intervention(s) to monitor and mitigate pain	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. Intervention(s) to prevent pressure 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.	
F. Pressure ulcer treatment based on	0	1	NA	Patient has no pressure ulcers OR has no pressure	

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



M2200. Therapy Need In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)				SOC ROC	
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-E/E1 Section Q Participation in Assessment and Goal Setting					Q
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.)					TRF DC
Plan/Intervention	No	Yes	Not Applicable		
	↓Check or	nly one box in	each row↓		
B. Falls prevention 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.	

NA

NA

NA

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

Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.

Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent

risk of developing pressure ulcers.

SOC/ROC assessment indicates the patient is not at

Patient has no pressure ulcers OR has no pressure

ulcers for which moist wound healing is indicated.

on screening tool used.

0

0

0

0

C. Depression intervention(s) such as

treatment, or a monitoring plan

D. Intervention(s) to monitor and mitigate

F. Pressure ulcer treatment based on

principles of moist wound healing

medication, referral for other

for current treatment

E. Intervention(s) to prevent

pressure ulcers

1

1

1

1