CHAPTER 12
ADDENDUM F

OUTCOME AND ASSESSMENT INFORMATION SET (OASIS-B1)

ITEMS TO BE USED AT SPECIFIC TIME POINTS

Start or Resumption of Care ---------- M0010-M0825

Start of care—further visits planned
Start of care—no further visits planned
Resumption of care (after inpatient stay)

Follow-Up ---------- M0010-M0100, M0150, M0175, M0200-M0250, M0280-M0390, M0410-M0840

Recertification (follow-up) assessment
Other follow-up assessment

Transfer to an Inpatient Facility ---------- M0010-M0100, M0150, M0830-M0855, M0890-M0906

Transferred to an inpatient facility—patient not discharged from an agency
Transferred to an inpatient facility—patient discharged from agency

Discharge from Agency — Not to an Inpatient Facility

Death at home ---------- M0010-M0100, M0150, M0906
Discharge from agency ---------- M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0820, M0830-M0880, M0903-M0906

Discharge from agency—no visits completed after start/resumption of care assessment ---------- M0010-M0100, M0150, M0906

Note: For items M0640-M0800, please note special instructions at the beginning of the section.

CLINICAL RECORD ITEMS

(M0010) Agency Medicare Provider Number: __ __ __ __ __ __

(M0012) Agency Medicaid Provider Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Branch Identification (Optional, for Agency Use)

(M0014) Branch State: __ __

(M0016) Branch ID Number: __ __ __ __ __ __ __ __ __ __
(Agency-assigned)

(M0020) Patient ID Number: __

(M0030) Start of Care Date: __ __ / __ __ / __ __ __ __
month day year

(M0032) Resumption of Care Date: __ __ / __ __ / __ __ __ __ ❑ **NA - Not Applicable**
month day year

(M0040) Patient Name:

__ __ __ __

(M0150) **Current Payment Sources for Home Care: (Mark all that apply.)**

- ❑ 0 - None; no charge for current services
- ❑ 1 - Medicare (traditional fee-for-service)
- ❑ 2 - Medicare (HMO/managed care)
- ❑ 3 - Medicaid (traditional fee-for-service)
- ❑ 4 - Medicaid (HMO/managed care)
- ❑ 5 - Workers' compensation
- ❑ 6 - Title programs (e.g., Title III, V, or XX)
- ❑ 7 - Other government (e.g., CHAMPUS, VA, etc.)
- ❑ 8 - Private insurance
- ❑ 9 - Private HMO/managed care
- ❑ 10 - Self-pay
- ❑ 11 - Other (specify) _____
- ❑ UK - Unknown

(M0160) **Financial Factors** limiting the ability of the patient/family to meet basic health needs: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Unable to afford medicine or medical supplies
- ❑ 2 - Unable to afford medical expenses that are not covered by insurance/Medicare (e.g., copayments)
- ❑ 3 - Unable to afford rent/utility bills
- ❑ 4 - Unable to afford food
- ❑ 5 - Other (specify) _____

(M0175) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? **(Mark all that apply.)**

- ❑ 1 - Hospital
- ❑ 2 - Rehabilitation facility
- ❑ 3 - Skilled nursing facility
- ❑ 4 - Other nursing home
- ❑ 5 - Other (specify) _____
- ❑ NA - Patient was not discharged from an inpatient facility **[If NA, go to M0200]**

(M0180) **Inpatient Discharge Date** (most recent):

__ __ / __ __ / __ __ __ __
month day year

- ❑ UK - Unknown

(M0190) **Inpatient Diagnoses** and ICD code categories (three digits required; five digits optional) <u>for only those conditions treated during an inpatient facility stay within the last 14 days</u> (no surgical or V-codes):

	Inpatient Facility Diagnosis	ICD
a.	_____	(__ __ __ • __ __)
b.	_____	(__ __ __ • __ __)

(M0200) **Medical or Treatment Regimen Change Within Past 14 Days:** Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?

- ❑ 0 - No **[If No, go to M0220]**
- ❑ 1 - Yes

(M0210) List the patient's **Medical Diagnoses** and ICD code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes):

	Changed Medical Regimen Diagnosis	ICD
a.	_____	(__ __ __ • __ __)
b.	_____	(__ __ __ • __ __)
c.	_____	(__ __ __ • __ __)
d.	_____	(__ __ __ • __ __)

(M0220) Conditions Prior to **Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days:** If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. **(Mark all that apply.)**

- ❑ 1 - Urinary incontinence
- ❑ 2 - Indwelling/suprapubic catheter
- ❑ 3 - Intractable pain
- ❑ 4 - Impaired decision-making
- ❑ 5 - Disruptive or socially inappropriate behavior
- ❑ 6 - Memory loss to the extent that supervision required
- ❑ 7 - None of the above
- ❑ NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- ❑ UK - Unknown

(M0230/ M0240) **Diagnoses and Severity Index:** List each medical diagnosis or problem for which the patient is receiving home care and lCD code category (three digits required; five digits optional - no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)

0 - Asymptomatic, no treatment needed at this time
1 - Symptoms well controlled with current therapy
2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring
4 - Symptoms poorly controlled, history of rehospitalizations

	(M0230) Primary Diagnosis	ICD	Severity Rating				
a.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

	(M0240) Other Diagnoses	ICD	Severity Rating				
b.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
c.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
d.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
e.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
f.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

(M0250) **Therapies** the patient receives at home: **(Mark all that apply.)**

- ❑ 1 - Intravenous or infusion therapy (excludes TPN)
- ❑ 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

(M0260) **Overall Prognosis:** BEST description of patient's overall prognosis for recovery from this episode of illness.

- ❑ 0 - Poor: little or no recovery is expected and/or further decline is imminent
- ❑ 1 - Good/Fair: partial to full recovery is expected
- ❑ UK - Unknown

(M0270) **Rehabilitative Prognosis:** BEST description of patient's prognosis for functional status.

- ❑ 0 - Guarded: minimal improvement in functional status is expected; decline is possible
- ❑ 1 - Good: marked improvement in functional status is expected
- ❑ UK - Unknown

(M0280) **Life Expectancy:** (Physician documentation is not required.)

- ❑ 0 - Life expectancy is greater than 6 months
- ❑ 1 - Life expectancy is 6 months or fewer

(M0290) **High Risk Factors** characterizing this patient: **(Mark all that apply.)**

- ❑ 1 - Heavy smoking
- ❑ 2 - Obesity
- ❑ 3 - Alcohol dependency
- ❑ 4 - Drug dependency
- ❑ 5 - None of the above
- ❑ UK - Unknown

LIVING ARRANGEMENTS

(M0300) **Current Residence:**

- ❑ 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other)
- ❑ 2 - Family members residence
- ❑ 3 - Boarding home or rented room
- ❑ 4 - Board and care or assisted living facility
- ❑ 5 - Other (specify) _____

(M0310) **Structural Barriers** in the patient's environment limiting independent mobility: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Stairs inside home which must be used by the patient (e.g., to get to toileting, sleeping, eating areas)
- ❑ 2 - Stairs inside home which are used optionally (e.g., to get to laundry facilities)
- ❑ 3 - Stairs leading from inside house to outside
- ❑ 4 - Narrow or obstructed doorways

(M0320) **Safety Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Inadequate floor, roof, or windows
- ❑ 2 - Inadequate lighting
- ❑ 3 - Unsafe gas/electric appliance
- ❑ 4 - Inadequate heating
- ❑ 5 - Inadequate cooling
- ❑ 6 - Lack of fire safety devices
- ❑ 7 - Unsafe floor coverings
- ❑ 8 - Inadequate stair railings
- ❑ 9 - Improperly stored hazardous materials
- ❑ 10 - Lead-based paint
- ❑ 11 - Other (specify) _____

(M0330) **Sanitation Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - No running water
- ❑ 2 - Contaminated water
- ❑ 3 - No toileting facilities
- ❑ 4 - Outdoor toileting facilities only
- ❑ 5 - Inadequate sewage disposal
- ❑ 6 - Inadequate/improper food storage
- ❑ 7 - No food refrigeration
- ❑ 8 - No cooking facilities
- ❑ 9 - Insects/rodents present
- ❑ 10 - No scheduled trash pickup
- ❑ 11 - Cluttered/soiled living area
- ❑ 12 - Other (specify) _____

(M0340) **Patient Lives With: (Mark all that apply.)**

- ❑ 1 - Lives alone
- ❑ 2 - With spouse or significant other
- ❑ 3 - With other family member
- ❑ 4 - With a friend
- ❑ 5 - With paid help (other than home care agency staff)
- ❑ 6 - With other than above

SUPPORTIVE ASSISTANCE

(M0350) **Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)**

- ❑ 1 - Relatives, friends, or neighbors living outside the home
- ❑ 2 - Person residing in the home (EXCLUDING paid help)
- ❑ 3 - Paid help
- ❑ 4 - None of the above **[If None of the above, go to M0390]**
- ❑ UK - Unknown **[If Unknown, go to M0390]**

(M0360) **Primary Caregiver** taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):

- ❑ 0 - No one person **[If No one person, go to M0390]**
- ❑ 1 - Spouse or significant other
- ❑ 2 - Daughter or son
- ❑ 3 - Other family member
- ❑ 4 - Friend or neighbor or community or church member
- ❑ 5 - Paid help
- ❑ UK - Unknown **[If Unknown, go to M0390]**

(M0370) **How Often** does the patient receive assistance from the primary caregiver?

- ❑ 1 - Several times during day and night
- ❑ 2 - Several times during day
- ❑ 3 - Once daily
- ❑ 4 - Three or more times per week
- ❑ 5 - One to two times per week
- ❑ 6 - Less often than weekly
- ❑ UK - Unknown

(M0380) Type of Primary Caregiver Assistance: (Mark all that apply.)

- ❑ 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)
- ❑ 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)
- ❑ 3 - Environmental support (housing, home maintenance)
- ❑ 4 - Psychosocial support (socialization, companionship, recreation)
- ❑ 5 - Advocates or facilitates patient's participation in appropriate medical care
- ❑ 6 - Financial agent, power of attorney, or conservator of finance
- ❑ 7 - Health care agent, conservator of person, or medical power of attorney
- ❑ UK - Unknown

SENSORY STATUS

(M0390) Vision with corrective lenses if the patient usually wears them:

- ❑ 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- ❑ 1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.
- ❑ 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

(M0400) Hearing and Ability to Understand Spoken Language in patient's own language (with hearing aids if the patient usually uses them):

- ❑ 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation.
- ❑ 1 - With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice.
- ❑ 2 - Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance.
- ❑ 3 - Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time.
- ❑ 4 - Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive.

(M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language):

- ❑ 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- ❑ 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).
- ❑ 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences.
- ❑ 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- ❑ 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- ❑ 5 - Patient nonresponsive or unable to speak.

(M0420) Frequency of Pain interfering with patient's activity or movement:

- ❑ 0 - Patient has no pain or pain does not interfere with activity or movement
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time

(M0430) **Intractable Pain:** Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

- ❑ 0 - No
- ❑ 1 - Yes

INTEGUMENTARY STATUS

(M0440) Does this patient have a **Skin Lesion** or an **Open Wound**? This excludes "OSTOMIES."

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0445) Does this patient have a **Pressure Ulcer**?

- ❑ 0 - No **[If No, go to M0468]**
- ❑ 1 - Yes

(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.)

Pressure Ulcer Stages	Number of Pressure Ulcers				
a) Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.	0	1	2	3	4 or more
b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.	0	1	2	3	4 or more
c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.	0	1	2	3	4 or more
d) Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)	0	1	2	3	4 or more
e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts? ❑ 0 - No ❑ 1 - Yes					

(M0460) Stage of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Stage 1
- ❑ 2 - Stage 2
- ❑ 3 - Stage 3
- ❑ 4 - Stage 4
- ❑ NA - No observable pressure ulcer

(M0464) Status of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable pressure ulcer

(M0468) Does this patient have a **Stasis Ulcer***?

- ❑ 0 - No **[If No, go to M0482]**
- ❑ 1 - Yes

(M0470) Current Number of Observable Stasis Ulcer(s):

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0474) Does this patient have at least one **Stasis Ulcer that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0476) Status of Most Problematic (Observable) Stasis Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable stasis ulcer

(M0482) Does this patient have a **Surgical Wound**?

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has more than one opening, consider each opening as a separate wound.)

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0486) Does this patient have at least one **Surgical Wound that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0488) Status of Most Problematic (Observable) Surgical Wound:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable surgical wound

RESPIRATORY STATUS

(M0490) When is the patient dyspneic or noticeably **Short of Breath**?

- ❑ 0 - Never, patient is not short of breath
- ❑ 1 - When walking more than 20 feet, climbing stairs
- ❑ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ❑ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ❑ 4 - At rest (during day or night)

(M0500) **Respiratory Treatments** utilized at home: **(Mark all that apply.)**

- ❑ 1 - Oxygen (intermittent or continuous)
- ❑ 2 - Ventilator (continually or at night)
- ❑ 3 - Continuous positive airway pressure
- ❑ 4 - None of the above

ELIMINATION STATUS

(M0510) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

- ❑ 0 - No
- ❑ 1 - Yes
- ❑ NA - Patient on prophylactic treatment
- ❑ UK - Unknown

(M0520) **Urinary Incontinence or Urinary Catheter Presence:**

- ❑ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[If No, go to M0540]**
- ❑ 1 - Patient is incontinent
- ❑ 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M0540]**

(M0530) **When** does **Urinary Incontinence** occur?

- ❑ 0 - Timed-voiding defers incontinence
- ❑ 1 - During the night only
- ❑ 2 - During the day and night

(M0540) **Bowel Incontinence Frequency:**

- ❑ 0 - Very rarely or never has bowel incontinence
- ❑ 1 - Less than once weekly
- ❑ 2 - One to three times weekly
- ❑ 3 - Four to six times weekly
- ❑ 4 - On a daily basis
- ❑ 5 - More often than once daily
- ❑ NA - Patient has ostomy for bowel elimination
- ❑ UK - Unknown

(M0550) **Ostomy for Bowel Elimination:** Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, <u>or</u> b) necessitated a change in medical or treatment regimen?

- ❑ 0 - Patient does <u>not</u> have an ostomy for bowel elimination.
- ❑ 1 - Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen.
- ❑ 2 - The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.

NEURO/EMOTIONAL/BEHAVIORAL STATUS

(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

- ❑ 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- ❑ 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
- ❑ 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- ❑ 3 - 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.
- ❑ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

(M0570) When Confused (Reported or Observed):

- ❑ 0 - Never
- ❑ 1 - In new or complex situations only
- ❑ 2 - On awakening or at night only
- ❑ 3 - During the day and evening, but not constantly
- ❑ 4 - Constantly
- ❑ NA - Patient nonresponsive

(M0580) When Anxious (Reported or Observed):

- ❑ 0 - None of the time
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time
- ❑ NA - Patient nonresponsive

(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.)

- ❑ 1 - Depressed mood (e.g., feeling sad, tearful)
- ❑ 2 - Sense of failure or self reproach
- ❑ 3 - Hopelessness
- ❑ 4 - Recurrent thoughts of death
- ❑ 5 - Thoughts of suicide
- ❑ 6 - None of the above feelings observed or reported

(M0600) Patient Behaviors (Reported or Observed): (Mark all that apply.)

- ❑ 1 - Indecisiveness, lack of concentration
- ❑ 2 - Diminished interest in most activities
- ❑ 3 - Sleep disturbances
- ❑ 4 - Recent change in appetite or weight
- ❑ 5 - Agitation
- ❑ 6 - A suicide attempt
- ❑ 7 - None of the above behaviors observed or reported

(M0610) **Behaviors Demonstrated at Least Once a Week (Reported or Observed): (Mark all that apply.)**

- ❑ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required
- ❑ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions
- ❑ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
- ❑ 4 - Physical aggression: aggressive or combative to self and others (e.g., 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
- ❑ 7 - None of the above behaviors demonstrated

(M0620) **Frequency of Behavior Problems (Reported or Observed)** (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):

- ❑ 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

(M0630) Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?

- ❑ 0 - No
- ❑ 1 - Yes

ADL/IADLs

For M0640-M0800, complete the "Current" column for all patients. For these same items, complete the "Prior" column only at start of care and at resumption of care; mark the level that corresponds to the patient's condition 14 days prior to start of care date (M0030) or, resumption of care date (M0032). In all cases, record what the patient is able to do.

(M0640) **Grooming:** Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

Prior	Current		
❑	❑	0	- Able to groom self unaided, with or without the use of assistive devices or adapted methods.
❑	❑	1	- Grooming utensils must be placed within reach before able to complete grooming activities.
❑	❑	2	- Someone must assist the patient to groom self.
❑	❑	3	- Patient depends entirely upon someone else for grooming needs.
❑		UK	- Unknown

(M0650) **Ability to Dress Upper Body** (with or without dressing aids) including undergarments, pullovers, front opening shirts and blouses, managing zippers, buttons, and snaps:

Prior	Current		
❑	❑	0	- Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
❑	❑	1	- Able to dress upper body without assistance if clothing is laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on upper body clothing.
❑	❑	3	- Patient depends entirely upon another person to dress the upper body.
❑		UK	- Unknown

(M0660) **Ability to Dress Lower Body** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

Prior	Current		
❑	❑	0	- Able to obtain, put on, and remove clothing and shoes without assistance.
❑	❑	1	- Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
❑	❑	3	- Patient depends entirely upon another person to dress lower body.
❑		UK	- Unknown

(M0670) **Bathing:** Ability to wash entire body. **Excludes grooming (washing face and hands only).**

Prior	Current		
❑	❑	0	- Able to bathe self in shower or tub independently.
❑	❑	1	- With the use of devices, is able to bathe self in shower or tub independently.
❑	❑	2	- Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas.
❑	❑	3	- Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
❑	❑	4	- Unable to use the shower or tub and is bathed in bed or bedside chair.
❑	❑	5	- Unable to effectively participate in bathing and is totally bathed by another person.
❑		UK	- Unknown

(M0680) **Toileting:** Ability to get to and from the toilet or bedside commode.

Prior	Current		
❑	❑	0	- Able to get to and from the toilet independently with or without a device.
❑	❑	1	- When reminded, assisted, or supervised by another person, able to get to and from the toilet.
❑	❑	2	- Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
❑	❑	3	- Unable 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.
❑		UK	- Unknown

(M0690) **Transferring:** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

Prior	Current		
❑	❑	0	- Able to independently transfer.
❑	❑	1	- Transfers with minimal human assistance or with use of an assistive device.
❑	❑	2	- Unable to transfer self but is able to bear weight and pivot during the transfer process.
❑	❑	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.
❑		UK	- Unknown

(M0700) **Ambulation/Locomotion:** Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Prior	Current		
❑	❑	0	- Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).
❑	❑	1	- Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
❑	❑	2	- Able to walk only with the supervision or assistance of another person at all times.
❑	❑	3	- Chairfast, unable to ambulate but is able to wheel self independently.
❑	❑	4	- Chairfast, unable to ambulate and is unable to wheel self.
❑	❑	5	- Bedfast, unable to ambulate or be up in a chair.
❑		UK	- Unknown

(M0710) **Feeding or Eating:** Ability to feed self meals and snacks. **Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.**

Prior	Current		
❑	❑	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.
❑		UK	- Unknown

(M0720) **Planning and Preparing Light Meals** (e.g., cereal, sandwich) or reheat delivered meals:

Prior	Current		
❑	❑	0	- (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).
❑	❑	1	- Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
❑	❑	2	- Unable to prepare any light meals or reheat any delivered meals.
❑		UK	- Unknown

(M0730) **Transportation:** Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).

Prior	Current		
❑	❑	0	- Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus.
❑	❑	1	- Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person.
❑	❑	2	- Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.
❑		UK	- Unknown

(M0740) **Laundry:** Ability to do own laundry--to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Prior	Current		
❑	❑	0	- (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.
❑	❑	2	- Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.
❑		UK	- Unknown

(M0750) **Housekeeping:** Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

Prior	Current		
❑	❑	0	- (a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently.
❑	❑	2	- Able to perform housekeeping tasks with intermittent assistance or supervision from another person.
❑	❑	3	- Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
❑	❑	4	- Unable to effectively participate in any housekeeping tasks.
❑		UK	- Unknown

(M0760) **Shopping:** Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

Prior	Current		
❑	❑	0	- (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist.
❑	❑	2	- Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery.
❑	❑	3	- Needs someone to do all shopping and errands.
❑		UK	- Unknown

(M0770) **Ability to Use Telephone:** Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.

Prior	Current		
❑	❑	0	- Able to dial numbers and answer calls appropriately and as desired.
❑	❑	1	- Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
❑	❑	2	- Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
❑	❑	3	- Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
❑	❑	4	- Unable to answer the telephone at all but can listen if assisted with equipment.
❑	❑	5	- Totally unable to use the telephone.
❑	❑	NA	- Patient does not have a telephone.
❑		UK	- Unknown

MEDICATIONS

(M0780) **Management of Oral Medications:** Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

Prior	Current		
❑	❑	0	- Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
❑	❑	1	- Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart.
❑	❑	2	- Unable to take medication unless administered by someone else.
❑	❑	NA	- No oral medications prescribed.
❑		UK	- Unknown

(M0790) **Management of Inhalant/Mist Medications:** Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes all other forms of medication (oral tablets, injectable and IV medications).**

Prior	Current		
❑	❑	0	- Able to independently take the correct medication and proper dosage at the correct times.
❑	❑	1	- Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, OR (b) given daily reminders.
❑	❑	2	- Unable to take medication unless administered by someone else.
❑	❑	NA	- No inhalant/mist medications prescribed.
❑		UK	- Unknown

(M0800) **Management of Injectable Medications:** Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/ intervals. **Excludes IV medications.**

Prior	Current		
❑	❑	0	- Able to independently take the correct medication and proper dosage at the correct times.
❑	❑	1	- Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders.
❑	❑	2	- Unable to take injectable medications unless administered by someone else.
❑	❑	NA	- No injectable medications prescribed.
❑		UK	- Unknown

EQUIPMENT MANAGEMENT

(M0810) **Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):** Patient's ability to setup, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Patient manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.
- ❑ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
- ❑ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone to manage the equipment.
- ❑ 4 - Patient is completely dependent on someone else to manage all equipment.
- ❑ NA - No equipment of this type used in care **[If NA, go to M0825]**

(M0820) **Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies):** Caregiver's ability to set up,. monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/ store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Caregiver manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment, caregiver is able to manage all other aspects.
- ❑ 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task.
- ❑ - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies).
- ❑ 4 - Caregiver is completely dependent on someone else to manage all equipment.
- ❑ NA - No caregiver
- ❑ UK - Unknown

THERAPY NEED

(M0825) **Therapy Need:** Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?

- ❑ 0 - No
- ❑ 1 - Yes
- ❑ NA - Not Applicable

EMERGENT CARE

(M0830) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? **(Mark all that apply.)**

- ❑ 0 - No emergent care services **[If no emergent care, go to M0855]**
- ❑ 1 - Hospital emergency room (includes 23-hour holding)
- ❑ 2 - Doctors office emergency visit/house call
- ❑ 3 - Outpatient department/clinic emergency (includes surgicenter sites)
- ❑ UK - Unknown **[If UK, go to M0855]**

(M0840) **Emergent Care Reason:** For what reason(s) did the patient/family seek emergent care? **(Mark all that apply.)**

- ❑ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ❑ 2 - Nausea, dehydration, malnutrition, constipation, impaction
- ❑ 3 - Injury caused by fall or accident at home
- ❑ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)
- ❑ 5 - Wound infection, deteriorating wound status, new lesion/ulcer
- ❑ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)
- ❑ 7 - Hypo/Hyperglycemia, diabetes out of control
- ❑ 8 - GI bleeding, obstruction
- ❑ 9 - Other than above reasons
- ❑ UK - Reason unknown

DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR AGENCY DISCHARGE ONLY

(M0855) To which **Inpatient Facility** has the patient been admitted?

- ❑ 1 - Hospital **[Go to M0890]**
- ❑ 2 - Rehabilitation facility **[Go to M0903]**
- ❑ 3 - Nursing home **[Go to M0900]**
- ❑ 4 - Hospice **[Go to M0903]**
- ❑ NA - No inpatient facility admission

(M0870) **Discharge Disposition:** Where is the patient after discharge from your agency? **(Choose only one answer.)**

- ❑ 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility)
- ❑ 2 - Patient transferred to a non-institutional hospice **[Go to M0903]**
- ❑ 3 - Unknown because patient moved to a geographic location not served by this agency **[Go to M0903]**
- ❑ UK - Other unknown **[Go to M0903]**

(M0880) After discharge, does the patient receive health, personal, or support **Services or Assistance**? **(Mark all that apply.)**

- ❑ 1 - No assistance or services received
- ❑ 2 - Yes, assistance or services provided by family or friends
- ❑ 3 - Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home health services, homemaker assistance, transportation assistance, assisted living, board and care)

Go to M0903

(M0890) If the patient was admitted to an acute care **Hospital**, for what **Reason** was he/she admitted?

- ❑ 1 - Hospitalization for emergent (unscheduled) care
- ❑ 2 - Hospitalization for urgent (scheduled within 24 hours of admission) care
- ❑ 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care
- ❑ UK - Unknown

(M0895) **Reason for Hospitalization: (Mark all that apply.)**

- ❑ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ❑ 2 - Injury caused by fall or accident at home
- ❑ 3 - Respiratory problems (SOB, infection, obstruction)
- ❑ 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- ❑ 5 - Hypo/Hyperglycemia, diabetes out of control
- ❑ 6 - GI bleeding, obstruction
- ❑ 7 - Exacerbation of CHF, fluid overload, heart failure
- ❑ 8 - Myocardial infarction, stroke
- ❑ 9 - Chemotherapy
- ❑ 10 - Scheduled surgical procedure
- ❑ 11 - Urinary tract infection
- ❑ 12 - IV catheter-related infection
- ❑ 13 - Deep vein thrombosis, pulmonary embolus
- ❑ 14 - Uncontrolled pain
- ❑ 15 - Psychotic episode
- ❑ 16 - Other than above reasons

Go to M0903

(M0900) For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? **(Mark all that apply.)**

- ❑ 1 - Therapy services
- ❑ 2 - Respite care
- ❑ 3 - Hospice care
- ❑ 4 - Permanent placement
- ❑ 5 - Unsafe for care at home
- ❑ 6 - Other
- ❑ UK - Unknown

(M0903) **Date of Last (Most Recent) Home Visit:**

__ __ / __ __ / __ __ __ __
month day year

(M0906) **Discharge/Transfer/Death Date:** Enter the date of the discharge, transfer, or death (at home) of the patient.

__ __ / __ __ / __ __ __ __
month day year

COMPARISON BETWEEN SOC, FOLLOW-UP, DISCHARGE, AND INPATIENT TRANSFER VERSIONS OF OASIS-B1 (8/2000)

This section contains wording changes or changes in response options for several of the OASIS items across various time points. This document presents these changes to facilitate incorporating OASIS items into clinical documentation.

The first column displays each OASIS item title and its corresponding Mxxxx number as it appears in the full OASIS-B1 (8/2000) document. The second column notes any modifications (or omissions) appropriate for start of care (SOC) or resumption of care (ROC) documentation. The third, fourth and fifth columns note item changes that should appear in the follow-up (i.e. 60-day), discharge or inpatient transfer documentation, respectively.

This file is available in Adobe Acrobat format for viewing, downloading, or printing from CMS's web site at

http://www.hcfa.gov/medicaid/oasis/oasisdat.htm

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COMPARISON BETWEEN SOC, FOLLOW-UP, TRANSFER, AND DISCHARGE VERSIONS OF OASIS-B1 (08/2000)

ITEM #	SOC VERSION	FOLLOW-UP VERSION	DISCHARGE VERSION	INPATIENT TRANSFER VERSION
	Items to be used at this timepoint: M0010-M0825	Items to be used at this timepoint: M0010-M0100, M0150, M0175, M0200-M0250, M0280-M390, M0410-M0B40	Items to be used in specific circumstances: • Transferred to inpatient facility - patient not discharged from agency: M0010-M0100, M0150, M0830-M0855, M0890-M0906 • Transferred to inpatient facility - patient discharged from agency: M0010-M0100, M0150, M0830-M0855, M0890-M0906 • Death at home: M0010-M0100, M0150, M0906 • Discharge from agency (not to inpatient facility): M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0820, M0830-M0880, M0903-M0906 • Discharge from agency (no visits completed after SOC/Resumption of Care): M0010-M0100, M0150, M0906	The transfer items are included in the discharge version, however if an agency chooses to have a separate inpatient facility form the following is a list of items that are to be used. • Transferred to inpatient facility - patient not discharged from agency: M0010-M0100, M0150, M0830-M0855, M0890-M0906 • Transferred to inpatient facility - patient discharged from agency: M0010-M0100, M0150, M0830-M0855, M0890-M0906 • Transferred to inpatient facility - patient discharged from agency: M0010-M0100, M0150, M0830- M0855, M0890-M0906
CLINICAL RECORD ITEMS				
M0010 Agency Medicare Provider Number				
M0012 Agency Medicaid Provider Number				
M0014 Branch State (Optional)				
M0016 Branch ID Number (Optional)				
M0020 Patient ID Number				
M0030 Start of Care Date				
M0032 Resumption of Care Date				
M0040 Patient's Name				
M0050 Patient State of Residence				

COMPARISON BETWEEN SOC, FOLLOW-UP, TRANSFER, AND DISCHARGE VERSIONS OF OASIS-B1 (08/2000)

ITEM #	SOC VERSION	FOLLOW-UP VERSION	DISCHARGE VERSION	INPATIENT TRANSFER VERSION
M0060 Patient Zip Code				
M0063 Medicare Number M0064 Social Security Number				
M0065 Medicaid Number M0066 Birth Date				
M0069 Gender				
M0072 Primary Referring Physician ID (UPIN)				
M0080 Discipline of Person Completing Assessment				
M0090 Date Assessment Completed				
M0100 Reason for Assessment	Options 1-3 are highlighted. Options 4-10 are shaded out.	Options 4 and 5 are highlighted. Options 1-3 and 6-10 are shaded out.	Options 6-10 are highlighted. Options 1-5 are shaded out.	Options 6 and 7 are highlighted. Options 1-5 and 8-10 are shaded out.
DEMOGRAPHICS AND PATIENT HISTORY				
M0140 Race/Ethnicity		Omitted.	Omitted.	Omitted.
M0150 Current Payment Sources for Home Care		"Unknown" deleted as response option.	"Unknown" deleted as response option. If reason for assessment (RFA) for MO 100 is 6 or 7, go to M0830. If RFA for M0100 is 8 or 10, go to M0906. If RFA for M0100 is 9, go to M0200.	"Unknown" deleted as response option.
M0160 Financial Factors		Omitted.	Omitted.	Omitted.
M0175 Inpatient Facilities			Omitted.	Omitted.
M0180 Inpatient Discharge Date		Omitted.	Omitted.	Omitted.
M0190 Inpatient Diagnoses		Omitted.	Omitted.	Omitted.
M0200 Medical or Treatment Regimen Change Within Past 14 Days	If "no" go to M0220[1].	If "no" go to M0220.	If "no" go to M0250.	Omitted.
M0210 Medical Diagnoses				Omitted.
M0220 Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days	Also refers to inpatient stay within the past 14 days.	Also refers to inpatient stay within the past 14 days.	All references to inpatient stay deleted. "NA" and "Unknown" deleted as response options.	Omitted.
M0230/M0240 Diagnoses and Severity Index			Omitted.	Omitted.
M0250 Therapies				Omitted.
M0260 Overall Prognosis		Omitted.	Omitted.	Omitted.
M0270 Rehabilitative Prognosis		Omitted.	Omitted.	Omitted.

[1] In this and all other "skip. Patterns, the end point of the skip pattern can be renumbered to direct the clinician to the next appropriate OASIS item or non-OASIS item.

COMPARISON BETWEEN SOC, FOLLOW-UP, TRANSFER, AND DISCHARGE VERSIONS OF OASIS-B1 (08/2000)

ITEM #	SOC VERSION	FOLLOW-UP VERSION	DISCHARGE VERSION	INPATIENT TRANSFER VERSION
M0280 Life Expectancy				Omitted.
M0290 High Risk Factors		"Unknown" deleted as response option.	"Unknown" deleted as response option.	Omitted.
LIVING ARRANGEMENTS				
M0300 Current Residence				Omitted.
M0310 Structural Barriers				Omitted.
M0320 Safety Hazards				Omitted.
M0330 Sanitation Hazards				Omitted.
M0340 Patient Lives With				Omitted.
SUPPORTIVE ASSISTANCE				
M0350 Assisting Person(s) Other than Home Care Agency Staff	If "none of the above" or "unknown," go to M0390.	If "none of the above," go to M0390. "Unknown" deleted as response option.	If "none of the above," go to M041 0. "Unknown" deleted as response option.	Omitted.
M0360 Primary Caregiver	If "no one person," or "unknown," go to M0390.	If "no one person," go to M0390. "Unknown" deleted as response option.	If "no one person," go to M041 0. "Unknown" deleted as response option.	Omitted.
M0370 How Often		"Unknown" deleted as response option.	"Unknown" deleted as response option.	Omitted.
M0380 Type of Primary Caregiver Assistance		"Unknown" deleted as response option.	"Unknown" deleted as response option.	Omitted.
SENSORY STATUS				
M0390 Vision				Omitted.
M0400 Hearing and Ability to Understand Spoken Language				Omitted.
M0410 Speech and Oral (Verbal) Expression of Language				Omitted.
M0420 Frequency of Pain				Omitted.
M0430 Intractable Pain				Omitted.
INTEGUMENTARY STATUS				
M0440 Skin Lesion/Open Wound				Omitted.
M0445 Pressure Ulcer				Omitted.
M0450 Current Number of Pressure Ulcers at Each Stage				Omitted.
M0460 Stage of Most Problematic (Observable) Pressure Ulcer				Omitted.
M0464 Status of Most Problematic (Observable) Pressure Ulcer				Omitted.
M0468 Stasis Ulcer				Omitted.
M0470 Current Number of Observable Stasis Ulcer(s)				Omitted.

COMPARISON BETWEEN SOC, FOLLOW-UP, TRANSFER, AND DISCHARGE VERSIONS OF OASIS-B1 (08/2000)

ITEM #	SOC VERSION	FOLLOW-UP VERSION	DISCHARGE VERSION	INPATIENT TRANSFER VERSION
M0474 Stasis Ulcer that Cannot be Observed				Omitted.
M0476 Status of Most Problematic (Observable) Stasis Ulcer				Omitted.
M0482 Surgical Wound				Omitted.
M0484 Current Number of (Observable) Surgical Wounds				Omitted.
M0486 Surgical Wound that Cannot be Observed				Omitted.
M0488 Status of Most Problematic (Observable) Surgical Wound				Omitted.
RESPIRATORY STATUS				
M0490 Short of Breath				Omitted.
M0500 Respiratory Treatments				Omitted.
ELIMINATION STATUS				
M0510 Urinary Tract Infection		"Unknown" deleted as response option.	"Unknown" deleted as response option.	Omitted.
M0520 Urinary Incontinence or Urinary Catheter Presence				Omitted.
M0530 Urinary Incontinence				Omitted.
M0540 Bowel Incontinence Frequency		"Unknown" deleted as response option.	"Unknown" deleted as response option.	Omitted.
M0550 Ostomy for Bowel Elimination			All references to "inpatient facility stay" deleted.	Omitted.
NEURO/EMOTIONAL/ BEHAVIORAL STATUS				
M0560 Cognitive Functioning				Omitted.
M0570 When Confused (Reported or Observed)				Omitted.
M0580 When Anxious (Reported or Observed)				Omitted.
M0590 Depressive Feelings Reported or Observed in Patient				Omitted.
M0600 Patient Behaviors (Reported or Observed)				Omitted.
M0610 Behaviors Demonstrated At Least Once a Week (Reported or Observed)				Omitted.
M0620 Frequency of Behavior Problems (Reported or Observed)				Omitted.

COMPARISON BETWEEN SOC, FOLLOW-UP, TRANSFER, AND DISCHARGE VERSIONS OF OASIS-B1 (08/2000)

ITEM #	SOC VERSION	FOLLOW-UP VERSION	DISCHARGE VERSION	INPATIENT TRANSFER VERSION
M0630 Psychiatric Nursing Services				Omitted.
ADL/IADLs	For M0640-M0800, complete the "current" column for all patients. For these same items, complete the "prior" column only at SOC/ROC; mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or ROC date (M0032). In all cases record what the patient is able to do.	For M0640-M0800, record what the patient currently is able to do.	For M0640-M0800, record what the patient currently is able to do.	Omitted.
M0640 Grooming		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0650 Ability to Dress Upper Body		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0660 Ability to Dress Lower Body		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0670 Bathing		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0680 Toileting		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0690 Transferring		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0700 Ambulation/Locomotion		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0710 Feeding or Eating		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0720 Planning and Preparing Light Meals		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0730 Transportation		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0740 Laundry		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0750 Housekeeping		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0760 Shopping		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0770 Ability to Use Telephone		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
MEDICATIONS				
M0780 Management of Oral Medications		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.

COMPARISON BETWEEN SOC, FOLLOW-UP, TRANSFER, AND DISCHARGE VERSIONS OF OASIS-B1 (08/2000)

ITEM #	SOC VERSION	FOLLOW-UP VERSION	DISCHARGE VERSION	INPATIENT TRANSFER VERSION
M0790 Management of Inhalant/ Mist Medications		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
M0800 Management of Injectable Medications		"Prior" box deleted. "Unknown" deleted as response option.	"Prior" box deleted. "Unknown" deleted as response option.	Omitted.
EQUIPMENT MANAGEMENT				
M0810 Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies)	If "NA," go to M0825.	If "NA," go to M0825.	If "NA," go to M0830.	Omitted.
M0820 Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)		"Unknown" deleted as response option.	"Unknown" deleted as response option.	Omitted.
THERAPY NEED				
M0825 Therapy Need			Omitted.	Omitted.
EMERGENT CARE				
M0830 Emergent Care	Not included.	If "no emergent care" or "unknown," skip M0840.	If "no emergent care" or "unknown," go to M0855.	If "no emergent care" or "unknown," go to M0855.
M0840 Emergent Care Reason	Not included.			
DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR DISCHARGE ONLY				
M0855 Inpatient Facility	Not included.	Not included.		"NA" deleted as response option.
M0870 Discharge Disposition	Not included.	Not included.		Omitted.
M0880 Services or Assistance	Not included.	Not included.		Omitted.
M0890 Hospital Reason	Not included.	Not included.		
M0895 Reason for Hospitalization	Not included.	Not included.		
M0900 Reason(s) Admitted to a Nursing Home	Not included.	Not included.		
M0903 Date of last (Most Recent) Home Visit	Not included.	Not included.		
M0906 Discharge/Transfer/Death Date				

START OF CARE VERSION OF THE OUTCOME AND ASSESSMENT INFORMATION SET OASIS-B1 (8/2000) - (ALSO USED FOR RESUMPTION OF CARE FOLLOWING INPATIENT STAY)

This section includes Start of Care and Resumption of Care items. This contains the full text of OASIS items that are expected to be incorporated into the comprehensive assessment to be completed at start of care, and upon resumption of care following an inpatient stay.

START OF CARE VERSION (ALSO USED FOR RESUMPTION OF CARE FOLLOWING INPATIENT STAY)

Items to be Used at this Time Point----------M0010-M0825

CLINICAL RECORD ITEMS

(M0010) Agency Medicare Provider Number: __ __ __ __ __ __

(M0012) Agency Medicaid Provider Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Branch Identification (Optional, for Agency Use)

(M0014) Branch State: __ __

(M0016) Branch ID Number: __ __ __ __ __ __ __ __ __ __
(Agency-assigned)

(M0020) Patient ID Number: __

(M0030) Start of Care Date: __ __ / __ __ / __ __ __ __
month day year

(M0032) Resumption of Care Date: __ __ / __ __ / __ __ __ __ ❑ **NA - Not Applicable**
month day year

(M0040) Patient Name:
__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

(M0080) Discipline of Person Completing Assessment:

❑ 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:

Start/Resumption of Care

- ❑ **1 - Start of care--further visits planned**
- ❑ **2 - Start of care--no further visits planned**
- ❑ **3 - Resumption of care (after inpatient stay)**

Follow-Up

- ❑ 4 - Recertification (follow-up) reassessment **[Go to M0150]**
- ❑ 5 - Other follow-up **[Go to M0150]**

Transfer to an Inpatient Facility

- ❑ 6 - Transferred to an inpatient facility--patient not discharged from agency **[Go to M0150]**
- ❑ 7 - Transferred to an inpatient facility--patient discharged from agency **[Go to M0150]**

Discharged from Agency -- Not to an Inpatient Facility

- ❑ 8 - Death at home **[Go to M0150]**
- ❑ 9 - Discharge from agency **[Go to M0150]**
- ❑ 10 - Discharge from agency--no visits completed after start/resumption of care assessment **[Go to M0150]**

DEMOGRAPHICS AND PATIENT HISTORY

(M0140) Race/Ethnicity (as identified by patient): **(Mark all that apply.)**

- ❑ 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
- ❑ UK - Unknown

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

- ❑ 0 - None; no charge for current services
- ❑ 1 - Medicare (traditional fee-for-service)
- ❑ 2 - Medicare (HMO/managed care)
- ❑ 3 - Medicaid (traditional fee-for-service)
- ❑ 4 - Medicaid (HMO/managed care)
- ❑ 5 - Workers' compensation
- ❑ 6 - Title programs (e.g., Title III, V, or XX)
- ❑ 7 - Other government (e.g., CHAMPUS, VA, etc.)
- ❑ 8 - Private insurance
- ❑ 9 - Private HMO/managed care
- ❑ 10 - Self-pay
- ❑ 11 - Other (specify) _____
- ❑ UK - Unknown

(M0160) **Financial Factors** limiting the ability of the patient/family to meet basic health needs: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Unable to afford medicine or medical supplies
- ❑ 2 - Unable to afford medical expenses that are not covered by insurance/Medicare (e.g., copayments)
- ❑ 3 - Unable to afford rent/utility bills
- ❑ 4 - Unable to afford food
- ❑ 5 - Other (specify) _____

(M0175) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? **(Mark all that apply.)**

- ❑ 1 - Hospital
- ❑ 2 - Rehabilitation facility
- ❑ 3 - Skilled nursing facility
- ❑ 4 - Other nursing home
- ❑ 5 - Other (specify) _____
- ❑ NA - Patient was not discharged from an inpatient facility **[If NA, go to M0200]**

(M0180) **Inpatient Discharge Date** (most recent):

__ __ / __ __ / __ __ __ __
month day year

- ❑ UK - Unknown

(M0190) **Inpatient Diagnoses** and ICD code categories (three digits required; five digits optional) <u>for only those conditions treated during an inpatient facility stay within the last 14 days</u> (no surgical or V-codes):

	Inpatient Facility Diagnosis	ICD
a.	_____	(__ __ __ • __ __)
b.	_____	(__ __ __ • __ __)

(M0200) **Medical or Treatment Regimen Change Within Past 14 Days:** Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?

- ❑ 0 - No **[If No, go to M0220]**
- ❑ 1 - Yes

(M0210) List the patient's **Medical Diagnoses** and ICD code categories (three digits required; five digits optional) <u>for those conditions requiring changed medical or treatment regimen</u> (no surgical or V-codes):

	Changed Medical Regimen Diagnosis	ICD
a.	_____	(__ __ __ • __ __)
b.	_____	(__ __ __ • __ __)
c.	_____	(__ __ __ • __ __)
d.	_____	(__ __ __ • __ __)

(M0220) Conditions Prior to **Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days:** If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. **(Mark all that apply.)**

- ❑ 1 - Urinary incontinence
- ❑ 2 - Indwelling/suprapubic catheter
- ❑ 3 - Intractable pain
- ❑ 4 - Impaired decision-making
- ❑ 5 - Disruptive or socially inappropriate behavior
- ❑ 6 - Memory loss to the extent that supervision required
- ❑ 7 - None of the above
- ❑ NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- ❑ UK - Unknown

(M0230/ M0240) **Diagnoses and Severity Index:** List each medical diagnosis or problem for which the patient is receiving home care and lCD code category (three digits required; five digits optional - no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)

0 - Asymptomatic, no treatment needed at this time
1 - Symptoms well controlled with current therapy
2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring
4 - Symptoms poorly controlled, history of rehospitalizations

	(M0230) Primary Diagnosis	ICD	Severity Rating				
a.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

	(M0240) Other Diagnoses	ICD	Severity Rating				
b.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
c.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
d.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
e.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
f.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

(M0250) **Therapies** the patient receives at home: **(Mark all that apply.)**

- ❑ 1 - Intravenous or infusion therapy (excludes TPN)
- ❑ 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

(M0260) **Overall Prognosis:** BEST description of patient's overall prognosis for recovery from this episode of illness.

- ❑ 0 - Poor: little or no recovery is expected and/or further decline is imminent
- ❑ 1 - Good/Fair: partial to full recovery is expected
- ❑ UK - Unknown

(M0270) **Rehabilitative Prognosis:** BEST description of patient's prognosis for functional status.

- ❑ 0 - Guarded: minimal improvement in functional status is expected; decline is possible
- ❑ 1 - Good: marked improvement in functional status is expected
- ❑ UK - Unknown

(M0280) **Life Expectancy:** (Physician documentation is not required.)

- ❑ 0 - Life expectancy is greater than 6 months
- ❑ 1 - Life expectancy is 6 months or fewer

(M0290) **High Risk Factors** characterizing this patient: **(Mark all that apply.)**

- ❑ 1 - Heavy smoking
- ❑ 2 - Obesity
- ❑ 3 - Alcohol dependency
- ❑ 4 - Drug dependency
- ❑ 5 - None of the above
- ❑ UK - Unknown

LIVING ARRANGEMENTS

(M0300) **Current Residence:**

- ❑ 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other)
- ❑ 2 - Family members residence
- ❑ 3 - Boarding home or rented room
- ❑ 4 - Board and care or assisted living facility
- ❑ 5 - Other (specify) _____

(M0310) **Structural Barriers** in the patient's environment limiting independent mobility: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Stairs inside home which must be used by the patient (e.g., to get to toileting, sleeping, eating areas)
- ❑ 2 - Stairs inside home which are used optionally (e.g., to get to laundry facilities)
- ❑ 3 - Stairs leading from inside house to outside
- ❑ 4 - Narrow or obstructed doorways

(M0320) **Safety Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Inadequate floor, roof, or windows
- ❑ 2 - Inadequate lighting
- ❑ 3 - Unsafe gas/electric appliance
- ❑ 4 - Inadequate heating
- ❑ 5 - Inadequate cooling
- ❑ 6 - Lack of fire safety devices
- ❑ 7 - Unsafe floor coverings
- ❑ 8 - Inadequate stair railings
- ❑ 9 - Improperly stored hazardous materials
- ❑ 10 - Lead-based paint
- ❑ 11 - Other (specify) _____

(M0330) **Sanitation Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - No running water
- ❑ 2 - Contaminated water
- ❑ 3 - No toileting facilities
- ❑ 4 - Outdoor toileting facilities only
- ❑ 5 - Inadequate sewage disposal
- ❑ 6 - Inadequate/improper food storage
- ❑ 7 - No food refrigeration
- ❑ 8 - No cooking facilities
- ❑ 9 - Insects/rodents present
- ❑ 10 - No scheduled trash pickup
- ❑ 11 - Cluttered/soiled living area
- ❑ 12 - Other (specify) _____

(M0340) Patient Lives With: (Mark all that apply.)

- ❑ 1 - Lives alone
- ❑ 2 - With spouse or significant other
- ❑ 3 - With other family member
- ❑ 4 - With a friend
- ❑ 5 - With paid help (other than home care agency staff)
- ❑ 6 - With other than above

SUPPORTIVE ASSISTANCE

(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)

- ❑ 1 - Relatives, friends, or neighbors living outside the home
- ❑ 2 - Person residing in the home (EXCLUDING paid help)
- ❑ 3 - Paid help
- ❑ 4 - None of the above **[If None of the above, go to M0390]**
- ❑ UK - Unknown **[If Unknown, go to M0390]**

(M0360) Primary Caregiver taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):

- ❑ 0 - No one person **[If No one person, go to M0390]**
- ❑ 1 - Spouse or significant other
- ❑ 2 - Daughter or son
- ❑ 3 - Other family member
- ❑ 4 - Friend or neighbor or community or church member
- ❑ 5 - Paid help
- ❑ UK - Unknown **[If Unknown, go to M0390]**

(M0370) How Often does the patient receive assistance from the primary caregiver?

- ❑ 1 - Several times during day and night
- ❑ 2 - Several times during day
- ❑ 3 - Once daily
- ❑ 4 - Three or more times per week
- ❑ 5 - One to two times per week
- ❑ 6 - Less often than weekly
- ❑ UK - Unknown

(M0380) Type of Primary Caregiver Assistance: (Mark all that apply.)

- ❑ 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)
- ❑ 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)
- ❑ 3 - Environmental support (housing, home maintenance)
- ❑ 4 - Psychosocial support (socialization, companionship, recreation)
- ❑ 5 - Advocates or facilitates patient's participation in appropriate medical care
- ❑ 6 - Financial agent, power of attorney, or conservator of finance
- ❑ 7 - Health care agent, conservator of person, or medical power of attorney
- ❑ UK - Unknown

SENSORY STATUS

(M0390) Vision with corrective lenses if the patient usually wears them:

- ❑ 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- ❑ 1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.
- ❑ 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

(M0400) **Hearing and Ability to Understand Spoken Language** in patient's own language (with hearing aids if the patient usually uses them):

- ❑ 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation.
- ❑ 1 - With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice.
- ❑ 2 - Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance.
- ❑ 3 - Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time.
- ❑ 4 - Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive.

(M0410) **Speech and Oral (Verbal) Expression of Language** (in patient's own language):

- ❑ 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- ❑ 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).
- ❑ 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences.
- ❑ 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- ❑ 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- ❑ 5 - Patient nonresponsive or unable to speak.

(M0420) **Frequency of Pain** interfering with patient's activity or movement:

- ❑ 0 - Patient has no pain or pain does not interfere with activity or movement
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time

(M0430) **Intractable Pain:** Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

- ❑ 0 - No
- ❑ 1 - Yes

INTEGUMENTARY STATUS

(M0440) Does this patient have a **Skin Lesion** or an **Open Wound**? This excludes "OSTOMIES."

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0445) Does this patient have a **Pressure Ulcer**?

- ❑ 0 - No **[If No, go to M0468]**
- ❑ 1 - Yes

(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.)

Pressure Ulcer Stages	Number of Pressure Ulcers				
a) Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.	0	1	2	3	4 or more
b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.	0	1	2	3	4 or more
c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.	0	1	2	3	4 or more
d) Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)	0	1	2	3	4 or more
e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts? ❑ 0 - No ❑ 1 - Yes					

(M0460) Stage of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Stage 1
- ❑ 2 - Stage 2
- ❑ 3 - Stage 3
- ❑ 4 - Stage 4
- ❑ NA - No observable pressure ulcer

(M0464) Status of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable pressure ulcer

(M0468) Does this patient have a **Stasis Ulcer***?

- ❑ 0 - No **[If No, go to M0482]**
- ❑ 1 - Yes

(M0470) Current Number of Observable Stasis Ulcer(s):

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0474) Does this patient have at least one **Stasis Ulcer that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0476) Status of Most Problematic (Observable) Stasis Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable stasis ulcer

(M0482) Does this patient have a **Surgical Wound**?

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has more than one opening, consider each opening as a separate wound.)

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0486) Does this patient have at least one **Surgical Wound that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0488) Status of Most Problematic (Observable) Surgical Wound:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable surgical wound

RESPIRATORY STATUS

(M0490) When is the patient dyspneic or noticeably **Short of Breath**?

- ❑ 0 - Never, patient is not short of breath
- ❑ 1 - When walking more than 20 feet, climbing stairs
- ❑ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ❑ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ❑ 4 - At rest (during day or night)

(M0500) **Respiratory Treatments** utilized at home: **(Mark all that apply.)**

- ❑ 1 - Oxygen (intermittent or continuous)
- ❑ 2 - Ventilator (continually or at night)
- ❑ 3 - Continuous positive airway pressure
- ❑ 4 - None of the above

ELIMINATION STATUS

(M0510) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

- ❑ 0 - No
- ❑ 1 - Yes
- ❑ NA - Patient on prophylactic treatment
- ❑ UK - Unknown

(M0520) **Urinary Incontinence or Urinary Catheter Presence:**

- ❑ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[If No, go to M0540]**
- ❑ 1 - Patient is incontinent
- ❑ 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M0540]**

(M0530) **When** does **Urinary Incontinence** occur?

- ❑ 0 - Timed-voiding defers incontinence
- ❑ 1 - During the night only
- ❑ 2 - During the day and night

(M0540) **Bowel Incontinence Frequency:**

- ❑ 0 - Very rarely or never has bowel incontinence
- ❑ 1 - Less than once weekly
- ❑ 2 - One to three times weekly
- ❑ 3 - Four to six times weekly
- ❑ 4 - On a daily basis
- ❑ 5 - More often than once daily
- ❑ NA - Patient has ostomy for bowel elimination
- ❑ UK - Unknown

(M0550) **Ostomy for Bowel Elimination:** Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- ❑ 0 - Patient does not have an ostomy for bowel elimination.
- ❑ 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
- ❑ 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

NEURO/EMOTIONAL/BEHAVIORAL STATUS

(M0560) **Cognitive Functioning:** (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

- ❑ 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- ❑ 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
- ❑ 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- ❑ 3 - 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.
- ❑ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

(M0570) **When Confused (Reported or Observed):**

- ❑ 0 - Never
- ❑ 1 - In new or complex situations only
- ❑ 2 - On awakening or at night only
- ❑ 3 - During the day and evening, but not constantly
- ❑ 4 - Constantly
- ❑ NA - Patient nonresponsive

(M0580) **When Anxious (Reported or Observed):**

- ❑ 0 - None of the time
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time
- ❑ NA - Patient nonresponsive

(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.)

- ❑ 1 - Depressed mood (e.g., feeling sad, tearful)
- ❑ 2 - Sense of failure or self reproach
- ❑ 3 - Hopelessness
- ❑ 4 - Recurrent thoughts of death
- ❑ 5 - Thoughts of suicide
- ❑ 6 - None of the above feelings observed or reported

(M0600) Patient Behaviors (Reported or Observed): (Mark all that apply.)

- ❑ 1 - Indecisiveness, lack of concentration
- ❑ 2 - Diminished interest in most activities
- ❑ 3 - Sleep disturbances
- ❑ 4 - Recent change in appetite or weight
- ❑ 5 - Agitation
- ❑ 6 - A suicide attempt
- ❑ 7 - None of the above behaviors observed or reported

(M0610) Behaviors Demonstrated <u>at Least Once a Week</u> (Reported or Observed): (Mark all that apply.)

- ❑ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required
- ❑ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions
- ❑ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
- ❑ 4 - Physical aggression: aggressive or combative to self and others (e.g., 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
- ❑ 7 - None of the above behaviors demonstrated

(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):

- ❑ 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

(M0630) Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?

- ❑ 0 - No
- ❑ 1 - Yes

ADL/IADLs

For M0640-M0800, complete the "Current" column for all patients. For these same items, complete the "Prior" column only at start of care and at resumption of care; mark the level that corresponds to the patient's condition 14 days prior to start of care date (M0030) or, resumption of care date (M0032). In all cases, record what the patient is able to do.

(M0640) **Grooming:** Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

Prior	Current		
❑	❑	0	- Able to groom self unaided, with or without the use of assistive devices or adapted methods.
❑	❑	1	- Grooming utensils must be placed within reach before able to complete grooming activities.
❑	❑	2	- Someone must assist the patient to groom self.
❑	❑	3	- Patient depends entirely upon someone else for grooming needs.
❑		UK	- Unknown

(M0650) **Ability to Dress Upper Body** (with or without dressing aids) including undergarments, pullovers, front opening shirts and blouses, managing zippers, buttons, and snaps:

Prior	Current		
❑	❑	0	- Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
❑	❑	1	- Able to dress upper body without assistance if clothing is laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on upper body clothing.
❑	❑	3	- Patient depends entirely upon another person to dress the upper body.
❑		UK	- Unknown

(M0660) **Ability to Dress Lower Body** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

Prior	Current		
❑	❑	0	- Able to obtain, put on, and remove clothing and shoes without assistance.
❑	❑	1	- Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
❑	❑	3	- Patient depends entirely upon another person to dress lower body.
❑		UK	- Unknown

(M0670) **Bathing:** Ability to wash entire body. **Excludes grooming (washing face and hands only).**

Prior	Current		
❑	❑	0	- Able to bathe self in shower or tub independently.
❑	❑	1	- With the use of devices, is able to bathe self in shower or tub independently.
❑	❑	2	- Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas.
❑	❑	3	- Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
❑	❑	4	- Unable to use the shower or tub and is bathed in bed or bedside chair.
❑	❑	5	- Unable to effectively participate in bathing and is totally bathed by another person.
❑		UK	- Unknown

(M0680) **Toileting:** Ability to get to and from the toilet or bedside commode.

Prior	Current		
❑	❑	0	- Able to get to and from the toilet independently with or without a device.
❑	❑	1	- When reminded, assisted, or supervised by another person, able to get to and from the toilet.
❑	❑	2	- Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
❑	❑	3	- Unable 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.
❑		UK	- Unknown

(M0690) **Transferring:** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

Prior	Current		
❑	❑	0	- Able to independently transfer.
❑	❑	1	- Transfers with minimal human assistance or with use of an assistive device.
❑	❑	2	- Unable to transfer self but is able to bear weight and pivot during the transfer process.
❑	❑	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.
❑		UK	- Unknown

(M0700) **Ambulation/Locomotion:** Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Prior	Current		
❑	❑	0	- Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).
❑	❑	1	- Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
❑	❑	2	- Able to walk only with the supervision or assistance of another person at all times.
❑	❑	3	- Chairfast, unable to ambulate but is able to wheel self independently.
❑	❑	4	- Chairfast, unable to ambulate and is unable to wheel self.
❑	❑	5	- Bedfast, unable to ambulate or be up in a chair.
❑		UK	- Unknown

(M0710) **Feeding or Eating:** Ability to feed self meals and snacks. **Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.**

Prior	Current		
❑	❑	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.
❑		UK	- Unknown

(M0720) **Planning and Preparing Light Meals** (e.g., cereal, sandwich) or reheat delivered meals:

Prior	Current		
❑	❑	0	- (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).
❑	❑	1	- Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
❑	❑	2	- Unable to prepare any light meals or reheat any delivered meals.
❑		UK	- Unknown

(M0730) **Transportation:** Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).

Prior	Current		
❑	❑	0	- Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus.
❑	❑	1	- Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person.
❑	❑	2	- Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.
❑		UK	- Unknown

(M0740) **Laundry:** Ability to do own laundry--to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Prior	Current		
❑	❑	0	- (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.
❑	❑	2	- Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.
❑		UK	- Unknown

(M0750) **Housekeeping:** Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

Prior	Current		
❑	❑	0	- (a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently.
❑	❑	2	- Able to perform housekeeping tasks with intermittent assistance or supervision from another person.
❑	❑	3	- Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
❑	❑	4	- Unable to effectively participate in any housekeeping tasks.
❑		UK	- Unknown

(M0760) **Shopping:** Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

Prior	Current		
❑	❑	0	- (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist.
❑	❑	2	- Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery.
❑	❑	3	- Needs someone to do all shopping and errands.
❑		UK	- Unknown

(M0770) **Ability to Use Telephone:** Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.

Prior	Current		
❑	❑	0	- Able to dial numbers and answer calls appropriately and as desired.
❑	❑	1	- Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
❑	❑	2	- Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
❑	❑	3	- Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
❑	❑	4	- Unable to answer the telephone at all but can listen if assisted with equipment.
❑	❑	5	- Totally unable to use the telephone.
❑	❑	NA	- Patient does not have a telephone.
❑		UK	- Unknown

MEDICATIONS

(M0780) **Management of Oral Medications:** Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

Prior	Current		
❑	❑	0	- Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
❑	❑	1	- Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart.
❑	❑	2	- Unable to take medication unless administered by someone else.
❑	❑	NA	- No oral medications prescribed.
❑		UK	- Unknown

(M0790) **Management of Inhalant/Mist Medications:** Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes all other forms of medication (oral tablets, injectable and IV medications).**

Prior	Current		
❑	❑	0	- Able to independently take the correct medication and proper dosage at the correct times.
❑	❑	1	- Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, OR (b) given daily reminders.
❑	❑	2	- Unable to take medication unless administered by someone else.
❑	❑	NA	- No inhalant/mist medications prescribed.
❑		UK	- Unknown

(M0800) **Management of Injectable Medications:** Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **Excludes IV medications.**

Prior	Current		
❑	❑	0	- Able to independently take the correct medication and proper dosage at the correct times.
❑	❑	1	- Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders.
❑	❑	2	- Unable to take injectable medications unless administered by someone else.
❑	❑	NA	- No injectable medications prescribed.
❑		UK	- Unknown

EQUIPMENT MANAGEMENT

(M0810) **Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):** Patient's ability to setup, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Patient manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.
- ❑ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
- ❑ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone to manage the equipment.
- ❑ 4 - Patient is completely dependent on someone else to manage all equipment.
- ❑ NA - No equipment of this type used in care **[If NA, go to M0825]**

(M0820) **Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies):** Caregiver's ability to set up,. monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Caregiver manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment, caregiver is able to manage all other aspects.
- ❑ 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task.
- ❑ - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies).
- ❑ 4 - Caregiver is completely dependent on someone else to manage all equipment.
- ❑ NA - No caregiver
- ❑ UK - Unknown

THERAPY NEED

(M0825) **Therapy Need:** Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?

- ❑ 0 - No
- ❑ 1 - Yes
- ❑ NA - Not Applicable

FOLLOW-UP VERSION
OF THE OUTCOME AND ASSESSMENT INFORMATION SET OASIS-B1 (8/2000)

This section includes Follow-up items. This contains the full text of OASIS items that are expected to be incorporated into the comprehensive assessment to be completed at the time of recertification (or other follow-up).

FOLLOW-UP VERSION

Items to be Used at this Time Point----------M0010-M0100, M0150, M0175, M0200-M0250, M0280-M0390, M0410-M0840

CLINICAL RECORD ITEMS

(M0010) Agency Medicare Provider Number: __ __ __ __ __ __

(M0012) Agency Medicaid Provider Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Branch Identification (Optional, for Agency Use)

(M0014) Branch State: __ __

(M0016) Branch ID Number: __ __ __ __ __ __ __ __ __ __
(Agency-assigned)

(M0020) Patient ID Number: __

(M0030) Start of Care Date: __ __ / __ __ / __ __ __ __
month day year

(M0032) Resumption of Care Date: __ __ / __ __ / __ __ __ __ ❑ **NA - Not Applicable**
month day year

(M0040) Patient Name:
__ __
(First) (MI) (Last) (Suffix)

(M0050) Patient State of Residence: __ __

(M0060) Patient Zip Code: __ __ __ __ __ __ __ __ __

(M0063) Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __ ❑ **NA - No Medicare**
(including suffix)

(M0064) Social Security Number: __ __ __ - __ __ - __ __ __ __ ❑ **UK - Unknown or Not Available**

(M0065) Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ ❑ **NA - No Medicaid**

(M0066) Birth Date: __ __ / __ __ / __ __ __ __
month day year

(M0069) Gender:

❑ 1 - Male
❑ 2 - Female

(M0072) Primary Referring Physician ID:
__ __ __ __ __ __ __ __ __ __ ❑ **UK - Unknown or Not Available**

(M0080) Discipline of Person Completing Assessment:

❑ 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:

Start/Resumption of Care
- ❑ **1 - Start of care--further visits planned**
- ❑ **2 - Start of care--no further visits planned**
- ❑ **3 - Resumption of care (after inpatient stay)**

Follow-Up
- ❑ **4 - Recertification (follow-up) reassessment [Go to M0150]**
- ❑ **5 - Other follow-up [Go to M0150]**

Transfer to an Inpatient Facility
- ❑ 6 - Transferred to an inpatient facility--patient not discharged from agency **[Go to M0150]**
- ❑ 7 - Transferred to an inpatient facility--patient discharged from agency **[Go to M0150]**

Discharged from Agency -- Not to an Inpatient Facility
- ❑ 8 - Death at home **[Go to M0150]**
- ❑ 9 - Discharge from agency **[Go to M0150]**
- ❑ 10 - Discharge from agency--no visits completed after start/resumption of care assessment **[Go to M0150]**

DEMOGRAPHICS AND PATIENT HISTORY

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

- ❑ 0 - None; no charge for current services
- ❑ 1 - Medicare (traditional fee-for-service)
- ❑ 2 - Medicare (HMO/managed care)
- ❑ 3 - Medicaid (traditional fee-for-service)
- ❑ 4 - Medicaid (HMO/managed care)
- ❑ 5 - Workers' compensation
- ❑ 6 - Title programs (e.g., Title III, V, or XX)
- ❑ 7 - Other government (e.g., CHAMPUS, VA, etc.)
- ❑ 8 - Private insurance
- ❑ 9 - Private HMO/managed care
- ❑ 10 - Self-pay
- ❑ 11 - Other (specify) _____
- ❑ UK - Unknown

(M0175) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? **(Mark all that apply.)**

- ❑ 1 - Hospital
- ❑ 2 - Rehabilitation facility
- ❑ 3 - Skilled nursing facility
- ❑ 4 - Other nursing home
- ❑ 5 - Other (specify) _____
- ❑ NA - Patient was not discharged from an inpatient facility **[If NA, go to M0200]**

(M0200) Medical or Treatment Regimen Change Within Past 14 Days: Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?

- ❑ 0 - No **[If No, go to M0220]**
- ❑ 1 - Yes

(M0210) List the patient's **Medical Diagnoses** and ICD code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes):

	Changed Medical Regimen Diagnosis	ICD
a.	_____	(__ __ __ • __ __)
b.	_____	(__ __ __ • __ __)
c.	_____	(__ __ __ • __ __)
d.	_____	(__ __ __ • __ __)

(M0220) Conditions Prior to **Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days:** If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. **(Mark all that apply.)**

- ❑ 1 - Urinary incontinence
- ❑ 2 - Indwelling/suprapubic catheter
- ❑ 3 - Intractable pain
- ❑ 4 - Impaired decision-making
- ❑ 5 - Disruptive or socially inappropriate behavior
- ❑ 6 - Memory loss to the extent that supervision required
- ❑ 7 - None of the above
- ❑ NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- ❑ UK - Unknown

(M0230/ M0240) **Diagnoses and Severity Index:** List each medical diagnosis or problem for which the patient is receiving home care and lCD code category (three digits required; five digits optional - no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)

0 - Asymptomatic, no treatment needed at this time
1 - Symptoms well controlled with current therapy
2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring
4 - Symptoms poorly controlled, history of rehospitalizations

	(M0230) Primary Diagnosis	ICD	Severity Rating				
a.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

	(M0240) Other Diagnoses	ICD	Severity Rating				
b.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
c.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
d.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
e.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
f.	_____	(__ __ __ • __ __)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

(M0250) **Therapies** the patient receives at home: **(Mark all that apply.)**

- ❑ 1 - Intravenous or infusion therapy (excludes TPN)
- ❑ 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

(M0280) **Life Expectancy:** (Physician documentation is not required.)

- ❑ 0 - Life expectancy is greater than 6 months
- ❑ 1 - Life expectancy is 6 months or fewer

(M0290) **High Risk Factors** characterizing this patient: **(Mark all that apply.)**

- ❑ 1 - Heavy smoking
- ❑ 2 - Obesity
- ❑ 3 - Alcohol dependency
- ❑ 4 - Drug dependency
- ❑ 5 - None of the above

LIVING ARRANGEMENTS

(M0300) **Current Residence:**

- ❑ 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other)
- ❑ 2 - Family members residence
- ❑ 3 - Boarding home or rented room
- ❑ 4 - Board and care or assisted living facility
- ❑ 5 - Other (specify) _____

(M0310) **Structural Barriers** in the patient's environment limiting independent mobility: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Stairs inside home which must be used by the patient (e.g., to get to toileting, sleeping, eating areas)
- ❑ 2 - Stairs inside home which are used optionally (e.g., to get to laundry facilities)
- ❑ 3 - Stairs leading from inside house to outside
- ❑ 4 - Narrow or obstructed doorways

(M0320) **Safety Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Inadequate floor, roof, or windows
- ❑ 2 - Inadequate lighting
- ❑ 3 - Unsafe gas/electric appliance
- ❑ 4 - Inadequate heating
- ❑ 5 - Inadequate cooling
- ❑ 6 - Lack of fire safety devices
- ❑ 7 - Unsafe floor coverings
- ❑ 8 - Inadequate stair railings
- ❑ 9 - Improperly stored hazardous materials
- ❑ 10 - Lead-based paint
- ❑ 11 - Other (specify) _____

(M0330) **Sanitation Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - No running water
- ❑ 2 - Contaminated water
- ❑ 3 - No toileting facilities
- ❑ 4 - Outdoor toileting facilities only
- ❑ 5 - Inadequate sewage disposal
- ❑ 6 - Inadequate/improper food storage
- ❑ 7 - No food refrigeration
- ❑ 8 - No cooking facilities
- ❑ 9 - Insects/rodents present
- ❑ 10 - No scheduled trash pickup
- ❑ 11 - Cluttered/soiled living area
- ❑ 12 - Other (specify) _____

(M0340) Patient Lives With: (Mark all that apply.)

- ❑ 1 - Lives alone
- ❑ 2 - With spouse or significant other
- ❑ 3 - With other family member
- ❑ 4 - With a friend
- ❑ 5 - With paid help (other than home care agency staff)
- ❑ 6 - With other than above

SUPPORTIVE ASSISTANCE

(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)

- ❑ 1 - Relatives, friends, or neighbors living outside the home
- ❑ 2 - Person residing in the home (EXCLUDING paid help)
- ❑ 3 - Paid help
- ❑ 4 - None of the above **[If None of the above, go to M0390]**

(M0360) Primary Caregiver taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):

- ❑ 0 - No one person **[If No one person, go to M0390]**
- ❑ 1 - Spouse or significant other
- ❑ 2 - Daughter or son
- ❑ 3 - Other family member
- ❑ 4 - Friend or neighbor or community or church member
- ❑ 5 - Paid help

(M0370) How Often does the patient receive assistance from the primary caregiver?

- ❑ 1 - Several times during day and night
- ❑ 2 - Several times during day
- ❑ 3 - Once daily
- ❑ 4 - Three or more times per week
- ❑ 5 - One to two times per week
- ❑ 6 - Less often than weekly

(M0380) Type of Primary Caregiver Assistance: (Mark all that apply.)

- ❑ 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)
- ❑ 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)
- ❑ 3 - Environmental support (housing, home maintenance)
- ❑ 4 - Psychosocial support (socialization, companionship, recreation)
- ❑ 5 - Advocates or facilitates patient's participation in appropriate medical care
- ❑ 6 - Financial agent, power of attorney, or conservator of finance
- ❑ 7 - Health care agent, conservator of person, or medical power of attorney

SENSORY STATUS

(M0390) Vision with corrective lenses if the patient usually wears them:

- ❑ 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- ❑ 1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.
- ❑ 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

(M0410) **Speech and Oral (Verbal) Expression of Language** (in patient's own language):

- ❑ 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- ❑ 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).
- ❑ 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences.
- ❑ 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- ❑ 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- ❑ 5 - Patient nonresponsive or unable to speak.

(M0420) **Frequency of Pain** interfering with patient's activity or movement:

- ❑ 0 - Patient has no pain or pain does not interfere with activity or movement
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time

(M0430) **Intractable Pain:** Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

- ❑ 0 - No
- ❑ 1 - Yes

INTEGUMENTARY STATUS

(M0440) Does this patient have a **Skin Lesion** or an **Open Wound**? This excludes "OSTOMIES."

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0445) Does this patient have a **Pressure Ulcer**?

- ❑ 0 - No **[If No, go to M0468]**
- ❑ 1 - Yes

(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.)

Pressure Ulcer Stages	Number of Pressure Ulcers				
a) Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.	0	1	2	3	4 or more
b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.	0	1	2	3	4 or more
c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.	0	1	2	3	4 or more
d) Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)	0	1	2	3	4 or more
e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts? ❑ 0 - No ❑ 1 - Yes					

(M0460) Stage of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Stage 1
- ❑ 2 - Stage 2
- ❑ 3 - Stage 3
- ❑ 4 - Stage 4
- ❑ NA - No observable pressure ulcer

(M0464) Status of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable pressure ulcer

(M0468) Does this patient have a **Stasis Ulcer***?

- ❑ 0 - No **[If No, go to M0482]**
- ❑ 1 - Yes

(M0470) Current Number of Observable Stasis Ulcer(s):

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0474) Does this patient have at least one **Stasis Ulcer that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0476) Status of Most Problematic (Observable) Stasis Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable stasis ulcer

(M0482) Does this patient have a **Surgical Wound**?

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has more than one opening, consider each opening as a separate wound.)

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0486) Does this patient have at least one **Surgical Wound that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0488) Status of Most Problematic (Observable) Surgical Wound:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable surgical wound

RESPIRATORY STATUS

(M0490) When is the patient dyspneic or noticeably **Short of Breath**?

- ❑ 0 - Never, patient is not short of breath
- ❑ 1 - When walking more than 20 feet, climbing stairs
- ❑ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ❑ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ❑ 4 - At rest (during day or night)

(M0500) **Respiratory Treatments** utilized at home: **(Mark all that apply.)**

- ❑ 1 - Oxygen (intermittent or continuous)
- ❑ 2 - Ventilator (continually or at night)
- ❑ 3 - Continuous positive airway pressure
- ❑ 4 - None of the above

ELIMINATION STATUS

(M0510) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

- ❑ 0 - No
- ❑ 1 - Yes
- ❑ NA - Patient on prophylactic treatment

(M0520) **Urinary Incontinence or Urinary Catheter Presence:**

- ❑ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[If No, go to M0540]**
- ❑ 1 - Patient is incontinent
- ❑ 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M0540]**

(M0530) **When** does **Urinary Incontinence** occur?

- ❑ 0 - Timed-voiding defers incontinence
- ❑ 1 - During the night only
- ❑ 2 - During the day and night

(M0540) **Bowel Incontinence Frequency:**

- ❑ 0 - Very rarely or never has bowel incontinence
- ❑ 1 - Less than once weekly
- ❑ 2 - One to three times weekly
- ❑ 3 - Four to six times weekly
- ❑ 4 - On a daily basis
- ❑ 5 - More often than once daily
- ❑ NA - Patient has ostomy for bowel elimination

(M0550) **Ostomy for Bowel Elimination:** Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- ❑ 0 - Patient does not have an ostomy for bowel elimination.
- ❑ 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
- ❑ 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

NEURO/EMOTIONAL/BEHAVIORAL STATUS

(M0560) **Cognitive Functioning:** (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

- ❑ 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- ❑ 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
- ❑ 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- ❑ 3 - 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.
- ❑ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

(M0570) **When Confused (Reported or Observed):**

- ❑ 0 - Never
- ❑ 1 - In new or complex situations only
- ❑ 2 - On awakening or at night only
- ❑ 3 - During the day and evening, but not constantly
- ❑ 4 - Constantly
- ❑ NA - Patient nonresponsive

(M0580) **When Anxious (Reported or Observed):**

- ❑ 0 - None of the time
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time
- ❑ NA - Patient nonresponsive

(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.)

- ❑ 1 - Depressed mood (e.g., feeling sad, tearful)
- ❑ 2 - Sense of failure or self reproach
- ❑ 3 - Hopelessness
- ❑ 4 - Recurrent thoughts of death
- ❑ 5 - Thoughts of suicide
- ❑ 6 - None of the above feelings observed or reported

(M0600) Patient Behaviors (Reported or Observed): (Mark all that apply.)

- ❑ 1 - Indecisiveness, lack of concentration
- ❑ 2 - Diminished interest in most activities
- ❑ 3 - Sleep disturbances
- ❑ 4 - Recent change in appetite or weight
- ❑ 5 - Agitation
- ❑ 6 - A suicide attempt
- ❑ 7 - None of the above behaviors observed or reported

(M0610) Behaviors Demonstrated <u>at Least Once a Week</u> (Reported or Observed): (Mark all that apply.)

- ❑ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required
- ❑ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions
- ❑ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
- ❑ 4 - Physical aggression: aggressive or combative to self and others (e.g., 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
- ❑ 7 - None of the above behaviors demonstrated

(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):

- ❑ 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

(M0630) Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?

- ❑ 0 - No
- ❑ 1 - Yes

ADL/IADLs

For M0640-M0800, record what the patient currently is *able to do*.

(M0640) **Grooming:** Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

Prior	Current		
❑	❑	0	- Able to groom self unaided, with or without the use of assistive devices or adapted methods.
❑	❑	1	- Grooming utensils must be placed within reach before able to complete grooming activities.
❑	❑	2	- Someone must assist the patient to groom self.
❑	❑	3	- Patient depends entirely upon someone else for grooming needs.

(M0650) **Ability to Dress Upper Body** (with or without dressing aids) including undergarments, pullovers, front opening shirts and blouses, managing zippers, buttons, and snaps:

Prior	Current		
❑	❑	0	- Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
❑	❑	1	- Able to dress upper body without assistance if clothing is laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on upper body clothing.
❑	❑	3	- Patient depends entirely upon another person to dress the upper body.

(M0660) **Ability to Dress Lower Body** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

Prior	Current		
❑	❑	0	- Able to obtain, put on, and remove clothing and shoes without assistance.
❑	❑	1	- Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
❑	❑	3	- Patient depends entirely upon another person to dress lower body.

(M0670) **Bathing:** Ability to wash entire body. **Excludes grooming (washing face and hands only).**

Prior	Current		
❑	❑	0	- Able to bathe self in shower or tub independently.
❑	❑	1	- With the use of devices, is able to bathe self in shower or tub independently.
❑	❑	2	- Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas.
❑	❑	3	- Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
❑	❑	4	- Unable to use the shower or tub and is bathed in bed or bedside chair.
❑	❑	5	- Unable to effectively participate in bathing and is totally bathed by another person.

(M0680) **Toileting:** Ability to get to and from the toilet or bedside commode.

Prior	Current		
❑	❑	0	- Able to get to and from the toilet independently with or without a device.
❑	❑	1	- When reminded, assisted, or supervised by another person, able to get to and from the toilet.
❑	❑	2	- Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
❑	❑	3	- Unable 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.

(M0690) **Transferring:** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

Prior	Current		
❑	❑	0	- Able to independently transfer.
❑	❑	1	- Transfers with minimal human assistance or with use of an assistive device.
❑	❑	2	- Unable to transfer self but is able to bear weight and pivot during the transfer process.
❑	❑	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.

(M0700) **Ambulation/Locomotion:** Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Prior	Current		
❑	❑	0	- Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).
❑	❑	1	- Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
❑	❑	2	- Able to walk only with the supervision or assistance of another person at all times.
❑	❑	3	- Chairfast, unable to ambulate but is able to wheel self independently.
❑	❑	4	- Chairfast, unable to ambulate and is unable to wheel self.
❑	❑	5	- Bedfast, unable to ambulate or be up in a chair.

(M0710) **Feeding or Eating:** Ability to feed self meals and snacks. **Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.**

Prior	Current		
❑	❑	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.

(M0720) **Planning and Preparing Light Meals** (e.g., cereal, sandwich) or reheat delivered meals:

Prior	Current		
❑	❑	0	- (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).
❑	❑	1	- Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
❑	❑	2	- Unable to prepare any light meals or reheat any delivered meals.

(M0730) **Transportation:** Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).

Prior	Current		
❑	❑	0	- Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus.
❑	❑	1	- Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person.
❑	❑	2	- Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.

(M0740) **Laundry:** Ability to do own laundry--to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Prior	Current		
❑	❑	0	- (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.
❑	❑	2	- Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.

(M0750) **Housekeeping:** Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

Prior	Current		
❑	❑	0	- (a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently.
❑	❑	2	- Able to perform housekeeping tasks with intermittent assistance or supervision from another person.
❑	❑	3	- Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
❑	❑	4	- Unable to effectively participate in any housekeeping tasks.

(M0760) **Shopping:** Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

Prior	Current		
❑	❑	0	- (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist.
❑	❑	2	- Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery.
❑	❑	3	- Needs someone to do all shopping and errands.

(M0770) **Ability to Use Telephone:** Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.

Prior	Current		
❑	❑	0	- Able to dial numbers and answer calls appropriately and as desired.
❑	❑	1	- Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
❑	❑	2	- Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
❑	❑	3	- Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
❑	❑	4	- Unable to answer the telephone at all but can listen if assisted with equipment.
❑	❑	5	- Totally unable to use the telephone.
❑	❑	NA	- Patient does not have a telephone.

MEDICATIONS

(M0780) **Management of Oral Medications:** Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

Prior	Current		
❑	❑	0	- Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
❑	❑	1	- Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart.
❑	❑	2	- Unable to take medication unless administered by someone else.
❑	❑	NA	- No oral medications prescribed.

(M0790) **Management of Inhalant/Mist Medications:** Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes all other forms of medication (oral tablets, injectable and IV medications).**

Prior	Current		
❑	❑	0	- Able to independently take the correct medication and proper dosage at the correct times.
❑	❑	1	- Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, OR (b) given daily reminders.
❑	❑	2	- Unable to take medication unless administered by someone else.
❑	❑	NA	- No inhalant/mist medications prescribed.

(M0800) **Management of Injectable Medications:** Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **Excludes IV medications.**

Prior	Current		
❑	❑	0	- Able to independently take the correct medication and proper dosage at the correct times.
❑	❑	1	- Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders.
❑	❑	2	- Unable to take injectable medications unless administered by someone else.
❑	❑	NA	- No injectable medications prescribed.

EQUIPMENT MANAGEMENT

(M0810) **Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):** Patient's ability to setup, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Patient manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.
- ❑ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
- ❑ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone to manage the equipment.
- ❑ 4 - Patient is completely dependent on someone else to manage all equipment.
- ❑ NA - No equipment of this type used in care **[If NA, go to M0825]**

(M0820) **Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies):** Caregiver's ability to set up,. monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Caregiver manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment, caregiver is able to manage all other aspects.
- ❑ 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task.
- ❑ - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies).
- ❑ 4 - Caregiver is completely dependent on someone else to manage all equipment.
- ❑ NA - No caregiver

THERAPY NEED

(M0825) **Therapy Need:** Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?

- ❑ 0 - No
- ❑ 1 - Yes
- ❑ NA - Not Applicable

EMERGENT CARE

(M0830) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? **(Mark all that apply.)**

- ❑ 0 - No emergent care services **[If no emergent care, go to M0840]**
- ❑ 1 - Hospital emergency room (includes 23-hour holding)
- ❑ 2 - Doctors office emergency visit/house call
- ❑ 3 - Outpatient department/clinic emergency (includes surgicenter sites)
- ❑ UK - Unknown **[If UK, go to M0840]**

(M0840) **Emergent Care Reason:** For what reason(s) did the patient/family seek emergent care? **(Mark all that apply.)**

- ❑ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ❑ 2 - Nausea, dehydration, malnutrition, constipation, impaction
- ❑ 3 - Injury caused by fall or accident at home
- ❑ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)
- ❑ 5 - Wound infection, deteriorating wound status, new lesion/ulcer
- ❑ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)
- ❑ 7 - Hypo/Hyperglycemia, diabetes out of control
- ❑ 8 - GI bleeding, obstruction
- ❑ 9 - Other than above reasons
- ❑ UK - Reason unknown

TRANSFER VERSION
OF THE OUTCOME AND ASSESSMENT INFORMATION SET OASIS-B1
(8/2000) - (USED FOR TRANSFER TO AN INPATIENT FACILITY)

This section includes transfer to inpatient facility items. This section contains the full text of OASIS items that are expected to be incorporated into the comprehensive assessment completed when a home care patient is transferred to an inpatient facility for 24 hours or more, regardless of whether the patient is discharged from the home care agency at that time. Although the items included in this document are also included in the discharge set, the number of items required to be completed upon transfer to inpatient facility is substantially fewer than the items required upon discharge other than to an inpatient facility. Therefore, agencies may wish to use a separate form for transfers to inpatient facility to reduce unnecessary use of paper.

TRANSFER VERSION
(USED FOR TRANSFER TO AN INPATIENT FACILITY)

Items to be Used at This Time Point----------M0010-M0100, M0150, M0830-M0855, M0890-M0906

CLINICAL RECORD ITEMS

(M0010) Agency Medicare Provider Number: __ __ __ __ __ __

(M0012) Agency Medicaid Provider Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Branch Identification (Optional, for Agency Use)

(M0014) Branch State: __ __

(M0016) Branch ID Number: __ __ __ __ __ __ __ __ __ __
(Agency-assigned)

(M0020) Patient ID Number: __

(M0030) Start of Care Date: __ __ / __ __ / __ __ __ __
month day year

(M0032) Resumption of Care Date: __ __ / __ __ / __ __ __ __ ❑ **NA - Not Applicable**
month day year

(M0040) Patient Name:
__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

(M0069) Gender:

- ❑ 1 - Male
- ❑ 2 - Female

(M0072) Primary Referring Physician ID:

__ __ __ __ __ __ __ __ __ __ ❑ **UK - Unknown or Not Available**

(M0080) Discipline of Person Completing Assessment:

❑ 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:

Start/Resumption of Care
- ❑ 1 - Start of care--further visits planned
- ❑ 2 - Start of care--no further visits planned
- ❑ 3 - Resumption of care (after inpatient stay)

Follow-Up
- ❑ 4 - Recertification (follow-up) reassessment **[Go to M0150]**
- ❑ 5 - Other follow-up **[Go to M0150]**

Transfer to an Inpatient Facility
- ❑ **6 - Transferred to an inpatient facility--patient not discharged from agency [Go to M0150]**
- ❑ **7 - Transferred to an inpatient facility--patient discharged from agency [Go to M0150]**

Discharged from Agency -- Not to an Inpatient Facility
- ❑ 8 - Death at home **[Go to M0150]**
- ❑ 9 - Discharge from agency **[Go to M0150]**
- ❑ 10 - Discharge from agency--no visits completed after start/resumption of care assessment **[Go to M0150]**

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

- ❑ 0 - None; no charge for current services
- ❑ 1 - Medicare (traditional fee-for-service)
- ❑ 2 - Medicare (HMO/managed care)
- ❑ 3 - Medicaid (traditional fee-for-service)
- ❑ 4 - Medicaid (HMO/managed care)
- ❑ 5 - Workers' compensation
- ❑ 6 - Title programs (e.g., Title III, V, or XX)
- ❑ 7 - Other government (e.g., CHAMPUS, VA, etc.)
- ❑ 8 - Private insurance
- ❑ 9 - Private HMO/managed care
- ❑ 10 - Self-pay
- ❑ 11 - Other (specify) _____
- ❑ UK - Unknown

EMERGENT CARE

(M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? **(Mark all that apply.)**

- ❑ 0 - No emergent care services **[If no emergent care, go to M0855]**
- ❑ 1 - Hospital emergency room (includes 23-hour holding)
- ❑ 2 - Doctors office emergency visit/house call
- ❑ 3 - Outpatient department/clinic emergency (includes surgicenter sites)
- ❑ UK - Unknown **[If UK, go to M0855]**

(M0840) **Emergent Care Reason:** For what reason(s) did the patient/family seek emergent care? **(Mark all that apply.)**

- ❑ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ❑ 2 - Nausea, dehydration, malnutrition, constipation, impaction
- ❑ 3 - Injury caused by fall or accident at home
- ❑ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)
- ❑ 5 - Wound infection, deteriorating wound status, new lesion/ulcer
- ❑ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)
- ❑ 7 - Hypo/Hyperglycemia, diabetes out of control
- ❑ 8 - GI bleeding, obstruction
- ❑ 9 - Other than above reasons
- ❑ UK - Reason unknown

(M0855) To which **Inpatient Facility** has the patient been admitted?

- ❑ 1 - Hospital **[Go to M0890]**
- ❑ 2 - Rehabilitation facility **[Go to M0903]**
- ❑ 3 - Nursing home **[Go to M0900]**
- ❑ 4 - Hospice **[Go to M0903]**
- ❑ NA - No inpatient facility admission

INPATIENT FACILITY ADMISSION

(M0890) If the patient was admitted to an acute care **Hospital**, for what **Reason** was he/she admitted?

- ❑ 1 - Hospitalization for emergent (unscheduled) care
- ❑ 2 - Hospitalization for urgent (scheduled within 24 hours of admission) care
- ❑ 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care
- ❑ UK - Unknown

(M0895) **Reason for Hospitalization: (Mark all that apply.)**

- ❑ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ❑ 2 - Injury caused by fall or accident at home
- ❑ 3 - Respiratory problems (SOB, infection, obstruction)
- ❑ 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- ❑ 5 - Hypo/Hyperglycemia, diabetes out of control
- ❑ 6 - GI bleeding, obstruction
- ❑ 7 - Exacerbation of CHF, fluid overload, heart failure
- ❑ 8 - Myocardial infarction, stroke
- ❑ 9 - Chemotherapy
- ❑ 10 - Scheduled surgical procedure
- ❑ 11 - Urinary tract infection
- ❑ 12 - IV catheter-related infection
- ❑ 13 - Deep vein thrombosis, pulmonary embolus
- ❑ 14 - Uncontrolled pain
- ❑ 15 - Psychotic episode
- ❑ 16 - Other than above reasons

  Go to M0903

(M0900) For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? **(Mark all that apply.)**

- ❑ 1 - Therapy services
- ❑ 2 - Respite care
- ❑ 3 - Hospice care
- ❑ 4 - Permanent placement
- ❑ 5 - Unsafe for care at home
- ❑ 6 - Other
- ❑ UK - Unknown

(M0903) **Date of Last (Most Recent) Home Visit:**

__ __ / __ __ / __ __ __ __
month day year

(M0906) **Discharge/Transfer/Death Date:** Enter the date of the discharge, transfer, or death (at home) of the patient.

__ __ / __ __ / __ __ __ __
month day year

DISCHARGE VERSION OF THE OUTCOME AND ASSESSMENT INFORMATION SET OASIS-B1 (8/2000) - (ALSO USED FOR TRANSFER TO AN INPATIENT FACILITY OR PATIENT DEATH AT HOME)

This section includes discharge items. This contains the full text of OASIS items that are expected to be incorporated into the comprehensive assessment to be completed at the time of discharge from home care, or transfer to an inpatient facility.

DISCHARGE VERSION (ALSO USED FOR TRANSFER TO AN INPATIENT FACILITY OR PATIENT DEATH AT HOME)

ITEMS TO BE USED AT SPECIFIC TIME POINTS	
Transfer to an Inpatient Facility ----------	M0010-M0100, M0150, M0830-M0855, M0890-M0906
Transferred to an inpatient facility—patient not discharged from an agency	
Transferred to an inpatient facility—patient discharged from agency	
Discharge from Agency — Not to an Inpatient Facility	
Death at home ----------	M0010-M0100, M0150, M0906
Discharge from agency ----------	M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0820, M0830-M0880, M0903-M0906
Discharge from agency—no visits completed after start/resumption of care assessment ----------	M0010-M0100, M0150, M0906

CLINICAL RECORD ITEMS

(M0010) Agency Medicare Provider Number: __ __ __ __ __ __

(M0012) Agency Medicaid Provider Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Branch Identification (Optional, for Agency Use)

(M0014) Branch State: __ __

(M0016) Branch ID Number: __ __ __ __ __ __ __ __ __ __
(Agency-assigned)

(M0020) Patient ID Number: __

(M0030) Start of Care Date: __ __ / __ __ / __ __ __ __
month day year

(M0032) Resumption of Care Date: __ __ / __ __ / __ __ __ __ ❑ **NA - Not Applicable**
month day year

(M0040) Patient Name:
__ __
(First) (MI) (Last) (Suffix)

(M0050) Patient State of Residence: __ __

(M0060) Patient Zip Code: __ __ __ __ __ __ __ __ __

(M0063) Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __ ❑ **NA - No Medicare**
(including suffix)

(M0064) Social Security Number: __ __ __ - __ __ - __ __ __ __ ❑ **UK - Unknown or Not Available**

(M0065) Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ ❑ **NA - No Medicaid**

(M0066) Birth Date: __ __ / __ __ / __ __ __ __
month day year

(M0069) Gender:

❑ 1 - Male
❑ 2 - Female

(M0072) Primary Referring Physician ID:
__ __ __ __ __ __ __ __ __ __ ❑ **UK - Unknown or Not Available**

(M0080) Discipline of Person Completing Assessment:

❑ 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:

Start/Resumption of Care
❑ 1 - Start of care--further visits planned
❑ 2 - Start of care--no further visits planned
❑ 3 - Resumption of care (after inpatient stay)

Follow-Up
❑ 4 - Recertification (follow-up) reassessment **[Go to M0150]**
❑ 5 - Other follow-up **[Go to M0150]**

Transfer to an Inpatient Facility
❑ **6 - Transferred to an inpatient facility--patient not discharged from agency [Go to M0150]**
❑ **7 - Transferred to an inpatient facility--patient discharged from agency [Go to M0150]**

Discharged from Agency -- Not to an Inpatient Facility
❑ **8 - Death at home [Go to M0150]**
❑ **9 - Discharge from agency [Go to M0150]**
❑ **10 - Discharge from agency--no visits completed after start/resumption of care assessment [Go to M0150]**

DEMOGRAPHICS AND PATIENT HISTORY

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

❑ 0 - None; no charge for current services
❑ 1 - Medicare (traditional fee-for-service)
❑ 2 - Medicare (HMO/managed care)
❑ 3 - Medicaid (traditional fee-for-service)
❑ 4 - Medicaid (HMO/managed care)
❑ 5 - Workers' compensation
❑ 6 - Title programs (e.g., Title III, V, or XX)
❑ 7 - Other government (e.g., CHAMPUS, VA, etc.)
❑ 8 - Private insurance
❑ 9 - Private HMO/managed care
❑ 10 - Self-pay
❑ 11 - Other (specify) _____

If reason for assessment (RFA) for M0100 is 6 or 7, go to M0830.
If RFA for M0100 is 8 or 10, go to M0906.
If RFA for M0100 is 9, go to M0200.

(M0200) **Medical or Treatment Regimen Change Within Past 14 Days:** Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?

- ❑ 0 - No **[If No, go to M0250]**
- ❑ 1 - Yes

(M0210) List the patient's **Medical Diagnoses** and ICD code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes):

	Changed Medical Regimen Diagnosis	ICD
a.	_____	(__ __ __ • __ __)
b.	_____	(__ __ __ • __ __)
c.	_____	(__ __ __ • __ __)
d.	_____	(__ __ __ • __ __)

(M0220) Conditions Prior to **Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days:** If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. **(Mark all that apply.)**

- ❑ 1 - Urinary incontinence
- ❑ 2 - Indwelling/suprapubic catheter
- ❑ 3 - Intractable pain
- ❑ 4 - Impaired decision-making
- ❑ 5 - Disruptive or socially inappropriate behavior
- ❑ 6 - Memory loss to the extent that supervision required
- ❑ 7 - None of the above

(M0250) **Therapies** the patient receives at home: **(Mark all that apply.)**

- ❑ 1 - Intravenous or infusion therapy (excludes TPN)
- ❑ 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

(M0280) **Life Expectancy:** (Physician documentation is not required.)

- ❑ 0 - Life expectancy is greater than 6 months
- ❑ 1 - Life expectancy is 6 months or fewer

(M0290) **High Risk Factors** characterizing this patient: **(Mark all that apply.)**

- ❑ 1 - Heavy smoking
- ❑ 2 - Obesity
- ❑ 3 - Alcohol dependency
- ❑ 4 - Drug dependency
- ❑ 5 - None of the above

LIVING ARRANGEMENTS

(M0300) **Current Residence:**

- ❑ 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other)
- ❑ 2 - Family members residence
- ❑ 3 - Boarding home or rented room
- ❑ 4 - Board and care or assisted living facility
- ❑ 5 - Other (specify) _____

(M0310) **Structural Barriers** in the patient's environment limiting independent mobility: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Stairs inside home which must be used by the patient (e.g., to get to toileting, sleeping, eating areas)
- ❑ 2 - Stairs inside home which are used optionally (e.g., to get to laundry facilities)
- ❑ 3 - Stairs leading from inside house to outside
- ❑ 4 - Narrow or obstructed doorways

(M0320) **Safety Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - Inadequate floor, roof, or windows
- ❑ 2 - Inadequate lighting
- ❑ 3 - Unsafe gas/electric appliance
- ❑ 4 - Inadequate heating
- ❑ 5 - Inadequate cooling
- ❑ 6 - Lack of fire safety devices
- ❑ 7 - Unsafe floor coverings
- ❑ 8 - Inadequate stair railings
- ❑ 9 - Improperly stored hazardous materials
- ❑ 10 - Lead-based paint
- ❑ 11 - Other (specify) _____

(M0330) **Sanitation Hazards** found in the patient's current place of residence: **(Mark all that apply.)**

- ❑ 0 - None
- ❑ 1 - No running water
- ❑ 2 - Contaminated water
- ❑ 3 - No toileting facilities
- ❑ 4 - Outdoor toileting facilities only
- ❑ 5 - Inadequate sewage disposal
- ❑ 6 - Inadequate/improper food storage
- ❑ 7 - No food refrigeration
- ❑ 8 - No cooking facilities
- ❑ 9 - Insects/rodents present
- ❑ 10 - No scheduled trash pickup
- ❑ 11 - Cluttered/soiled living area
- ❑ 12 - Other (specify) _____

(M0340) **Patient Lives With: (Mark all that apply.)**

- ❑ 1 - Lives alone
- ❑ 2 - With spouse or significant other
- ❑ 3 - With other family member
- ❑ 4 - With a friend
- ❑ 5 - With paid help (other than home care agency staff)
- ❑ 6 - With other than above

SUPPORTIVE ASSISTANCE

(M0350) **Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)**

- ❑ 1 - Relatives, friends, or neighbors living outside the home
- ❑ 2 - Person residing in the home (EXCLUDING paid help)
- ❑ 3 - Paid help
- ❑ 4 - None of the above **[If None of the above, go to M0410]**

(M0360) **Primary Caregiver** taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):

- ❑ 0 - No one person **[If No one person, go to M0410]**
- ❑ 1 - Spouse or significant other
- ❑ 2 - Daughter or son
- ❑ 3 - Other family member
- ❑ 4 - Friend or neighbor or community or church member
- ❑ 5 - Paid help

(M0370) **How Often** does the patient receive assistance from the primary caregiver?

- ❑ 1 - Several times during day and night
- ❑ 2 - Several times during day
- ❑ 3 - Once daily
- ❑ 4 - Three or more times per week
- ❑ 5 - One to two times per week
- ❑ 6 - Less often than weekly

(M0380) **Type of Primary Caregiver Assistance: (Mark all that apply.)**

- ❑ 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)
- ❑ 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)
- ❑ 3 - Environmental support (housing, home maintenance)
- ❑ 4 - Psychosocial support (socialization, companionship, recreation)
- ❑ 5 - Advocates or facilitates patient's participation in appropriate medical care
- ❑ 6 - Financial agent, power of attorney, or conservator of finance
- ❑ 7 - Health care agent, conservator of person, or medical power of attorney

SENSORY STATUS

(M0410) **Speech and Oral (Verbal) Expression of Language** (in patient's own language):

- ❑ 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- ❑ 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).
- ❑ 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences.
- ❑ 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- ❑ 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- ❑ 5 - Patient nonresponsive or unable to speak.

(M0420) **Frequency of Pain** interfering with patient's activity or movement:

- ❑ 0 - Patient has no pain or pain does not interfere with activity or movement
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time

(M0430) **Intractable Pain:** Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

- ❑ 0 - No
- ❑ 1 - Yes

INTEGUMENTARY STATUS

(M0440) Does this patient have a **Skin Lesion** or an **Open Wound**? This excludes "OSTOMIES."

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0445) Does this patient have a **Pressure Ulcer**?

- ❑ 0 - No **[If No, go to M0468]**
- ❑ 1 - Yes

(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.)

Pressure Ulcer Stages	Number of Pressure Ulcers				
a) Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.	0	1	2	3	4 or more
b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.	0	1	2	3	4 or more
c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.	0	1	2	3	4 or more
d) Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)	0	1	2	3	4 or more
e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts? ❑ 0 - No ❑ 1 - Yes					

(M0460) Stage of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Stage 1
- ❑ 2 - Stage 2
- ❑ 3 - Stage 3
- ❑ 4 - Stage 4
- ❑ NA - No observable pressure ulcer

(M0464) Status of Most Problematic (Observable) Pressure Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable pressure ulcer

(M0468) Does this patient have a **Stasis Ulcer***?

- ❑ 0 - No **[If No, go to M0482]**
- ❑ 1 - Yes

(M0470) Current Number of Observable Stasis Ulcer(s):

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0474) Does this patient have at least one **Stasis Ulcer that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0476) Status of Most Problematic (Observable) Stasis Ulcer:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable stasis ulcer

(M0482) Does this patient have a **Surgical Wound**?

- ❑ 0 - No **[If No, go to M0490]**
- ❑ 1 - Yes

(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has more than one opening, consider each opening as a separate wound.)

- ❑ 0 - Zero
- ❑ 1 - One
- ❑ 2 - Two
- ❑ 3 - Three
- ❑ 4 - Four or more

(M0486) Does this patient have at least one **Surgical Wound that Cannot be Observed** due to the presence of a nonremovable dressing?

- ❑ 0 - No
- ❑ 1 - Yes

(M0488) Status of Most Problematic (Observable) Surgical Wound:

- ❑ 1 - Fully granulating
- ❑ 2 - Early/partial granulation
- ❑ 3 - Not healing
- ❑ NA - No observable surgical wound

RESPIRATORY STATUS

(M0490) When is the patient dyspneic or noticeably **Short of Breath**?

- ❑ 0 - Never, patient is not short of breath
- ❑ 1 - When walking more than 20 feet, climbing stairs
- ❑ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ❑ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ❑ 4 - At rest (during day or night)

(M0500) **Respiratory Treatments** utilized at home: **(Mark all that apply.)**

- ❑ 1 - Oxygen (intermittent or continuous)
- ❑ 2 - Ventilator (continually or at night)
- ❑ 3 - Continuous positive airway pressure
- ❑ 4 - None of the above

ELIMINATION STATUS

(M0510) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

- ❑ 0 - No
- ❑ 1 - Yes
- ❑ NA - Patient on prophylactic treatment

(M0520) **Urinary Incontinence or Urinary Catheter Presence:**

- ❑ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[If No, go to M0540]**
- ❑ 1 - Patient is incontinent
- ❑ 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M0540]**

(M0530) **When** does **Urinary Incontinence** occur?

- ❑ 0 - Timed-voiding defers incontinence
- ❑ 1 - During the night only
- ❑ 2 - During the day and night

(M0540) **Bowel Incontinence Frequency:**

- ❑ 0 - Very rarely or never has bowel incontinence
- ❑ 1 - Less than once weekly
- ❑ 2 - One to three times weekly
- ❑ 3 - Four to six times weekly
- ❑ 4 - On a daily basis
- ❑ 5 - More often than once daily
- ❑ NA - Patient has ostomy for bowel elimination
- ❑ UK - Unknown

(M0550) **Ostomy for Bowel Elimination:** Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, <u>or</u> b) necessitated a change in medical or treatment regimen?

- ❑ 0 - Patient does <u>not</u> have an ostomy for bowel elimination.
- ❑ 1 - Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen.
- ❑ 2 - The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.

NEURO/EMOTIONAL/BEHAVIORAL STATUS

(M0560) **Cognitive Functioning:** (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

- ❑ 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- ❑ 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
- ❑ 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- ❑ 3 - 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.
- ❑ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

(M0570) When Confused (Reported or Observed):

- ❑ 0 - Never
- ❑ 1 - In new or complex situations only
- ❑ 2 - On awakening or at night only
- ❑ 3 - During the day and evening, but not constantly
- ❑ 4 - Constantly
- ❑ NA - Patient nonresponsive

(M0580) When Anxious (Reported or Observed):

- ❑ 0 - None of the time
- ❑ 1 - Less often than daily
- ❑ 2 - Daily, but not constantly
- ❑ 3 - All of the time
- ❑ NA - Patient nonresponsive

(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.)

- ❑ 1 - Depressed mood (e.g., feeling sad, tearful)
- ❑ 2 - Sense of failure or self reproach
- ❑ 3 - Hopelessness
- ❑ 4 - Recurrent thoughts of death
- ❑ 5 - Thoughts of suicide
- ❑ 6 - None of the above feelings observed or reported

(M0600) Patient Behaviors (Reported or Observed): (Mark all that apply.)

- ❑ 1 - Indecisiveness, lack of concentration
- ❑ 2 - Diminished interest in most activities
- ❑ 3 - Sleep disturbances
- ❑ 4 - Recent change in appetite or weight
- ❑ 5 - Agitation
- ❑ 6 - A suicide attempt
- ❑ 7 - None of the above behaviors observed or reported

(M0610) Behaviors Demonstrated <u>at Least Once a Week</u> (Reported or Observed): (Mark all that apply.)

- ❑ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required
- ❑ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions
- ❑ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
- ❑ 4 - Physical aggression: aggressive or combative to self and others (e.g., 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
- ❑ 7 - None of the above behaviors demonstrated

(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):

- ❑ 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

(M0630) Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?

- ❑ 0 - No
- ❑ 1 - Yes

ADL/IADLs

For M0640-M0800, record what the patient currently is *able to do*.

(M0640) **Grooming:** Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

Prior	Current		
❑	❑	0	- Able to groom self unaided, with or without the use of assistive devices or adapted methods.
❑	❑	1	- Grooming utensils must be placed within reach before able to complete grooming activities.
❑	❑	2	- Someone must assist the patient to groom self.
❑	❑	3	- Patient depends entirely upon someone else for grooming needs.

(M0650) **Ability to Dress Upper Body** (with or without dressing aids) including undergarments, pullovers, front opening shirts and blouses, managing zippers, buttons, and snaps:

Prior	Current		
❑	❑	0	- Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
❑	❑	1	- Able to dress upper body without assistance if clothing is laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on upper body clothing.
❑	❑	3	- Patient depends entirely upon another person to dress the upper body.

(M0660) **Ability to Dress Lower Body** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

Prior	Current		
❑	❑	0	- Able to obtain, put on, and remove clothing and shoes without assistance.
❑	❑	1	- Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
❑	❑	2	- Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
❑	❑	3	- Patient depends entirely upon another person to dress lower body.

(M0670) **Bathing:** Ability to wash entire body. **Excludes grooming (washing face and hands only).**

Prior	Current		
❑	❑	0	- Able to bathe self in shower or tub independently.
❑	❑	1	- With the use of devices, is able to bathe self in shower or tub independently.
❑	❑	2	- Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas.
❑	❑	3	- Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
❑	❑	4	- Unable to use the shower or tub and is bathed in bed or bedside chair.
❑	❑	5	- Unable to effectively participate in bathing and is totally bathed by another person.

(M0680) **Toileting:** Ability to get to and from the toilet or bedside commode.

Prior	Current		
❑	❑	0	- Able to get to and from the toilet independently with or without a device.
❑	❑	1	- When reminded, assisted, or supervised by another person, able to get to and from the toilet.
❑	❑	2	- Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
❑	❑	3	- Unable 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.

(M0690) **Transferring:** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

Prior	Current		
❑	❑	0	- Able to independently transfer.
❑	❑	1	- Transfers with minimal human assistance or with use of an assistive device.
❑	❑	2	- Unable to transfer self but is able to bear weight and pivot during the transfer process.
❑	❑	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.

(M0700) **Ambulation/Locomotion:** Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Prior	Current		
❑	❑	0	- Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).
❑	❑	1	- Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
❑	❑	2	- Able to walk only with the supervision or assistance of another person at all times.
❑	❑	3	- Chairfast, unable to ambulate but is able to wheel self independently.
❑	❑	4	- Chairfast, unable to ambulate and is unable to wheel self.
❑	❑	5	- Bedfast, unable to ambulate or be up in a chair.

(M0710) **Feeding or Eating:** Ability to feed self meals and snacks. **Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.**

Prior	Current		
❑	❑	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.

(M0720) **Planning and Preparing Light Meals** (e.g., cereal, sandwich) or reheat delivered meals:

Prior	Current		
❑	❑	0	- (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).
❑	❑	1	- Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
❑	❑	2	- Unable to prepare any light meals or reheat any delivered meals.

(M0730) **Transportation:** Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).

Prior	Current		
❑	❑	0	- Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus.
❑	❑	1	- Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person.
❑	❑	2	- Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.

(M0740) **Laundry:** Ability to do own laundry--to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Prior	Current		
❑	❑	0	- (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.
❑	❑	2	- Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.

(M0750) **Housekeeping:** Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

Prior	Current		
❑	❑	0	- (a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).
❑	❑	1	- Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently.
❑	❑	2	- Able to perform housekeeping tasks with intermittent assistance or supervision from another person.
❑	❑	3	- Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
❑	❑	4	- Unable to effectively participate in any housekeeping tasks.

(M0760) **Shopping:** Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

Prior Current
- ❑ ❑ 0 - (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR
  (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).
- ❑ ❑ 1 - Able to go shopping, but needs some assistance:
  (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR
  (b) Unable to go shopping alone, but can go with someone to assist.
- ❑ ❑ 2 - Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery.
- ❑ ❑ 3 - Needs someone to do all shopping and errands.

(M0770) **Ability to Use Telephone:** Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.

Prior Current
- ❑ ❑ 0 - Able to dial numbers and answer calls appropriately and as desired.
- ❑ ❑ 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
- ❑ ❑ 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
- ❑ ❑ 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
- ❑ ❑ 4 - Unable to answer the telephone at all but can listen if assisted with equipment.
- ❑ ❑ 5 - Totally unable to use the telephone.
- ❑ ❑ NA - Patient does not have a telephone.

MEDICATIONS

(M0780) **Management of Oral Medications:** Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

Prior Current
- ❑ ❑ 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- ❑ ❑ 1 - Able to take medication(s) at the correct times if:
  (a) individual dosages are prepared in advance by another person; OR
  (b) given daily reminders; OR
  (c) someone develops a drug diary or chart.
- ❑ ❑ 2 - Unable to take medication unless administered by someone else.
- ❑ ❑ NA - No oral medications prescribed.

(M0790) **Management of Inhalant/Mist Medications:** Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes all other forms of medication (oral tablets, injectable and IV medications).**

Prior Current
- ❑ ❑ 0 - Able to independently take the correct medication and proper dosage at the correct times.
- ❑ ❑ 1 - Able to take medication at the correct times if:
  (a) individual dosages are prepared in advance by another person, OR
  (b) given daily reminders.
- ❑ ❑ 2 - Unable to take medication unless administered by someone else.
- ❑ ❑ NA - No inhalant/mist medications prescribed.

(M0800) **Management of Injectable Medications:** Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/ intervals. **Excludes IV medications.**

Prior	Current		
❑	❑	0	- Able to independently take the correct medication and proper dosage at the correct times.
❑	❑	1	- Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders.
❑	❑	2	- Unable to take injectable medications unless administered by someone else.
❑	❑	NA	- No injectable medications prescribed.

EQUIPMENT MANAGEMENT

(M0810) **Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):** Patient's ability to setup, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Patient manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.
- ❑ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
- ❑ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone to manage the equipment.
- ❑ 4 - Patient is completely dependent on someone else to manage all equipment.
- ❑ NA - No equipment of this type used in care **[If NA, go to M0830]**

(M0820) **Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies):** Caregiver's ability to set up,. monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/ store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**

- ❑ 0 - Caregiver manages all tasks related to equipment completely independently.
- ❑ 1 - If someone else sets up equipment, caregiver is able to manage all other aspects.
- ❑ 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task.
- ❑ - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies).
- ❑ 4 - Caregiver is completely dependent on someone else to manage all equipment.
- ❑ NA - No caregiver

EMERGENT CARE

(M0830) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? **(Mark all that apply.)**

- ❑ 0 - No emergent care services **[If no emergent care, go to M0855]**
- ❑ 1 - Hospital emergency room (includes 23-hour holding)
- ❑ 2 - Doctors office emergency visit/house call
- ❑ 3 - Outpatient department/clinic emergency (includes surgicenter sites)
- ❑ UK - Unknown **[If UK, go to M0855]**

(M0840) **Emergent Care Reason:** For what reason(s) did the patient/family seek emergent care? **(Mark all that apply.)**

- ❑ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ❑ 2 - Nausea, dehydration, malnutrition, constipation, impaction
- ❑ 3 - Injury caused by fall or accident at home
- ❑ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)
- ❑ 5 - Wound infection, deteriorating wound status, new lesion/ulcer
- ❑ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)
- ❑ 7 - Hypo/Hyperglycemia, diabetes out of control
- ❑ 8 - GI bleeding, obstruction
- ❑ 9 - Other than above reasons
- ❑ UK - Reason unknown

INPATIENT FACILITY ADMISSION OR AGENCY DISCHARGE ONLY

(M0855) To which **Inpatient Facility** has the patient been admitted?

- ❑ 1 - Hospital **[Go to M0890]**
- ❑ 2 - Rehabilitation facility **[Go to M0903]**
- ❑ 3 - Nursing home **[Go to M0900]**
- ❑ 4 - Hospice **[Go to M0903]**
- ❑ NA - No inpatient facility admission

(M0870) **Discharge Disposition:** Where is the patient after discharge from your agency? **(Choose only one answer.)**

- ❑ 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility)
- ❑ 2 - Patient transferred to a non-institutional hospice **[Go to M0903]**
- ❑ 3 - Unknown because patient moved to a geographic location not served by this agency **[Go to M0903]**
- ❑ UK - Other unknown **[Go to M0903]**

(M0880) After discharge, does the patient receive health, personal, or support **Services or Assistance**? **(Mark all that apply.)**

- ❑ 1 - No assistance or services received
- ❑ 2 - Yes, assistance or services provided by family or friends
- ❑ 3 - Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home health services, homemaker assistance, transportation assistance, assisted living, board and care)

Go to M0903

(M0890) If the patient was admitted to an acute care **Hospital**, for what **Reason** was he/she admitted?

- ❑ 1 - Hospitalization for emergent (unscheduled) care
- ❑ 2 - Hospitalization for urgent (scheduled within 24 hours of admission) care
- ❑ 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care
- ❑ UK - Unknown

(M0895) **Reason for Hospitalization: (Mark all that apply.)**

- ❑ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ❑ 2 - Injury caused by fall or accident at home
- ❑ 3 - Respiratory problems (SOB, infection, obstruction)
- ❑ 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- ❑ 5 - Hypo/Hyperglycemia, diabetes out of control
- ❑ 6 - GI bleeding, obstruction
- ❑ 7 - Exacerbation of CHF, fluid overload, heart failure
- ❑ 8 - Myocardial infarction, stroke
- ❑ 9 - Chemotherapy
- ❑ 10 - Scheduled surgical procedure
- ❑ 11 - Urinary tract infection
- ❑ 12 - IV catheter-related infection
- ❑ 13 - Deep vein thrombosis, pulmonary embolus
- ❑ 14 - Uncontrolled pain
- ❑ 15 - Psychotic episode
- ❑ 16 - Other than above reasons

Go to M0903

(M0900) For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? **(Mark all that apply.)**

- ❑ 1 - Therapy services
- ❑ 2 - Respite care
- ❑ 3 - Hospice care
- ❑ 4 - Permanent placement
- ❑ 5 - Unsafe for care at home
- ❑ 6 - Other
- ❑ UK - Unknown

(M0903) **Date of Last (Most Recent) Home Visit:**

__ __ / __ __ / __ __ __ __
month day year

(M0906) **Discharge/Transfer/Death Date:** Enter the date of the discharge, transfer, or death (at home) of the patient.

__ __ / __ __ / __ __ __ __
month day year