

## Outcome And Assessment Information Set (OASIS-B1)

### ITEMS TO BE USED AT SPECIFIC TIME POINTS

|  |  |
|--|--|
| <b>Start or Resumption of Care</b> -----   | M0010-M0825  |
| Start of care—further visits planned   |  |
| Start of care—no further visits planned  |  |
| Resumption of care (after inpatient stay)  |  |
| <b>Follow-Up</b> -----   | M0010-M0100, M0150, M0175, M0200-M0250,<br>M0280-M0390, M0410-M0840                              |
| Recertification (follow-up) assessment   |  |
| Other follow-up assessment   |  |
| <b>Transfer to an Inpatient Facility</b> -----   | 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                          |  |
| <b>Discharge from Agency — Not to an Inpatient Facility</b>                                  |  |
| Death at home -----  | M0010-M0100, M0150, M0906  |
| Discharge from agency -----  | M0010-M0100, M0150, M0200-M0220, M0250,<br>M0280-M0380, M0410-M0820, M0830-M0880,<br>M0903-M0906 |
| Discharge from agency—no visits completed<br>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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

NA - Not Applicable

(M0040) Patient Name:

\_\_\_\_\_  
(First) (MI) (Last) (Suffix)

(M0050) Patient State of Residence: \_\_\_\_

(M0060) Patient Zip Code: \_\_\_\_\_

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- (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**

- (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

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**(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) for only those conditions treated during an inpatient facility stay within the last 14 days (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. \_\_\_\_\_ (\_\_\_\_.\_\_\_\_)

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**(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 ICD 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

| <u>(M0230) Primary Diagnosis</u> | <u>ICD</u>      | <u>Severity Rating</u>     |                            |                            |                            |                            |
|----------------------------------|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <u>(M0240) Other Diagnosis</u>   | <u>ICD</u>      | <u>Severity Rating</u>     |                            |                            |                            |                            |
| b. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 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

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**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.)**

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

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#### **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 - ADL 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.

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- (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?<br><input type="checkbox"/> 0 - No<br><input type="checkbox"/> 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

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- (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)

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**(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.

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**(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

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**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

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Outcome And Assessment Information Set (OASIS-B1)

**(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

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Outcome And Assessment Information Set (OASIS-B1)

**(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

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### Chapter 12, Addendum F

#### Outcome And Assessment Information Set (OASIS-B1)

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**(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 - 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

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### Outcome And Assessment Information Set (OASIS-B1)

**(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, QR
  - (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, QR
  - (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.
- N/A - 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.
- 3 - 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

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Outcome And Assessment Information Set (OASIS-B1)

**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 - 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**

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Outcome And Assessment Information Set (OASIS-B1)

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**(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

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Chapter 12, Addendum F

Outcome And Assessment Information Set (OASIS-B1)

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**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 the Centers for Medicare and Medicaid Service's (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:<br>M0010-M0825 | Items to be used at this timepoint:<br>M0010-M0100, M0150, M0175,<br>M0200-M0250, M0280-M390,<br>M0410-M0840 | Items to be used in specific circumstances:<br><ul style="list-style-type: none"> <li>Transferred to inpatient facility - patient not discharged from agency: M0010-M0100, M0150, M0830-M0855, M0890-M0906</li> <li>Transferred to inpatient facility - patient discharged from agency: M0010-M0100, M0150, M0830- M0855, M0890-M0906</li> <li>Death at home: M0010-M0100, M0150, M0906</li> <li>Discharge from agency (not to inpatient facility): M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0820, M0830-M0880, M0903-M0906</li> <li>Discharge from agency (no visits completed after SOC/Resumption of Care): M0010-M0100, M0150, M0906</li> </ul> | 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.<br><ul style="list-style-type: none"> <li>Transferred to inpatient facility - patient not discharged from agency: M0010-M0100, M0150, M0830-M0855, M0890-M0906</li> <li>Transferred to inpatient facility - patient discharged from agency: M0010-M0100, M0150, M0830-M0855, M0890-M0906</li> <li>Transferred to inpatient facility - patient discharged from agency: M0010-M0100, M0150, M0830- M0855, M0890-M0906</li> </ul> |
| <b>CLINICAL RECORD ITEMS</b>                              |  |  |  |  |
| <b>M0010</b> Agency Medicare Provider Number              |  |  |  |  |
| <b>M0012</b> Agency Medicaid Provider Number              |  |  |  |  |
| <b>M0014</b> Branch State (Optional)                      |  |  |  |  |
| <b>M0016</b> Branch ID Number (Optional)                  |  |  |  |  |
| <b>M0020</b> Patient ID Number                            |  |  |  |  |
| <b>M0030</b> Start of Care Date                           |  |  |  |  |
| <b>M0032</b> Resumption of Care Date                      |  |  |  |  |
| <b>M0040</b> Patient's Name                               |  |  |  |  |
| <b>M0050</b> Patient State of Residence                   |  |  |  |  |
| <b>M0060</b> Patient Zip Code                             |  |  |  |  |
| <b>M0063</b> Medicare Number M0064 Social Security Number |  |  |  |  |
| <b>M0065</b> Medicaid Number M0066 Birth Date             |  |  |  |  |
| <b>M0069</b> Gender                                       |  |  |  |  |
| <b>M0072</b> Primary Referring Physician ID (UPIN)        |  |  |  |  |
| <b>M0080</b> Discipline of Person Completing Assessment   |  |  |  |  |

**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  |
|--|---|--|---|---|
| <b>M0090</b> Date Assessment Completed   |   |  |   |   |
| <b>M0100</b> 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   |   |  |   |   |
| <b>M0140</b> Race/Ethnicity  |   | Omitted.   | Omitted.  | Omitted.  |
| <b>M0150</b> 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.                                 |
| <b>M0160</b> Financial Factors   |   | Omitted.   | Omitted.  | Omitted.  |
| <b>M0175</b> Inpatient Facilities  |   |  | Omitted.  | Omitted.  |
| <b>M0180</b> Inpatient Discharge Date  |   | Omitted.   | Omitted.  | Omitted.  |
| <b>M0190</b> Inpatient Diagnoses   |   | Omitted.   | Omitted.  | Omitted.  |
| <b>M0200</b> Medical or Treatment Regimen Change Within Past 14 Days                     | If "no" go to M0220 <sup>1</sup> .                        | If "no" go to M0220.   | If "no" go to M0250.  | Omitted.  |
| <b>M0210</b> Medical Diagnoses   |   |  |   | Omitted.  |
| <b>M0220</b> 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.  |
| <b>M0230/M0240</b> Diagnoses and Severity Index  |   |  | Omitted.  | Omitted.  |
| <b>M0250</b> Therapies   |   |  |   | Omitted.  |
| <b>M0260</b> Overall Prognosis   |   | Omitted.   | Omitted.  | Omitted.  |
| <b>M0270</b> Rehabilitative Prognosis  |   | Omitted.   | Omitted.  | Omitted.  |
| <b>M0280</b> Life Expectancy   |   |  |   | Omitted.  |
| <b>M0290</b> High Risk Factors   |   | "Unknown" deleted as response option.                                      | "Unknown" deleted as response option.   | Omitted.  |
| LIVING ARRANGEMENTS  |   |  |   |   |
| <b>M0300</b> Current Residence   |   |  |   | Omitted.  |
| <b>M0310</b> Structural Barriers   |   |  |   | Omitted.  |
| <b>M0320</b> Safety Hazards  |   |  |   | Omitted.  |
| <b>M0330</b> Sanitation Hazards  |   |  |   | Omitted.  |
| <b>M0340</b> Patient Lives With  |   |  |   | Omitted.  |
| SUPPORTIVE ASSISTANCE  |   |  |   |   |
| <b>M0350</b> 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.  |
| <b>M0360</b> 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.  |

<sup>1</sup> 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 |
|---|-------------|---------------------------------------|---------------------------------------|----------------------------|
| <b>M0370</b> How Often  |             | "Unknown" deleted as response option. | "Unknown" deleted as response option. | Omitted.                   |
| <b>M0380</b> Type of Primary Caregiver Assistance                   |             | "Unknown" deleted as response option. | "Unknown" deleted as response option. | Omitted.                   |
| SENSORY STATUS  |             |                                       |                                       |                            |
| <b>M0390</b> Vision   |             |                                       |                                       | Omitted.                   |
| <b>M0400</b> Hearing and Ability to Understand Spoken Language      |             |                                       |                                       | Omitted.                   |
| <b>M0410</b> Speech and Oral (Verbal) Expression of Language        |             |                                       |                                       | Omitted.                   |
| <b>M0420</b> Frequency of Pain                                      |             |                                       |                                       | Omitted.                   |
| <b>M0430</b> Intractable Pain                                       |             |                                       |                                       | Omitted.                   |
| INTEGUMENTARY STATUS  |             |                                       |                                       |                            |
| <b>M0440</b> Skin Lesion/Open Wound                                 |             |                                       |                                       | Omitted.                   |
| <b>M0445</b> Pressure Ulcer   |             |                                       |                                       | Omitted.                   |
| <b>M0450</b> Current Number of Pressure Ulcers at Each Stage        |             |                                       |                                       | Omitted.                   |
| <b>M0460</b> Stage of Most Problematic (Observable) Pressure Ulcer  |             |                                       |                                       | Omitted.                   |
| <b>M0464</b> Status of Most Problematic (Observable) Pressure Ulcer |             |                                       |                                       | Omitted.                   |
| <b>M0468</b> Stasis Ulcer   |             |                                       |                                       | Omitted.                   |
| <b>M0470</b> Current Number of Observable Stasis Ulcer(s)           |             |                                       |                                       | Omitted.                   |
| <b>M0474</b> Stasis Ulcer that Cannot be Observed                   |             |                                       |                                       | Omitted.                   |
| <b>M0476</b> Status of Most Problematic (Observable) Stasis Ulcer   |             |                                       |                                       | Omitted.                   |
| <b>M0482</b> Surgical Wound   |             |                                       |                                       | Omitted.                   |
| <b>M0484</b> Current Number of (Observable) Surgical Wounds         |             |                                       |                                       | Omitted.                   |
| <b>M0486</b> Surgical Wound that Cannot be Observed                 |             |                                       |                                       | Omitted.                   |
| <b>M0488</b> Status of Most Problematic (Observable) Surgical Wound |             |                                       |                                       | Omitted.                   |
| RESPIRATORY STATUS  |             |                                       |                                       |                            |
| <b>M0490</b> Short of Breath  |             |                                       |                                       | Omitted.                   |
| <b>M0500</b> Respiratory Treatments                                 |             |                                       |                                       | Omitted.                   |
| ELIMINATION STATUS  |             |                                       |                                       |                            |
| <b>M0510</b> Urinary Tract Infection                                |             | "Unknown" deleted as response option. | "Unknown" deleted as response option. | Omitted.                   |
| <b>M0520</b> Urinary Incontinence or Urinary Catheter Presence      |             |                                       |                                       | Omitted.                   |
| <b>M0530</b> Urinary Incontinence                                   |             |                                       |                                       | 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 |
|--|---|---|---|----------------------------|
| <b>M0540</b> Bowel Incontinence Frequency  |   | "Unknown" deleted as response option.                             | "Unknown" deleted as response option.                             | Omitted.                   |
| <b>M0550</b> Ostomy for Bowel Elimination  |   |   | All references to "inpatient facility stay" deleted.              | Omitted.                   |
| <b>NEURO/EMOTIONAL/BEHAVIORAL STATUS</b>   |   |   |   |                            |
| <b>M0560</b> Cognitive Functioning   |   |   |   | Omitted.                   |
| <b>M0570</b> When Confused (Reported or Observed)                                      |   |   |   | Omitted.                   |
| <b>M0580</b> When Anxious (Reported or Observed)                                       |   |   |   | Omitted.                   |
| <b>M0590</b> Depressive Feelings Reported or Observed in Patient                       |   |   |   | Omitted.                   |
| <b>M0600</b> Patient Behaviors (Reported or Observed)                                  |   |   |   | Omitted.                   |
| <b>M0610</b> Behaviors Demonstrated <u>At Least Once a Week</u> (Reported or Observed) |   |   |   | Omitted.                   |
| <b>M0620</b> Frequency of Behavior Problems (Reported or Observed)                     |   |   |   | Omitted.                   |
| <b>M0630</b> 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.                   |
| <b>M0640</b> Grooming  |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0650</b> Ability to Dress <u>Upper</u> Body  |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0660</b> Ability to Dress <u>Lower</u> Body  |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0670</b> Bathing   |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0680</b> Toileting   |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0690</b> Transferring  |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0700</b> Ambulation/Locomotion   |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0710</b> Feeding or Eating   |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0720</b> Planning and Preparing Light Meals  |   | "Prior" box deleted. "Unknown" deleted as response option.        | "Prior" box deleted. "Unknown" deleted as response option.        | Omitted.                   |
| <b>M0730</b> Transportation  |   | "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                       |
|---|-----------------------|--|--|--|
| <b>M0740</b> Laundry  |                       | "Prior" box deleted. "Unknown" deleted as response option. | "Prior" box deleted. "Unknown" deleted as response option. | Omitted.   |
| <b>M0750</b> Housekeeping   |                       | "Prior" box deleted. "Unknown" deleted as response option. | "Prior" box deleted. "Unknown" deleted as response option. | Omitted.   |
| <b>M0760</b> Shopping   |                       | "Prior" box deleted. "Unknown" deleted as response option. | "Prior" box deleted. "Unknown" deleted as response option. | Omitted.   |
| <b>M0770</b> Ability to Use Telephone   |                       | "Prior" box deleted. "Unknown" deleted as response option. | "Prior" box deleted. "Unknown" deleted as response option. | Omitted.   |
| MEDICATIONS   |                       |  |  |  |
| <b>M0780</b> Management of Oral Medications   |                       | "Prior" box deleted. "Unknown" deleted as response option. | "Prior" box deleted. "Unknown" deleted as response option. | Omitted.   |
| <b>M0790</b> Management of Inhalant/Mist Medications  |                       | "Prior" box deleted. "Unknown" deleted as response option. | "Prior" box deleted. "Unknown" deleted as response option. | Omitted.   |
| <b>M0800</b> Management of Injectable Medications   |                       | "Prior" box deleted. "Unknown" deleted as response option. | "Prior" box deleted. "Unknown" deleted as response option. | Omitted.   |
| EQUIPMENT MANAGEMENT  |                       |  |  |  |
| <b>M0810</b> Patient Management of Equipment (includes <u>ONLY</u> 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.   |
| <b>M0820</b> Caregiver Management of Equipment (includes <u>ONLY</u> 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  |                       |  |  |  |
| <b>M0825</b> Therapy Need   |                       |  | Omitted.   | Omitted.   |
| EMERGENT CARE   |                       |  |  |  |
| <b>M0830</b> Emergent Care  | Not included.         | If "no emergent care" or "unknown,"                        | If "no emergent care" or "unknown," go to M0855.           | If "no emergent care" or "unknown," go to M0855. |
| <b>M0840</b> Emergent Care Reason   | Not included.         |  |  |  |
| DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR DISCHARGE ONLY  |                       |  |  |  |
| <b>M0855</b> Inpatient Facility   | Not included.         | Not included.  |  | "NA" deleted as response option.                 |
| <b>M0870</b> Discharge Disposition  | Not included.         | Not included.  |  | Omitted.   |
| <b>M0880</b> Services or Assistance   | Not included.         | Not included.  |  | Omitted.   |
| <b>M0890</b> Hospital Reason  | Not included.         | Not included.  |  |  |
| <b>M0895</b> Reason for Hospitalization   | Not included.         | Not included.  |  |  |
| <b>M0900</b> Reason(s) Admitted to a Nursing Home   | Not included.         | Not included.  |  |  |
| <b>M0903</b> Date of last (Most Recent) Home Visit  | Not included.         | Not included.  |  |  |
| <b>M0906</b> Discharge/Transfer/Death Date  |                       |  |  |  |

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Outcome And Assessment Information Set (OASIS-B1)

**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: \_\_\_\_\_  
(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

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Outcome And Assessment Information Set (OASIS-B1)

**(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 - 6-Transferred to an inpatient facility--patient not discharged from agency [Go to M0150]
- 7 - 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) \_\_\_\_\_

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Outcome And Assessment Information Set (OASIS-B1)

**(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) for only those conditions treated during an inpatient facility stay within the last 14 days (no surgical or V-codes):

| <u>Inpatient Facility Diagnosis</u> | <u>ICD</u>  |
|-------------------------------------|-------------|
| 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):

| <u>Changed Medical Regimen Diagnosis</u> | <u>ICD</u>  |
|--|-------------|
| 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

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Outcome And Assessment Information Set (OASIS-B1)

**(M0230/ M0240) Diagnoses and Severity Index:** List each medical diagnosis or problem for which the patient is receiving home care and ICD 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

|    | <u>(M0230) Primary Diagnosis</u> | <u>ICD</u>      | <u>Severity Rating</u>     |                            |                            |                            |                            |
|----|----------------------------------|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. | _____                            | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
|    | <u>(M0240) Other Diagnosis</u>   | <u>ICD</u>      | <u>Severity Rating</u>     |                            |                            |                            |                            |
| b. | _____                            | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. | _____                            | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. | _____                            | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. | _____                            | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. | _____                            | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 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) \_\_\_\_\_

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Outcome And Assessment Information Set (OASIS-B1)

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- (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.)**
- 0 - Lives alone
  - 1 - With spouse or significant other
  - 2 - With other family member
  - 3 - With a friend
  - 4 - With paid help (other than home care agency staff)
  - 5 - 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** ]

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#### Outcome And Assessment Information Set (OASIS-B1)

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**(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 - ADL 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.

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Outcome And Assessment Information Set (OASIS-B1)

- (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?<br><input type="checkbox"/> 0 - No<br><input type="checkbox"/> 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

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- (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)

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**(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.

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**(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

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**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

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Outcome And Assessment Information Set (OASIS-B1)

**(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

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Outcome And Assessment Information Set (OASIS-B1)

**(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

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## Chapter 12, Addendum F

### Outcome And Assessment Information Set (OASIS-B1)

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

Prior   Current

- |                          |                          |    |   |   |
|--------------------------|--------------------------|----|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 0  | - | (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; <u>OR</u>                                      |
|                          |                          |    |   | (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). |
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | - | 1-Able to go shopping, but needs some assistance:   |
| <input type="checkbox"/> | <input type="checkbox"/> |    |   | (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; <u>OR</u>                      |
|                          |                          |    |   | (b) <u>Unable</u> to go shopping alone, but can go with someone to assist.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | - | <u>Unable</u> to go shopping, but is able to identify items needed, place orders, and arrange home delivery.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | - | Needs someone to do all shopping and errands.   |
| <input type="checkbox"/> |                          | UK | - | Unknown   |

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

Prior   Current

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

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

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### Outcome And Assessment Information Set (OASIS-B1)

**(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, QR
  - (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, QR
  - (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.
- N/A - 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.
- 3 - 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

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Outcome And Assessment Information Set (OASIS-B1)

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**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

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Outcome And Assessment Information Set (OASIS-B1)

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

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Outcome And Assessment Information Set (OASIS-B1)

**(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) \_\_\_\_\_

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Outcome And Assessment Information Set (OASIS-B1)

**(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) for only those conditions treated during an inpatient facility stay within the last 14 days (no surgical or V-codes):

|    | <u>Inpatient Facility Diagnosis</u> | <u>ICD</u>  |
|----|-------------------------------------|-------------|
| 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):

|    | <u>Changed Medical Regimen Diagnosis</u> | <u>ICD</u>  |
|----|--|-------------|
| 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

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**(M0230/ M0240) Diagnoses and Severity Index:** List each medical diagnosis or problem for which the patient is receiving home care and ICD 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

| <u>(M0230) Primary Diagnosis</u> | <u>ICD</u>      | <u>Severity Rating</u>     |                            |                            |                            |                            |
|----------------------------------|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <u>(M0240) Other Diagnosis</u>   | <u>ICD</u>      | <u>Severity Rating</u>     |                            |                            |                            |                            |
| b. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. _____                         | ( ____ • ____ ) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 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) \_\_\_\_\_

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- (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.)**
- 0 - Lives alone
  - 1 - With spouse or significant other
  - 2 - With other family member
  - 3 - With a friend
  - 4 - With paid help (other than home care agency staff)
  - 5 - 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** ]

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**(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):

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

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- (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?<br><input type="checkbox"/> 0 - No<br><input type="checkbox"/> 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

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- (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)

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#### Outcome And Assessment Information Set (OASIS-B1)

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**(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.

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**(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

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**ADL/IADLS**

**For M0640-M0800, 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

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### Outcome And Assessment Information Set (OASIS-B1)

**(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

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Outcome And Assessment Information Set (OASIS-B1)

**(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; QR  
(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; QR uses a regular or handicap-accessible public bus.
- 1 - Able to ride in a car only when driven by another person; QR 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; QR  
(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; QR  
(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

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### Chapter 12, Addendum F

#### Outcome And Assessment Information Set (OASIS-B1)

**(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 - 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

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## Chapter 12, Addendum F

### Outcome And Assessment Information Set (OASIS-B1)

**(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, QR
  - (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, QR
  - (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.
- N/A - 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.
- 3 - 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

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Outcome And Assessment Information Set (OASIS-B1)

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**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

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Outcome And Assessment Information Set (OASIS-B1)

**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: \_\_\_\_\_  
(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

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## Chapter 12, Addendum F

### Outcome And Assessment Information Set (OASIS-B1)

#### (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

## **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** ]

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Outcome And Assessment Information Set (OASIS-B1)

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**(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 - 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

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Outcome And Assessment Information Set (OASIS-B1)

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**(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

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Outcome And Assessment Information Set (OASIS-B1)

**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

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Outcome And Assessment Information Set (OASIS-B1)

(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

**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 M0220 ]
- 1 - Yes

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Outcome And Assessment Information Set (OASIS-B1)

**(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):

|    | <u>Changed Medical Regimen Diagnosis</u> | <u>ICD</u>      |
|----|--|-----------------|
| 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

**(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
- 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

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Outcome And Assessment Information Set (OASIS-B1)

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**(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.)**

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

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### Chapter 12, Addendum F

#### Outcome And Assessment Information Set (OASIS-B1)

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**(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 - ADL 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**

**(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

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**(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?<br><input type="checkbox"/> 0 - No<br><input type="checkbox"/> 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

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**(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

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**(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

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Outcome And Assessment Information Set (OASIS-B1)

**(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, 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

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Outcome And Assessment Information Set (OASIS-B1)

**(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

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## Chapter 12, Addendum F

### Outcome And Assessment Information Set (OASIS-B1)

**(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

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Outcome And Assessment Information Set (OASIS-B1)

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**(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; QR  
(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; QR  
(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; QR  
(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 - 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; QR  
(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

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### Outcome And Assessment Information Set (OASIS-B1)

**(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

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**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.
- N/A - 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.
- 3 - 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** ]

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**(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 - 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

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Chapter 12, Addendum F

Outcome And Assessment Information Set (OASIS-B1)

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**(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

- END -

