## OASIS-D1 to OASIS-E/E1 Crosswalk Guide P

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STRATEGIC HEALTHCARE PROGRAMS

SHP is pleased to provide home health agencies with a complete side-by-side comparison of the OASIS-D1 and OASIS-E/E1 assessment forms. Items that have been added or removed between the two OASIS versions are indicated with color coding. This document includes all items recorded at start of care (SOC), resumption of care (ROC), follow-up (FU), transfer (TRF), discharge (DC), and death at home (DAH). Next to each item is a box listing the assessment reasons at which each item is recorded, (o) indicates an optional item.

This guide is an excellent reference for anyone who works with OASIS Assessments and will improve accuracy, help reduce coding errors, and potentially reduce the number of returned claims. We recommend printing copies for your staff to aid in the transition to OASIS-E1 and beyond. Note: When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.

Item Summary	, 			049	IS-D1 '	Time	Points		04	SIS-E/I	=1 Tim	a Poi	nts		Continued				049	IS-D1	Time Pc	inte		04515		Time	Points	
Item #	Sec	. Description		-	C FU	-								Notes	Item #	Sec	Description		_	-				-			DC DAH	Notes
M0010-100,150	A	Administrative Information	SUC √	-	; FU	IRF √		AH     SOC     ROC     FU     TRF     DC     DA       ✓     ✓     ✓     ✓     ✓     ✓     ✓     ✓			GG0110	GG	Prior Device Use	<u>500</u>	_	, FU				RUC	FU	IRF	DC DAH					
M0010-100,150 M0102	A	Date of Phys-ordered S/ROC	▼ ✓	_	v	v	v			• •	v	v	v		GG0110	_	Self-Care	▼ ✓	▼ ✓	✓			v v	<b>v</b>	✓		✓	DC Goal Remvd (E1
M0102	A	Date of Referral	· •							· ✓					GG0170	GG		· ·		· •		· /	· ·	· ·	•		· ✓	DC Goal Remvd (E1
M0104 M0110	A	Episode Timing	· •	_	$\checkmark$					E E				Removed (E1)	M1600	H	UTI	· ✓	· ·	•		· /	· •	· ·	·		· √	
M0906	^	Discharge/Transfer/Death Date		•		✓	√ v				· · · · · · · · · · · · · · · · · · ·	√	✓		M1610	Н	Urinary Incont/Catheter	· ·	•	✓		•	· ·	•				Removed at FU (E)
M1000	A	Inpat Fac DC within 14 days	✓	✓		·	•		<u> </u>	✓		•	•		M1620	H	Bowel Incont Freq	· ✓	· ·	· ✓		Image: A start of the start	· ·	· ·				Removed at FU (E)
M1005	^	Inpat DC Date	• •						_	• ✓					M1630	Н	Ostomy	· ·	•	·		•	· ·	· √				Removed at FU (E)
M0140	A	Race/Ethnicity	· •	_										Removed (E)	M1021	1	Primary Dx	· ·	· ·	· •			· •					Removed at FU (E)
A1005	Δ	Ethnicity						_	/					Added (E)	M1023		Other Dx	· ·		· •			· ·	· •				Removed at FU (E)
A1010	A	Race							/					Added (E)	M1028	1	Comorb/Co-existing Condition	< √	✓				<ul><li>✓</li></ul>	✓				
A1110	Δ	Language						_	/					Added (E)	M1020		Risk for Hospitalization	J √		✓					✓			
A1250	Δ	Transportation								✓		✓		Added (E)	J0510		Pain Effect on Sleep						✓	✓			$\checkmark$	Added (E)
M2301	Α	Emergent Care				✓	<b>√</b>				✓	·			M1242	.1	Freq of Pain Interfer w/ Activity	/ /	✓	✓		Image: A state of the state						Removed (E)
M2310	Δ	Reason for EC				√	√ -				· ·	· √			J0520		Pain Interfer w/ Therapy	, .					✓	~				Added (E)
M2410	Δ	Inpat Fac admitted to					✓ (								J0530	J	Pain Interfer w/ Activity						✓	~				Added (E)
M2420	A	DC Disposition					· ✓					· √			J1800	.1	Any Falls since S/ROC				✓					✓	<ul> <li>✓</li> </ul>	
A2120	Δ	Med List Provision to Provider									✓			Added (E)	J1900		Number of Falls since S/ROC					· •				✓	✓	
A2121	A	Med List Provision to Provider										✓		Added (E)	M1910	.1	Falls Risk Asmt	✓	✓									Removed (E)
A2122	Δ	Route of Provision to Provider									✓	✓	-	Added (E)	M1400	.1	Dyspnea	✓	✓	✓			✓	✓				Removed at FU (E)
A2123	A	Med List Provision to Patient										1		Added (E)	M1060	K	Height and Weight	✓	✓				<ul> <li>✓</li> </ul>	✓				
A2124	Δ	Route of Provision to Patient										✓		Added (E)	K0520	K	Nutritional Approaches						~	✓			$\checkmark$	Added (E)
B0200	В	Hearing							/					Added (E)	M1030	K	Therapies Received at Home	✓	✓	✓								Removed (E)
M1200	B	Vision	✓	✓	✓									Removed (E)	M1870	K	Feeding or Eating	✓	✓				<ul> <li>✓</li> </ul>	✓			✓	
B1000	B	Vision							/					Added (E)	M1306	M	Unhealed PU Stage 2+	✓	✓	✓			✓	$\checkmark$	$\checkmark$		✓	
B1300	В	Health Literacy							/	✓		✓		Added (E)	M1307	М	Oldest Stage 2 PU										✓	
C0100	C	BIMS Interview Attempted							/	✓		~		Added (E)	M1311	M	Current # Unhealed PUs	✓	✓	✓			✓	$\checkmark$			✓	Removed at FU (E)
C0200	C	BIMS: Repetition of 3 Words							/	✓		~		Added (E)	M1322	M	Current # Stage 1 PUs	✓	✓	✓			✓	✓				Removed at FU (E)
C0300	С	BIMS: Temporal Orientation							/	✓		$\checkmark$		Added (E)	M1324	М	Stage of Most Prob PU	✓	✓	✓			✓	✓				Removed at FU (E)
C0400	С	BIMS: Recall							/	~		~		Added (E)	M1330	М	Presence of Stasis Ulc	✓	✓	✓		<ul> <li>Image: A second s</li></ul>	✓	✓				Removed at FU (E)
C0500	С	BIMS: Summary Score							/	✓		$\checkmark$		Added (E)	M1332	М	Current # Obs Stasis Ulc	✓	✓	$\checkmark$			✓	✓				Removed at FU (E)
C1310	С	Signs/Symp of Delirium							/	✓		~		Added (E)	M1334	М	Status of Most Prob Stasis Uld	· •	✓	✓		<ul> <li>Image: A second s</li></ul>	✓	✓				Removed at FU (E)
M1700	С	Cognitive Functioning	✓	✓			✓		<u> </u>	✓		✓		. ,	M1340	М	Presence of Surgical Wound	✓	✓	✓			✓	✓				Removed at FU (E)
M1710	С	When Confused	✓	✓			✓		1	✓		✓			M1342	М	Status of Most Prob Srg Wnd	✓	✓	✓		<ul> <li>Image: A second s</li></ul>	✓	✓				Removed at FU (E)
M1720	С	When Anxious	✓	✓			✓		1	✓		✓			N0415	Ν	High Risk Drug Classes						$\checkmark$	$\checkmark$				Added (E)
M1730	D	Depression Screening	✓	✓										Removed (E)	M2001	N	Drug Reg Review	✓	✓				✓	✓				ĺ
D0150	D	Patient Mood Interview							/	✓		✓		Added (E)	M2003	Ν	Medication Follow-up	✓	✓				✓	✓				Ì
D0160	D	Total Severity Score		-					/	✓		~		Added (E)	M2005	Ν	Medication Intervention				✓	<ul> <li>Image: A second s</li></ul>				✓	✓	1
D0700	D	Social Isolation							/	✓		$\checkmark$		Added (E)	M2010	Ν	High-Risk Drug Education	✓	✓				✓	✓				Ì
M1740	E	Cog, Behav, Psych Symptoms	✓	✓			✓			✓		✓			M2016	Ν	Drug Education Intervention				✓	<ul> <li>Image: A second s</li></ul>						Removed (E)
M1745	Е	Freq of Behavior Symptoms	✓	✓			✓		1	✓		✓			M2020	N	Mgmt of Oral Meds	✓	✓				✓	✓			✓	
M1100	F	Living Situation	✓	✓					1	✓					M2030	N	Mgmt of Injectable Meds	✓	✓	✓			✓	✓				Removed at FU (E)
M2102	F	Types and Src of Assistance	✓	✓			✓		1	✓		✓			O0110	0	Special Trtmts, Proced, Prog						$\checkmark$	$\checkmark$			✓	Added (E)
M1800	G	Grooming	✓	✓	✓		<b>√</b>		<u> </u>	<ul> <li>✓</li> </ul>		✓			O0350	0	COVID-19 Vac						$\checkmark$					Added (E1)
M1810	G	Upper Dressing	✓	✓	✓		✓			<ul> <li>✓</li> </ul>		✓			M1041	0	Flu Vac Data Collection Period	4			✓					✓	✓	
M1820	G	Lower Dressing	~	✓	✓		✓			<li></li>	·	✓			M1046	0	Flu Vac Received				✓					✓	✓	
M1830	G	Bathing	✓	✓	✓		✓			<ul> <li>✓</li> </ul>		✓			M1051	0	Pneumococcal Vac				✓							Removed (E)
M1840	G	Toilet Trf	✓	✓	✓		<b>√</b>			<li></li>	·	✓			M1056	0	Reason PPV Not Received				✓							Removed (E)
M1845	G	Toilet Hyg	~	✓			✓		/	✓		√			M2200	0	Therapy Need	~	✓	✓			Е	Е				Removed (E1)
M1850	G	Bed Trf	~	✓	✓		✓			<li></li>		✓			M2401	Q	Intervention Synopsis				✓	<ul> <li>Image: A second s</li></ul>				✓	✓	2401a removed (E)
M1860	G	Ambulation	✓	✓	✓		✓		1	<ul> <li>✓</li> </ul>		√			This is based on t	he Fina	OASIS-E1 All Items Instrument po	sted bv	CMS	on Dec	ember 23	, 2024 aı	nd sche	duled fo	or imple	ementa		. ,
GG0100	CC	Prior Functioning	✓	✓					1	✓							SHP as a service and is for informa											

OASIS-D	Clinical Record Items, Patient History, Items Collected at TRF/DC	
M0010, CMS C	ertification Number	All
M0014. Branch	State	All
M0016. Branch		All
nico ro. Branci		
M0018 Nation	al Provider Identifier (NPI) for the attending physician who has signed the plan of care	All
WOUTO. Nation	UK - Unknown or Not Available	
M0020. Patient		
		All
M0020 Start a		
M0030. Start o		All
	Month Day Year	
M0032. Resum	ption of Care Date	All
M0040. Patient	Month Day Year t <b>Name</b>	All
	(First) (MI) (Last) (Suffix)	
M0050. Patient	t State of Residence	All
M0060. Patient		All
M0063. Medica		All
	NA - No Medicare	
M0064. Social		All
M0065. Medica	UK - Unknown or Not Available	
WOU65. Wealca	NA - No Medicare	All
M0066. Birth D		All
	Month Day Year	
M0069. Gende		All
Enter Code	1. Male 2. Female	
M0080. Discipl	line of Person Completing Assessment	All
Enter Code	1. RN	
	2. <b>PT</b>	
	3. SLP/ST 4. OT	
M0090. Date A	ssessment Completed	All
	Month Day Year	
	ssessment is Currently Being Completed for the Following Reason	All
Enter Code	Start/Resumption of Care         1.       Start of care - further visits planned	
	3. <b>Resumption of care</b> (after inpatient stay)	
	Follow-Up	
	<ol> <li>4. Recertification (follow-up) reassessment ↓ Skip to M0110</li> <li>5. Other follow-up ↓ Skip to M0110</li> </ol>	
	Transfer to an Inpatient Facility	
	6. <b>Transferred to an inpatient facility</b> - patient not discharged from agency ↓ Skip to M1041	
	7. <b>Transferred to an inpatient facility</b> - patient discharged from agency ↓ Skip to M1041	
	Discharge from Agency - Not to an Inpatient Facility         8.       Death at home ↓ Skip to M2005	
	9. <b>Discharge from agency</b> ↓ Skip to M1041	_ □ □ □ □ □ □

OASIS-E/E1	Section A Administrative Information	A
M0010 CMS C	ertification Number	All
M0014. Branch		All
Interna. Braner		
M0016. Branch		All
WOOTO. Dranci		
M0018 Nation	al Provider Identifier (NPI) for the attending physician who has signed the plan of care	All
NOOTO. Nationa	UK - Unknown or Not Available	
M0020. Patient		All
moozo. r attern		
M0030. Start o		All
	Month Day Year	
M0032. Resum	Inption of Care Date	All
	Month Day Year	
M0040. Patient		All
M0050 Patient	(First) (MI) (Last) (Suffix)	All
M0060. Patient	t ZIP Code	All
M0063. Medica	are Number	All
	NA - No Medicare	
M0064. Social	Security Number	All
	UK - Unknown or Not Available	
M0065. Medica	aid Number	All
	NA - No Medicare	
M0066. Birth D	)ate	All
M0069. Gende	Month Day Year r	All
Enter Code	1. Male	
	2. Female	
M0080. Discipl	line of Person Completing Assessment	All
Enter Code	1. RN 2. PT	
	3. SLP/ST	
	4. OT	_
M0090. Date A	ssessment Completed	All
	Month Day Year	
M0100. This As	ssessment is Currently Being Completed for the Following Reason	All
Enter Code	Start/Resumption of Care         1.       Start of care - further visits planned	
	3. Resumption of care (after inpatient stay)	
	Follow-Up       4.       Recertification (follow-up) reassessment       ↓ Skip to M0110         5.       Other follow-up       ↓ Skip to M0110	
	Transfer to an Inpatient Facility	
	<ol> <li>6. Transferred to an inpatient facility - patient not discharged from agency ↓ Skip to M1041</li> <li>7. Transferred to an inpatient facility - patient discharged from agency ↓ Skip to M1041</li> </ol>	
	Discharge from Agency - Not to an Inpatient Facility	
	<ol> <li>B. Death at home ↓ Skip to M2005</li> <li>Discharge from agency ↓ Skip to M1041</li> </ol>	

wo loz. Date of	Physician ordered Start of Care (Posumetion of Care)	
e (1 ) )	Physician-ordered Start of Care (Resumption of Care)	SOC
	indicated a specific start of care (resumption of care) date when the patient was referred for home health I the date specified.	ROO
services, record	the date specified.	-
	Month Day Year	
	NA - No specific SOC/ROC date ordered by physician	
M0104. Date of	Referral	SOC
	e that the written or verbal referral for initiation or resumption of care was received by the HHA.	ROC
		-
	Month Day Year	
M0110. Episod	e Timing	SOC
is the Medicare	home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the	ROO
	t sequence of adjacent Medicare home health payment episodes?	FU
Enter Code	4 Fash	
Enter Code	1. Early 2. Late	
	UK Unknown	
	NA <b>Not Applicable:</b> No Medicare case mix group to be defined by this assessment.	
	NA Not Applicable. No medicale case mix group to be defined by this assessment.	
M0150. Curren	t Payment Sources for Home Care	All
	all that apply	
	0. None; no charge for current services	_
	1. Medicare (traditional fee-for-service)	_
	2. Medicare (HMO/managed care/Advantage plan)	
	3. Medicaid (traditional fee-for-service)	
	4. Medicaid (HMO/managed care)	
	5. Workers' compensation	
	6. <b>Title programs</b> (for example, Title III, V, or XX)	
	7. Other government (for example, TriCare, VA)	
	8. Private insurance	
	9. Private HMO/managed care	
	10. Self-pay	
	11. Other (specify)	
	UK <b>Unknown</b>	
M0906. Discha	rge/Transfer/Death Date	TRF
Enter the date c	of the discharge, transfer, or death (at home) of the patient.	DC
		DAH
	Month Day Year	
	hich of the following Inpatient Facilities was the patient discharged within the past 14 days?	SOC
	all that apply	ROO
	1. Long-term nursing facility (NF)	_
	2. Skilled nursing facility (SNF/TCU)	_
	3. Short-stay acute hospital (IPPS)	4
	4. Long-term care hospital (LTCH)	-
	5. Inpatient rehabilitation hospital or unit (IRF)	1
	· · · ·	
	6. Psychiatric hospital or unit	
	<ol> <li>Psychiatric hospital or unit</li> <li>Other (specify)</li> </ol>	
	<ul> <li>6. Psychiatric hospital or unit</li> <li>7. Other (specify)</li> <li>NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis</li> </ul>	0.00
	<ol> <li>Psychiatric hospital or unit</li> <li>Other (specify)</li> </ol>	SOC ROC

M1030. Therapies shown in section K

M1033. Risk for Hospitalization shown in section J

M0102. Date of	Physician-ordered Start of Care (Resumption of Care)
If the physician	indicated a specific start of care (resumption of care) date
services, record	the date specified.
	↓ Skip to A1250, Tra
	Month Day Year
	■ NA - No specific SOC/ROC date ordered by physic
M0104. Date of	Referral
Indicate the dat	e that the written or verbal referral for initiation or resumption
	Month Day Year
MO110 Enicod	
M0110. Episod	
	home health payment episode for which this assessment
patient's curren	t sequence of adjacent Medicare home health payment ep
Enter Code	1. Early
	2. Late
	UK Unknown
	NA Not Applicable: No Medicare case mix group
	t Payment Sources for Home Care
↓ Check	all that apply
	0. <b>None</b> ; no charge for current services
	1. <b>Medicare</b> (traditional fee-for-service)
	2. Medicare (HMO/managed care/Advantage pla
	3. <b>Medicaid</b> (traditional fee-for-service)
	4. <b>Medicaid</b> (HMO/managed care)
	5. Workers' compensation
<u> </u>	6. <b>Title programs</b> (for example, Title III, V, or XX
	7. <b>Other government</b> (for example, TriCare, VA
	8. Private insurance
	9. Private HMO/managed care
	10. Self-pay
<u> </u>	11. Other (specify)
	UK Unknown
	rge/Transfer/Death Date
Enter the date of	of the discharge, transfer, or death (at home) of the patient
M4000 Energy	Month Day Year
	which of the following Inpatient Facilities was the patient d
↓ Check	all that apply
<u>L</u>	1. Long-term nursing facility (NF)
	2. Skilled nursing facility (SNF/TCU)
	3. Short-stay acute hospital (IPPS)
	4. Long-term care hospital (LTCH)
	5. Inpatient rehabilitation hospital or unit (IRF
	6. Psychiatric hospital or unit
	7. Other (specify)
	NA Patient was not discharged from an inpatie
wituus. Inpatie	nt Discharge Date (most recent)
	UK - Unkn



) when the patient was referred for home health	SOC ROC
ansportation, if date entered	
cian	
ion of care was received by the HHA.	SOC ROC
will define a case mix group an "early" episode or a "later" episode in the visodes?	SOC ROC FU
to be defined by this assessment.	
	All
an) X) )	TRF DC
ц.	DAH
lischarged within the past 14 days?	SOC ROC
F) Pont facility → Skip to B0200 Hearing at SOC, to B1300 Health Literacy at RO	
	SOC ROC
nown or Not Available	

(M0140) Race/E	Ethnicity	SOC ROC
↓ Check a	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	

* 011001 0	
	A. White
	B. Black or African American
	C. American Indian or Alaska Native
	D. Asian Indian
	E. Chinese
	F. Filipino
	G. Japanese
	H. Korean
	I. Vietnamese
	J. Other Asian
	K. Native Hawaiian
	L. Guamanian or Chamorro
	M. Samoan
	N. Other Pacific Islander
	X. Patient unable to respond
	Y. Patient declines to respond
	Z. None of the above
A1110. Langua	ge
Enter Code	A What is your proferred lenguage?
	A. What is your preferred language?
	B. Do you need or want an interpreter to communica
	0. <b>No</b>
	0. <b>No</b>
A1250 Transpo	<ol> <li>No</li> <li>Yes</li> <li>Unable to determine</li> </ol>
	0. No 1. Yes 9. Unable to determine
Has lack of trans	<ul> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul> ortation (NACHC ©) sportation kept you from medical appointments, meetings, wo
Has lack of trans	0. No     1. Yes     9. Unable to determine     brtation (NACHC ©) sportation kept you from medical appointments, meetings, wo all that apply
Has lack of trans	0. No     1. Yes     9. Unable to determine     fortation (NACHC ©) sportation kept you from medical appointments, meetings, wo all that apply     A. Yes, it has kept me from medical appointments
Has lack of trans	0. No     1. Yes     9. Unable to determine     fortation (NACHC ©) sportation kept you from medical appointments, meetings, wo all that apply
Has lack of trans	0. No     1. Yes     9. Unable to determine     fortation (NACHC ©) sportation kept you from medical appointments, meetings, wo all that apply     A. Yes, it has kept me from medical appointments
Has lack of trans	<ul> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul> prtation (NACHC ©) sportation kept you from medical appointments, meetings, wo all that apply <ul> <li>A. Yes, it has kept me from medical appointments</li> <li>B. Yes, it has kept me from non-medical meetings</li> </ul>
Has lack of trans	<ul> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul> prtation (NACHC ©) sportation kept you from medical appointments, meetings, wo all that apply <ul> <li>A. Yes, it has kept me from medical appointments</li> <li>B. Yes, it has kept me from non-medical meetings</li> <li>C. No</li> </ul>
Has lack of trans	0.       No         1.       Yes         9.       Unable to determine         ortation (NACHC ©)         sportation kept you from medical appointments, meetings, wo         all that apply         A.       Yes, it has kept me from medical appointments         B.       Yes, it has kept me from non-medical meetings         C.       No         X.       Patient unable to respond         Y.       Patient declines to respond
Has lack of trans	0.       No         1.       Yes         9.       Unable to determine         ortation (NACHC ©)         sportation kept you from medical appointments, meetings, wo         all that apply         A.       Yes, it has kept me from medical appointments         B.       Yes, it has kept me from non-medical meetings         C.       No         X.       Patient unable to respond         Y.       Patient declines to respond
Has lack of trans ↓ Check a □ □ □ M2301. Emergent At the time of or	0.       No         1.       Yes         9.       Unable to determine         portation (NACHC ©)         sportation kept you from medical appointments, meetings, wo         all that apply         A.       Yes, it has kept me from medical appointments         B.       Yes, it has kept me from non-medical meetings         C.       No         X.       Patient unable to respond         Y.       Patient declines to respond         ent Care       Yes
Has lack of trans ↓ Check a □ □ □ <b>M2301. Emerge</b> At the time of or department (incl	<ul> <li>0. No <ol> <li>Yes</li> <li>Unable to determine</li> </ol> </li> <li>Disportation (NACHC ©) sportation kept you from medical appointments, meetings, wo all that apply <ol> <li>Yes, it has kept me from medical appointments</li> <li>Yes, it has kept me from non-medical meetings</li> <li>Yes, it has kept me from non-medical meetings</li> <li>No</li> <li>Patient unable to respond</li> <li>Patient declines to respond</li> <li>Patient declines to respond</li> </ol> ent Care at any time since the most recent SOC/ROC assessment has ludes holding/observation status)?</li></ul>
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A1005. Ethnicity

A1010. Race What is your race?

Are you of Hispanic, Latino/a, or Spanish origin?

 $\downarrow$  Check all that apply

 $\downarrow$  Check all that apply

	-	ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency ing/observation status)?	
Enter Code	0. 1. 2. UK	No → Skip to M2410, Inpatient Facility Yes, used hospital emergency department WITHOUT hospital admission Yes, used hospital emergency department WITH hospital admission Unknown → Skip to M2410, Inpatient Facility	
<b>M2310. Reason</b> For what reason(		r <b>gent Care</b> e patient seek and/or receive emergent care (with or without hospitalization)?	TR D(
↓ Check a			
	1.	Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis	
	10.	Hypo/Hyperglycemia, diabetes out of control	
	19.	Other than above reasons	
	UK	Reason unknown	
M2410. To which	Inpatier	nt Facility has the patient been admitted?	TF
Enter Code	1.	Hospital [Go to M0906]	D
	2.	Rehabilitation facility [Go to M0906]	
	3.	Nursing home [Go to M0906]	
	4.	Hospice [Go to M0906]	

o Lotin	e/e er Spenich erizin?	SOC
	o/a, or Spanish origin?	
that ap A.	ny No, not of Hispanic, Latino/a, or Spanish origin	
В.	Yes, Mexican, Mexican American, Chicano/a	
C.	Yes, Puerto Rican	
D.	Yes, Cuban	
E.	Yes, Another Hispanic, Latino, or Spanish origin	
Х.	Patient unable to respond	
Υ.	Patient declines to respond	SOC
)		
that ap		
А. В.	White Black or African American	
Б. С.	American Indian or Alaska Native	
D.	Asian Indian	
E.	Chinese	
F.	Filipino	
G.	Japanese	
Η.	Korean	
I.	Vietnamese	
J.	Other Asian	
K.	Native Hawaiian	
L.	Guamanian or Chamorro	
M. N.	Samoan Other Desifie Islander	
N. X.	Other Pacific Islander Patient unable to respond	
л. Ү.	Patient declines to respond	
Ζ.	None of the above	
		SOC
۹. <b>۱</b>	Vhat is your preferred language?	
L		
3. <b>C</b>	o you need or want an interpreter to communicate with a doctor or health care staff?	
(		
	Yes	
ç		
ç	Unable to determine	SOC
g ation (	VACHC ©)	SOC
g ation ( ortatior	Unable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?	SOC ROC DC
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ation ( ortation that ap A. B. C. X. Y. Care any tin es hold 0. 1. 2. UK	Unable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency         ting/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITH hospital admission         Yes, used hospital emergency department Facility         Yes, used hospital emergency department Facility         Yes, used hospital emergency department WITH hospital admission         Yes, used hospital emergency department Facility	ROC DC TRF DC
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ation ( ortation that ap A. B. C. X. Y. Care any til es hold 0. 1. 2. UK	Unable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency         ting/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITH hospital admission         Yes, used hospital emergency department Facility         Yes, used hospital emergency department Facility         Yes, used hospital emergency department WITH hospital admission         Yes, used hospital emergency department Facility	ROC DC TRF DC
ation ( ortation that ap A. B. C. X. Y. Care any til es hole 0. 1. 2. UK or Eme ) did th that ap	VacHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency         ling/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Yes, used hospital emergency department Yes         Yes	ROC DC TRF DC
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ation ( ortation that ap A. B. C. X. Y. <b>Care</b> any till les hold any till les hold 0. 1. 2. UK <b>or Eme</b> ) did th that ap 1. 1. 10.	Wable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency ling/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Unknown → Skip to M2410, Inpatient Facility         regent Care         Patient seek and/or receive emergent care (with or without hospitalization)?         <	ROC DC TRF DC
estion ( ortation that ap A. B. C. X. Y. Care any til es hold 0. 1. 2. UK 0. 1. 2. UK 0 did th that ap 1. 10. 19.	Wable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         Patient declines to respond         Neting/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Unknown → Skip to M2410, Inpatient Facility         regent Care         a patient seek and/or receive emergent care (with or without hospitalization)?         ply	ROC DC TRF DC
ation ( ortation that ap A. B. C. X. Y. Care any tin es hold any tin tes hold 0. 1. 2. UK or Eme ) did th that ap 1. 10. 19. UK	Wable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency ling/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Yes, aptient seek and/or receive emergent care (with or without hospitalization)?         ply         Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis         Hypo/Hyperglycemia, diabetes out of control	ROC DC TRF DC TRF DC
ation ( ortation that ap A. B. C. X. Y. Care any tin es hold any tin tes hold 0. 1. 2. UK or Eme ) did th that ap 1. 10. 19. UK	Wable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         Patient declines to respond         Neting/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Unknown → Skip to M2410, Inpatient Facility         regent Care         a patient seek and/or receive emergent care (with or without hospitalization)?         ply	ROC DC TRF DC TRF DC
ation ( ortation that ap A. B. C. X. Y. Care any tin es hold any tin tes hold 0. 1. 2. UK or Eme ) did th that ap 1. 10. 19. UK	Wable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency ling/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Yes, aptient seek and/or receive emergent care (with or without hospitalization)?         ply         Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis         Hypo/Hyperglycemia, diabetes out of control	ROC DC TRF DC TRF DC
ation ( ortation that ap A. B. C. X. Y. Care any til es hold any til es hold 0. 1. 2. UK or Eme ) did th that ap 1. 10. 19. UK npatie	Unable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need         No         Patient unable to respond         Patient declines to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency         ling/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Unknown → Skip to M2410, Inpatient Facility         rgent Care         a patient seek and/or receive emergent care (with or without hospitalization)?         ply         Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis         Hypo/Hyperglycemia, diabetes out of control         Other than above reasons         Reason unknown         nt Facility has the patient been admitted?	ROC DC TRF DC TRF DC
ation ( ortation that ap A. B. C. X. Y. Care any til es hold 0. 1. 2. UK 0. 1. 2. UK 0. 1. 2. UK 0. 1. 2. UK 10. 1. 10. 1. 2. UK	Unable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from modical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need No         Patient unable to respond         Patient declines to respond         ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency ting/observation status)?         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Yes, used hospital emergency department WITH hospitalization)?         ply         Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis         Hypo/Hyperglycemia, diabetes out of control         Other than above reasons         Reason unknown         tt Facility has the patient been admitted?         Hospital         Rehabilitation facility         Nursing home	ROC DC TRF DC TRF DC
ation ( ortation that ap A. B. C. X. Y. Care any til es hold 0. 1. 2. UK 0. 1. 2. UK 0. 1. 2. UK 10. 19. UK 19. 10. 19. 2. UK	Unable to determine         VACHC ©)         kept you from medical appointments, meetings, work, or from getting things needed for daily living?         ply         Yes, it has kept me from medical appointments or from getting my medications         Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need No         Patient unable to respond         Patient declines to respond         Patient declines to respond         Patient declines to respond         No         No → Skip to M2410, Inpatient Facility         Yes, used hospital emergency department WITHOUT hospital admission         Yes, used hospital emergency department WITH hospital admission         Yes, used hospital emergency department WITH hospital admission         Unknown → Skip to M2410, Inpatient Facility         regent Care         e patient seek and/or receive emergent care (with or without hospitalization)?         ply         Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis         Hypo/Hyperglycemia, diabetes out of control         Other than above reasons         Reason unknown         mt Facility has the patient been admitted?         Hospital         Rehabilitation facility	ROC DC TRF DC TRF DC

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

M2420. Discharg	ge Disposition ient after discharge from your agency? (Choose only one answer.)	DC
Enter Code	<ol> <li>Patient remained in the community (without skilled services from a Medicare Certified HHA or non-institutional hospice) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge</li> <li>Patient remained in the community (with skilled services from a Medicare Certified HHA) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge</li> <li>Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge</li> <li>Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge</li> <li>UK Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge</li> </ol>	
	n of Current Reconciled Medication List to Subsequent Provider at Transfer nsfer to another provider, did your agency provide the patient's current reconciled medication list to the ider?	TRF
Enter Code	<ol> <li>No - Current reconciled medication list not provided to the subsequent provider → Skip to J1800, Any Falls Since SOC/ROC</li> <li>Yes - Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider</li> <li>NA - The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC</li> </ol>	
	<ul> <li>n of Current Reconciled Medication List to Subsequent Provider at Discharge         charge to another provider, did your agency provide the patient's current reconciled medication list to the         ider?         </li> <li>0. No - Current reconciled medication list not provided to the subsequent provider → Skip to B1300, Health Literacy         1. Yes - Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of             Current Reconciled Medication List Transmission to Subsequent Provider     </li> </ul>	DC
	Current Reconciled Medication List Transmission to Subsequent Provider (s) of transmission of the current reconciled medication list to the subsequent provider.	TRF DC
Route of Transm A. Electro B. Health C. Verbal D. Paper-		
	After completing A2122, Skip to B1300, Health Literacy at Discharge n of Current Reconciled Medication List to Patient at Discharge charge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?	DC
Enter Code	<ul> <li>No - Current reconciled medication list not provided to the patient, family, and/or caregiver → Skip to B1300, Health Literacy</li> <li>Yes - Current reconciled medication list provided to the patient, family, and/or caregiver → Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient</li> </ul>	
	Current Reconciled Medication List Transmission to Patient	DC
Route of Transm	e(s) of transmission of the current reconciled medication list to the patient/family/caregiver. ission ↓ Check all that apply □	
A. Electro B. Health C. Verbal D. Paper-	Information Exchange Organization	

BSHP

M1200. Vision	with corrective lenses if the patient usually wears them):	SOC
Enter Code	<ol> <li>Normal vision: sees adequately in most situations; can see medication labels, newsprint.</li> <li>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.</li> <li>Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.</li> </ol>	ROC FU

M1242. Frequency of Pain shown in section J

M1400. Dyspnea shown in section J

OASIS-E/E1	Section B Hearing, Speech, and Vision
B0200. Hearing	
Enter Code	<ul> <li>Ability to hear (with hearing aid or hearing appliances if r</li> <li>0. Adequate - no difficulty in normal conversation,</li> <li>1. Minimal difficulty - difficulty in some environme</li> <li>2. Moderate difficulty - speaker has to increase v</li> <li>3. Highly impaired - absence of useful hearing</li> </ul>
B1000. Vision	
Enter Code	<ul> <li>Ability to see in adequate light (with glasses or other vis</li> <li>0. Adequate - sees fine detail, such as regular print</li> <li>1. Impaired - sees large print, but not regular print</li> <li>2. Moderately impaired - limited vision; not able to</li> <li>3. Highly impaired - object identification in question</li> <li>4. Severely impaired - no vision or sees only light</li> </ul>
	Literacy (From Creative Commons ©) ou need to have someone help you when you read instructio acy?
Enter Code	0. Never 1. Rarely 2. Sometimes 3. Often

Always

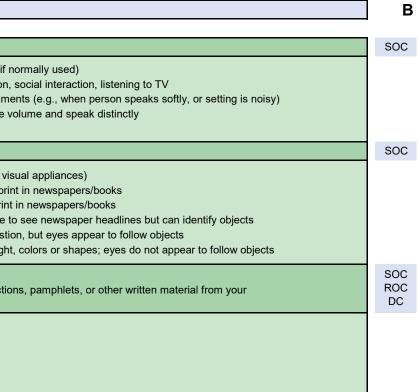
Patient declines to respond

Patient unable to respond

4. 7.

8.

**B**SHP



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

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

M1745. Frequency of Disruptive Behavior Symptoms shown in section E

OASIS-E/E1	Section C	Cognitive Patterns	С
		for Mental Status (C0200-C0500) be Conducted?	SOC ROC
Attempt to cond	duct interview with	all patients.	DC
Enter Code		atient is rarely/never understood) → Skip to C1310 Signs and Symptoms of Delirium (from CAM ©) → Continue to C0200, Repetition of Three Words	
Brief Interview	for Mental Statu	ıs (BIMS)	
C0200. Repetit	tion of Three Wo	rds	SOC
Enter Code	are: sock, k Number of 0. None 1. One 2. Two 3. Three After the pat You may rep	e tient's first attempt, repeat the words using cues ( <i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i> ). peat the words up to two more times.	ROC DC
C0300. Tempo	ral Orientation (C	Drientation to year, month, and day)	SOC ROC
Enter Code	A. Able to repo 0. Misse 1. Misse	lease tell me what year it is right now." ort correct year ed by > 5 years or no answer ed by 2-5 years ed by 1 year ect	DC
Enter Code	B. Able to repo 0. Misso 1. Misso	/hat month are we in right now?" ort correct month ed by > 1 month or no answer ed by 6 days to 1 month rate within 5 days	
Enter Code	C. Able to repo	/hat day of the week is today?" ort correct day of the week rrect or no answer ect	
C0400. Recall			SOC
Enter Code	If unable to rem A. Able to reca 0. No - c 1. Yes, a	et's go back to an earlier question. What were those three words that I asked you to repeat?" nember a word, give cue (something to wear; a color; a piece of furniture) for that word. all "sock" could not recall after cueing ("something to wear") no cue required	ROC DC
Enter Code	1. Yes, a	all "blue" could not recall after cueing ("a color") no cue required	
Enter Code	1. Yes, a	all "bed" could not recall after cueing ("a piece of furniture") no cue required	
C0500. BIMS S	Summary Score		SOC ROC
Enter Score		r questions C0200-C0400 and fill in total score (00-15) patient was unable to complete the interview	DC



M1700. Cognit Patient's curren simple commar	it (day of a	oning ssessment) level of alertness, orientation, comprehension, concentration, and immediate memory for	SOC ROC DC
Enter Code	0. 1. 2. 3. 4.	Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.	
M1710. When Reported or obs		in the last 14 days.	SOC ROC DC
Enter Code	0. 1. 2. 3. 4. NA	Never In new or complex situations only On awakening or at night only During the day and evening, but not constantly Constantly Patient nonresponsive	
M1720. When A Reported or obs		nin the last 14 days.	SOC ROC DC
Enter Code	0. 1. 2. 3. NA	None of the time Less often than daily Daily, but not constantly All of the time Patient nonresponsive	

A. Acute Onset of Mental Status Chang	ntal Status and reviewing medical record. e
	change in mental status from the patient's baseline?
	↓ Enter Codes in Boxes
Coding: 0. Behavior not present	B. Inattention - Did patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being
<ol> <li>Behavior continuously present, does not fluctuate</li> <li>Behavior present, fluctuates</li> </ol>	C. <b>Disorganized thinking</b> - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
(comes and goes, changes in severity)	D. Altered level of consciousness - Did the patient have altered level of consciousness, as indicated by any of the following criteria?
	<ul> <li>Vigilant - startled easily to any sound or touch</li> <li>Lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch</li> </ul>
	<ul> <li>Stuporous - very difficult to arouse and keep aroused for the interview</li> <li>Comatose - could not be aroused</li> </ul>
<b>M1700. Cognitive Functioning</b> Patient's current (day of assessment) level of ale simple commands.	rtness, orientation, comprehension, concentration, and immediate memory for
	focus and shift attention, comprehends and recalls task directions independently. cuing, repetition, reminders) only under stressful or unfamiliar conditions.
2. Requires assistance	and some direction in specific situations (for example, on all tasks involving shifting of attention) or low stimulus environment due to distractibility.
<ol> <li>Requires assistance consistently requires</li> <li>Requires considerabl directions more than</li> </ol>	and some direction in specific situations (for example, on all tasks involving shifting of attention) or low stimulus environment due to distractibility. e assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall half the time.
2. Requires assistance consistently requires 3. Requires considerabl directions more than 4. Totally dependent du	and some direction in specific situations (for example, on all tasks involving shifting of attention) or low stimulus environment due to distractibility. e assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall
2. Requires assistance consistently requires     3. Requires considerable directions more than     4. Totally dependent du     M1710. When Confused     Reported or Observed Within the Last 14 Days.     Enter Code     0. Never     1. In new or complex sit     2. On awakening or at m	and some direction in specific situations (for example, on all tasks involving shifting of attention) or low stimulus environment due to distractibility. e assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall half the time. e to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.
2.       Requires assistance a consistently requires         3.       Requires considerable directions more than         4.       Totally dependent du         M1710. When Confused         Reported or Observed Within the Last 14 Days.         Enter Code       0.         1.       In new or complex sit         2.       On awakening or at m         3.       During the day and er         4.       Constantly	and some direction in specific situations (for example, on all tasks involving shifting of attention) or low stimulus environment due to distractibility. e assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall half the time. e to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.



### M1730. Depression Screening

Depression Screening: Has the patient been screened for depression, using a standardized, validated depression screening tool?

Enter Code	1.	No Yes, patient was screened using the Instructions for this two-question too any of the following problems?"			two weeks, how often	have you been both	nered by
		PHQ-2©*	Not at all 0-1 day	Several days 2-6 days	More than half of the days 7-11 days	Nearly every day 12-14 days	NA Unable to respond
		a) Little interest or pleasure in doing things	0	1	2	□ 3	🗆 NA
		b) Feeling down, depressed, or hopeless?	0	1	2	3	□ NA
		Yes, patient was screened with a dir evaluation for depression.	fferent stand	ardized, validate	ed assessment and the	patient meets criter	ia for further
		Requires considerable assistance in directions more than half the time.	n routine situ	ations. Is not ale	ert and oriented or is un	able to shift attention	on and recall
	4.	Yes, patient was screened with a difference of the screened with a difference of the screened with the screened with a screene	ifferent stand	ardized, validate	ed assessment and the	patient does not m	eet criteria for

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

M1745. Frequency of Disruptive Behavior Symptoms shown in section E

OASIS-E/E1 Section D Mood

SOC ROC

**B**SHP

00150. Patient	Mood Interview (PHQ-2 to 9)	
	nt: "Over the last 2 weeks, have you	
	e if the patient is rarely/never understoo	•
	50B1 as 9, No response, leave D0150A2 herwise, say to patient: " <b>Over the last</b> 2	
	m is present, enter 1 (yes) in column 1,	
•	column 1, then ask the patient: <i>"About h</i> I show the patient a card with the sympt	•
itteau and	a show the patient a card with the sympt	on nequency cho
•	ptom Presence	Symptom
	No (enter 0 in column 2)	0. <b>Nev</b>
	Yes (enter 0-3 in column 2)	1. <b>2-6</b> (
g	No response (leave column 2 blank)	2. 7-11
		3. <b>12-1</b>
A. Littl	e interest or pleasure in doing things	
B. Feel	ing down, depressed, or hopeless	
If either D15	0A2 or D150B2 is coded 2 or 3, CONTI	NUE asking the que
C. Trou	uble falling or staying asleep, or sleep	oing too much
D. Feel	ing tired or having little energy	
E. Poo	r appetite or overeating	
F. Feel	ing bad about yourself – or that you a	are a failure or hav
G. Troi	uble concentrating on things, such as	reading the news
	<b>- - - - - - - - - -</b>	
	ing or speaking so slowly that other ety or restless that you have been mo	
l. Tho	ughts that you would be better off de	ad, or of hurting y
00160. Total S	everity Score	
Enter Score	Add scores for all frequency respond 99 if unable to complete interview (i.e	
0700. Social I	solation	
	bu feel lonely or isolated from those arou	ind you?
Enter Code	0. Never	
	1. Rarely	
	2. Sometimes	
	3. Often	
	4. Always	
	,	
	<ol> <li>Patient declines to respond</li> <li>Patient unable to respond</li> </ol>	

			SOC
by any of the following problems?"			ROC DC
iting, or using another method. If rarely/never u blank, end the PHQ-2 interview, and leave D01 <b>rou been bothered by any of the following p</b>	60, Total Severi		DC
ence. ou been bothered by this?" noices. Indicate response in column 2, Sympto	m Frequency.		
m Frequency ever or 1 day -6 days (several days) -11 days (half or more of the days)	1. Symptom Presence	2. Symptom Frequency	
2-14 days (nearly every day)	↓ Enter Scor	es in Boxes □	
questions below. If not, END the PHQ interview	V.		
have let yourself or your family down			
ewspaper or watching television			
ave noticed. Or the opposite – being so lot more than usual			
g yourself in some way			
			SOC ROC
2, Symptom Frequency. Total score must be	between 00 and	27. Enter	DC

**2**, Symptom Frequency. Total score must be between 00 and 27. Enter iency is blank for 3 or more required items)

SOC ROC DC

D

OASIS-D	Neuro / Emotional / Behavioral Status (continued)	
-		_
M1740. Cogni	tive, Behavioral, and Psychiatric Symptoms that are demonstrated at least once a week (reported or observed)	soc
↓ Check	all that apply	ROC
	<ol> <li>Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required</li> </ol>	DC
	<ol> <li>Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions</li> </ol>	
	3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.	
	4. <b>Physical aggression:</b> aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)	
	5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)	
	6. Delusional, hallucinatory, or paranoid behavior	
	7. None of the above behaviors demonstrated	
M1745. Frequ	ency of Disruptive Behavior Symptoms (reported or observed)	SOC
Any physical, v	rerbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.	ROC
Enter Code	0. Never	DC
	1. Less than once a month	
	2. Once a month	
	3. Several times each month	
	4. Several times a week	
	5. At least daily	

# OASIS-D Living Arrangements / Care Management

Which of the following best describes the patient's residential circum	nstance and availa	,	nce? Iability of Assis	stance		ROC
Living Arrangement	Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term	No Assistance Available	
			heck one box o	1 <sup>′</sup>		]
A. Patient lives alone	01	02	03	04	05	
B. Patient lives with other person(s) in the home	06	07	08	09	10	
C. Patient lives in congregate situation (for example, assisted living, residential care home)	11	12	13	14	15	
M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such provide assistance for the following activities, if assistance is needed				regivers) to		
Enter Code       A. ADL assistance (for example, transfer/ambula         0.       No assistance needed - patient is independent         1.       Non-agency caregiver(s) currently provide         2.       Non-agency caregiver(s) need training/s         3.       Non-agency caregiver(s) are not likely to         4.       Assistance needed, but no non-agency or	endent or does no de assistance upportive services o provide assistan	t have needs in to provide assi ce, OR it is uncl	this area stance	rovide assistanc	e	DC
Enter Code       C. Medication administration (for example, oral, 0. No assistance needed - patient is independent in the independent in the independent is independent in the independent is independent in the independent in the independent in the independent is independent in the independent in the independent is independent in the	endent or does no de assistance upportive services o provide assistan	t have needs in to provide assi ce, OR it is uncl	stance	ovide assistanc	e	DC
Enter Code       D. Medical procedures/treatments (for example 0. No assistance needed - patient is independent 1. Non-agency caregiver(s) currently provid 2. Non-agency caregiver(s) need training/s 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency caregiver	endent or does no de assistance upportive service: o provide assistan	t have needs in to provide assi ce, OR it is uncl	this area stance		e	DC
Enter Code       F. Supervision and safety (for example, due to a 0. No assistance needed - patient is indeped 1. Non-agency caregiver(s) currently provid 2. Non-agency caregiver(s) need training/s 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency of the context of the contex	endent or does no de assistance upportive services o provide assistan	t have needs in to provide assi ce, OR it is uncl	stance	rovide assistanc	e	SOC ROC DC

. Cognitive, Behavioral, and Psychiatric Symptoms the	at are demonstrated	at least once a w	<u>veek</u> (reported o	r observed)	
↓ Check all that apply					
1.         Memory deficit: failure to recognize significant memory loss so that supe		ces, inability to re	ecall events of p	ast 24 hours,	
2. Impaired decision-making: failure t jeopardizes safety through actions	o perform usual ADL	s or IADLs, inab	ility to appropria	tely stop activiti	es,
3. Verbal disruption: yelling, threateni	ng, excessive profani	ity, sexual refere	nces, etc.		
4. <b>Physical aggression:</b> aggressive or dangerous maneuvers with wheelcha		d others (for exa	mple, hits self,	throws objects, p	ounches,
5. Disruptive, infantile, or socially ina	appropriate behavio	r (excludes verb	al actions)		
6. Delusional, hallucinatory, or paran					
7. None of the above behaviors demo					
45. Frequency of Disruptive Behavior Symptoms (reported	,	16		-1 6 - 6 - 1	
physical, verbal, or other disruptive/dangerous symptoms th	at are injurious to ser	il or others or jed	pardize persona	ai salety.	
nter Code 0. Never					
1. Less than once a month					
2. Once a month					
3. Several times each month					
<ol><li>Several times a week</li></ol>					
5. At least daily					
5. At least daily					
5. At least daily	nary Routine Ac	ctivities			
5. At least daily  SIS-E/E1 Section F Preferences for Custor	nary Routine Ac	tivities			
5. At least daily  SIS-E/E1 Section F Preferences for Custor  00. Patient Living Situation	-				
5. At least daily SIS-E/E1 Section F Preferences for Custor 00. Patient Living Situation	-		nce?		
5. At least daily	-	ability of assistar	nce? lability of Assis	stance	
5. At least daily  SIS-E/E1 Section F Preferences for Custor  00. Patient Living Situation  ch of the following best describes the patient's residential cir	cumstance and availa	ability of assistar <b>Ava</b> il Regular	lability of Assis Regular	Occasional/	No Assistance
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         00. Patient Living Situation         ch of the following best describes the patient's residential cir	cumstance and availa	ability of assistar <b>Avai</b> l Regular Daytime	<b>ability of Assis</b> Regular Nighttime	Occasional/ Short-Term	No Assistance Available
5. At least daily  SIS-E/E1 Section F Preferences for Custor  00. Patient Living Situation  ch of the following best describes the patient's residential cir	Around the Clock	ability of assistar <b>Avai</b> l Regular Daytime ↓ C	ability of Assis Regular Nighttime heck one box o	Occasional/ Short-Term	Available
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         00. Patient Living Situation         ch of the following best describes the patient's residential cir	cumstance and availa	ability of assistar <b>Avai</b> l Regular Daytime	<b>ability of Assis</b> Regular Nighttime	Occasional/ Short-Term	
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         00. Patient Living Situation         ch of the following best describes the patient's residential cir         ng Arrangement         A. Patient lives alone         B. Patient lives with other person(s) in the home	Around the Clock	ability of assistar <b>Avai</b> l Regular Daytime ↓ C	ability of Assis Regular Nighttime heck one box o	Occasional/ Short-Term	Available
5. At least daily  SIS-E/E1 Section F Preferences for Custor  00. Patient Living Situation ch of the following best describes the patient's residential cir ng Arrangement  A. Patient lives alone	Cumstance and availa	ability of assistar Avail Regular Daytime ↓ C	Regular Nighttime	Occasional/ Short-Term nly [] 04	Available
5. At least daily  SIS-E/E1 Section F Preferences for Custor  O0. Patient Living Situation  ch of the following best describes the patient's residential cir  ng Arrangement  A. Patient lives alone  B. Patient lives with other person(s) in the home  C. Patient lives in congregate situation  (for example, assisted living, residential care home)	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07	ability of Assis         Regular         Nighttime         heck one box o         03         08	Occasional/ Short-Term nly D 04 09	Available
5. At least daily IS-E/E1 Section F Preferences for Custor 0. Patient Living Situation n of the following best describes the patient's residential cir g Arrangement A. Patient lives alone B. Patient lives with other person(s) in the home C. Patient lives in congregate situation (for example, assisted living, residential care home) 2. Types and Sources of Assistance	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 07 12	ability of Assis         Regular         Nighttime         heck one box o         03         03         13	Occasional/ Short-Term nly □ □ 04 □ 09 □ 14	Available
5. At least daily	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 07 12 vers, friends, or p	Image: Application of the sector of the s	Occasional/ Short-Term nly □ □ 04 □ 09 □ 14	Available
5. At least daily	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 07 12 eers, friends, or p are by your agend	Image: Application of the sector of the s	Occasional/ Short-Term nly □ □ 04 □ 09 □ 14	Available
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         O0. Patient Living Situation         th of the following best describes the patient's residential cir         og Arrangement         A. Patient lives alone         B. Patient lives with other person(s) in the home         C. Patient lives in congregate situation (for example, assisted living, residential care home)         O2. Types and Sources of Assistance         rmine the ability and willingness of non-agency caregivers (side assistance for the following activities, if assistance is near         ter Code       A. ADL assistance (for example, transfer/ambility)	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 07 12 ers, friends, or p re by your agence ssing, toileting, e	Image: Application of the sector of the s	Occasional/ Short-Term nly □ □ 04 □ 09 □ 14	Available
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         O0. Patient Living Situation         th of the following best describes the patient's residential cir         og Arrangement         A. Patient lives alone         B. Patient lives with other person(s) in the home         C. Patient lives in congregate situation (for example, assisted living, residential care home)         O2. Types and Sources of Assistance         rmine the ability and willingness of non-agency caregivers (side assistance for the following activities, if assistance is near 0. No assistance needed - patient is indication	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 07 12 ers, friends, or p re by your agence ssing, toileting, e	Image: Application of the sector of the s	Occasional/ Short-Term nly □ □ 04 □ 09 □ 14	Available
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         00. Patient Living Situation         ch of the following best describes the patient's residential cir         ng Arrangement         A. Patient lives alone         B. Patient lives with other person(s) in the home         C. Patient lives in congregate situation (for example, assisted living, residential care home)         02. Types and Sources of Assistance         rmine the ability and willingness of non-agency caregivers (side assistance for the following activities, if assistance is near         ter Code       A. ADL assistance (for example, transfer/ambility)	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 07 12 ers, friends, or p re by your agence ssing, toileting, e	Image: Application of the sector of the s	Occasional/ Short-Term nly □ □ 04 □ 09 □ 14	Available
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         00. Patient Living Situation         ch of the following best describes the patient's residential cir         ng Arrangement         A. Patient lives alone         B. Patient lives with other person(s) in the home         C. Patient lives in congregate situation (for example, assisted living, residential care home)         02. Types and Sources of Assistance         rmine the ability and willingness of non-agency caregivers (side assistance for the following activities, if assistance is near ther Code         A. ADL assistance (for example, transfer/ambility)         0. No assistance needed - patient is ind         1. Non-agency caregiver(s) currently pr         2. Non-agency caregiver(s) need trainir	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 12 vers, friends, or p re by your agendon ssing, toileting, e ot have needs in s to provide assis	Image: Application of the sector of the s	Occasional/ Short-Term	Available
5. At least daily         SIS-E/E1 Section F       Preferences for Custor         00. Patient Living Situation         h of the following best describes the patient's residential cir         g Arrangement         A. Patient lives alone         B. Patient lives with other person(s) in the home         C. Patient lives in congregate situation (for example, assisted living, residential care home)         22. Types and Sources of Assistance         mine the ability and willingness of non-agency caregivers (side assistance for the following activities, if assistance is near ther Code         A. ADL assistance (for example, transfer/ambility of the following activities, if assistance is near 1. Non-agency caregiver(s) currently prime in the side is included activity of the following activity of the follow	Around the Clock	ability of assistar Avail Regular Daytime ↓ C 02 07 12 vers, friends, or p re by your agend ssing, toileting, e ot have needs in s to provide assis ce, OR it is uncle	Image: Application of the sector of the s	Occasional/ Short-Term	Available

	Section E Behavior					
40. Cogniti	ive, Behavioral, and Psychiatric Symptoms that a	re demonstrated <u>a</u>	t least once a w	<u>veek</u> (reported o	r observed)	
	all that apply					
	<ol> <li>Memory deficit: failure to recognize fam significant memory loss so that supervisi</li> </ol>		es, inability to re	ecall events of pa	ast 24 hours,	
	2. Impaired decision-making: failure to pe		s or IADLs, inab	ility to appropria	tely stop activitie	es,
_	jeopardizes safety through actions					
	<ol> <li>Verbal disruption: yelling, threatening,</li> <li>Physical aggression: aggressive or cor</li> </ol>				hrows objects in	unches
	dangerous maneuvers with wheelchair o				niows objects, p	unches,
	5. <b>Disruptive, infantile, or socially inapp</b>		(excludes verb	al actions)		
	6. Delusional, hallucinatory, or paranoid 7. None of the above behaviors demons					
45. Freque	ncy of Disruptive Behavior Symptoms (reported o					
physical, ve	erbal, or other disruptive/dangerous symptoms that a	are injurious to self	or others or jeo	pardize persona	al safety.	
Inter Code	0. Never					
	1. Less than once a month					
	2. Once a month					
	<ol> <li>Several times each month</li> <li>Several times a week</li> </ol>					
	5. At least daily					
SIS-E/E1	Section F Preferences for Customa	ry Routine Ac	tivities			
		•				
00. Patien	t Living Situation					
ch of the fol	lowing best describes the patient's residential circum	nstance and availa	,			
		Around the	Avail Regular	lability of Assis Regular	tance Occasional/	No Assistance
ng Arrange	ment	Clock	Daytime	Nighttime	Short-Term	Available
			↓ C	heck one box o	nly □	
A. Pati	ent lives alone	01	02	03	04	05
	ent lives with other person(s) in the home	06	07	08	09	10
	ent lives in congregate situation					
		11	12	13	14	15
	example, assisted living, residential care home) and Sources of Assistance	11	12	13	14	15
<b>02. Types</b> a ermine the a	example, assisted living, residential care home) and Sources of Assistance ability and willingness of non-agency caregivers (such	h as family membe	ers, friends, or p	l privately paid car		15
<b>102. Types</b> a termine the a vide assistar	example, assisted living, residential care home) and Sources of Assistance ability and willingness of non-agency caregivers (such nee for the following activities, if assistance is needed	h as family membe d. Excludes all car	ers, friends, or p e by your agend	l privately paid car cy staff.		15
<b>102. Types</b> a ermine the a vide assistar	example, assisted living, residential care home) and Sources of Assistance ability and willingness of non-agency caregivers (such ace for the following activities, if assistance is needed A. ADL assistance (for example, transfer/ambula	h as family membe d. Excludes all car tion, bathing, dres	ers, friends, or p e by your agenc sing, toileting, e	nivately paid car cy staff. eating/feeding)		15
102. Types a ermine the a vide assistar	example, assisted living, residential care home) and Sources of Assistance ability and willingness of non-agency caregivers (such the for the following activities, if assistance is needed A. ADL assistance (for example, transfer/ambula 0. No assistance needed - patient is independent	h as family membe d. Excludes all car tion, bathing, dres endent or does not	ers, friends, or p e by your agenc sing, toileting, e	nivately paid car cy staff. eating/feeding)		15
102. Types a ermine the a vide assistar	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such the for the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is independent in the independent of th</li></ul>	h as family membe d. Excludes all car tion, bathing, dres endent or does not de assistance	ers, friends, or p e by your agenc sing, toileting, e have needs in	rivately paid car cy staff. eating/feeding) this area		15
<b>102. Types</b> a ermine the a vide assistar	example, assisted living, residential care home)         and Sources of Assistance         ability and willingness of non-agency caregivers (such nee for the following activities, if assistance is needed         A. ADL assistance (for example, transfer/ambula 0. No assistance needed - patient is indeper 1. Non-agency caregiver(s) currently provid 2. Non-agency caregiver(s) need training/st 3. Non-agency caregiver(s) are not likely to	h as family membe d. Excludes all car tion, bathing, dres endent or does not de assistance upportive services o provide assistance	ers, friends, or p e by your agend sing, toileting, e have needs in to provide assis ce, OR it is uncle	privately paid car cy staff. eating/feeding) this area stance	egivers) to	
<b>102. Types</b> a termine the a vide assistar	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such nee for the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is indeper</li> <li>1. Non-agency caregiver(s) currently provid</li> <li>2. Non-agency caregiver(s) need training/st</li> </ul>	h as family membe d. Excludes all car tion, bathing, dres endent or does not de assistance upportive services o provide assistance	ers, friends, or p e by your agend sing, toileting, e have needs in to provide assis ce, OR it is uncle	privately paid car cy staff. eating/feeding) this area stance	egivers) to	
102. Types a termine the a	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such nee for the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is indeperent in the indeperent integration of the provided of the indeperent integration of the provided of the independent of the provided of the</li></ul>	h as family membe d. Excludes all car tion, bathing, dres endent or does not de assistance upportive services o provide assistanc caregiver(s) availa	ers, friends, or p e by your agend sing, toileting, e : have needs in to provide assis :e, OR it is uncle ble ble)	rivately paid car cy staff. eating/feeding) this area stance ear if they will pr	egivers) to	
102. Types a termine the a vide assistar Enter Code	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such nee for the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is indeperent in the indeperent intervent in the indeperent intervent i</li></ul>	h as family member d. Excludes all car tion, bathing, dres endent or does not de assistance upportive services o provide assistance caregiver(s) availa , inhaled or injecta endent or does not	ers, friends, or p e by your agend sing, toileting, e : have needs in to provide assis :e, OR it is uncle ble ble)	rivately paid car cy staff. eating/feeding) this area stance ear if they will pr	egivers) to	
102. Types a termine the a vide assistar Enter Code	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is independent in the independent of the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is independent in the independent of the independen</li></ul>	h as family member d. Excludes all car tion, bathing, dres endent or does not de assistance upportive services o provide assistance caregiver(s) availa , inhaled or injecta endent or does not de assistance	ers, friends, or p e by your agend sing, toileting, e have needs in to provide assis e, OR it is uncle ble ble ble)	rivately paid car cy staff. eating/feeding) this area stance ear if they will pr this area	egivers) to	
IO2. Types a ermine the a vide assistar nter Code	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such the for the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is indepeed</li> <li>1. Non-agency caregiver(s) currently provid</li> <li>2. Non-agency caregiver(s) need training/sed</li> <li>3. Non-agency caregiver(s) are not likely to</li> <li>4. Assistance needed - patient is indepeed</li> <li>1. Non-agency caregiver(s) are not likely to</li> <li>4. Assistance needed - patient is indepeed</li> <li>1. Non-agency caregiver(s) are not likely to</li> <li>2. Non-agency caregiver(s) currently provid</li> <li>2. Non-agency caregiver(s) need training/sed</li> <li>3. Non-agency caregiver(s) are not likely to</li> </ul>	h as family member d. Excludes all car tion, bathing, dres endent or does not de assistance upportive services o provide assistance caregiver(s) availa , inhaled or injecta endent or does not de assistance upportive services o provide assistance	ers, friends, or p e by your agend sing, toileting, e have needs in to provide assis e, OR it is uncle ble ble) thave needs in to provide assis e, OR it is uncle	rivately paid car cy staff. eating/feeding) this area stance ear if they will pr this area stance	regivers) to	, <u> </u>
02. Types a ermine the a ide assistar nter Code	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such the for the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is indeped</li> <li>1. Non-agency caregiver(s) currently provid</li> <li>2. Non-agency caregiver(s) need training/statistical and training statistical and t</li></ul>	h as family member d. Excludes all car tion, bathing, dres endent or does not de assistance upportive services o provide assistance caregiver(s) availa , inhaled or injecta endent or does not de assistance upportive services o provide assistance	ers, friends, or p e by your agend sing, toileting, e have needs in to provide assis e, OR it is uncle ble ble) thave needs in to provide assis e, OR it is uncle	rivately paid car cy staff. eating/feeding) this area stance ear if they will pr this area stance	regivers) to	, <u> </u>
I02. Types a ermine the a vide assistar nter Code	<ul> <li>example, assisted living, residential care home)</li> <li>and Sources of Assistance</li> <li>ability and willingness of non-agency caregivers (such nee for the following activities, if assistance is needed</li> <li>A. ADL assistance (for example, transfer/ambula</li> <li>0. No assistance needed - patient is indepeed</li> <li>1. Non-agency caregiver(s) currently provid</li> <li>2. Non-agency caregiver(s) need training/sta</li> <li>3. Non-agency caregiver(s) are not likely to</li> <li>4. Assistance needed - patient is indepeed</li> <li>1. Non-agency caregiver(s) are not likely to</li> <li>4. Assistance needed - patient is indepeed</li> <li>1. Non-agency caregiver(s) currently provid</li> <li>2. Non-agency caregiver(s) currently provid</li> <li>3. Non-agency caregiver(s) currently provid</li> <li>3. Non-agency caregiver(s) currently provid</li> <li>3. Non-agency caregiver(s) need training/sta</li> <li>3. Non-agency caregiver(s) need training/sta</li> <li>3. Non-agency caregiver(s) need training/sta</li> <li>4. Assistance needed, but no non-agency of</li> <li>4. Assistance needed, but no non-agency of</li> <li>3. Non-agency caregiver(s) need training/sta</li> <li>3. Non-agency caregiver(s) need training/sta</li> <li>4. Assistance needed, but no non-agency of</li> </ul>	h as family member d. Excludes all car tion, bathing, drest endent or does not de assistance upportive services o provide assistance caregiver(s) availa inhaled or injecta endent or does not de assistance upportive services o provide assistance caregiver(s) availa	ers, friends, or p e by your agend sing, toileting, e have needs in to provide assis e, OR it is uncle ble ble) have needs in to provide assis e, OR it is uncle ble	rivately paid car cy staff. eating/feeding) this area stance ear if they will pr this area stance ear if they will pr	regivers) to ovide assistance	, <u> </u>
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	ing	SOC
	b tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth	ROC
	or fingernail care).	FU DC
Enter Code	<ol> <li>Able to groom self unaided, with or without the use of assistive devices or adapted methods.</li> <li>Grooming utensils must be placed within reach before able to complete grooming activities.</li> </ol>	
	<ol> <li>Someone must assist the patient to groom self.</li> </ol>	
	3. Patient depends entirely upon someone else for grooming needs.	
W1810. Current	t Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-	SOC
	nd blouses, managing zippers, buttons, and snaps.	ROC
Enter Code	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.	FU DC
	<ol> <li>Able to dress upper body without assistance if clothing is laid out or handed to the patient.</li> <li>Someone must help the patient put on upper body clothing.</li> </ol>	
	<ol> <li>Patient depends entirely upon another person to dress the upper body.</li> </ol>	
M1820 Current	t Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.	SOC
Enter Code	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.	ROC
	<ol> <li>Able to dress upper body without assistance if clothing is laid out or handed to the patient.</li> </ol>	FU
	2. Someone must help the patient put on upper body clothing.	DC
	3. Patient depends entirely upon another person to dress the upper body.	
M1830. Bathing	]	SOC
Current ability to	wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	ROC
Enter Code	0. Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower.	FU
	1. With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.	DC
	2. Able to bathe in shower or tub with the intermittent assistance of another person:	
	<ul> <li>a. for intermittent supervision or encouragement or reminders, <u>OR</u></li> <li>b. to get in and out of the shower or tub, <u>OR</u></li> </ul>	
	c. for washing difficult to reach areas.	
	3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for	
	assistance or supervision.	
	4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.	
	<ol> <li>Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on</li> </ol>	
	commode, with the assistance or supervision of another person.	
	6. Unable to participate effectively in bathing and is bathed totally by another person.	
M1840. Toilet T	ransferring	SOC
Current ability to	o get to and from the toilet or bedside commode safely and transfer on <u>and</u> off toilet/commode.	ROC
Enter Code	0. Able to get to and from the toilet and transfer independently with or without a device.	FU
	1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.	DC
	2. <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance).	
	<ol> <li><u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.</li> <li>Is totally dependent in toileting.</li> </ol>	
M1845. Toiletin		SOC ROC
	o maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, pan, urinal. If managing ostomy, includes cleaning area around stoma, but not anaging equipment.	DC
Enter Code	0. Able to manage toileting hygiene and clothing management without assistance.	
	1. Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for	
	the patient.	
	<ol> <li>Someone must help the patient to maintain toileting hygiene and/or adjust clothing.</li> <li>Patient depends entirely upon another person to maintain toileting hygiene.</li> </ol>	
M1850. Transfe		SOC
	o move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	ROC FU
Enter Code	<ol> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> </ol>	DC
	<ol> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> <li>Able to bear weight and pivot during the transfer process but unable to transfer self.</li> </ol>	
	<ol> <li>Unable to transfer self and is unable to bear weight or pivot when transferred by another person.</li> </ol>	
	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.	
	ation/Locomotion	SOC
M1860. Ambula	walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	ROC
		FU DC
	0. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically:	
Current ability to	needs no human assistance or assistive device).	DC
Current ability to	needs no human assistance or assistive device). 1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on	DC
Current ability to	<ul> <li>needs no human assistance or assistive device).</li> <li>1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.</li> </ul>	DC
Current ability to	needs no human assistance or assistive device). 1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on	
Current ability to	<ul> <li>needs no human assistance or assistive device).</li> <li>With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.</li> <li>Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or</li> </ul>	
Current ability to	<ol> <li>needs no human assistance or assistive device).</li> <li>With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.</li> <li>Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.</li> <li>Able to walk only with the supervision or assistance of another person at all times.</li> <li>Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.</li> </ol>	De
Current ability to	<ol> <li>needs no human assistance or assistive device).</li> <li>With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.</li> <li>Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.</li> <li>Able to walk only with the supervision or assistance of another person at all times.</li> <li>Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.</li> <li>Chairfast, <u>unable</u> to ambulate and is unable to wheel self.</li> </ol>	
Current ability to	<ol> <li>needs no human assistance or assistive device).</li> <li>With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.</li> <li>Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.</li> <li>Able to walk only with the supervision or assistance of another person at all times.</li> <li>Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.</li> </ol>	

M1820. Current Ability to Dress Lower Body safely (with or without dressi         Enter Code       0. Able to obtain, put on, and remove clothing and etails         Able to dress lower body without assistance if clo       2. Someone must help the patient put on undergarr         3. Patient depends entirely upon another person to       M1830. Bathing         Current ability to wash entire body safely. Excludes grooming (washing face,         Enter Code       0. Able to bathe self in shower or tub independently         1. With the use of devices, is able to bathe self in si         2. Able to bathe in shower or tub with the intermittee         a. for intermittent supervision or encouragem         b. to get in and out of the shower or tub, QR         c. for washing difficult to reach areas.         3. Able to participate in bathing self in shower or tub, assistance or supervision.         4. Unable to use the shower or tub, but able to participate offectively in bathing and is         M1840. Toilet Transferring         Current ability to get to and from the toilet or bedside commode safely and tr        Enter Code       0. Able to get to and from the toilet or bedside commode, with the assistance or supervised by anot         2. Unable to get to and from the toilet or bedside commode, bedgan, unnal. If managing ostomy, includes cleaning area arour         2. Unable to get to and from the toilet nor badside co         3. Able to manage toileting hygiene and clothing main	OASIS-E/E1	Section	G Functional Status
Current ability to end safely to personal hygiene needs (specifically: washing or denture care, or fingermail care). Enter Code O O O O O O O O O O O O O O O O O O O	M4900 Croom	ling	
or denture care, or fingemail care).  Enter Code  Alle to groom self unaided, with or without the use  Grooming utensits must be placed within reach b  Corroning utensits and blouses, managing zippers, buttons, and snaps.  Enter Code  O. Able to get clothes out of closets and drawers, p  Able to gets upper body without assistance if cl  Corrent Ability to Dress Longer Body safely (with or without dressin  Enter Code  O. Able to gets longer slower body without assistance if cl  Corrent Ability to Dress Longer Body safely (with or without dressin  Enter Code  O. Able to obstain, put on, and remove clothing and t  Able to dress lower body without assistance if cl  Corrent ability to wash entire body safely. Excludes grooming (washing face, Enter Code  O. Able to bathe self in shower or tub independently in the intermittet a. for intermittent supervision or encouragem b. to get in and out of the shower or tub, off Corrent ability to wash entire body safely. Excludes grooming (washing face, Corrent ability to wash entire body safely. Excludes grooming (washing face, Enter Code  O. Able to bathe self in shower or tub, off Corrent ability to wash entire body safely. Excludes grooming (washing face, Corrent ability to wash entire body safely. Excludes grooming (washing face, Corrent ability to get to and from the toilet not encouragem b. to get in and out of the shower or tub, off Corrent Ability to wash entire body safely. Excludes grooming (washing face, Corrent ability to get to and from the toilet on transfer ing Current ability to get to and from the toilet on transfer ing Current ability to get to and from the toilet on transfer ing Current ability to maintain perineal hygiene safely, adjust clothes and/or inco commode, bedpan, urinal. If managing ostomy, includes cleaning area arou Commode, bedpan, urinal. If managi		•	
Enter Code         0.         Able to groom self unaided, with or without the use           1.         Grooming utensits must be placed within reach by         2.           M1810. Current Ability to Dress Upper Body safely (with or without dressir opening shifts and blouses, managing zippers, buttons, and snaps.         Enter Code         0.           Enter Code         0.         Able to get clottes out of closets and dravers, program the plat the patient put on upper body.           M1820. Current Ability to Dress Lower Body safely (with or without dressir opening shifts and blouses).         Someone must help the patient put on upper body.           M1820. Current Ability to Dress Lower Body safely (with or without dressir opening shifts and blouses).         Someone must help the patient put on undergar and.           1.         Able to obtain, put on, and remove clothing and 4         Someone must help the patient put on undergar and.           2.         Someone must help the patient put on undergar and.         Able to bath self in shower or tub independently and out of the shower or tub.           1.         Able to bath self in shower or tub independently and out of the shower or tub.         Someone must help the patient put on undergar and.           2.         Someone must help the patient self in shower or tub.         Someone must help the patient put on undergar and.           3.         Able to bath self in shower or tub.         Someone must help the patient self in shower or tub.           3.         Able			
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2. Someone must assist the patient to groom self.     3. Patient depends entirely upon someone else for:     M1810. Current Ability to Dress Upper Body safely (with or without dressis     opening shirts and blouses, managing zippers, buttons, and snaps.     Enter Code     0. Able to get clothes out of closets and drawers, pu     1. Able to dress upper body without assistance if od:     2. Someone must help the patient put on upper bod     M1820. Current Ability to Dress Lower Body safely (with or without dressis     Enter Code     0. Able to obtain, put on, and remove clothing and s     1. Able to dress lower body without assistance if od:     2. Someone must help the patient put on undergar     3. Patient depends entirely upon another person to     M1830. Bathing Current ability to wash entire body safely. Excludes grooming (washing face,     Enter Code     0. Able to baths self in shower or tub independently     1. With the use of devices, is able to baths self in s     2. Able to bath shower or tub with the intermitten     a. for intermittent supervision or encouragem     b. to get in and out of the shower or tub, but able to bath     chair, or on commode.     3. Unable to use the shower or tub, but able to bath     chair, or on commode.     4. Unable to get to and from the toilet and transfer ind     1. When reminded, assisted, or supervision or a     3. Unable to get to and from the toilet or bedside commode safely and tr     Enter Code     0. Able to get to and from the toilet or bedside commode safely and in     1. When reminded, assisted, or supervised by and i     3. Unable to get to and from the toilet or bedside commode, bedap, uninal, if managing ostomy, includes cleaning area arour     medopan, uninal, if managing ostomy, includes cleaning area arour     1. Able to farmal hygiene safely, adjust clothes and/or inco     3. Dable to participate in bating the inter ser     3. Dable to independently transfer.     4. Able to independently transfer.     4. Able to independently transfer.     4. Able		-	-
3. Patient depends entirely upon some else for s     M1810. Current Ability to Dress Upper Body safely (with or without dressis     opening shirts and blouses, managing zippers, buttons, and snaps.     Enter Code     0. Able to get clothes out of closest and drawers, p     1. Able to dress upper body without assistance if cl     2. Someone must help the patient up on nonther person to     M1820. Current Ability to Dress Low Code safely (with or without dressis     Enter Code     0. Able to obtain, put on, and remove clothing and s     1. Able to dress lower body without assistance if cl     2. Someone must help the patient put on underger     3. Patient depends entirely upon another person to     M1830. Bathing     Current ability to wash entire body safely. Excludes grooming (washing face,     Enter Code     0. Able to bath self in shower or tub independently     1. With the use of devices, is able to bathe self in si     2. Able to bathe self in shower or tub, but able to bath     a. for intermittent supervision or encouragem     b. to get in and out of the shower or tub, QE     c. for washing difficult to reach areas.     3. Able to participate in bathing self in shower or tub, but able to bath     chair, or on commode.     5. Unable to use the shower or tub, but able to bath     chair, or on commode.     5. Unable to use the shower or tub, but able to participate effectively in bathing and is     M1840. Toilet Transferring     Current ability to get to and from the toilet on tedist but is able to     3. Unable to get to and from the toilet or is able to     commode, with the assistance or supervision or     incommode, bedpan, unial. If managing ostomy, includes cleaning area arour     Current ability to mointain perineal hygiene safely, adjust clothes andro in co     commode, bedpan, unial. If managing ostomy, includes cleaning area arour     Current ability to mointe appeal bie etit or able to transfer ind     i. Able to transfer with minimal human assistance or     able to transfer with minimal human			
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energy shirts and blouses, managing zippers, buttons, and snaps.         Enter Code         0. Able to get clothes out of closets and drawers, pr           1         Able to get clothes out of closets and drawers, or         9. Someone must help the patient put on upper body           1         Able to dress upper body without assistance if clip         3. Patient depends entirely upon another person to           M1820. Current Ability to Dress Lower Body safely (with or without dressist         Enter Code         0. Able to obtain, put on, and remove clothing and s           1         Able to dress lower body without assistance if clip         2. Someone must help the patient put on undergar           3         Patient depends entirely upon another person to         M1830. Bathing           Current ability to wash entire body safely. Excludes grooming (washing face,         Enter Code         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, assistance or supervision or encouragem         b. to get in and out of the shower or tub, but able to pather up and the assistance or supervision of a.           4         Unable to use the shower or tub, but able to pather chair, or on commode, with the assistance or supervision of a.           5         Unable to participate effectively in bathing and is           M1840. Toilet Transferring         Current ability to get to and from the toilet or bedside commode, safely and tr           1         When re		_	
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M1830. Bathing         Current ability to wash entire body safely. Excludes grooming (washing face,         Enter Code       0. Able to bathe self in shower or tub independently         1. With the use of devices, is able to bathe self in si         2. Able to bathe in shower or tub with the intermitter         a. for intermittent supervision or encouragem         b. to get in and out of the shower or tub, QR         c. for washing difficult to reach areas.         3. Able to participate in bathing self in shower or tub         a. Unable to use the shower or tub, but able to bath         c. Unable to use the shower or tub, but able to participate effectively in bathing and is         M1840. Toilet Transferring         Current ability to get to and from the toilet or bedside commode safely and tr         Enter Code       0. Able to get to and from the toilet and transfer ind         1. When reminded, assisted, or supervised by anot         2. Unable to get to and from the toilet but is able to         3. Unable to get to and from the toilet but is able         3. Unable to get to and from the toilet but is able to         3. Unable to get to and from the toilet but is able to         3. Unable to get on and from the toilet but is able to         3. Unable to manage toileting hygiene and clothing mathet patient.         2. Someone must help the patient to maintain toilet         3. Patient depends entire			
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6. Bedfast, unable to ambulate or be up in a chair.	Current ability to	ation/Locor o walk safel 0. 1. 2. 3.	motion y, once in a standing position, or use a wheelchai Able to independently walk on even and uneven a needs no human assistance or assistive device). With the use of a one-handed device (for exampl even and uneven surfaces and negotiate stairs w Requires use of a two-handed device (for exampl requires human supervision or assistance to negotiate Able to walk only with the supervision or assistance
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	G
hing face and hands, hair care, shaving or make up, teeth	SOC ROC FU
e use of assistive devices or adapted methods. In before able to complete grooming activities. If.	DC
for grooming needs.	
ssing aids) including undergarments, pullovers, front-	SOC ROC
<ul> <li>put them on and remove them from the upper body without assistance.</li> <li>f clothing is laid out or handed to the patient.</li> <li>body clothing.</li> <li>to dress the upper body.</li> </ul>	FU DC
ssing aids) including undergarments, slacks, socks or nylons, shoes.	800
and shoes without assistance. i clothing and shoes are laid out or handed to the patient. jarments, slacks, socks or nylons, and shoes. to dress lower body.	SOC ROC FU DC
ce, washing hands, and shampooing hair).	SOC ROC
ntly, including getting in and out of tub/shower. n shower or tub independently, including getting in and out of the tub/shower. ittent assistance of another person: mement or reminders, <u>OR</u> <u>DR</u>	FU DC
tub, but requires presence of another person throughout the bath for	
athe self independently with or without the use of devices at the sink, in	
articipate in bathing self in bed, at the sink, in bedside chair, or on of another person. d is bathed totally by another person.	
d transfer on <u>and</u> off toilet/commode.	SOC ROC FU
independently with or without a device. nother person, able to get to and from the toilet and transfer. to use a bedside commode (with or without assistance). commode but is able to use a bedpan/urinal independently.	DC
ncontinence pads before and after using toilet, ound stoma, but not anaging equipment.	SOC ROC DC
management without assistance. management without assistance if supplies/implements are laid out for	
ileting hygiene and/or adjust clothing. to maintain toileting hygiene.	
tion self in bed if patient is bedfast.	SOC ROC FU
ce or with use of an assistive device. fer process but unable to transfer self. veight or pivot when transferred by another person. and position self in bed. rn and position self.	DC
hair, once in a seated position, on a variety of surfaces. en surfaces and negotiate stairs with or without railings (specifically:	SOC ROC FU DC
ce). mple, cane, single crutch, hemi-walker), able to independently walk on rs with or without railings. mple, walker or crutches) to walk alone on a level surface and/or negotiate stairs or steps or uneven surfaces. stance of another person at all times. heel self independently. o wheel self.	
ir.	

3.       Independent - Patient completed all the activities by inhimersef, with or without an assistive device, with no assistance from a helper.       using the toilet, and eating prior to the current illness, exacerbation, or injury.         2.       Needed Some Help - Patient needed partial assistance from another person to complete any autivities.       B. Indoor Mobility (Ambutation): Code the patient's need for assistance with walking from como to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.         3.       Indoor Mobility (Ambutation): Code the patient's need for assistance with walking from como or indury or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.         3.       Indoor Mobility (Ambutation): Code the patient's need for assistance with planning regular tasks, such as shopping or membering to take medication prior to the current illness, exacerbation, or injury.         3.       Indoor Mobility (Ambutation):       D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or membering to take medication prior to the current illness, exacerbation, or injury.         4.       Check all that apply       A.       Manual wheelchair       D.         9.       Not Ambutatia devices with a subtant performance for each activity using the 6 point scale. If activity was not attempted, code the ason: Code the patient's subtance form an each environ walker prior to or following the activity.         9.       D. Walker       S.       Orthoticix/Prosthelics       S.	OASIS-D	Functional	Abilities and	Goals	
dicate the patient's usual ability with everyday activities pror to the current lines, exacehation, or injury.  S Independent - Patient computed all the every divergence of the patient's need for assistance with bathing, diresting, usual plus link and ealing plus to the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the every divergence of the current lines, exacehation, or injury.  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Some divergence of the patient:  Needed Some Help - Patient compated all the every divergence of the current lines, exacehation, or injury.  Some divergence of the patient patient in the turnent lines, exacehation, or injury.  Some divergence of the patient rest of the current lines, exacehation, or injury.  Some divergence of the patient rest of the current lines, exacehation, or injury.  Some divergence of the patient rest of the current lines, exacehation, or injury.  Some divergence of the patient rest of the current lines, exacehation, or injury.  Some divergence of the patient rest of the current lines, exacehation, or injury.  Some divergence of the patient rest of the current lines, exacehation, or injury.  Some divergence of the patient rest of the current lines, exacehation, or injury.  Some divergence of the patient rest of	200100 0-1			2	
adding:         A. Set Care: Code in Boxes           adding the product of the advectory of the advec		-			S
other       A strate or completed at the association of the patient process of the association on with a strategy data of the current lines, exaceholding, or upury and the current lines, exaceholding, or upury an			<b>,</b>		
assistence device, with no assistance from a helper.       B. Indexr Mobility (Anhulation): Code the patient's need for assistance with waking from come to rom (with or without a device such as carbe, crutch or waking prior to the current liness, exacerbation, or injury.         2. Needed Some Heip - Patient needed patient's need for assistance with internal or activity of the patient's need for assistance with internal or current liness, exacerbation or injury.         3. Not Applicable       C. Staris: Code the patient's need for assistance with internal or current liness, exacerbation or injury.         4. Manual Viewee Code Some Andrew Code Some C				A. <b>Self Care:</b> Code the patient's need for assistance wit using the toilet, and eating prior to the current illness,	<b>3</b> .
1       Dependent - A helper completed all the activities for the patient.       With or without a device such as cane, cutch, or walker) prior to the current interactivities for the patient.         8       Unknown       D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembring to take medication prior to the current liness, exacerbation, or injury.         G0110. Prior Device Use       D. Functional Cognition: Code the patient in ead for assistance with planning regular tasks, such as shopping or remembring to take medication prior to the current liness, exacerbation, or injury.         G0110. Prior Device Use       A. Manual wheelchair medication prior to the current liness, exacerbation, or injury.         I Cred all lift appry       A. Manual wheelchair medication prior to the current liness, exacerbation, or injury.         I Cred all lift appry       I C. Mechanical wheelchair medication prior to the current liness, exacerbation, or injury.         I Cred all lift appry       I C. Mechanical wheelchair medication prior to the current liness, exacerbation, or injury.         G0100. Still Care Code the patient's usual performance for each activity usuing the 6 point scale.       SolORCRC/Use/Procested tests         G0110. Still Care Code the patient's usual performance for each activity using the 6 point scale.       SolORCRC/Use of code the patient's usual performance is unsafe or of poor quality, score according to mount of assistance provided.         Motifier approx or prophed with or without assistance where provides use or of codes supprofer transhifte effort.       Sob	assistive helper. 2. <b>Needed</b> partial as	e device, with no <b>Some Help -</b> Pa ssistance from a	assistance from atient needed	B. Indoor Mobility (Ambulation): Code the patient's new walking from room to room (with or without a device s walker) prior to the current illness, exacerbation, or in	such as cane, crutch or jury.
9. Not Applicable       D. Functional Cognition: Code the pattern's need for assistance with planning regular tasks, such as shoping or mermebring to take medication prior to the current illness, exacerbation, or injury.         60110. Prior Device Use       A Marual Meelchair	1. Depend activities	ent - A helper co for the patient.	ompleted all the	(with or without a device such as cane, crutch, or wal	
alicate devices and alds used by the patient prior to the current Illness, exacerbation, or injury: <ul> <li>Check all that apply</li> <li>B. Motorized wheelchair</li> <li>D. Wotker</li> <li>C. Mechanical if fi</li> <li>D. Walker</li> <li>C. Tholicis/Posthelics</li> <li>Z. None of the above</li> <li>G030. Self Care</li> <li>G020. Self Care</li> <li>G100. Self Care</li> <li>G200. Self Self Care</li> <li>G200. Self Care</li></ul>				planning regular tasks, such as shopping or rememb	ering to take
Check all that apply      A Marual wheelchair      C. Mechanical lift      D. Walker      E. Orthotics/Prosthetics      Z. None of the above      G0130. Self Care      OC/ROC/Ellow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the     ason. Code the patient's discharge goal(s) using the 6 point scale. If activity was not attempted, code the     ason. Code the patient's discharge goal(s) using the 6 point scale.      DOC/ROC/Ellow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the     ason. Code the patient's discharge goal(s).      DOC/ROC/Ellos of codes 07, 00, 10 r 88 is permissible to code discharge goal(s).      DOC/ROC/Ellos of codes 07, 00, 10 r 88 is permissible to code discharge goal(s).      DOC/ROC/Ellos of codes 07, 00, 10 r 88 is permissible to code scale s			h. 41		S
A Manual wheelchair     A Manual wheelchair     A Manual wheelchair and/or scooler     C. Mechanical lift     D. Walker     C. Mechanical lift     D. Walker     C. Mechanical lift     D. Walker     C. Note of the above     Golds. Bef Care     SocrRoCiPellow-Up/DCi Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the     ason. Code the patient's discharge goal(s) using the 6 point scale. If activity was not attempted, code the     ason. Code the patient's discharge goal(s).     SocrRoCi Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).     SocrAOC Juse of touching assistance - Helper doses with the assistance from a helper.     SocrAOC Juse of touching assistance - Helper doses MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than haff the effort.     SocrAOC Juse of the activity.     SocrAOC Juse of the patient doses none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient dose none of the effort to complete the activity.     SocrAOC Juse of the model.     Jether Codes in Boxes D     A. Eating: Th			by the patient p	or to the current illness, exacerbation, or injury.	R
B. Motorized wheelchair and/or scooler      C. Mechanical ift      B. Motorized wheelchair and/or scooler      C. Mechanical ift      B. Motorized wheelchair and/or scooler      C. Mechanical ift      E. Ortholics/Preathetics      Z. None of the above      Gif30. Self Care      OOC/ROC/Follow-Up/DC) Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the      ason. Code the patient's discharge goal(s) using the 6 point scale. If activity was not attempted, code the      ason. Code the patient's discharge goal(s) using the 6 point scale.      OOC/ROC/Follow-Up/DC) Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the      ason. Code the patient's discharge goal(s).      dirg:      afety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to      mont of assistance provided.      Hole port - Patient completes the activity by him/herself with no assistance from a helper.      Supervision or touching assistance - Helper sets up or cleans up; patient completes activity. Helper assistand core activity assistance as patient     completes activity. Assistance are may be provided throughout the activity on intermittentity.      Patient Completes activity. Assistance are helper does MORE THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less     than half the effort.      Patient Complete additions or safety concerns     activity was not attempted, code reason:      Or Patient Codes IEB SME (A IC)      Patient Codes IEB SME (A IC)      Patient Complete additions or safety concerns     attempted due to emplete and the patient did not perform this activity prior to the current illness, exacerbation or injury.      Or A applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.      Ore 4 apolicy 0 a. DC		11.2	ual wheelchair		
0 0. Walker   0 E. Ortholos/Prosthetics   2. None of the above   G0130. Self Care G0C/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the ason. Code the patient's discharge goal(s). Goling: Goling: Goling: Gardy and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to mouth of assistance provided. Concording: Goling: Goling: Goling: Gardy and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to mouth of assistance provided. Control of assistance - Helper dess. Control of assistance - Helper assistance activity on pletes activity. Helper assists on or following the activity. Stepervision or touching assistance - Helper does VESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. Deparison or touching assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Deparison or touching assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Deparison or the activity. Assistance and be provided throughout the activity on the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. Assistance attempted, octe reason: 7. Patient refused 8. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 8. Not applicable - Not attempted an				nd/or scooter	
E. Ortholics/Prosthetics      Z. None of the above  G0130. Self Car  G0130. Self Car  G0130. Self Car  G02(ROC)Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the asion. Code the patient's discharge gool(s) using the 6 point scale.  SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).  Goling:  afety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to mount of assistance provided.  Citivities may be completed with or without assistive devices.  Soc Setup or clean up assistance - Helper row sets when use and/or contact guard assistance as patient  Completes activity, Assistance may be provided throughout the activity or intermittently.  Partial#moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk to rilms, but provides less than half the effort.  Supervision of the patient complete activity.  Partial#moderate assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort.  Subtantial#maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.  Subtantial#maximal assistance - Helper does MORE THAN HALF the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.  Assistance are assested as endpering induce and the patient did not perform this activity prior to the current lines, exacerbation or injury.  Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)  As to attempted due to medical conditions or safety concerns [astSOC/ROC] [ast FoHup] [ast DC] Complete: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed hefore the patient.  Con ta		-			
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afety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to mount of assistance provided.         Mount of assistance provided.         05. Setup or clean up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.         06. Independent - Patient completes the activity by him/herself with no assistance from a helper.         07. Setup or clean up assistance - Helper sets up or cleans up; patient completes activity. Assistance may be provided throughout the activity or intermittently.         08. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.         09. Partial/moderate assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.         10. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient do dot perform this activity prior to the current illness, exacerbation or injury.         10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         80. Not attempted due to medical conditions or safety concerns         11. SOC/CC   at Fol-Up  at DC          12. SOC/CC   at Fol-Up  at DC          13. SOC/CC   at Fol-Up  at DC          14. SOC/CC   at Fol-Up  at DC          15. Settime and envine sowaling and ininsing with use of equipment.	-		, 10 01 00 is p		
ctivities may be completed with or without assistive devices.         06.       Independent - Patient completes the activity by him/herself with no assistance from a helper.         05.       Setup or clean up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.         03.       Supervision or touching assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.         03.       Partial/moderate assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.         04.       Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.         07.       Patient refused         09.       Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.         10.       Not attempted due to medical conditions or safety concerns         [at SOC/ROC]       [at Fol-Up]       [at DC]         1. SOC/       2. DC       4. Fol-Up         1. SOC/       2. DC       4. Fol-Up         1. SOC/       2. DC       4. Fol-Up         2. DC       4. Fol-Up       3. DC         3. Soci attempted due to medical conditions or safety concerns       [at Borl-Up]	Safety and Qu			ssistance is required because patient's performance is unsafe or of poor c	uality, score according to
06.       Independent - Patient completes the activity by him/herself with no assistance from a helper.         05.       Setup or clean up assistance - Helper rests up or cleans up; patient completes activity. Helper assists only prior to of following the activity.         07.       Supervision or touching assistance - Helper roles up or cleans up; patient completes activity. Assistance as patient completes activity. Assistance and be provided throughout the activity or intermittently.         07.       Patrali/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.         07.       Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.         07.       Patient refused         09.       Not applicable - Not attempted, code reason:         07.       Patient refused         09.       Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         18.       Not attempted due to environmental limitations or safety concerns         [at SOC/ROC]       [at Fol-Up]         1.       Soce assistance and attempted and the patient of adaption for adaption insign and insign dwill use of equipment.         1.       SOC CP or       2.         1.       Not attempted due to environmental limitations or safety concerns         [at SOC/ROC]		•			
5. Setup or clean up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.         4. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Sistance may be provided throughout the activity or intermittently.         03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort.         02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.         03. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.         04. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.         10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         80. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         81. SOC/CC)       2. DC         4. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid to the mouth and swallow food and/or liquid not the mouth and swallow food and/o		•			
44. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.  45. Partial/maximal assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.  42. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.  43. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.  44. The patient refused  45. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.  45. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)  45. Not attempted due to medical conditions or safety concerns  45. The Ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.  45. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.  45. Duper body dressing: The ability to dress and undress above the waist; including fasteners; if applicable  46. Current body dressing: The ability to tress and undress below the waist, including fasteners; if applicable  46. Current body dressing: The ability to tress and undress below the waist; including fasteners; if applicable  46. Duper body dressing: The ability to tress	-				or following the activity.
than half the effort.  2. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.  3. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.  3. Patient refused  3. Not attempted, code reason:  3. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)  3. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)  3. Not attempted due to environmental limitations or safety concerns  3. It SOC/ROC [ at Fol-Up] [at DC]  3. DC  3. CC Perf Goal Perf Perf  4. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.  3. D'Oral Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.  4. Upper body dressing: The ability to dress and undress above the waist, including fasteners, id applicable.  5. Outper body dressing: The ability to dress and undress below the waist, including fasteners, id applicable.  5. Dupper body dressing: The ability to gues and undress below the waist, including fasteners, id applicable.  5. Dupper body dressing: The ability to dress and undress below the waist, including fasteners, id applicable.  5. Dupper body dressing: The ability to dress and undress below the waist, including fasteners, id applicable.  5. Dupper body dressing: The ability to dress and undress below the waist, including fasteners, id applicable.  5. Dupper body dressing: The ability to dress and undress below the waist, including fasteners, id applicable.  5. Dupper body dressing: The ability to dress and undress below the waist, including fasteners, id applicable.  5. Dupper body	04. Supervi complete	<b>ision or touchin</b> es activity. Assis	<b>g assistance -</b> tance may be p	elper provides verbal cues and/or touching/steadying and/or contact guard vided throughout the activity or intermittently.	assistance as patient
half the effort.         01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.         activity was not attempted, code reason:         07. Patient refused         09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.         10. Not attempted due to medical conditions or safety concerns         [at SOC/ROC] [at Fol-Up] [at DC]         [at DC]         [at SOC/ROC] [at Fol-Up] 3. DC         Roc Perf Goal Perf Perf         ↓ Enter Codes in Boxes D             • Enter Codes in Boxes D             • Enter Codes in Boxes D             • D         • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D             • Codes in Boxes D			ance - Helper d	es LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limit	bs, but provides less
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07. Patient refused         09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.         10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Occ Perf       Goal         9 Enter Codes in Boxes 0       A.         A.       Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.         11       11       11         11       11       11         11       11       11         11       11       11         11       11       11         11	is requir	ed for the patien	t to complete the		e of 2 or more helpers
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)         88. Not attempted due to medical conditions or safety concerns <ul> <li>[at SOC/ROC]</li> <li>[at Fol-Up]</li> <li>[at DC]</li> <li>3. DC</li> <li>Perf</li> <li>Perf</li> <li>Perf</li> <li>Perf</li> <li>Perf</li> </ul> <ul> <li>Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.</li> </ul> <li> <ul> <li>Eating: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and manage denture soaking and rinsing with use of equipment.</li> </ul> </li> <li> <ul> <li>C. Toileting Hygiene: The ability to bath self: including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of</li> <li>E. Shower/bathe self: The ability to dress and undress above the waist; including fasteners; if applicable.</li> <li>E. Ower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.</li> </ul> </li>	-	-			
88. Not attempted due to medical conditions or safety concerns         [at SOC/ROC]       [at FoI-Up]       [at DC]         1. SOC/       2. DC       4. FoI-Up       3. DC         Perf       Perf       Perf         Image: the to medical conditions or safety concerns       A.       Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.         Image: the to medical conditions or safety concerns       A.       Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.         Image: the to medical conditions or safety concerns       A.       Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.         Image: the to medical conditions of the top of the top of the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.         Image: the top of top of the top of the top of the t					or injury.
[at SOC/ROC]       [at Fol-Up]       [at DC]         1. SOC/       2. DC       4. Fol-Up       3. DC         Perf       Perf       Perf       Perf         ↓ Enter Codes in Boxes □       A.       Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.         □       □       □       A.       Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.         □       □       □       A.       Eating: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and manage denture soaking and rinsing with use of equipment.         □       □       □       C.       Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.         □       □       □       E.       Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of         □       □       □       □       G.       Lower body dressing: The ability to dress and undress below the waist; including fasteners; id applicable.					
ROC Perf       Goal       Perf       Perf         Image: Enter Codes in Boxes Image: Enter Codes Image: Enter Co					
Image: Enter Codes in Boxes I         Image: Enter Codes in Boxes II         Image: Enter Codes in Boxes III         Image: Enter Codes in Boxes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1. SOC/		•		
Image: Construction of the image: Constructi				-	
Image: Shower/bathe self: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and manage denture soaking and rinsing with use of equipment.         Image: Shower/bathe self: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.         Image: Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of         Image: Shower body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.         Image: Shower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.         Image: Shower body dressing: The ability to put on and take off socks and shoes or					-
Image: Construction of the section					-
Image: Constraint of the set of the				applicable): The ability to insert and remove dentures into and	
Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include transferring in/out of         Image: Self (excludes washing of back and hair). Does not include footwear.         Image: Self (excludes washing of footwear: The ability to put on and take off socks and shoes or				after voiding or having a bowel movement. If managing an osto opening but not managing equipment.	my, include wiping the
Image: Second system       F.       Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.         Image: Second system       Image: Second system       G.       Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Im					
Image: Line state of the s				F. Upper body dressing: The ability to dress and undress above	-
				G. Lower body dressing: The ability to dress and undress below fasteners; does not include footwear.	

### GG0100. Prior Functioning: Everyday Activities Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury. Enter Codes in Boxes Coding: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities. 1. Dependent - A helper completed all the activities for the patient. 8. Unknown 9. Not Applicable GG0110. Prior Device Use Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury. ↓ Check all that apply A. Manual wheelchair B. Motorized wheelchair and/or scooter C Mechanical lift D. Walker E. Orthotics/Prosthetics Z. None of the above GG0130. Self Care [SOC/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the reason. Code the patient's discharge goal(s) using the 6 point scale. [SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s). Coding: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Patient completes the activity by him/herself with no assistance from a helper. 05. Setup or clean up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. If activity was not attempted, code reason: 07. Patient refused 09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical conditions or safety concerns [at Fol-Up] [at SOC/ROC] [at DC] 1. SOC/ 4. Fol-Up 3. DC **ROC Perf** Goal Perf Perf ↓ Enter Codes in Boxes Α. В. $\square$ C. E. $\square$ fasteners, if applicable. G. $\square$

OASIS-E/E1 Section GG Functional Abilities and Goals

A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.

B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.

C. **Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.

D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

**Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and

manage denture soaking and rinsing with use of equipment.

Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of Upper body dressing: The ability to dress and undress above the waist; including

Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

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

SOC ROC FU DC

SOC ROC

GG

SOC ROC

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

[SOC/ROC] [at SOC		s 07, 09, 10 o [at Fol-Up]	r 88 is permi [at DC]	ssible t	to code discharge
1. SOC/	2. DC	4. Fol-Up	3. DC		
ROC Perf	Goal	Perf	Perf		
	↓ Enter Code	es in Boxes □			
				Α.	Roll left and ri
				В.	Sit to lying: The
$\Box$				C.	Lying to sittin on the side of t
				D.	Sit to stand: T
					wheelchair, or
				E.	Chair/bed to o wheelchair).
				F.	Toilet transfer
				G.	Car transfer:
				G.	Does not include
				Ι.	Walk 10 feet:
					similar space. If performance
				J.	Walk 50 feet v
				0.	turns.
				К.	Walk 150 feet
					similar space.
				L.	Walking 10 fe
				М.	sloping surface 1 step (curb):
					If performance
				N.	4 steps: The a
					If performance
				0.	12 steps: The
				Ρ.	Picking up ob
					small object, s Q. <b>Does patie</b>
					0. No $\rightarrow$ S
					1. Yes $\rightarrow$ 0
				R.	Wheel 50 feet
					wheel at least
					RR1/RR3. Ind 1. Manual
					2. Motoriz
				S.	Wheel 150 fee
					feet in a corride
					SS1/SS3. Indi 1. Manual
				1	i. Wanudi

**SHP** 

h activity using the 6 point scale. If activity was not attempted, code the

ge goal(s).

**right:** The ability to roll from lying on back to left and right side, and g on back on the bed.

The ability to move from sitting on side of bed to lying flat on the bed.

**ng on side of bed:** The ability to move from lying on the back to sitting f the bed with feet flat on the floor, and with no back support.

The ability to come to a standing position from sitting in a chair, r on the side of the bed.

chair transfer: The ability to transfer to and from a bed to a chair (or

er: The ability to get on and off a toilet or commode.

The ability to transfer in and out of a car or van on the passenger side. ude the ability to open/close door or fasten seat belt. : Once standing, the ability to walk at least 10 feet in a room, corridor, or

. e is coded 07, 09, 10 or 88 →skip to GG0170M, 1 step (curb). with two turns: Once standing, the ability to walk 50 feet and make two

t: Once standing, the ability to walk at least 150 feet in a corridor or

eet on uneven surfaces: The ability to walk 10 feet on uneven or ces (indoor or outdoor), such as turf or gravel.

The ability to go up and down a curb and/or up and down one step. ability to go up and down four steps with or without a rail. ability to go up and down four steps with or without a rail. ability to go up and down 12 steps with or without a rail.

**bject:** The ability to bend/stoop from a standing position to pick up a such as a spoon, from the floor.

tient use wheelchair and/or a scooter? Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS.

Continue to GG0170R, Wheel 50 feet with two turns.

et with two turns: Once seated in wheelchair/scooter, the ability to a to 50 feet and make two turns.

dicate the type of wheelchair or scooter used.

u zed

eet: Once seated in wheelchair/scooter, the ability to wheel at least 150 idor or similar space.

dicate the type of wheelchair or scooter used.

al ized

OASIS-D	mination Status				
M1600. Has thi	atient been treated for a Urinary Tract Infection in the past 14 days?	SOC ROC			
Enter Code	0. No 1. Yes	DC			
	NA Patient on prophylactic treatment UK Unknown [Omit "UK" option on DC]				
M1610. Urinary	continence or Urinary Catheter Presence	SOC			
Enter Code	<ol> <li>No incontinence or catheter (includes anuria or ostomy for urinary drainage)</li> <li>Patient is incontinent</li> <li>Patient requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic)</li> </ol>	ROC FU			
M1620. Bowel	ontinence Frequency	SOC			
Enter Code	<ol> <li>Very rarely or never has bowel incontinence</li> <li>Less than once weekly</li> <li>One to three times weekly</li> <li>Four to six times weekly</li> <li>On a daily basis</li> <li>More often than once daily</li> <li>NA Patient has ostomy for bowel elimination</li> <li>UK Unknown [Omit "UK" option on DC]</li> </ol>	ROC FU DC			
Does this patier	M1630. Ostomy for Bowel Elimination Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?				
Enter Code	<ol> <li>Patient does <u>not</u> have an ostomy for bowel elimination.</li> <li>Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen.</li> <li>The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.</li> </ol>				

# OASIS-D Patient Diagnoses

M1021. Primary Diagnosis & M1023. Other Diagnoses				
Column 1	Column 2			
Diagnoses (Sequencing of diagnoses should reflect the serious				
each condition and support the disciplines and services provided) sequencing of these ratings may not match the sequencing of the diagnoses				
M1021. Primary Diagnosis		SO		
	V, W, X, Y codes NOT allowed	RO		
A	A 0 🗆 1 🗆 2 🗆 3 🗆 4	FU (		
M1023. Other Diagnosis		SO		
	All ICD-10-CM codes allowed	RO		
В	B 0 🗆 1 🗆 2 🗔 3 🗆 4	FU (		
	All ICD-10-CM codes allowed			
C	C.			
	All ICD-10-CM codes allowed			
D	D 0 _ 1 _ 2 _ 3 _ 4			
	All ICD-10-CM codes allowed			
E	E. E. 0 0 1 0 2 0 3 0 4			
	All ICD-10-CM codes allowed			
F	F. F. 0 1 2 3 4			
M1028. Active Diagnoses - Comorbidities and Co-existing C	Conditions	SO		
See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.				
↓ Check all that apply				
	or Peripheral Arterial Disease (PAD)			
2. Diabetes Mellitus (DM)				
3. None of the above				

OASIS-E/E1	Section	H Bladder and Bowel
M1600. Has thi	is patient b	been treated for a Urinary Tract Infection in
Enter Code	0. 1. NA UK	No Yes Patient on prophylactic treatment Unknown [Omit "UK" option on DC]
M1610. Urinary	l / Incontine	ence or Urinary Catheter Presence
Enter Code	0. 1. 2.	No incontinence or catheter (includes anuria Patient is incontinent Patient requires a urinary catheter (specifica
M1620. Bowel	Incontinen	nce Frequency
Enter Code	0. 1. 2. 3. 4. 5. NA UK	Very rarely or never has bowel incontinence Less than once weekly One to three times weekly Four to six times weekly On a daily basis More often than once daily Patient has ostomy for bowel elimination Unknown [Omit "UK" option on DC]
	0. 1. 2.	tment regimen? Patient does <u>not</u> have an ostomy for bowel Patient's ostomy was <u>not</u> related to an inpat The ostomy <u>was</u> related to an inpatient stay
OASIS-E/E1	Section	Active Diagnoses
M1021. Primar	y Diagnosi	sis & M1023. Other Diagnoses
each condition	and suppor	Column 1 f diagnoses should reflect the seriousness of rt the disciplines and services provided)
M1021. Primar	y Diagnosi	is
Α.		
M1023. Other I	Diagnosis	
_		
В		
C.		
D.		
E		

M1028. Active Diagnoses - Comorbidities and Co-existing Condition  $\downarrow$  Check all that apply Peripheral Vascular Disease (PVD) or Periphe
 Diabetes Mellitus (DM) 

2.	Diabetes Mellitus (DM)
3	None of the above



	H/I
the past 14 days?	SOC
· · ·	ROC DC
	SOC ROC
or ostomy for urinary drainage)	
y: external, indwelling, intermittent, or suprapubic)	
	SOC ROC
	DC
st 14 days): a) was related to an inpatient facility stay; <u>or</u> b) necessitated a	SOC ROC
imination. Int stay and did <u>not</u> necessitate change in medical or treatment regimen. Ir <u>did</u> necessitate change in medical or treatment regimen.	
Column 2	
ICD-10-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses	
V, W, X, Y codes NOT allowed	SOC ROC
A.	
	SOC ROC
All ICD-10-CM codes allowed B.	RUC
All ICD-10-CM codes allowed	
C 0 1 2 3 _ 4	
All ICD-10-CM codes allowed E.	
All ICD-10-CM codes allowed	
F □ 0 □ 1 □ 2 □ 3 □ 4	
s	SOC ROC
eral Arterial Disease (PAD)	

OASIS-D	Patient	History (continued) / Sensory Status (continued) / Health Conditions	
M1033. Risk f Which of the f	•	lization Ins or symptoms characterize this patient as at risk for hospitalization?	SC RC
	k all that ap		F
	1.	History of falls (2 or more falls – or any fall with an injury – in the past 12 months)	
	2.	Unintentional weight loss of a total of 10 pounds or more in the past 12 months	
	3.	Multiple hospitalizations (2 or more) in the past 6 months	
	4.	Multiple emergency department visits (2 or more) in the past 6 months	
	5.	Decline in mental, emotional, or behavioral status in the past 3 months	
	6.	Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months	
	7.	Currently taking 5 or more medications	
	8.	Currently reports exhaustion	
	9.	Other risk(s) not listed in 1-8	
	10.	None of the above	

M1242. Frequency of Pain Interfering with patient's activity or movement					
Enter Code	<ol> <li>Patient has no pain</li> <li>Patient has pain that does not interfere with activity or movement</li> <li>Less often than daily</li> <li>Daily, but not constantly</li> <li>All of the time</li> </ol>				

J1800. Any Falls	1800. Any Falls Since SOC/ROC, whichever is more recent			
Enter Code	<ul> <li>Has the patient had any falls since SOC/ROC, whichever is more recent?</li> <li>No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH</li> <li>Yes → Continue to J1900, Number of Falls Since SOC/ROC</li> </ul>			
J1900. Number o	f Falls Since SOC/ROC, whichever is more recent	1		
	↓ Enter Codes in Boxes			
Coding: <sup>0.</sup> None	A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall			
0. None 1. One 2. Two or mo	re B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain			
	C. <b>Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma			
M1910. Has this p	atient had a multi-factor Falls Risk Assessment using a standardized, validated assessment tool?	so		
Enter Code	<ol> <li>No</li> <li>Yes, and it does not indicate a risk for falls.</li> <li>Yes, and it does indicate a risk for falls.</li> </ol>	R		
M1400. When is t	ne patient dyspneic or noticeably Short of Breath?	S F		
Enter Code	<ol> <li>Patient is not short of breath</li> <li>When walking more than 20 feet, climbing stairs</li> <li>With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)</li> <li>With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation</li> <li>At rest (during day or night)</li> </ol>	F		

M1033. Risk fo			
M1033. Risk fo			
	or Hospitalization		
Which of the fo	llowing signs or symptoms characte	rize this patie	ent as at i
↓ Check	all that apply		
	1. History of falls (2 or mo	re falls – or a	ny fall wi
	2. Unintentional weight los		
	3. Multiple hospitalizations		
	4. Multiple emergency dep		
	5. Decline in mental, emot		
	6. Reported or observed h		
	exercise) in the past 3 n		July com
	7 Currently taking 5 or mo		ns
	8. Currently reports exhau		
	9. Other risk(s) not listed in		
	10. None of the above		
0510 Pain Ef	fect on Sleep		
Enter Code	Ask patient: "Over the past 5 day.	s, <b>how muc</b>	h of the a
	0. Does not apply – I hav	e not had ar	ny pain o
	SOC/ROC; Skip to J180		
	1. Rarely or not at all		
	2. Occasionally		
	3. Frequently		
	4. Almost constantly		
	8. Unable to answer		
0520 Pain In	terference with Therapy Activities		
Enter Code	Ask patient: "Over the past 5 day.	s, <b>how ofter</b>	n have yo
	to pain?"		
	0. Does not apply – I hav	e not receiv	ed rehab
	1. Rarely or not at all		
	2. Occasionally		
	3. Frequently		
	4. Almost constantly		
	8. Unable to answer		
0530. Pain In	terference with Day-to-Day Activiti	ies	
Enter Code	Ask potients "Over the post 5 day		
Enter Code	Ask patient: "Over the past 5 day. therapy session) because of pa		i you na
		un ?	
	1. Rarely or not at all		
	2. Occasionally		
	3. Frequently		
	4. Almost constantly		
	8. Unable to answer		
11800. Any Fal	IS Since SOC/ROC, whichever is m	ore recent	
-			
J1800. Any Fal	Has the patient had any falls sinc	e SOC/ROC,	
-	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S	e SOC/ROC, hort of Breat	n at DC;
-	Has the patient had any falls sinc	e SOC/ROC, hort of Breat	n at DC;
Enter Code	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S 1. <b>Yes</b> → Continue to J190	e SOC/ROC, hort of Breat 00, Number o	n at DC; of Falls S
Enter Code	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; of Falls S <b>recent</b>
Enter Code	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S 1. <b>Yes</b> → Continue to J190	e SOC/ROC, hort of Breat 00, Number o	n at DC; of Falls S <b>recent</b> odes in B
Enter Code	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S 1. <b>Yes</b> → Continue to J190	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; of Falls S recent odes in B A. <b>No</b>
Enter Code	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S 1. <b>Yes</b> → Continue to J190	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; of Falls S recent odes in B A. No the
Enter Code	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S 1. <b>Yes</b> → Continue to J190	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; of Falls S recent odes in B A. No the
Enter Code	Has the patient had any falls sinc 0. <b>No</b> → Skip to M1400, S 1. <b>Yes</b> → Continue to J190	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; of Falls S recent odes in B A. No the pat
Enter Code	Has the patient had any falls sinc 0. No → Skip to M1400, S 1. Yes → Continue to J190 r of Falls Since SOC/ROC, whiche	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; of Falls S recent odes in B A. No the pat B. Inji
Enter Code	Has the patient had any falls sinc 0. No → Skip to M1400, S 1. Yes → Continue to J190 r of Falls Since SOC/ROC, whiche	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; of Falls S recent A. No the pat B. Injj bru
Enter Code	Has the patient had any falls sinc 0. No → Skip to M1400, S 1. Yes → Continue to J190 r of Falls Since SOC/ROC, whiche	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; ; f Falls S recent A. No the pat
Enter Code	Has the patient had any falls sinc 0. No → Skip to M1400, S 1. Yes → Continue to J190 r of Falls Since SOC/ROC, whiche	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; f Falls Si recent odes in Bo A. No the pat B. Inju bru pat
Enter Code 1900. Numbe Coding: 0. None 1. One	Has the patient had any falls sinc 0. No → Skip to M1400, S 1. Yes → Continue to J190 r of Falls Since SOC/ROC, whiche	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; ff Falls S recent ades in Bo A. No the pat B. Inju bru pat
Enter Code	Has the patient had any falls sinc 0. No → Skip to M1400, S 1. Yes → Continue to J190 r of Falls Since SOC/ROC, whiche	e SOC/ROC, hort of Breat 00, Number o ever is more	n at DC; ff Falls S recent odes in B A. No the pat B. Inj bru pat

SOC ROC FU DC

TOF

**B**SHP

OASIS-E/E1 Section J Health Conditions

<b>M1400.</b> When is	s the patie	ent dyspneic or noticeably Short of Breath?
Enter Code	0.	Patient is not short of breath
	1.	When walking more than 20 feet, climbing s
	2.	With moderate exertion (for example, while d
	3.	With minimal exertion (for example, while eat
	4.	At rest (during day or night)

	J
isk for hospitalization?	SOC ROC FU
th an injury – in the past 12 months)	
ds or more in the past 12 months	
st 6 months	
ore) in the past 6 months atus in the past 3 months	
plying with any medical instructions (for example, medications, diet,	
	SOC ROC
time has pain made it hard for you to sleep at night?"	DC
r hurting in the past 5 days → Skip to M1400, Short of Breath at oC/ROC at DC	
	SOC ROC
ou limited your participation in rehabilitation therapy sessions due	DC
ilitation therapy in the past 5 days	
	SOC
	ROC
ve limited your day-to-day activities ( <u>excluding</u> rehabilitation	DC
	TRF
	DC
er is more recent?	
Skip to M2005, Medication Intervention at TRN and DAH	
nce SOC/ROC	
	TRF DC
DXes	DC
<b>injury:</b> No evidence of any injury is noted on physical assessment by nurse or primary care clinician; no complaints of pain or injury by the ient; no change in the patient's behavior is noted after the fall	
ury (except major): Skin tears, abrasions, lacerations, superficial ises, hematomas and sprains; or any fall-related injury that causes the ient to complain of pain	
<b>jor injury:</b> Bone fractures, joint dislocations, closed head injuries with red consciousness, subdural hematoma	

SOC ROC DC

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### stairs

dressing, using commode or bedpan, walking distances less than 20 feet) eating, talking, or performing other ADLs) or with agitation

OASIS-D	Patient History (continued) / ADL/IADLs (continued) / Health Conditions	
M1060 Height	and Weight - While measuring, if the number is X.1-X.4 round down; X.5 or greater round up.	SOC
		ROC
inches	A. <b>Height</b> (in inches). Record most recent height measure since the most recent SOC/ROC	
pounds	B. <b>Weight</b> (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)	

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

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

ASIS-E/E	1 Section K Swallowing/Nutritional Status			
/1060. Heigh	tt and Weight - While measuring, if the number is X.1-X.4 round down; X.5 or	r greater round up.		
inches	A. <b>Height</b> (in inches). Record most recent height measure since the	ne most recent SOC/	ROC	
pounds	B. <b>Weight</b> (in pounds). Base weight on most recent measure in las standard agency practice (for example, in a.m. after voiding, bet			, according to
(0520. Nutriti	ional Approaches	SOC/ROC	D	00
1. On A	On Admission - Check all that apply on admission		4.	5.
4. Last	t 7 days - Check all that were received in the last 7 days	On Admission	Last 7 days	At Discharge
5. At Di	ischarge - Check all that were being received at discharge	↓ Check all that apply □		
Α.	Parenteral/IV feeding			
В.	Feeding tube (e.g., nasogastric or abdominal (PEG))			
C.	<b>Mechanically altered diet</b> - require change in texture of food or liquids (e.g., pureed food, thickened liquids)			
	Therementing dist (a.g., low calt, dispetia, low chalasteral)			
D.	Therapeutic diet (e.g., low salt, diabetic, low cholesterol)			

	M1870. Feeding or Eating
	Current ability to feed self me
	Note: This refers only to the

	5	5
,		meals and snacks safely. ne process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>.</u>
Enter Code	0. 1. 2. 3. 4. 5.	Able to independently feed self. Able to feed self independently but requires: a. meal set-up; <u>OR</u> b. intermittent assistance or supervision fr c. a liquid, pureed or ground meat diet. <u>Unable</u> to feed self and must be assisted or s Able to take in nutrients orally <u>and</u> receives su <u>Unable</u> to take in nutrients orally and is fed nu Unable to take in nutrients orally or by tube fe



, <u>not preparing</u> the food to be eaten.

from another person; <u>OR</u>

supervised throughout the meal/snack.

supplemental nutrients through a nasogastric tube or gastrostomy.

utrients through a nasogastric tube or gastrostomy.

eeding.

SOC ROC DC

OASIS-D	Integumentary Status	
	nis patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable?	SOC
(Excludes Stag	e 1 pressure injuries and all healed pressure ulcers/injuries) $0.$ No $\rightarrow$ Skip to M1322 Current Number of Stage 1 Pressure Injuries at SOC/ROC: Skip to M1324 Stage of Most	ROC FU
	<ol> <li>No → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC</li> <li>Yes</li> </ol>	DC
M1307. The Ol	dest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 pressure ulcers)	DC
Enter Code	1. Was present at the most recent SOC/ROC assessment	
	2. <b>Developed since the most recent SOC/ROC assessment.</b> Record date pressure ulcer first identified:	
	Month Day Year	
	NA. No Stage 2 pressure ulcers are present at discharge	
M1311. Currer	t Number of Unhealed Pressure Ulcers/Injuries at Each Stage	-
Enter Number	<b>Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.	SOC ROC FU(o)
	A1. Number of Stage 2 pressure ulcers - If $0 \rightarrow Skip$ to M1311B1, Stage 3	DC
Enter Number	A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC
Enter Number	Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	SOC ROC
	B1. Number of Stage 3 pressure ulcers - If $0 \rightarrow$ Skip to M1311C1, Stage 4	FU(o) DC
Enter Number	B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC
	Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	SOC ROC
Enter Number	C1. Number of Stage 4 pressure ulcers - If $0 \rightarrow$ Skip to M1311D1, Unstageable: Non-removable dressing/device	FU(o) DC
Enter Number	C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC
Enter Number	Unstageable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	SOC
	D1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If $0 \rightarrow Skip$ to M1311E1, Unstageable: Slough and/or eschar	ROC FU(o) DC
Enter Number	D2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC
Enter Number	Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	SOC
	E1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If $0 \rightarrow Skip$ to M1311F1, Unstageable: Deep tissue injury	ROC FU(o) DC
Enter Number	E2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC
Enter Number	Unstageable: Deep tissue injury	SOC
	F1. Number of unstageable pressure injuries presenting as deep tissue injury - If $0 \rightarrow$ Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable	ROC FU(o) DC
Enter Number	F2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC
M1322. Currer	I Number of Stage 1 Pressure Injuries	SOC
	non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have ing; in dark skin tones only it may appear with persistent blue or purple hues.	ROC FU(o)
Enter Code	0. Zero	
	1. One 2. Two	
	<ol> <li>Three</li> <li>Four or more</li> </ol>	
M1324, Stage	of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable	SOC
Excludes press	ure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough or deep tissue injury.	ROC FU(o) DC
Enter Code	1. Stage 1	20
	2.     Stage 2       3.     Stage 3	
	<ol> <li>Stage 4</li> <li>NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries</li> </ol>	<b>₽</b>

OASIS-E/E1	Section M Skin Conditions
	nis patient have at least one <b>Unhealed Pressure Ulcer/Injury at Stage 2 or Higher</b> or designated as Unstageable 1 pressure injuries and all healed pressure ulcers/injuries)
	0. No → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Sta Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC
M1307. The Ol	1. Yes dest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 pressure ulcers)
Enter Code	<ol> <li>Was present at the most recent SOC/ROC assessment</li> <li>Developed since the most recent SOC/ROC assessment. Record date pressure ulcer first identifie</li> </ol>
	Month Day Year NA. No Stage 2 pressure ulcers are present at discharge
M1311. Curren	t Number of Unhealed Pressure Ulcers/Injuries at Each Stage
Enter Number	<b>Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, v May also present as an intact or open/ruptured blister.
	A1. Number of Stage 2 pressure ulcers - If $0 \rightarrow$ Skip to M1311B1, Stage 3
Enter Number	A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number	<b>Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exp may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
	B1. Number of Stage 3 pressure ulcers - If $0 \rightarrow$ Skip to M1311C1, Stage 4
Enter Number	B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number	Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present of the wound bed. Often includes undermining and tunneling.
	C1. Number of Stage 4 pressure ulcers - If $0 \rightarrow$ Skip to M1311D1, Unstageable: Non-removable dressing the statement of the s
Enter Number	C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number	Unstageable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/
	D1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If $0 \rightarrow \text{Skip}$ to M1311E1, Unstageable: Slough and/or eschar
Enter Number	D2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/R - enter how many were noted at the time of most recent SOC/ROC
Enter Number	Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough a
	E1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or escha- If $0 \rightarrow \text{Skip}$ to M1311F1, Unstageable: Deep tissue injury
Enter Number	E2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/R - enter how many were noted at the time of most recent SOC/ROC
Enter Number	Unstageable: Deep tissue injury
	F1. Number of unstageable pressure injuries presenting as deep tissue injury - If $0 \rightarrow$ Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable
Enter Number	F2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/R - enter how many were noted at the time of most recent SOC/ROC
	t Number of Stage 1 Pressure Injuries
	non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have ing; in dark skin tones only it may appear with persistent blue or purple hues.
Enter Code	0. Zero
	1. One 2. Two
	<ol> <li>Three</li> <li>Four or more</li> </ol>
M1324. Stage o	l of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable
	ure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough or deep tissue injury. I
Enter Code	1. Stage 1 2. Stage 2
	3. Stage 3
	<ol> <li>Stage 4</li> <li>NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries</li> </ol>

	1
	Μ
njury at Stage 2 or Higher or designated as Unstageable?	000
es)	SOC ROC
age 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most that is Stageable at DC	FU DC
e: (Excludes healed Stage 2 pressure ulcers)	DC
assessment C assessment. Record date pressure ulcer first identified:	
discharge	
ch Stage	
g as a shallow open ulcer with a red or pink wound bed, without slough. ter.	SOC
→ Skip to M1311B1, Stage 3	ROC DC
that were present at most recent SOC/ROC of most recent SOC/ROC	DC
fat may be visible but bone, tendon, or muscle is not exposed. Slough tissue loss. May include undermining and tunneling.	SOC ROC
→ Skip to M1311C1, Stage 4	DC
that were present at most recent SOC/ROC of most recent SOC/ROC	DC
one, tendon, or muscle. Slough or eschar may be present on some parts tunneling.	SOC ROC
→ Skip to M1311D1, Unstageable: Non-removable dressing/device	DC
that were present at most recent SOC/ROC of most recent SOC/ROC	DC
Known but not stageable due to non-removable dressing/device	SOC
njuries due to non-removable dressing/device ugh and/or eschar	ROC DC
cers/injuries that were present at most recent SOC/ROC of most recent SOC/ROC	DC
not stageable due to coverage of wound bed by slough and/or eschar	SOC
lue to coverage of wound bed by slough and/or eschar ep tissue injury	ROC DC
cers/injuries that were present at most recent SOC/ROC of most recent SOC/ROC	DC
presenting as deep tissue injury	SOC ROC
ematic Unhealed Pressure Ulcer/Injury that is Stageable	DC
cers/injuries that were present at most recent SOC/ROC of most recent SOC/ROC	DC
a bony prominence. Darkly pigmented skin may not have	SOC ROC
blue or purple hues.	
hat is Stageable vable dressing/device, coverage of wound bed by slough	SOC ROC DC
stageable pressure ulcers/injuries	

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

M1330. Does th	is patient have a Stasis Ulcer?
Enter Code	<ol> <li>No → Skip to M1340, Surgical Wound</li> <li>Yes, patient has BOTH observable and unobse</li> <li>Yes, patient has observable stasis ulcers ONL</li> <li>Yes, patient has unobservable stasis ulcers ON</li> <li>→ Skip to M1340, Surgical Wound</li> </ol>
M1332. Curren	t Number of Stasis Ulcer(s) that are Observable
Enter Code	<ol> <li>One</li> <li>Two</li> <li>Three</li> <li>Four</li> </ol>
M1334. Status	of Most Problematic Stasis Ulcer that is Observable
Enter Code	<ol> <li>Fully granulating</li> <li>Early/partial granulation</li> <li>Not healing</li> </ol>
M1340. Does th	nis patient have a Surgical Wound?
Enter Code	<ol> <li>No → Skip to N0415, High-Risk Drug Classes:</li> <li>Yes, patient has at least one observable surgic</li> <li>Surgical wound known but not observable due</li> <li>→ Skip to N0415, High-Risk Drug Classes:</li> </ol>
M1342. Status	of Most Problematic Surgical Wound that is Observable
Enter Code	<ol> <li>Newly epithelialized</li> <li>Fully granulating</li> <li>Early/partial granulation</li> <li>Not healing</li> </ol>

BHP

SOC ROC DC Servable stasis ulcers LY INLY (known but not observable due to non-removable dressing/device) SOC ROC SC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC		
ROC DC Bervable stasis ulcers LY DNLY (known but not observable due to non-removable dressing/device) SOC ROC DC SOC ROC DC SOC ROC DC SOC ROC DC	ble	ROC
Servable stasis ulcers LY DNLY (known but not observable due to non-removable dressing/device) SOC ROC DC SOC ROC DC	e to non-removable dressing/device	
Servable stasis ulcers LY DNLY (known but not observable due to non-removable dressing/device) SOC ROC SOC ROC		ROC
Servable stasis ulcers LY DNLY (known but not observable due to non-removable dressing/device) SOC ROC		
ROC DC Servable stasis ulcers LY DNLY (known but not observable due to non-removable dressing/device)		ROC
Servable stasis ulcers LY DNLY (known but not observable due to non-removable dressing/device)		
ROC DC	LY	
		ROC

# OASIS-D Medications

Did a complete	tegimen Review drug regimen review identify potential clinically significant medication issues?	SOC ROC
Enter Code	<ol> <li>No - No issues found during review → Skip to M2010, Patient/Caregiver High-Risk Drug Education</li> <li>Yes - Issues found during review</li> <li>NA - Patient is not taking any medications → Skip to M2102, Types and Sources of Assistance</li> </ol>	
Did the agency	ation Follow-up contact a physician (or physician-designee) by midnight of the next calendar day and complete mmended actions in response to the identified potential clinically significant medication issues?	SOC ROC
Enter Code	0. No 1. Yes	
Did the agency	ation Intervention contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next ach time potential clinically significant medication issues were identified since the SOC/ROC?	TRF DC
Enter Code	<ol> <li>No</li> <li>Yes</li> <li>NA - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications</li> </ol>	
Has the patient	t/Caregiver High-Risk Drug Education /caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, etc.) and how and when to report problems that may occur?	SOC ROC
Enter Code	0. <b>No</b> 1. <b>Yes</b>	
	NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications	
At the time of, o other health car	with all high-risk medications t/Caregiver Drug Education Intervention or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or re provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and to report problems that may occur? 0. No 1. Yes	TRF DC
At the time of, c other health car how and when t Enter Code M2020. Manag Patient's curren	with all high-risk medications t/Caregiver Drug Education Intervention or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or re provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and to report problems that may occur? 0. No	
At the time of, c other health car how and when t Enter Code M2020. Manag Patient's curren	with all high-risk medications t/Caregiver Drug Education Intervention or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or re provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and to report problems that may occur?  0. No 1. Yes NA Patient not taking any drugs ement of Oral Medications tt ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage	DC SOC ROC
At the time of, contract of the health car how and when the second of the second of the second Enter Code M2020. Manag Patient's current at the appropriation Enter Code	with all high-risk medications         V/Caregiver Drug Education Intervention         or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or reprovider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and to report problems that may occur?         0.       No         1.       Yes         NA       Patient not taking any drugs         ement of Oral Medications       the ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage ate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)         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; <u>OR</u> b.       another person develops a drug diary or chart.         2.       Able to take medication(s) at the correct times if given reminders by another person at the appropriate times         3. <u>Unable</u> to take medication unless administered by another person.	DC SOC ROC

OC/ROC and I				so
10415. HIGH-KIS	sk Drug Classes: Use and Indication			R
1. Is takin Check		4 la Takina	2. Indication Noted	D
2. Indicat	<b>tion noted</b> mn 1 is checked, check if there is an indication noted for	1. Is Taking		
	dications in the drug class		that apply D	
E. / F. / H. () I. /	Antipsychotic Anticoagulant Antibiotic Opioid Antiplatelet Hypoglycemic (including insulin) None of the above			
/2001. Drug Re	egimen Review			SC
Did a complete c	drug regimen review identify potential clinically significant medication issues	?		R
Enter Code	<ol> <li>No - No issues found during review → Skip to M2010, Patient</li> <li>Yes - Issues found during review</li> <li>NA - Patient is not taking any medications → Skip to O0110,</li> </ol>			
	contact a physician (or physician-designee) by midnight of the next calendar nmended actions in response to the identified potential clinically significant 0. <b>No</b> 1. <b>Yes</b>			S( R(
	tion Intervention contact and complete physician (or physician-designee) prescribed/recomm ch time potential clinically significant medication issues were identified since		the next	Tf D
	contact and complete physician (or physician-designee) prescribed/recomm	e the SOC/ROC?		
Enter Code	<ul> <li>contact and complete physician (or physician-designee) prescribed/recomm ch time potential clinically significant medication issues were identified since</li> <li>0. No</li> <li>1. Yes</li> <li>9. NA - There were no potential clinically significant medication issues</li> </ul>	e the SOC/ROC?	C or patient is not taking	

Patient's curren	<u>t ability</u> to	<b>Dral Medications</b> prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage tervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	SOC ROC DC
Enter Code	0. 1. 2. 3. NA	<ul> <li>Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.</li> <li>Able to take medication(s) at the correct times if: <ul> <li>a. individual dosages are prepared in advance by another person; <u>OR</u></li> <li>b. another person develops a drug diary or chart.</li> </ul> </li> <li>Able to take medication(s) at the correct times if given reminders by another person at the appropriate times <u>Unable</u> to take medication unless administered by another person.</li> <li>No oral medications prescribed.</li> </ul>	
Patient's curren	<u>t ability</u> to	njectable Medications prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of ropriate times/intervals. <u>Excludes</u> IV medications.	SOC ROC
Enter Code	0. 1. 2. 3. NA	Able to independently take the correct medication(s) and proper dosage(s) at the correct times. Able to take injectable medication(s) at the correct times if: a. individual syringes are prepared in advance by another person; <u>OR</u> b. another person develops a drug diary or chart. Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection <u>Unable</u> to take injectable medication unless administered by another person. No injectable medications prescribed.	

SOC/R	DC and Dis	charge			s
		eatments, Procedures, and Programs	a. On Admission	c. At Discharge	
		owing treatments, procedures, and programs that apply.		that apply []	- 1
	Treatment				
	Chemoth				-
	A2.				
	A3.	Oral			
		Other			
B1.	Radiatio				_
	tory Thera	7			
C1.	Oxygen 1				_
		Continuous Intermittent			
		High-concentration			-
D1.	Suctioni	-			
		Scheduled			-
	D3.	As needed			
E1.		stomy Care			
F1.		Mechanical Ventilator (ventilator or respirator)			
G1.		sive Mechanical Ventilator BiPAP			_
		CPAP			_
Other	00.				
H1.	IV Medic	ations			-
		Vasoactive medications			
	H3.	Antibiotics			
	H4.	Anticoagulation			
		Other			
11.	Transfus	ions			
J1.	Dialysis J2.	Hemodialysis			
	J3.	-			
01.		-			
	O2.	Peripheral			
	O3.				
		Central (e.g., PICC, tunneled, port)			_
	f the Above				
Z1.		the Above			
00350.	Patient's C	OVID-19 vaccination is up to date.			S
Enter	Code	0. No, patient is not up to date			
L		1. <b>Yes</b> , patient is up to date			
M1041.	Influenza	Accine Data Collection Period			Г
Does thi	is episode o	of care (SOC/ROC to Transfer/Discharge) include any dates on or b	between October 1 and March 31?		
Enter	Code	0. No $\rightarrow$ Skip to M2401, Intervention Synopsis			
		1. <b>Yes</b> $\rightarrow$ Continue to M1046, Influenza Vaccine Received			
					-
		/accine Received			T I
Did the	patient rece	vive the influenza vaccine for this year's flu season?			
Enter	Code	1. <b>Yes</b> ; received from your agency during this episode of care			
		2. <b>Yes</b> ; received from your agency during a prior episode of c		rge)	
		3. Yes; received from another health care provider (for example	ole, physician, pharmacist)		
		<ol> <li>No; patient offered and declined</li> <li>No; patient assessed and determined to have medical con</li> </ol>	traindication(s)		
		<ol> <li>No; patient assessed and determined to have medical con</li> <li>No; not indicated - patient does not meet age/condition gui</li> </ol>			
		<ol> <li>No; inability to obtain vaccine due to declared shortage</li> </ol>			
		8. <b>No</b> ; patient did not receive the vaccine due to reasons other	an the an the analist and in many an and a	7	1

	za Vaccine Data Collection Period de of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?	TRF DC
Enter Code	<ul> <li>0. No → Skip to M1051, Pneumococcal Vaccine</li> <li>1. Yes → Continue to M1046, Influenza Vaccine Received</li> </ul>	
M1046. Influen	za Vaccine Received	TRF
Did the patient	receive the influenza vaccine for this year's flu season?	DC
Enter Code	<ol> <li>Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)</li> <li>Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)</li> <li>Yes; received from another health care provider (for example, physician, pharmacist)</li> <li>No; patient offered and declined</li> <li>No; patient assessed and determined to have medical contraindication(s)</li> <li>No; not indicated - patient does not meet age/condition guidelines for influenza vaccine</li> <li>No; inability to obtain vaccine due to declared shortage</li> <li>No; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.</li> </ol>	
	ococcal Vaccine ever received the pneumococcal vaccination (for example, pneumovax)?	TRF DC
Enter Code	0. No 1. Yes [Go to M2005 at TRN; Go to M1242 at DC]	
	n Pneumococcal Vaccine not received ever received the pneumococcal vaccination (for example, pneumovax), state reason:	TRF DC
Enter Code	<ol> <li>Offered and Declined</li> <li>Assessed abd determined to have medical contraindication(s)</li> <li>Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine</li> <li>None of the above</li> </ol>	



M2200. Therapy Need	SOC
n the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)	ROC FU(o)
Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).	
NA - Not Applicable: No case mix group defined by this assessment.	

## OASIS-D Items Collected at TRF/DC (continued)

Plan/Intervention	No	Yes	Not Applicable	
	↓Check or	nly one box ir		
A. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	0	1	<u>na</u>	Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
B. Falls prevention interventions	0	1	<u></u> NA	Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls.
C. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	0	1	<u></u> NA □	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
D. Intervention(s) to monitor and mitigate pain	0	1	NA	Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.
E. Intervention(s) to prevent pressure ulcers	0	1	<u></u> NA □	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.
F. Pressure ulcer treatment based on principles of moist wound healing	0	1	NA	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

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

In the home health plan of care for the Medicare payment episode for w the indicated need for therapy visits (total of reasonable and necessary visits combined)? (Enter zero ["000"] if no therapy visits indicated.)					
		Nu	umber of therapy visits indicated (to		
		NA	A - Not Applicable: No case mix group		
OASIS-E/E1	Section Q		Participation in Assessment		
M2401. Intervention Synopsis					
At the time of or at any time since the most recent SOC/ROC assessm physician-ordered plan of care AND implemented? (Mark only one box					

M2200. Therapy Need

Plan/Intervention	No	Yes
	↓Check only one box	

B. Falls prevention interventions	0	1
C. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	0	1
D. Intervention(s) to monitor and mitigate pain	0	1
E. Intervention(s) to prevent pressure ulcers	0	1
F. Pressure ulcer treatment based on principles of moist wound healing	0	1



nich this assessment will define a case mix group, what is ohysical, occupational, and speech-language pathology

tal of physical, occupational and speech-language pathology combined).

defined by this assessment.

## t and Goal Setting

ent, were the following interventions BOTH included in the in each row.)

## Not Applicable

in each row↓

NA Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls. NA Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used. NA Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain. NA Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers. NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

Q

TRF DC

SOC ROC