# 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 '	Timo	Points		04	SIS-E/I	E1 Tim	a Poir	nte		Continued				049		Time Pc	inte	OASIS-E/E1 Time Points					
Item #	Sec	. Description		-	S-DT	-							DAH	Notes	Item #	Sec	. Description							-			DC DAH	Notes
M0010-100,150	A	Administrative Information	SUC √	_	J FU ✓	IRF √					_	· DC			GG0110	GG	Prior Device Use	<u>500</u>	_	J FU		DC DA	H SUC ✓	RUC	FU	IRF	DC DAH	
M0010-100,150	A	Date of Phys-ordered S/ROC	▼ ✓	_	v	v	v			• •	v	v	v		GG0110	_	Self-Care	▼ ✓	• •	✓		/	v v	<b>v</b>	1		✓	DC Goal Remvd (E1
M0102	A	Date of Referral	· •							· ✓					GG0130	GG		· ·	· •	·		/	· ·	· •	✓		<ul> <li>✓</li> </ul>	DC Goal Remvd (E1
M0104 M0110	A	Episode Timing	· ✓	_	$\checkmark$					E E				Removed (E1)	M1600	H	UTI	· ✓	· ·	•		/	· ·	· ·			<ul> <li>✓</li> </ul>	
M0906		Discharge/Transfer/Death Date		•		✓	√ v				·	√	✓		M1610	Н	Urinary Incont/Catheter	· ·	•	✓			· ·	•				Removed at FU (E)
M1000	A	Inpat Fac DC within 14 days	✓	✓		v	•	_	<u> </u>	✓	•		•		M1620	H	Bowel Incont Freq	· ✓	· ·	· √		/	· √	· ·				Removed at FU (E)
M1005	Λ Λ	Inpat DC Date	· •						_	• ✓					M1630	Н	Ostomy	· ·	•	•			· ·	· √				Removed at FU (E)
M0140	A	Race/Ethnicity	· ✓	_										Removed (E)	M1030	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	ns √	✓				✓	✓				
A1110	Δ	Language							/					Added (E)	M1020		Risk for Hospitalization	IJ √		✓					✓			
A1250	Δ	Transportation								✓		$\checkmark$		Added (E)	J0510		Pain Effect on Sleep						✓	✓			$\checkmark$	Added (E)
M2301	Δ	Emergent Care				✓	<b>√</b>				✓	· •			M1242	.1	Freq of Pain Interfer w/ Activit	v v	✓	✓		/				_		Removed (E)
M2310	Δ	Reason for EC				√	√ -				· ·	· √			J0520		Pain Interfer w/ Therapy	y .					✓	~		_		Added (E)
M2410	Δ	Inpat Fac admitted to					· · · · · · · · · · · · · · · · · · ·								J0530	J	Pain Interfer w/ Activity						✓	~		-		Added (E)
M2420	A	DC Disposition					√ -					· √			J1800		Any Falls since S/ROC				✓	/				✓	· ✓	
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	A	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	✓	✓			/	✓	✓			✓	
B1000	B	Vision							/					Added (E)	M1306	M	Unhealed PU Stage 2+	✓	✓	✓		/	✓	✓	✓		✓	
B1300	В	Health Literacy							/	✓		$\checkmark$		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	✓	✓	✓		/	✓	✓		-		Removed at FU (E)
C0500	С	BIMS: Summary Score							/	<ul> <li>Image: A second s</li></ul>		~		Added (E)	M1332	М	Current # Obs Stasis Ulc	✓	~	✓			✓	✓				Removed at FU (E)
C1310	С	Signs/Symp of Delirium							/	✓		$\checkmark$		Added (E)	M1334	М	Status of Most Prob Stasis Ul	c ✓	✓	✓		1	✓	✓				Removed at FU (E)
M1700	С	Cognitive Functioning	✓	✓			✓		<u>/</u>	✓		✓			M1340	М	Presence of Surgical Wound	✓	✓	✓		1	~	✓				Removed at FU (E)
M1710	С	When Confused	✓	✓			✓		1	✓		✓			M1342	М	Status of Most Prob Srg Wnd	✓	✓	✓		/	✓	✓		-		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	✓	✓				✓	✓				. ,
D0150	D	Patient Mood Interview							/	✓		$\checkmark$		Added (E)	M2003	Ν	Medication Follow-up	✓	✓				✓	✓				
D0160	D	Total Severity Score		-					/	✓		$\checkmark$		Added (E)	M2005	Ν	Medication Intervention				<ul> <li>✓</li> </ul>	/				✓	✓	
D0700	D	Social Isolation							/	✓		$\checkmark$		Added (E)	M2010	Ν	High-Risk Drug Education	✓	✓				✓	✓				
M1740	Е	Cog, Behav, Psych Symptoms	✓	✓			✓			✓		✓			M2016	Ν	Drug Education Intervention				✓	/						Removed (E)
M1745	Е	Freq of Behavior Symptoms	✓	✓			✓		1	✓		✓			M2020	N	Mgmt of Oral Meds	✓	~			/	✓	✓			✓	
M1100	F	Living Situation	✓	✓						✓					M2030	Ν	Mgmt of Injectable Meds	✓	✓	✓			✓	✓				Removed at FU (E)
M2102	F	Types and Src of Assistance	✓	✓			✓		/	✓		✓			O0110	0	Special Trtmts, Proced, Prog						$\checkmark$	$\checkmark$				Added (E)
M1800	G	Grooming	✓	✓	✓		<b>√</b>			<li></li>		✓			O0350	0	COVID-19 Vac									✓		Added (E1)
M1810	G	Upper Dressing	✓	✓	✓		✓			<ul> <li>✓</li> </ul>		✓			M1041	0	Flu Vac Data Collection Perio	d			✓	/				✓	✓	
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				✓	/				✓	✓	2401a removed (E)
M1860	G	Ambulation	✓	✓	✓		✓		1	<ul> <li>✓</li> </ul>	·	√			This is based on t	he Fina	I OASIS-E1 All Items Instrument po	sted bv	CMS	on Dec	ember 23	, 2024 ai	nd sche	duled fo	or imple	ementa		. ,
GG0100	GG	Prior Functioning	✓	✓					1	✓							SHP as a service and is for information											

OASIS-D Clinical Rec	ord Items, Patient History, Items Collected at TRF/DC	
M0010. CMS Certification Nun	nber	All
		All
M0014. Branch State		
MUU14. Branch State		All
		4
M0016. Branch ID Number		All
M0018. National Provider Iden	tifier (NPI) for the attending physician who has signed the plan of care	All
	UK - Unknown or Not Available	
M0020. Patient ID Number		All
M0030. Start of Care Date		All
Month Day M0032. Resumption of Care D	Year	All
Month Day	-     NA - Not Applicable       Year	
M0040. Patient Name		All
(First) M0050. Patient State of Reside	(MI) (Last) (Suffix)	All
		-
M0060. Patient ZIP Code		All
		-
M0063. Medicare Number		All
	NA - No Medicare	
M0064. Social Security Number		All
	UK - Unknown or Not Available	
M0065. Medicaid Number		All
	NA - No Medicare	
M0066. Birth Date		All
Month Day	Year	
M0069. Gender		All
Enter Code 1. Male		
M0080. Discipline of Person C		All
Enter Code 1. RN		-
2. PT		
3. SLP 4. OT	/ST	
M0090. Date Assessment Con	noleted	All
		-
Month Day	Year	
M0100. This Assessment is Cu	urrently Being Completed for the Following Reason	All
Enter Code Start/Resump	otion of Care t of care - further visits planned	
	umption of care (after inpatient stay)	
Follow-Up		
	ertification (follow-up) reassessment ↓ Skip to M0110 er follow-up ↓ Skip to M0110	
	n Inpatient Facility	
6. <b>Tra</b> r	sferred to an inpatient facility - patient not discharged from agency ↓ Skip to M1041	
	sferred to an inpatient facility - patient discharged from agency ↓ Skip to M1041	
	om Agency - Not to an Inpatient Facility th at home  ↓ Skip to M2005	
	charge from agency ↓ Skip to M1041	

OASIS-E/E1	Section A Administrative Information	A
M0010 CMS C	ertification Number	All
M0014. Branch		All
liloo 14. Branor		
M0016. Branch		All
MOUTO. Dranci		
M0018 Nation	al Provider Identifier (NPI) for the attending physician who has signed the plan of care	All
NOUTO. Nation	UK - Unknown or Not Available	
M0020. Patient		All
moozo. r atlem		
M0030. Start o		All
		All
	Month Day Year	
M0032. Resum	ption of Care Date	All
	Month Day Year	
M0040. Patient		All
M0050 Patient	(First) (MI) (Last) (Suffix)	All
M0060. Patient	L Code	All
M0063. Medica	are Number	All
	NA - No Medicare	
M0064. Social	Security Number	All
	UK - Unknown or Not Available	
M0065. Medica	id Number	All
	NA - No Medicare	
M0066. Birth D	late	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	
	8. Death at home ↓ Skip to M2005	
	9. <b>Discharge from agency</b> ↓ Skip to M1041	

wo loz. Date of	Physician ordered Start of Care (Pasumption of Care)	
e (1 ) )	Physician-ordered Start of Care (Resumption of Care)	SO
	indicated a specific start of care (resumption of care) date when the patient was referred for home health I the date specified.	RO
services, record	the date specified.	-
	Month Day Year	
	NA - No specific SOC/ROC date ordered by physician	
M0104. Date of	Referral	
	e that the written or verbal referral for initiation or resumption of care was received by the HHA.	SO RO
	Month Day Year	
M0110. Episod	e Timing	SO
-	home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the	RO
	t sequence of adjacent Medicare home health payment episodes?	FU
Enter Code		
Enter Code	1. Early	
	2. Late UK Unknown	
	NA <b>Not Applicable:</b> No Medicare case mix group to be defined by this assessment.	
M0150. Curren	t Payment Sources for Home Care	All
	all that apply	
	0. None; no charge for current services	
	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	TRI
Enter the date c	of the discharge, transfer, or death (at home) of the patient.	DC
		DAI
	Month Day Year	
	hich of the following Inpatient Facilities was the patient discharged within the past 14 days?	SO
	all that apply	RO
	1. Long-term nursing facility (NF)	_
	2. Skilled nursing facility (SNF/TCU)	_
	3. Short-stay acute hospital (IPPS)	_
	4. Long-term care hospital (LTCH)	
	5. Inpatient rehabilitation hospital or unit (IRF)	
	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>	
	<ol> <li>Psychiatric hospital or unit</li> <li>Other (specify)</li> </ol>	SO

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)
	indicated a specific start of care (resumption of care) date the date specified.
,,	
	↓ Skip to A1250, Tra Month Day Year
	■ NA - No specific SOC/ROC date ordered by physic
M0104. Date of	
ndicate the dat	e that the written or verbal referral for initiation or resumption
	Month Day Year
M0110. Episod	
	home health payment episode for which this assessment
	t sequence of adjacent Medicare home health payment epi
Enter Code	1. Early
	2. Late
	UK Unknown
	NA Not Applicable: No Medicare case mix group
M0150. Curren	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. Medicaid (traditional fee-for-service)
	4. Medicaid (HMO/managed care)
	5. Workers' compensation
<u></u>	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 Unknown
 /0906. Discha	rge/Transfer/Death Date
	of the discharge, transfer, or death (at home) of the patient.
	Month Day Year
<b>M1000.</b> From w	hich of the following Inpatient Facilities was the patient d
↓ Check	all that apply
	1. Long-term nursing facility (NF)
	2. Skilled nursing facility (SNF/TCU)
	3. Short-stay acute hospital (IPPS)
	4. Long-term care hospital (LTCH)
	5. Inpatient rehabilitation hospital or unit (IRF
H	6. Psychiatric hospital or unit
	7. Other (specify)
U M1005, Innatie	NA Patient was not discharged from an inpatie nt Discharge Date (most recent)
in root. Inpatie	
	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	

	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	
Enter Code	A. What is your preferred language?
	P Do you nood or want on intermeter to communic
	B. Do you need or want an interpreter to communica
	0. No
	1. Yes
	9. Unable to determine
A1250. Transp	ortation (NACHC ©)
•	· · · · ·
Has lack of tran	sportation kept you from medical appointments, meetings, wo
Has lack of tran	sportation kept you from medical appointments, meetings, wo all that apply
Has lack of tran	sportation kept you from medical appointments, meetings, wo all that apply A. Yes, it has kept me from medical appointments
Has lack of tran	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
Has lack of tran	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
Has lack of tran	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
Has lack of tran ↓ Check □ □ □ □ □ □ □ □ □	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 tran ↓ Check □ □ □ □ □ □ □ ■ ■ M2301. Emerge	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
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r at any time since the most recent SOC/ROC assessment has
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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 r at any time since the most recent SOC/ROC assessment has sludes holding/observation status)?
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r at any time since the most recent SOC/ROC assessment has sludes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         uddes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         cludes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         2.       Yes, used hospital emergency department WIT
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         uddes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         cludes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         2.       Yes, used hospital emergency department WIT
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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         Yes       Patient declines to respond         ent Care       r         r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         2.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         2.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         n for Emergent Care       n(s) did the patient seek and/or receive emergent care (with or
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         2.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         n for Emergent Care       n(s) did the patient seek and/or receive emergent care (with or all that apply
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         n for Emergent Care       n(s) did the patient seek and/or receive emergent care (with or all that apply         1.       Improper medication administration, adverse or all that apply
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r         r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?         0.       No → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         2.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         n for Emergent Care       n(s) did the patient seek and/or receive emergent care (with or         all that apply       1.         1.       Improper medication administration, adverse or         10.       Hypo/Hyperglycemia, diabetes out of control
Has lack of tran ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         n for Emergent Care         n(s) did the patient seek and/or receive emergent care (with or all that apply         1.       Improper medication administration, adverse or 10.         Hypo/Hyperglycemia, diabetes out of control         19.       Other than above reasons
Has lack of tran ↓ Check ↓ Check ↓ Check ↓ Check M2301. Emerge At the time of or department (inc Enter Code ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check	Image: 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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT       2.         VE, used hospital emergency department WIT       2.         VK       Unknown → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Improper medication administration, adverse of the patient seek and/or receive emergent care (with or all that apply         1.       Improper medication administration, adverse of the patient that above reasons         UK       Reason unknown
Has lack of tran ↓ Check ↓ Check ↓ Check ↓ Check M2301. Emerge At the time of or department (inc Enter Code ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check ↓ Check	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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         n for Emergent Care         n(s) did the patient seek and/or receive emergent care (with or all that apply         1.       Improper medication administration, adverse or 10.         Hypo/Hyperglycemia, diabetes out of control         19.       Other than above reasons
Has lack of tran ↓ Check ↓ ↓ ↓ M2301. Emerge M2301. Emerge At the time of or department (inc Enter Code ↓ For what reasor ↓ Check ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	Image: 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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT       2.         VE, used hospital emergency department WIT       2.         VK       Unknown → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Improper medication administration, adverse of the patient seek and/or receive emergent care (with or all that apply         1.       Improper medication administration, adverse of the patient that above reasons         UK       Reason unknown
Has lack of tran ↓ Check ↓ Check ↓ Check M2301. Emerge At the time of or department (inc Enter Code ↓ Check ↓ Check	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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT         2.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Improper medication administration, adverse or         n(s) did the patient seek and/or receive emergent care (with or         all that apply       1.         1.       Improper medication administration, adverse or         10.       Hypo/Hyperglycemia, diabetes out of control         19.       Other than above reasons         UK       Reason unknown         ch       Inpatient Facility has the patient been admitted?         <
Has lack of tran ↓ Check ↓ Check ↓ Check M2301. Emerge At the time of or department (inc Enter Code ↓ Check ↓ Check	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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT       2.         VE, used hospital emergency department WIT       2.         VE, used hospital emergency department WIT       1.         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Improper medication administration, adverse or         n(s) did the patient seek and/or receive emergent care (with or         all that apply       1.         1.       Improper medication administration, adverse or         10.       Hypo/Hyperglycemia, diabetes out of control         19.       Other than above reasons         UK       Reason unknown         ch Inpatient Facility has the patient been admitted?         1.       Hospital         2.       Rehabilitatio
Has lack of tran ↓ Check ↓ Check ↓ Check M2301. Emerge At the time of or department (inc Enter Code ↓ Check ↓ Check	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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT       2.         VE, used hospital emergency department WIT       UK         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Yes, used hospital emergency department WIT         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Improper medication administration, adverse or         n(s) did the patient seek and/or receive emergent care (with or         all that apply       1.         Improper medication administration, adverse or         10.       Hypo/Hyperglycemia, diabetes out of control         19.       Other than above reasons         UK       Reason unknown         ch Inpatient Facility has the patient been admitted?         1.
Has lack of tran ↓ Check ↓ Check ↓ Check M2301. Emerge At the time of or department (inc Enter Code ↓ Check ↓ Check	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       r at any time since the most recent SOC/ROC assessment has         studes holding/observation status)?       0.         No → Skip to M2410, Inpatient Facility       1.         Yes, used hospital emergency department WIT       2.         VE, used hospital emergency department WIT       2.         VE, used hospital emergency department WIT       1.         UK       Unknown → Skip to M2410, Inpatient Facility         1.       Improper medication administration, adverse or         n(s) did the patient seek and/or receive emergent care (with or         all that apply       1.         1.       Improper medication administration, adverse or         10.       Hypo/Hyperglycemia, diabetes out of control         19.       Other than above reasons         UK       Reason unknown         ch Inpatient Facility has the patient been admitted?         1.       Hospital         2.       Rehabilitatio

A1005. Ethnicity

A1010. Race What is your race?

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

 $\downarrow$  Check all that apply

↓ Check all that apply

M2301. Emergent Care At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency						
department (inclu	udes hold	ing/observation status)?	DC			
Enter Code	0.	<b>No</b> $\rightarrow$ Skip to M2410, Inpatient Facility				
	1.	Yes, used hospital emergency department WITHOUT hospital admission				
	2.	Yes, used hospital emergency department WITH hospital admission				
	UK	<b>Unknown</b> $\rightarrow$ Skip to M2410, Inpatient Facility				
	ÖN					
M2310. Reason	for Eme	rgent Care	TR			
or what reason	(s) did the	e patient seek and/or receive emergent care (with or without hospitalization)?	DC			
↓ Check a	II that app	bly				
	1.	Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis	7			
	10.	Hypo/Hyperglycemia, diabetes out of control				
	19.	Other than above reasons				
	UK	Reason unknown				
M2410. To which	n Inpatier	nt Facility has the patient been admitted?	TR			
Enter Code	1.	Hospital [Go to M0906]	DC			
	2.	Rehabilitation facility [Go to M0906]				
	3.	Nursing home [Go to M0906]				
	4.	Hospice [Go to M0906]				
	NA	No inpatient facility admission [Omit "NA" option on TRN]				

		SOC
	no/a, or Spanish origin?	
that ap A.	אָטָן No, not of Hispanic, Latino/a, or Spanish origin	
В.	Yes, Mexican, Mexican American, Chicano/a	
C.	Yes, Puerto Rican	
D.	Yes, Cuban	
Ε.	Yes, Another Hispanic, Latino, or Spanish origin	
Х.	Patient unable to respond	
<u>Y.</u>	Patient declines to respond	SOC
,		
that ap	ply White	
А. В.	Black or African American	
С.	American Indian or Alaska Native	
D.	Asian Indian	
E.	Chinese	
F.	Filipino	
G.	Japanese	
Н.	Korean	
<u> .</u>	Vietnamese Other Asian	
J. K.	Other Asian Native Hawaiian	
L.	Guamanian or Chamorro	
<u>М</u> .	Samoan	
N.	Other Pacific Islander	
Х.	Patient unable to respond	
Υ.	Patient declines to respond	
Ζ.	None of the above	
		SOC
۱. <b>۱</b>	What is your preferred language?	
3. <b>[</b>	Do you need or want an interpreter to communicate with a doctor or health care staff?	
	). No	
	l. Yes	
ç	D. Unable to determine	
ation (	NACHC ©)	SOC
ortatior	h kept you from medical appointments, meetings, work, or from getting things needed for daily living?	ROC
that ap		DC
A.	Yes, it has kept me from medical appointments or from getting my medications	
В.	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	
C.	No	
Х.	Patient unable to respond	
Υ.	Patient declines to respond	
Care		TRF
-	ne since the most recent SOC/ROC assessment has the patient utilized a hospital emergency ding/observation status)?	DC
65 1101		
0.	No → Skip to M2410, Inpatient Facility	
1.	Yes, used hospital emergency department WITHOUT hospital admission	
2.	Yes, used hospital emergency department WITH hospital admission	
UK	<b>Unknown</b> → Skip to M2410, Inpatient Facility	
or Eme	ergent Care	TRF
did th	e patient seek and/or receive emergent care (with or without hospitalization)?	DC
that ap		
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	
inpatie	nt Facility has the patient been admitted?	TRF
1.	Hospital	DC
2.		-
	Rehabilitation facility	
3.	Nursing home	
3. 4. NA		

<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

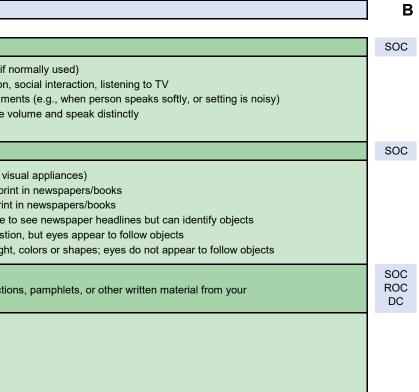
Patient declines to respond

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
Allempt to cond	duct interview with	aii pauents.	DC
Enter Code		patient is rarely/never understood) → Skip to C1310 Signs and Symptoms of Delirium (from CAM ©) → Continue to C0200, Repetition of Three Words	
Brief Interview	ofor Mental Statu	is (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. Misso 1. Misso	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 act	
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
Enter Score		r questions C0200-C0400 and fill in total score (00-15) patient was unable to complete the interview	ROC DC
			1

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. ) I	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 di evaluation for depression.	ifferent 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
		Yes, patient was screened with a di further evaluation for depression.	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

Mood Interview (PHQ-2 to 9)	
nt: "Over the last 2 weeks, have you beer	n bothered by
	•
	•
•	•
show the patient a card with the symptom i	requency choi
-	Symptom
· · · · · · · · · · · · · · · · · · ·	0. Nev
	1. <b>2-6</b>
No response (leave column 2 blank)	2. <b>7-11</b> 3. <b>12-1</b>
	5. 12-1
e interest or pleasure in doing things	
ing down, depressed, or hopeless	
DA2 or D150B2 is coded 2 or 3, CONTINUE	asking the qu
ble falling or staying asleep, or sleeping	too much
ing tired or having little energy	
r appetite or overeating	
ing bad about yourself – or that you are a	ı failure or ha
ble concentrating on things, such as rea	ding the new
ughts that you would be better off dead, o	or of hurting y
everity Score	
Add scores for all frequency responses 99 if unable to complete interview (i.e., Sy	
	· ·
u feel lonely or isolated from those around y	/ou?
0. Never	
1. Rarely	
2. Sometimes	
3. Often	
4. Always	
-	
<ol> <li>Patient declines to respond</li> <li>Patient unable to respond</li> </ol>	
	nt: "Over the last 2 weeks, have you beer e if the patient is rarely/never understood ve ioB1 as 9, No response, leave D0150A2 and herwise, say to patient: "Over the last 2 we m is present, enter 1 (yes) in column 1, Sym column 1, then ask the patient: "About how of a show the patient a card with the symptom f ptom Presence . No (enter 0 in column 2) . Yes (enter 0-3 in column 2) . No response (leave column 2 blank) e interest or pleasure in doing things ing down, depressed, or hopeless 0A2 or D150B2 is coded 2 or 3, CONTINUE able falling or staying asleep, or sleeping ing tired or having little energy r appetite or overeating ing bad about yourself – or that you are a able concentrating on things, such as real ing or speaking so slowly that other peop ety or restless that you have been moving ughts that you would be better off dead, of everity Score Add scores for all frequency responses 99 if unable to complete interview (i.e., Sy solation ou feel lonely or isolated from those around y 0. Never 1. Rarely 2. Sometimes 3. Often

			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>you 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.		
<b>m Frequency ever or 1 day</b> -6 days (several days) -11 days (half or more of the days)	1. Symptom Presence	2. Symptom Frequency	
<b>2-14 days</b> (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 uency 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
	2. <b>Impaired decision-making:</b> failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions	
	3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.	
	4. <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,	verbal, 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 circur	nstance and availa	,	nce? Iability of Assis	tance		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 (suc 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 indep         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	endent or does no de assistance upportive services o provide assistan	t have needs in s 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 indep         1.       Non-agency caregiver(s) currently provided         2.       Non-agency caregiver(s) need training/s         3.       Non-agency caregiver(s) are not likely to         4.       Assistance needed, but no non-agency	endent or does no de assistance upportive services o provide assistan	t have needs in s 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 indep         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	endent or does no de assistance upportive service: o provide assistan	t have needs in s to provide assi ce, OR it is uncl	this area stance		e	DC
Enter Code       F. Supervision and safety (for example, due to 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently provi 2. Non-agency caregiver(s) need training/s 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency	endent or does no de assistance upportive service: o provide assistan	t have needs in s to provide assi ce, OR it is uncl	stance	rovide assistanc	æ	SOC ROC DC

significant memory loss so that supervision is required         2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, 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         6.       Frequency of Disruptive Behavior Symptoms (reported or observed)         vstoal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         r Code       0.       Never         1.       Less than once a month         2.       Several times a week         5.       At least daily         Several times ach month         4.       Several times a week         5.       At least daily         Arrangement         Arailability of Assistance?         Arrangement         Arailability of Assistance <td colspan<="" th=""><th></th><th></th><th></th><th></th></td>	<th></th> <th></th> <th></th> <th></th>				
1.       Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required         2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)         5.       Disruptive, infantile, or socially inappropriate behavior         6.       Delusional, hallucinatory, or paranoid behavior         7.       None of the above behaviors demonstrated         3.       Frequency of Disruptive Behavior Symptoms (reported or observed)         nysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         er Code       0.         1.       Less than once a month         2.       Once a month         3.       Several times ach month         4.       Several times a week         5.       At least daily            ISEE/E1 Section F       Preferences for Customary Routine Activities            In patient Living Situation       of the following best describes the patient's resi	Image: second	Image: second	Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision is required         Image: significant memory loss so that supervision set heavior (excludes verbal actions)         Image: significant memory loss so so clay ly image: specificant state         Image: significant memory loss so so clay ly image: specificant state         Image: significant memory loss so so clay ly image: specificant state         Image: specificant sp	Image: significant memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required         Imagine decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         Imagine decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         Imagine decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         Imagine decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         Imagine decision-making: failure to recognize familiar persons/places, inability to appropriately stop activities, jeopardize safety through actions         Imagine decision-making: failure to recognize the perform usual ADLs or IADLs, inability to appropriately stop activities, adargerous maneuvers with wheelchair or other objects)         Imagine decision-making: failure to recognize family, sexual references, etc.         Imagine decision-making: failure to recognize the objects         Imagine decision-making: failure to recognize family, sexual references, etc.         Imagine decision-making: failure to recognize the objects         Imagine decision-making: failure to activities         Imagine decision-making: failure to activities         Imagine decision-making: failure to appropriate the familing to assistance?         Imagine deci	
significant memory loss so that supervision is required         2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other robjects)         5.       Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)         6.       Delusional, hallucinatory, or paranoid behavior         7.       None of the above behaviors demonstrated         45.       Frequency of Disruptive Behavior Symptoms (reported or observed)         physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         ter Code       0.       Never         1.       Less than once a month         2.       Several times each month         4.       Several times each month         4.       Several times each month         5.       At least daily         Availability of Assistance?         Availability of Assistance         Availability of Assistance         Availability of Assistance         Ava	significant memory loss so that supervision is required         .       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         .       9         .       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         .       4         .       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)         .       5.       Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)         .       6.       Delusional, hallucinatory, or paranoid behavior         .       7.       None of the above behaviors demonstrated         5.       Frequency of Disruptive Behavior Symptoms (reported or observed)         hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         ar Code       0.       Never         1       Less than once a month       2.       Once a month         2.       Several times a week       5.       At least daily         INPerferences for Customary Routine Activities         Oncea influe the patient's residential circumstance and availability of Assistance         arrangement       Around the Regular Clock       D	significant memory loss so that supervision is required	significant memory loss so that supervision is required         2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeepardizes safety through actions         3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical 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         5.       Frequency of Disruptive Behavior Symptoms (reported or observed)         ihysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         er Code       0.       Never         1.       Less than once a month         2.       Several times a week         5.       At least daily         Sus-Er[Section F         Preferences for Customary Routine Activities         Availability of Assistance         Availability of Assistance         g Arrangement       Availability of Assistance         Availability of Assistance         Q cocc	significant memory loss so that supervision is required   2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeepardizes safety through actions   3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.   4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, 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   45. Frequency of Disruptive Behavior Symptoms (reported or observed)   physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.   ter Code 0.   0. Never   1. Less than once a month   2. Once a month   3. Several times a week   5. At least daily    SIS-E/E/ Section F Preferences for Customary Routine Activities  Interval the sa week    9. Patient Living Situation    chock magement Cocasional/ Regular Nighttime Short-Term No Assi   A. Patient lives alone 01   0. Q2   0. At least daily       2. Other and the home   10. 02   03. 04   04. Patient lives with other person(s) in the home   10. 02   03. 04	
2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions   3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.   4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, 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   45. Frequency of Disruptive Behavior Symptoms (reported or observed)   physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.   ter Code 0.   1. Less than once a month   2. Several times a week   5. At least daily   Sis-E/E1 Section F Preferences for Customary Routine Activities   0. Patient Living Situation   the following best describes the patient's residential circumstance and availability of assistance?   Availability of Assistance   9. Around the Regular Regular Occasional/ No Assistance   40. Patient Living Situation   the following best describes the patient's residential circumstance and availability of assistance?   4. Check one box only 1   A. Patient lives alone   0. 0.   1. 0.   2. 0.3   2. 0.4   3. 0.4 <	2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         3.       Verbal disruption: velling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)         5.       Disruptive, infantlie, or socially inappropriate behavior (excludes verbal actions)         6.       Delusional, hallucinatory, or paranoid behavior         7.       None of the above behaviors demonstrated         5.       Frequency of Disruptive idangerous symptoms (reported or observed)         hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         er Code       0.       Never         1       Less than once a month       2.         2.       Several times a exek       5.         3.       Several times a week       5.         4.       Preferences for Customary Routine Activities         Availability of Assistance?         Availability of Assistance         Availability of Assistance         Availability of Assistance         Availability of Assistance         Availability of Assistan	2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, iepoardizes safety through actions         2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, iepoardizes safety through actions         3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, 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         5.       Frequency of Disruptive/dangerous symptoms (reported or observed)         hytysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         er Code       0.       Never         1       Less than once a month       2.       Several times a exek         5.       At least daily       Several times a exek       5.         60.       Patient Living Situation        Availability of Assistance?         61.       At least daily       Vordat the Regular Regular Noceasional/ No Assistance         62.       Patient lives alone <t< td=""><td>2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, geopardizes safety through actions   3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.   4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, 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   5. Frequency of Disruptive Bhavior Symptoms (reported or observed)   hytysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.   er Code 0.   0. Never   1. Less than once a month   3. Several times each month   4. Several times a week   5. At least daily     SitE-EFL Section F Preferences for Customary Routine Activities   O. Patient Living Situation  n of the following best describes the patient's residential circumstance and availability of assistance?     a Patient lives alone 01   0. 02   0. 03   04 04   05 Patient lives alone   06 07   08 09   100 02   03 04   04 05   05 Patient lives alone   06 07   07 08   08</td><td>2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)         5.       Disruptive, infantlie, or socially inappropriate behavior (excludes verbal actions)         6.       Delusional, hallucinatory, or paranoid behavior         7.       None of the above behaviors demonstrated         45.       Frequency of Disruptive Behavior Symptoms (reported or observed)         physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         ter Code       0.       Never         1.       Less than once a month       2.         2.       Once a month       3.       Several times ach month         4.       Several times ach month       4.       Several times ach month         5.       At least daily       Several times ach month       5.         6.       Patient Living Situation       Karequilar       Requilar</td></t<>	2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, geopardizes safety through actions   3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.   4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, 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   5. Frequency of Disruptive Bhavior Symptoms (reported or observed)   hytysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.   er Code 0.   0. Never   1. Less than once a month   3. Several times each month   4. Several times a week   5. At least daily     SitE-EFL Section F Preferences for Customary Routine Activities   O. Patient Living Situation  n of the following best describes the patient's residential circumstance and availability of assistance?     a Patient lives alone 01   0. 02   0. 03   04 04   05 Patient lives alone   06 07   08 09   100 02   03 04   04 05   05 Patient lives alone   06 07   07 08   08	2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         2.       Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions         3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)         5.       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3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)         5.       Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)         6.       Delusional, hallucinatory, or paranoid behavior         7.       None of the above behaviors demonstrated         45.       Frequency of Disruptive Behavior Symptoms (reported or observed)         physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         11.       Less than once a month         2.       Once a month         3.       Several times each month         4.       Several times an week         5.       At least daily         Availability of Assistance         Availability of Assista	3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheehchair 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         5.       Frequency of Disruptive Behavior Symptoms (reported or observed)         hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         er Code       0.         1.       Less than once a month         2.       Once a month         3.       Several times a week         5.       At least daily    ISE-E/E1 Section F Preferences for Customary Routine Activities          0.       Patient Living Situation         n of the following best describes the patient's residential circumstance and availability of assistance?         g Arrangement       Around the Regular Nighttime Short-Term No Assistance         A Patient lives alone       01       02       03       04       05         8.       Patient lives alone       01       02       03       04       05	3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelehair 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         6.       Frequency of Disruptive Behavior Symptoms (reported or observed)         hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         er Code       0.         1.       Less than once a month         2.       Once a month         3.       Several times ach month         4.       Several times a week         5.       At least daily   Sistement  Around the Regular Occasional/ No Assistance Around the Clock Regular Nighttime Short-Term No Assistance Availability of Assistance Availability of assistance?   A Patient lives alone         0.       10       02       03       04       05         8.       Patient lives in congregate situation (or example, assisted living, residential care home)       11       12       13       14       15	3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.   4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)   5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)   6. Delusional, hallucinatory, or paranoid behavior   7. None of the above behaviors demonstrated   5. Frequency of Disruptive Behavior Symptoms (reported or observed)   hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.   er Code 0.   1. Less than once a month   2. Several times each month   3. Several times each month   3. Several times an week   5. At least daily   SisE-E/E1 Section F Preferences for Customary Routine Activities   0. Patient Living Situation   no fit he following best describes the patient's residential circumstance and availability of assistance?   g Arrangement Around the Regular Regular Occasional/ No Assistance Available   4. Patient lives alone   9. Patient lives with other person(s) in the home   0. 1   1. 12   2. 13   3. 2.   3. 2.   3. Several times actuation   4. 14   4.   5. At least daily	3.       Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.         4.       Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)         5.       Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)         6.       Delusional, hallucinatory, or paranoid behavior         7.       None of the above behaviors demonstrated         45.       Frequency of Disruptive Behavior Symptoms (reported or observed)         physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         ter Code       0.         0.       Never         1.       Less than once a month         2.       Oce a month         3.       Several times each month         4.       Several times a week         5.       At least daily   SIS-E/E1 Section F Preferences for Customary Routine Activities         00. Patient Living Situation         the of the following best describes the patient's residential circumstance and availability of Assistance?         mg Arrangement       Around the Regular Regular Not Assistance?         A. Patient lives alone       01       02       03       04       0         B. Patient lives with other person(s) in the	
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Patient lives in congregate situation (for example, assisted living, residential care home)</li> <li>11</li> <li>12</li> <li>13</li> <li>14</li> <li>15</li> <li>27. Types and Sources of Assistance mine the ability and willingness of non-agency caregivers (such as family members, friends,</li></ul>	5.       Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)         6.       Delusional, hallucinatory, or paranoid behavior         7.       None of the above behaviors demonstrated         5.       Frequency of Disruptive Behavior Symptoms (reported or observed)         hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         er Code       0.         Never       1.         1.       Less than once a month         2.       Several times each month         3.       Several times each month         4.       Several times each month         4.       Several times a week         5.       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<ul> <li>6. Delusional, hallucinatory, or paranoid behavior <ul> <li>7. None of the above behaviors demonstrated</li> </ul> </li> <li>45. Frequency of Disruptive Behavior Symptoms (reported or observed) <ul> <li>physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.</li> </ul> </li> <li>ter Code <ul> <li>0. Never</li> <li>1. Less than once a month</li> <li>2. Once a month</li> <li>3. Several times a week</li> <li>5. At least daily</li> </ul> </li> <li>SIS-E/E1 Section F Preferences for Customary Routine Activities <ul> <li>OR Patient Living Situation</li> <li>ch of the following best describes the patient's residential circumstance and availability of assistance?</li> <li>Marangement Clock Daytime No Assistance</li> <li>A. Patient lives alone</li> <li>01</li> <li>02</li> <li>03</li> <li>04</li> <li>05</li> <li>06</li> <li>07</li> <li>08</li> <li>09</li> <li>10</li> </ul> </li> </ul>	6. 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Image: Signed State of the above behaviors demonstrated         45. Frequency of Disruptive Behavior Symptoms (reported or observed) physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.         ter Code       0. Never         1. Less than once a month         2. Once a month         3. Several times a week         5. At least daily    Sise Everal times a week     Sign the following best describes the patient's residential circumstance and availability of assistance?           Marrangement       Around the Regular Nightime Short-Term No Assistance Aroual ability of Assistance Around the Clock Daytime Nighttime Short-Term Aroual able Around the Clock Daytime Aroual Around the Old	7. None of the above behaviors demonstrated         5. 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Types and Sources of Assistance       mine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to    <td><ul> <li>7. None of the above behaviors demonstrated</li> <li>5. Frequency of Disruptive Behavior Symptoms (reported or observed)</li> <li>hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.</li> </ul>          er Code              0. Never         <ul> <li>1. Less than once a month</li> <li>2. Once a month</li> <li>3. Several times each month</li> <li>4. Several times a week</li> <li>5. At least daily</li> </ul>          BS-E/E1       Section F       Preferences for Customary Routine Activities    O Patient Living Situation In of the following best describes the patient's residential circumstance and availability of assistance? 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Frequency of Disruptive Behavior Symptoms (reported or observed)</li> <li>hysical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.</li> </ul>          er Code              0. Never         <ul> <li>1. Less than once a month</li> <li>2. Once a month</li> <li>3. Several times each month</li> <li>4. Several times a week</li> <li>5. At least daily</li> </ul>          BS-E/E1       Section F       Preferences for Customary Routine Activities    O Patient Living Situation In of the following best describes the patient's residential circumstance and availability of assistance? Around the Regular Regular Regular Short-Term Available Around the Clock Daying Regular Short-Term Available I a constrained by the there person(s) in the home I of 01 I of 02 I of 03 I of 04 I of 05 B. Patient lives alone mongregate situation (for example, assisted living, residential circ home) I of 01 I of 02 I of 03 I of 04 I of 05 B. 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ter Code       0. Never         1. Less than once a month         2. Once a month         3. Several times each month         4. Several times a week         5. At least daily             SIS-E/E1 Section F Preferences for Customary Routine Activities             O. Patient Living Situation         h of the following best describes the patient's residential circumstance and availability of assistance?         Availability of Assistance         Around the Regular Nighttime Short-Term No Assistance         Around the Daytime Nighttime Short-Term No Assistance         A. Patient lives alone       01       02       03       04       05         B. Patient lives with other person(s) in the home       06       07       08       09       10	ar Code 0. Never   1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily    IIS-E/E1 Section F Preferences for Customary Routine Activities  0. Patient Living Situation no fithe following best describes the patient's residential circumstance and availability of assistance?  g Arrangement   Around the   Regular   Regular   Regular   No Assistance   A. Patient lives alone   0.1   0.2   0.3   0.4   0.5   8. Patient lives alone   0.6   0.7   0.8   0.9   1.1   1.2   1.3   1.4   1.5   2. Types and Sources of Assistance   mine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	Code     O. Never     1. Less than once a month     2. Once a month     3. Several times each month     4. Several times a week     5. At least daily      SIS-E/E1 Section F Preferences for Customary Routine Activities      O. Patient Living Situation h of the following best describes the patient's residential circumstance and availability of assistance?      Availability of Assistance     Availability of Assistance     Availability of Assistance     Availability of Assistance     Available     Clock Regular Nighttime Short-Term Available     Clock Regular Nighttime Short-Term Available     Clock One box only      A. Patient lives alone     O Of O	er Code 0. Never   1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily   SIS-E/E1 Section F Preferences for Customary Routine Activities   0. Patient Living Situation   h of the following best describes the patient's residential circumstance and availability of assistance?   g Arrangement   A Patient lives alone   0. Patient lives alone   0. Patient lives alone   0. Patient lives with other person(s) in the home   0. 01   02   03   04   05   05   06   07   08   09   10   11   12   13   14   15	Image: second	
Image: Sign of the second s	1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily	Image: Section F Image: Section F   Image: Section F <td>1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily</td> <td>Image: Several times each month   2. Once a month   3. Several times each month   4. Several times each month   4. Several times a week   5. At least daily</td>	1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily	Image: Several times each month   2. Once a month   3. Several times each month   4. Several times each month   4. Several times a week   5. At least daily	
1. Less than once a month         2. Once a month         3. Several times each month         4. Several times a week         5. At least daily    SIS-E/E1 Section F Preferences for Customary Routine Activities          00. Patient Living Situation         th of the following best describes the patient's residential circumstance and availability of assistance?         mg Arrangement         Around the Regular Nighttime Short-Term Nighttime Short Sho	1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily	1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily	1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily	1. Less than once a month   2. Once a month   3. Several times each month   4. Several times a week   5. At least daily    SIS-E/E1 Section F Preferences for Customary Routine Activities  O. Patient Living Situation th of the following best describes the patient's residential circumstance and availability of assistance?   Availability of Assistance   Around the   Regular   Clock   Daytime   Around the   Regular   Clock   Daytime   A. Patient lives alone   01   02   03   04   06   07   08   09   01   11   12   13   14	
2. Once a month     3. Several times each month     4. Several times a week     5. At least daily  SIS-E/E1 Section F Preferences for Customary Routine Activities  O0. Patient Living Situation th of the following best describes the patient's residential circumstance and availability of assistance?  Mag Arrangement  Around the Regular Regular Occasional/ No Assistance Around the Regular Nighttime Short-Term Available      Clock Daytime Nighttime Short-Term Available      A Patient lives alone  A. Patient lives with other person(s) in the home   C. Patient lives in congregate situation   C. Patient lives in congregate situation  C. Patient li	2. Once a month   3. Several times each month   4. Several times a week   5. At least daily    ISE-E/E1 Section F Preferences for Customary Routine Activities   0. Patient Living Situation   no of the following best describes the patient's residential circumstance and availability of assistance?   g Arrangement   Around the   Regular   Clock   Daytime   Nighttime   A Patient lives alone   0. Patient lives alone   0. Patient lives alone   0. Patient lives alone   0. Patient lives in congregate situation   (for example, assisted living, residential care home)   11   12   13   14   15	2. Once a month   3. Several times each month   4. Several times a week   5. At least daily       SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities     SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities     SIS-E/E1 Section F Preferences for Customary Routine Activities     SIS-E/E1 Section F Preferences for Customary Routine Activities     SIS-E/E1 Section F Preferences for Customary Routine Activities     SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities     SIS-E/E1 Section F Preferences for Customary Routine Activities      SIS-E/E1 Section F Preferences for Customary Routine Activities	2. Once a month   3. Several times each month   4. Several times a week   5. At least daily	2. Once a month   3. Several times each month   4. Several times a week   5. At least daily    SIS-E/E1 Section F Preferences for Customary Routine Activities  OO. Patient Living Situation  th of the following best describes the patient's residential circumstance and availability of assistance?  Availability of Assistance  Arangement   Around the   Regular   Regular   Nighttime   Short-Term   Availability of Assistance   Vecko ne box only U    A Patient lives alone   01   02   03   04   1   11   12   13   14      Output billing ness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to ide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.	
3. Several times each month         4. Several times a week         5. At least daily         SIS-E/E1 Section F Preferences for Customary Routine Activities         OO. Patient Living Situation         ch of the following best describes the patient's residential circumstance and availability of assistance?         Availability of Assistance         Arrangement         Check one box only 0	3. Several times each month         4. Several times a week         5. At least daily <b>iIS-E/E1 Section F</b> Preferences for Customary Routine Activities          O. Patient Living Situation         of the following best describes the patient's residential circumstance and availability of assistance?         Availability of Assistance         Availability of Assistance         Occasional/ No Assistance             A round the Regular Clock       Occasional/ No Assistance         Arrangement             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	3. Several times each month         4. Several times a week         5. At least daily         SIS-E/E1 Section F Preferences for Customary Routine Activities         O. Patient Living Situation         h of the following best describes the patient's residential circumstance and availability of assistance?         Q Arangement         Q Arangement         A Patient lives alone         0.0         A Patient lives alone         0.0         A Patient lives with other person(s) in the home         0.0         0.0         A Patient lives with other person(s) in the home         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.	3. Several times each month         4. Several times a week         5. At least daily    SISE-E/E1 Section F Preferences for Customary Routine Activities          0. Patient Living Situation         h of the following best describes the patient's residential circumstance and availability of assistance?         g Arrangement         A Patient lives alone         Patient lives alone         B. Patient lives with other person(s) in the home         0.1       02         0. Patient lives in congregate situation (for example, assisted living, residential care home)         1       11         11       12         13       14         2. Types and Sources of Assistance         mine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to be assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.	3. Several times each month         4. Several times a week         5. At least daily         SIS-E/E1 Section F Preferences for Customary Routine Activities         OO. Patient Living Situation         ch of the following best describes the patient's residential circumstance and availability of assistance?         Availability of Assistance         ng Arrangement       Around the Regular Clock Daytime Nighttime Short-Term Avail         -       -         A Patient lives alone       01       02       03       04	
4. Several times a week         5. At least daily         SIS-E/E1 Section F Preferences for Customary Routine Activities         OD. Patient Living Situation         Availability of assistance?         Availability of Assistance         Arrangement         Around the Regular Regular Short-Term Available          V Check one box only □         A. Patient lives alone       01       02       03       04       05         B. Patient lives with other person(s) in the home       06       07       08       09       10	<ol> <li>Several times a week</li> <li>At least daily</li> </ol> IS-E/E1 Section F Preferences for Customary Routine Activities 0. Patient Living Situation In of the following best describes the patient's residential circumstance and availability of assistance? Availability of Assistance Around the Regular Regular Occasional/ Available GArrangement Around the Regular Nightime Occasional/ Available Around the Regular Nightime Occasional/ Available Around the Regular Nightime Occasional/ Available Short-Term Available 0. Patient lives alone 0. Patient lives with other person(s) in the home 0. 06 0. 07 0. 08 0. 09 10 0. 11 12 13 14 15 2. Types and Sources of Assistance	4. Several times a week         5. At least daily         SIS-E/E1 Section F Preferences for Customary Routine Activities         No. Patient Living Situation         h of the following best describes the patient's residential circumstance and availability of assistance?         Availability of Assistance         Around the Regular Negular Short-Term Available         Clock Daytime Nightime Short-Term Available         A Patient lives alone         B. Patient lives with other person(s) in the home         (0         (re example, assisted living, residential care home)         (1)         (re example, assisted living, residential care home)         (1)         (re example, assisted living, residential care home)         (1)         (1)         (1)         (1)         (1)         (1)         (1)         (1)			

SIS-E/E1		havior						
740. Cognitiv	ve, Behavioral, and F	Psychiatric Symptoms that a	re demonstrated a	at least once a w	veek (reported or	r observed)		
	all that apply							
		<b>leficit:</b> failure to recognize fam memory loss so that supervis		es, inability to re	ecall events of pa	ast 24 hours,		
	2. Impaired	decision-making: failure to p		s or IADLs, inabi	ility to appropria	tely stop activitie	es,	
_	jeopardizes safety through actions							
		sruption: yelling, threatening, aggression: aggressive or cor		-		hrows objects in	unches	
	•	maneuvers with wheelchair o				niows objects, p	diferes,	
	5.       Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)							
		il, hallucinatory, or paranoid ne above behaviors demons						
		havior Symptoms (reported o						
		e/dangerous symptoms that a	-	f or others or jeo	pardize persona	al safety.		
						•		
Enter Code	0. Never 1. Less than	once a month						
	2. Once a mo							
		nes each month						
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SIS-E/E1	Section F Pre	eferences for Customa	ry Routine Ac	tivities				
100 Patient	Living Situation							
	•	the patient's residential circum	stance and availa	abilitv of assistan	nce?			
	g	····	1		lability of Assis	tance		
na Arrangon					-	1		
	nont		Around the	Regular	Regular	Occasional/	No Assistance	
ng Anangen	nent		Around the Clock	Daytime	Nighttime	Short-Term	No Assistance Available	
			Clock	Daytime ↓ C	Nighttime heck one box or	Short-Term	Available	
A. Patie	ent lives alone	araan(a) in the home	Clock	Daytime ↓ C	Nighttime heck one box or	Short-Term	Available	
A. Patie B. Patie	ent lives alone ent lives with other p	erson(s) in the home te situation	Clock	Daytime ↓ C □ 02 □ 07	Nighttime heck one box or 03 08	Short-Term	Available	
A. Patie B. Patie C. Patie	ent lives alone ent lives with other p ent lives in congrega	()	Clock	Daytime ↓ C	Nighttime heck one box or	Short-Term	Available	
A. Patie B. Patie C. Patie (for e.	ent lives alone ent lives with other p ent lives in congrega example, assisted livin nd Sources of Assis	te situation g, residential care home) tance	Clock	Daytime ↓ C □ 02 □ 07 □ 12	Nighttime heck one box or 03 08 13	Short-Term	Available	
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A. Patie B. Patie C. Patie (for e. 2102. Types an termine the ab ovide assistance	ent lives alone ent lives with other p ent lives in congrega example, assisted livin nd Sources of Assis bility and willingness of ce for the following ac	<b>te situation</b> g, residential care home) <b>tance</b> of non-agency caregivers (such tivities, if assistance is needer	Clock	Daytime ↓ C 02 07 12 ers, friends, or p re by your ageno	Nighttime heck one box or 03 08 13 rivately paid car cy staff.	Short-Term	Available	
A. Patie B. Patie C. Patie (for e. 102. Types an termine the ab	ent lives alone ent lives with other p ent lives in congrega example, assisted livin ind Sources of Assis bility and willingness of ce for the following ac A. ADL assistance	te situation g, residential care home) tance of non-agency caregivers (such tivities, if assistance is needed (for example, transfer/ambula	Clock	Daytime ↓ C 02 07 12 ers, friends, or p re by your agenor ssing, toileting, e	Nighttime heck one box or 03 08 13 rivately paid car cy staff. eating/feeding)	Short-Term	Available	
A. Patie B. Patie C. Patie (for e. 2102. Types an termine the ab ovide assistance	ent lives alone ent lives with other p ent lives in congrega example, assisted livin ind Sources of Assis bility and willingness of ce for the following ac A. ADL assistance 0. No assista	<b>te situation</b> g, residential care home) <b>tance</b> of non-agency caregivers (such tivities, if assistance is needer	Clock	Daytime ↓ C 02 07 12 ers, friends, or p re by your agenor ssing, toileting, e	Nighttime heck one box or 03 08 13 rivately paid car cy staff. eating/feeding)	Short-Term	Available	
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1800. Groomi	
	•
•	tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or fingernail care).
Enter Code	0. Able to groom self unaided, with or without the use of assistive devices or adapted methods.
	<ol> <li>Grooming utensils must be placed within reach before able to complete grooming activities.</li> </ol>
	2. Someone must assist the patient to groom self.
	3. Patient depends entirely upon someone else for grooming needs.
	Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-
Enter Code	<ul> <li>ad blouses, managing zippers, buttons, and snaps.</li> <li>0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.</li> </ul>
	<ol> <li>Able to get clothes out of closets and drawers, put them on and remove them non the upper body without assistance.</li> <li>Able to dress upper body without assistance if clothing is laid out or handed to the patient.</li> </ol>
	2. Someone must help the patient put on upper body clothing.
	3. Patient depends entirely upon another person to dress the upper body.
11820. Current	Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.
Enter Code	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
	1. Able to dress upper body without assistance if clothing is laid out or handed to the patient.
	<ol> <li>Someone must help the patient put on upper body clothing.</li> <li>Patient depends entirely upon another person to dress the upper body.</li> </ol>
11830. Bathing	wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).
Enter Code	O. Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower.
	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.
	2. Able to bathe in shower or tub with the intermittent assistance of another person:
	a. for intermittent supervision or encouragement or reminders, <u>OR</u>
	<ul> <li>b. to get in and out of the shower or tub, <u>OR</u></li> <li>c. for washing difficult to reach areas.</li> </ul>
	3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for
	assistance or supervision.
	<ol> <li>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.</li> </ol>
	5. Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on
	commode, with the assistance or supervision of another person.
	6. Unable to participate effectively in bathing and is bathed totally by another person.
A1840. Toilet T	ransferring
current ability to	get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.
Enter Code	0. Able to get to and from the toilet and transfer independently with or without a device.
	1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
	<ol> <li><u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance).</li> <li><u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.</li> </ol>
	<ol> <li>Is totally dependent in toileting.</li> </ol>
/1845. Toiletin	a Hvaiene
	maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet,
ommode, bedp	an, urinal. If managing ostomy, includes cleaning area around stoma, but not anaging equipment.
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
	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> <b>rring</b> move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. 0. Able to independently transfer.
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> rring move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> rring move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <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>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> rring move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> rring move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <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> <li>Unable to transfer self and is unable to bear weight or pivot when transferred by another person.</li> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> rring move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <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> <li>Unable to transfer self and is unable to bear weight or pivot when transferred by another person.</li> <li>Bedfast, unable to transfer but is able to turn and position self in bed.</li> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> <li>rring         move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.         Able to independently transfer.         Able to transfer with minimal human assistance or with use of an assistive device.         Able to bear weight and pivot during the transfer process but unable to transfer self.         Unable to transfer self and is unable to bear weight or pivot when transferred by another person.         Bedfast, unable to transfer and is unable to turn and position self in bed.         Bedfast, unable to transfer and is unable to turn and position self.     </li> </ol>
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Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> <b>rring</b> move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> <li>Able to transfer with and pivot during the transfer process but unable to transfer self.</li> <li>Unable to transfer self and is unable to bear weight or pivot when transferred by another person.</li> <li>Bedfast, unable to transfer but is able to turn and position self in bed.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> </ol> <b>torn/Locomotion</b> walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. 0. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> <b>rring</b> move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> <li>Able to transfer self and is unable to bear weight or pivot when transferred by another person.</li> <li>Bedfast, unable to transfer but is able to turn and position self.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> </ol> <b>torn/Locomotion</b> walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> rring move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> <li>Able to transfer self and is unable to bear weight or pivot when transferred by another person.</li> <li>Bedfast, unable to transfer but is able to turn and position self in bed.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> </ol> tournamed to transfer and is unable to turn and position self. tournamed position, or use a wheelchair, once in a seated position, on a variety of surfaces. <ol> <li>Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: 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 suith or without railings.</li> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> rring move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. <ol> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> <li>Able to transfer self and is unable to bear weight or pivot when transferred by another person.</li> <li>Bedfast, unable to transfer but is able to turn and position self.</li> </ol> tournamed position self. tournamed position self. tournamed position, or use a wheelchair, once in a seated position, on a variety of surfaces. <ol> <li>Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: 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 sufficiency.</li> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> <li>move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.</li> <li>Able to independently transfer.</li> <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> <li>Unable to transfer self and is unable to bear weight or pivot when transferred by another person.</li> <li>Bedfast, unable to transfer and is unable to turn and position self in bed.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> <li>toin/Locomotion</li> <li>walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.</li> <li>Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance of example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces 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> </ol>
Enter Code	<ol> <li>Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <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> <li>rring         move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.         </li> <li>Able to independently transfer.</li> <li>Able to transfer with minimal human assistance or with use of an assistive device.</li> <li>Able to transfer self and is unable to bear weight or pivot when transfer red by another person.</li> <li>Bedfast, unable to transfer self and is unable to turn and position self in bed.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> <li>Bedfast, unable to transfer and is unable to turn and position self.</li> <li>Bedfast, unable to assistance or assistive device.</li> <li>Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: 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, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces tairs or steps or uneven surfaces and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. </li> </ol>

### M1800. Grooming Current ability to tend safely to personal hygiene needs (specifically: was or denture care, or fingernail care). Enter Code Able to groom self unaided, with or without the 0. 1. Grooming utensils must be placed within read Someone must assist the patient to groom sel 2. Patient depends entirely upon someone else 3. M1810. Current Ability to Dress Upper Body safely (with or without dre opening shirts and blouses, managing zippers, buttons, and snaps. Enter Code 0. Able to get clothes out of closets and drawers 1. Able to dress upper body without assistance i Someone must help the patient put on upper 2. Patient depends entirely upon another person 3. M1820. Current Ability to Dress Lower Body safely (with or without dre Enter Code 0. Able to obtain, put on, and remove clothing an Able to dress lower body without assistance if 1. 2. Someone must help the patient put on underg 3. Patient depends entirely upon another person M1830. Bathing Current ability to wash entire body safely. Excludes grooming (washing fa Enter Code Able to bathe self in shower or tub independe 0. With the use of devices, is able to bathe self i 1. Able to bathe in shower or tub with the intermi 2 a. for intermittent supervision or encourage b. to get in and out of the shower or tub, <u>C</u> for washing difficult to reach areas. C. 3. Able to participate in bathing self in shower or assistance or supervision. Unable to use the shower or tub, but able to ba 4 chair, or on commode. 5. Unable to use the shower or tub, but able to p commode, with the assistance or supervision 6. Unable to participate effectively in bathing and M1840. Toilet Transferring Current ability to get to and from the toilet or bedside commode safely an Enter Code Able to get to and from the toilet and transfer 0. 1 When reminded, assisted, or supervised by a Unable to get to and from the toilet but is able 2. 3. Unable to get to and from the toilet or bedside Is totally dependent in toileting. 4 M1845. Toileting Hygiene Current ability to maintain perineal hygiene safely, adjust clothes and/or in commode, bedpan, urinal. If managing ostomy, includes cleaning area ar Enter Code 0. Able to manage toileting hygiene and clothing Able to manage toileting hygiene and clothing 1. the patient. Someone must help the patient to maintain to 2. 3. Patient depends entirely upon another person M1850. Transferring Current ability to move safely from bed to chair, or ability to turn and positive Enter Code Able to independently transfer. 0. 1. Able to transfer with minimal human assistant 2. Able to bear weight and pivot during the transf 3. Unable to transfer self and is unable to bear w Bedfast, unable to transfer but is able to turn 4 5. Bedfast, unable to transfer and is unable to tu M1860, Ambulation/Locomotion Current ability to walk safely, once in a standing position, or use a wheeld Enter Code Able to independently walk on even and unever 0. needs no human assistance or assistive device With the use of a one-handed device (for example 1. even and uneven surfaces and negotiate stairs Requires use of a two-handed device (for exar 2. requires human supervision or assistance to n Able to walk only with the supervision or assis 3. 4. Chairfast, unable to ambulate but is able to w 5. Chairfast, unable to ambulate and is unable to 6. Bedfast, unable to ambulate or be up in a chai

**SHP** 

OASIS-E/E1 Section G Functional Status

	G
hing face and hands, hair care, shaving or make up, teeth	SOC ROC FU
e use of assistive devices or adapted methods. h before able to complete grooming activities. lf. for grooming needs.	DC
ssing aids) including undergarments, pullovers, front-	SOC ROC FU
<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>	DC
· · · ·	
ssing aids) including undergarments, slacks, socks or nylons, shoes.	SOC
nd shoes without assistance.	ROC FU
clothing and shoes are laid out or handed to the patient. parments, slacks, socks or nylons, and shoes.	DC
to dress lower body.	
	000
ce, washing hands, and shampooing hair).	SOC ROC
ntly, including getting in and out of tub/shower.	FU
n shower or tub independently, including getting in and out of the tub/shower. ittent assistance of another person: ement or reminders, <u>OR</u> <u>OR</u>	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.	
	SOC
d transfer on <u>and</u> off toilet/commode.	ROC
independently with or without a device.	FU DC
nother person, able to get to and from the toilet and transfer.	DC
to use a bedside commode (with or without assistance).	
e commode but is able to use a bedpan/urinal independently.	
	800
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.	
	SOC
tion self in bed if patient is bedfast.	ROC
	FU
ce or with use of an assistive device.	DC
fer process but unable to transfer self.	
veight or pivot when transferred by another person.	
and position self in bed.	
rn and position self.	
	SOC
hair, once in a seated position, on a variety of surfaces.	ROC
en surfaces and negotiate stairs with or without railings (specifically: ce).	FU DC
mple, cane, single crutch, hemi-walker), able to independently walk on s 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 subation and/or scooler       C.       Meetaal ift       D.         9.       D. Walker       E.       Orthotics/Prosthelics       Z.       None of the above         5002/ROC/Lole or does 07, 09, 10 or 88 is permissible	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.         Moort Patient Completed with or without assistance where provides use or of codens toup patient down passistance is up or cleans upa	<ul><li>assistive device, with no assistance from a helper.</li><li>2. Needed Some Help - Patient needed</li></ul>		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		
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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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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.  4. Upper body dressing: The ability to dress and undress below the waist, including fasteners, id explicable.  4. Upper body dressing: The ability to dress and undress below the waist, including fasteners, id explicable.  4. Upper body dressing: The ability to dress and undress below the waist, including fasteners, id explicable.  4. Duver body dressing: The ability to put on and take off socks and shoes or  4. Putting on/taking off botwear: The ability to put on and take off socks and shoes or  4. Putting on/taking off botwear: The ability to put on and take off socks and shoes or  4. Putting on/taking off botwear: The ability to put on and take off socks and shoes or  4. Putting on/taking off botwear: The ability to put on and take off socks and shoes or  4. Putting on/taking off botwe	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
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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.
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ROC Perf       Goal       Perf       Perf         Image: Enter Codes in Boxes Image: Enter Codes Image: Enter Co					
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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.
			Η	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. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
			Π	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. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
				L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
				M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.
				<ul> <li>N. 4 steps: The ability to go up and down four steps with or without a rail.</li> <li>If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.</li> </ul>
				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
				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. Walludi

**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		
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

11021. Primary Diagnosis & M1023. Other Diagnoses				
Column 1	Column 2	1		
iagnoses (Sequencing of diagnoses should reflect the seriousness o		1		
ach condition and support the disciplines and services provided)	sequencing of these ratings may not match the sequencing of the diagnoses			
11021. Primary Diagnosis		SC		
	V, W, X, Y codes NOT allowed	R		
A	A.	FU		
11023. Other Diagnosis		SC		
	All ICD-10-CM codes allowed	R		
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			
	All ICD-10-CM codes allowed			
F	F. F. 0 0 1 0 2 0 3 0 4			
11028. Active Diagnoses - Comorbidities and Co-existing Conditi	ions	S		
See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.				
↓ Check all that apply				
1. Peripheral Vascular Disease (PVD) or Peri	pheral Arterial Disease (PAD)			
2. Diabetes Mellitus (DM)	······································			
3. None of the above		1		

OASIS-E/E1	Section	Н	Bladder and Bowel
M1600. Has thi	s patient b	een tr	eated for a Urinary Tract Infection in
Enter Code	0. 1. NA UK		it on prophylactic treatment own [Omit "UK" option on DC]
M1610. Urinary	Incontine	nce or	Urinary Catheter Presence
Enter Code	0. 1. 2.	Patier Patier	continence or catheter (includes anuria It is incontinent It requires a urinary catheter (specifical
M1620. Bowel	Incontinen	ce Fre	quency
Enter Code	0. 1. 2. 3. 4. 5. NA UK	Less f One to Four t On a o More Patier	arely or never has bowel incontinence han once weekly o three times weekly o six times weekly daily basis often than once daily at has ostomy for bowel elimination own [Omit "UK" option on DC]
M1630. Ostomy Does this patien change in media	nt have an o	ostomy	for bowel elimination that (within the la
Enter Code	0. 1. 2.	Patier	it does <u>not</u> have an ostomy for bowel e it's ostomy was <u>not</u> related to an inpatie stomy <u>was</u> related to an inpatient stay o
	<b>a</b> <i>i</i> :		
OASIS-E/E1	Section	I	Active Diagnoses
M1021 Primar	Diagnosi	c & M'	023. Other Diagnoses
	y Diagnosi		blumn 1
			eses should reflect the seriousness of sciplines and services provided)
M1021. Primary	y Diagnosi	s	
A			

M1023. Other	Diagnosis	
В.		
С.		
D.		
E		
F		
M1028. Active	e Diagnoses - Comorbidities and Co-existing Condition	ns
↓ Checl	k all that apply	
	1. Peripheral Vascular Disease (PVD) or Periph	nera
	2. Diabetes Mellitus (DM)	
	3. None of the above	

۷.		
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 t Which of the f	•	lization Ins or symptoms characterize this patient as at risk for hospitalization?	SC RC
↓ Chec	k all that ap	V	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. Freque	M1242. Frequency of Pain Interfering with patient's activity or movement				
Enter Code	0. 1. 2. 3. 4.	Patient has no pain Patient has pain that does not interfere with activity or movement Less often than daily Daily, but not constantly All of the time			

Enter Code       Has the patient had any falls since SOC/ROC, whichever is more recent?         0.       No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH         1.       Yes → Continue to J1900, Number of Falls Since SOC/ROC				
J1900. Number	of Falls Since SOC/ROC, which			
Coding: 0. None 1. One 2. Two or more		<u>↓ Enter (</u>	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	
		B. <b>Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes t patient to complain of pain		
			C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	
M1910. Has this	s patient had a multi-factor <b>Falls F</b>	Risk Assessr	nent 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>			RO
<b>M1400.</b> When is	s the patient dyspneic or noticeabl	y Short of B	reath?	SC RC
Enter Code       0.       Patient is not short of breath         1.       When walking more than 20 feet, climbing stairs         2.       With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)         3.       With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation         4.       At rest (during day or night)				

M1033 Rick fo	
M1033 Rick fo	
	or Hospitalization
Which of the fo	ollowing signs or symptoms characterize this patient as a
↓ Check	all that apply
	1. History of falls (2 or more falls – or any fall
	2. Unintentional weight loss of a total of 10 po
	3. Multiple hospitalizations (2 or more) in the p
	4. Multiple emergency department visits (2 or
	5. Decline in mental, emotional, or behavioral
	6. Reported or observed history of difficulty co 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
0510. Pain Ef	ffect on Sleep
Enter Code	Ask patient: "Over the past 5 days, how much of the
	0. Does not apply – I have not had any pain
	SOC/ROC; Skip to J1800 Any Falls Since S
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly 8. Unable to answer
J0520. Pain Int	terference with Therapy Activities
Enter Code	Ask patient: "Over the past 5 days, how often have to pain?"
	0. Does not apply – I have not received reh
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	8. Unable to answer
0500 Dain In	
0530. Pain in	terference with Day-to-Day Activities
Enter Code	Ask patient: "Over the past 5 days, how often you h
	therapy session) because of pain?"
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	4. Almost constantly         8. Unable to answer
J1800. Any Fal	-
-	8. Unable to answer IIs Since SOC/ROC, whichever is more recent
J1800. Any Fal	8. Unable to answer IIS Since SOC/ROC, whichever is more recent Has the patient had any falls since SOC/ROC, which
-	8.       Unable to answer         IIs Since SOC/ROC, whichever is more recent         Has the patient had any falls since SOC/ROC, which         0.       No $\rightarrow$ Skip to M1400, Short of Breath at DC
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, which</li> <li>0. No → Skip to M1400, Short of Breath at DO</li> <li>1. Yes → Continue to J1900, Number of Falls</li> </ul>
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, whiche</li> <li>0. No → Skip to M1400, Short of Breath at DC</li> <li>1. Yes → Continue to J1900, Number of Falls</li> <li>er of Falls Since SOC/ROC, whichever is more recent</li> </ul>
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, which</li> <li>0. No → Skip to M1400, Short of Breath at DO</li> <li>1. Yes → Continue to J1900, Number of Falls</li> </ul>
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, whiche</li> <li>0. No → Skip to M1400, Short of Breath at DC</li> <li>1. Yes → Continue to J1900, Number of Falls</li> <li>er of Falls Since SOC/ROC, whichever is more recent</li> </ul>
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, which</li> <li>0. No → Skip to M1400, Short of Breath at DO</li> <li>1. Yes → Continue to J1900, Number of Falls</li> <li>er of Falls Since SOC/ROC, whichever is more recent</li> </ul>
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, which 0. No → Skip to M1400, Short of Breath at DC 1. Yes → Continue to J1900, Number of Falls</li> <li>er of Falls Since SOC/ROC, whichever is more recent</li> <li>↓ Enter Codes in</li> <li>A. N</li> </ul>
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, which 0. No → Skip to M1400, Short of Breath at DC 1. Yes → Continue to J1900, Number of Falls</li> <li>er of Falls Since SOC/ROC, whichever is more recent</li> <li>↓ Enter Codes in</li> <li>↓ Enter Codes in</li> <li>↓ A. N</li> </ul>
Enter Code	<ul> <li>8. Unable to answer</li> <li>IIs Since SOC/ROC, whichever is more recent</li> <li>Has the patient had any falls since SOC/ROC, which 0. No → Skip to M1400, Short of Breath at DC 1. Yes → Continue to J1900, Number of Falls</li> <li>er of Falls Since SOC/ROC, whichever is more recent</li> <li>↓ Enter Codes in</li> <li>↓ Enter Codes in</li> <li>↓ A. N</li> </ul>
Enter Code	8. Unable to answer         IIs Since SOC/ROC, whichever is more recent         Has the patient had any falls since SOC/ROC, which         0. No → Skip to M1400, Short of Breath at DC         1. Yes → Continue to J1900, Number of Falls         er of Falls Since SOC/ROC, whichever is more recent         ↓ Enter Codes in         ↓ Enter Codes in         □       A. N         tt         p         □       B. In
Enter Code	8. Unable to answer         IIs Since SOC/ROC, whichever is more recent         Has the patient had any falls since SOC/ROC, which         0. No → Skip to M1400, Short of Breath at DC         1. Yes → Continue to J1900, Number of Falls         er of Falls Since SOC/ROC, whichever is more recent         ↓ Enter Codes in         ↓ Enter Codes in         □       A. N         tt         p         □       B. In
Enter Code	8. Unable to answer         IIs Since SOC/ROC, whichever is more recent         Has the patient had any falls since SOC/ROC, which         0. No → Skip to M1400, Short of Breath at DC         1. Yes → Continue to J1900, Number of Falls         er of Falls Since SOC/ROC, whichever is more recent         ↓ Enter Codes in         □       A. N         the process of the second
Enter Code	8. Unable to answer         IIs Since SOC/ROC, whichever is more recent         Has the patient had any falls since SOC/ROC, which         0. No → Skip to M1400, Short of Breath at DC         1. Yes → Continue to J1900, Number of Falls         or of Falls Since SOC/ROC, whichever is more recent         ↓ Enter Codes in         ↓ Enter Codes in         □       A. N. the second seco
Enter Code	8. Unable to answer         IIs Since SOC/ROC, whichever is more recent         Has the patient had any falls since SOC/ROC, which         0. No → Skip to M1400, Short of Breath at DC         1. Yes → Continue to J1900, Number of Falls         er of Falls Since SOC/ROC, whichever is more recent         ↓ Enter Codes in         □       A. N         the process of the second

SOC ROC FU DC

**B**SHP

OASIS-E/E1 Section J Health Conditions

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

	J
	000
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 medications, diet,	
plying with any medical instructions (for example, medications, diet,	
	SOC
time has pain made it hard for you to sleep at night?"	ROC DC
<b>r hurting in the past 5 days</b> $\rightarrow$ Skip to M1400, Short of Breath at	DC
C/ROC at DC	
	SOC
ou limited your participation in rehabilitation therapy sessions due	ROC DC
ilitation therapy in the past 5 days	
	SOC
	ROC
<i>ve limited your day-to-day activities (<u>excluding</u> rehabilitation</i>	DC
	TRF
	DC
er is more recent?	
Skip to M2005, Medication Intervention at TRN and DAH ince SOC/ROC	
	TOF
2205	TRF DC
Dxes	
<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	
jor injury: Bone fractures, joint dislocations, closed head injuries with	
red consciousness, subdural hematoma	

SOC ROC DC

### stairs

dressing, using commode or bedpan, walking distances less than 20 feet) ating, 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	t and Weight - While measuring, if the number is X.1-X.4 round down; X.5 o	r greater round up.				
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 las standard agency practice (for example, in a.m. after voiding, be			, according to		
(0520. Nutriti	ional Approaches	SOC/ROC	C	)C		
1. On A	Admission - Check all that apply on admission	1.	4.	5.		
4. Last	Last 7 days - Check all that were received in the last 7 days On Admission Last 7 days At Discharge					
5. At Di	At Discharge - Check all that were being received at discharge					
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)					
	Therapeutic diet (e.g., low salt, diabetic, low cholesterol)					
D.	merapeutic diet (e.g., low sait, diabetic, low cholesterol)					

M1870.		
C	 4 . 4	

Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u>, <u>chewing</u>, and <u>swallowing</u>, <u>not preparing</u> the food to be eaten.

Enter Code	0. 1.	Able to independently feed self. Able to feed self independently but requires: a. meal set-up; OR
		<ul> <li>b. intermittent assistance or supervision fro</li> <li>c. a liquid, pureed or ground meat diet.</li> </ul>
	2.	Unable to feed self and must be assisted or su
	3.	Able to take in nutrients orally and receives su
	4.	Unable to take in nutrients orally and is fed nut
	5.	Unable to take in nutrients orally or by tube fee



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

upervised throughout the meal/snack.

upplemental nutrients through a nasogastric tube or gastrostomy.

utrients through a nasogastric tube or gastrostomy.

eding.

SOC ROC DC

OASIS-D	Integumentary Status	
	his patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable?	SOC
(Excludes Stag	<ul> <li>e 1 pressure injuries and all healed pressure ulcers/injuries)</li> <li>0. No → Skip to M1322 Current Number of Stage 1 Pressure Injuries at SOC/ROC: Skip to M1324 Stage of Most</li> </ul>	ROC FU
	Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC	DC
M1307 The O	1. Yes  Idest 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	nt 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	<b>Stage 3:</b> 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	SOC
Enter Number	<ul> <li>of the wound bed. Often includes undermining and tunneling.</li> <li>C1. Number of Stage 4 pressure ulcers - If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device</li> </ul>	ROC FU(o) DC
Enter Number		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 ning; in dark skin tones only it may appear with persistent blue or purple hues.	ROC FU(o)
Enter Code	0. Zero	
	1. One 2. Two	
	3. Three 4. Four or more	
M1324. Stage	of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable	SOC
Excludes press	sure 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 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>	φ <sub>1</sub>
		- I - Land N

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 e 1 pressure injuries and all healed pressure ulcers/injuries)
Enter Code	<ul> <li>No → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC</li> <li>Yes</li> </ul>
M1307. The Ol	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	l 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, w 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 experimely 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 dressir
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 $0 \rightarrow Skip$ 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/R0 - 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	l of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable
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.
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>

	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 ROC
→ Skip to M1311B1, Stage 3	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
ue 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
procenting as doon tissue injury	SOC ROC
presenting as deep tissue injury 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	of Most Problematic Surgical Wound that is Observable	SOC
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	Regimen 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>	
M2003. Medica	l ation Follow-up	SOC
	contact a physician (or physician-designee) by midnight of the next calendar day and complete ommended actions in response to the identified potential clinically significant medication issues?	ROC
Enter Code	0. No 1. Yes	
M2005. Medica	ation Intervention	TRF
	contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next ach time potential clinically significant medication issues were identified since the SOC/ROC?	DC
Enter Code	0. No 1. Yes	
	<ul> <li>9. NA - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications</li> </ul>	
M2010. Patient	t/Caregiver High-Risk Drug Education	SOC
	/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?	ROC
Enter Code	0. <b>No</b>	
	<ol> <li>Yes</li> <li>NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated</li> </ol>	
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	TRF DC
At the time of, o other health car	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	
At the time of, contract the time of, contract the time of the term of ter	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	
At the time of, contrast the time of, contre	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	DC
At the time of, co other health car now and when t Enter Code M2020. Manag Patient's curren	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         gement of Oral Medications       Interview of the effect	DC SOC ROC
At the time of, contract the health can now and when the second s	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 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         gement of Oral Medications       Interventions 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:	DC SOC ROC
At the time of, contract the health can now and when the second s	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         rement of Oral Medications       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.	DC SOC ROC
At the time of, contract the health can now and when the second s	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         perment of Oral Medications         nt 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; OR         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	DC SOC ROC
At the time of, contract the health can now and when the second s	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         rement of Oral Medications       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.	DC SOC ROC
At the time of, contract the health car how and when the term of the second sec	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         perment of Oral Medications         tt ability to prepare and take <u>all</u> 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.       Unable to take medication unless administered by another person.	DC SOC ROC DC
At the time of, contract the health can now and when the second s	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         gement 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.         NA       No oral medications prescribed.	DC SOC ROC DC
At the time of, contract the health can now and when the second s	UCaregiver Drug Education Intervention         or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or report problems that may occur?         0.       No         1.       Yes         NA       Patient not taking any drugs         perment of Oral Medications         nt 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 unless administered by another person.         NA       No oral medications prescribed.         rement of Injectable Medications       figure reminders by another person at the appropriate times         3.       Unable to take medication unless administered by another person.         NA       No oral medications prescribed.         rement of Injectable Medications         a.       Unable to take medications         b.       anotherescribed. <td< td=""><td>DC SOC ROC DC</td></td<>	DC SOC ROC DC
At the time of, contract the health can be and when the second se	VCaregiver 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       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 unless administered by another person.         NA       No oral medications prescribed.         ement of Injectable Medications         tability to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of at the appropriate times intervent.         Able to take medication(s) at the correct times if given reminders by another person at the appropriate times         3.       Unable to take medications prescribed.         ement of Injectable Medications         tability to prepare and take <u>all</u> prescribed injectable medications reli	DC SOC ROC DC
At the time of, contract the health can be and when the second se	VCaregiver Drug Education Intervention         or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or report problems that may occur?         0.       No         1.       Yes         NA       Patient not taking any drugs         perment of Oral Medications         nt 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 unless administered by another person.         NA       No oral medications prescribed.         rement of Injectable Medications       figure reminders by another person at the appropriate times         3.       Unable to take medication unless administered by another person.         NA       No oral medications prescribed.         rement of Injectable Medications         a.       Unable to take medications         b.       anotherescribed. <td< td=""><td>DC SOC ROC DC</td></td<>	DC SOC ROC DC
At the time of, contract the health can be and when the second se	UCaregiver 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       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.         a.       individual dosages are prepared in advance by another person; OR         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.       Unable to take medications         4.       No oral medications         at ability to prepare and take all prescribed injectable medications reliably and safely, including administration of at the appropriate times/intervals. Excludes IV medications.         0.       Able to take medications         3.       Unable to take medications         4. <td< td=""><td>DC SOC ROC DC</td></td<>	DC SOC ROC DC
At the time of, contract the health can be and when the second se	UCaregiver 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         geneent of Oral Medications       tability to prepare and take all oral medications reliably and safely, including administration of the correct dosage test times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)         0.       Able to independently take the correct times if:         a.       individual dosages are prepared in advance by another person; OR         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.       Unable to take medication unless administered by another person.         NA       No oral medications         nt ability to prepare and take all prescribed injectable medications; eliably and safely, including administration of at the appropriate times/intervals. Excludes IV medications.         0.       Able to take medication (s) at the correct times if given reminders by another person at the appropriate times at its ability to prepare and take all prescribed injectable medications.         11.	DC SOC ROC DC

SOC/ROC and	Discharge			
N0415. Hiah-Ri	isk Drug Classes: Use and Indication			SO0 RO0
1. <b>Is taki</b> Check pharm		1. Is Taking	2. Indication Noted	DC
If Colu	umn 1 is checked, check if there is an indication noted for edications in the drug class	↓ Check al	l that apply □	-
E. F. H. I. J.	Antipsychotic Anticoagulant Antibiotic Opioid Antiplatelet Hypoglycemic (including insulin) None of the above			
M2001. Drug R	egimen Review drug regimen review identify potential clinically significant medication issues	?		SO( RO(
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>			
M2003. Medica	tion Follow-up			
prescribed/recor	contact a physician (or physician-designee) by midnight of the next calendar mmended actions in response to the identified potential clinically significant			
	contact a physician (or physician-designee) by midnight of the next calendar			
Enter Code M2005. Medica Did the agency	contact a physician (or physician-designee) by midnight of the next calendar mmended actions in response to the identified potential clinically significant 0. <b>No</b>	medication issues? ended actions by midnight of	f the next	SOC ROC TRF DC
Enter Code M2005. Medica Did the agency	contact a physician (or physician-designee) by midnight of the next calendar mmended actions in response to the identified potential clinically significant 0. No 1. Yes tion Intervention contact and complete physician (or physician-designee) prescribed/recomm	medication issues? ended actions by midnight of a the SOC/ROC?		ROC
Enter Code M2005. Medica Did the agency of calendar day ea Enter Code M2010. Patient Has the patient/	contact a physician (or physician-designee) by midnight of the next calendar mmended actions in response to the identified potential clinically significant         0.       No         1.       Yes         witting potential clinically significant medication issues were identified since         0.       No         1.       Yes         witting potential clinically significant medication issues were identified since         0.       No         1.       Yes         9.       NA - There were no potential clinically significant medication issues	ended actions by midnight of the SOC/ROC?	C or patient is not taking	ROC

M2020. Manag	ement of	Oral Medications	SOC
		prepare and take all oral medications reliably and safely, including administration of the correct dosage	ROC
at the appropria	ite times/ir	tervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	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>	
M2030. Manag	ement of	Injectable Medications	000
		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	<ul> <li>Able to independently take the correct medication(s) and proper dosage(s) at the correct times.</li> <li>Able to take injectable medication(s) at the correct times if: <ul> <li>a. individual syringes 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 based on the frequency of the injection <u>Unable</u> to take injectable medication unless administered by another person.</li> <li>No injectable medications prescribed.</li> </ul>	1

SOC/ROC	and Disch	arge		
		tments, Procedures, and Programs	a. On Admission	c. At Discharge
		<i>ing treatments, procedures, and programs that apply.</i>		that apply []
	reatments			
A1. C	Chemother	apy		
	A2. I			
	A3. (	Dral		
	A10.	Other		
B1. F	Radiation			
Respirato	ory Therapi	es		
C1. C	Oxygen Th			
		Continuous		
		ntermittent		
		High-concentration		
D1. S	Suctioning			
		Scheduled As needed		
E1. <b>T</b>	D3. 7 Tracheosto			
		echanical Ventilator (ventilator or respirator)		
		ve Mechanical Ventilator		
<b>9</b> 1. I	G2.			
	G3. (			
Other				
H1. <b>I</b>	IV Medicati	ons		
	H2.	/asoactive medications		
	H3.	Antibiotics		
	H4. /	Anticoagulation		
	H10. (	Other		
	Transfusio	ns		
J1. C	Dialysis			
		Hemodialysis		
01. <b>ľ</b>	J3. I IV Access	Peritoneal dialysis		
01. 1		Peripheral		
		Vid-line		
		Central (e.g., PICC, tunneled, port)		
None of th				
Z1. N	None of the	Above		
00350. Pa	atient's CO	VID-19 vaccination is up to date.		
Enter Co				
Enter Co		D. No, patient is not up to date		
		1. <b>Yes</b> , patient is up to date		
M1041. Inf	fluenza Va	ccine Data Collection Period		
Does this e	episode of	care (SOC/ROC to Transfer/Discharge) include any dates on	or between October 1 and March 31?	
Enter Co	ode (	<b>No</b> $\rightarrow$ Skip to M2401, Intervention Synopsis		
		1. <b>Yes</b> $\rightarrow$ Continue to M1046, Influenza Vaccine Received	1	
		ccine Received		
Did the pat	tient receive	e the influenza vaccine for this year's flu season?		
Enter Co	ode	1. <b>Yes</b> ; received from your agency during this episode of	care (SOC/ROC to Transfer/Discharge	)
		2. <b>Yes</b> ; received from your agency during a prior episode		
	3	3. Yes; received from another health care provider (for ex		
	4	4. <b>No</b> ; patient offered and declined		
		5. <b>No</b> ; patient assessed and determined to have medical		
		6. <b>No</b> ; not indicated - patient does not meet age/condition		
		7. <b>No</b> ; inability to obtain vaccine due to declared shortage		
	5	8. No; patient did not receive the vaccine due to reasons	other than those listed in responses $4^{-1}$	7

M1041. Influen	a Vaccine Data Collection Period	TRF	
Does this episo	e of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?	DC	
Enter Code	<ol> <li>No → Skip to M1051, Pneumococcal Vaccine</li> <li>Yes → Continue to M1046, Influenza Vaccine Received</li> </ol>		
M1046. Influen	M1046. Influenza Vaccine Received		
Did the patient r	ceive 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>		
M1051. Pneum	coccal Vaccine	TRF	
Has the patient	ever received the pneumococcal vaccination (for example, pneumovax)?	DC	
Enter Code	0. No 1. Yes [Go to M2005 at TRN; Go to M1242 at DC]		
	Pneumococcal Vaccine not received /er 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>		



the indicated ne	alth plan of ca	re for the Medicare payment episode for which this assessment will define a case mix group, what is / visits (total of reasonable and necessary physical, occupational, and speech-language pathology ["000"] if no therapy visits indicated.)	SOC 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 Col	lected at TRF/DC (continued)		

<b>M2401. Intervention Synopsis</b> At the time of or at any time since the most recen physician-ordered plan of care AND implemented				wing interventions BOTH included in the	TRF DC
Plan/Intervention	No	Yes	Not Applicable		
A. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	Check or	nly one box in	each row↓	Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).	
B. Falls prevention interventions	0	1	NA	Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls.	
C. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	0	1	NA	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.	
D. Intervention(s) to monitor and mitigate pain	0	1	<u></u> 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		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 the indicated need for therapy visits (total of reasonable and necessar visits combined)? (Enter zero ["000"] if no therapy visits indicated.)				
		Nu	mber of therapy visits indicated (	
		NA	- Not Applicable: No case mix grou	
OASIS-E/E1	Section Q		Participation in Assessme	
M2401. Interve	ntion Synops	is		
A			1	

M2200. Therapy Need

At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Mark only one box in each row.)

Plan/Intervention	No	Yes
	↓Check on	ly one box i

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



which this assessment will define a case mix group, what is y physical, occupational, and speech-language pathology

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

o defined by this assessment.

## nt and Goal Setting

## 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