

OASIS ITEM																			
<p>(M2040) Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only <u>one</u> box in each row.</p> <table border="1"> <thead> <tr> <th>Functional Area</th> <th>Independent</th> <th>Needed Some Help</th> <th>Dependent</th> <th>Not Applicable</th> </tr> </thead> <tbody> <tr> <td>a. Oral medications</td> <td><input type="checkbox"/>0</td> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> <td><input type="checkbox"/>na</td> </tr> <tr> <td>b. Injectable medications</td> <td><input type="checkbox"/>0</td> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> <td><input type="checkbox"/>na</td> </tr> </tbody> </table>					Functional Area	Independent	Needed Some Help	Dependent	Not Applicable	a. Oral medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> na	b. Injectable medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> na
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ITEM INTENT																			
<p>Identifies the patient's ability to manage all prescribed oral and injectable medications prior to the onset of the current illness, exacerbation of a chronic condition, or injury (whichever is most recent) that initiated this episode of care. The intent of the item is to identify the patient's prior ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. This item is used for risk adjustment and can be helpful for setting realistic goals for the patient.</p>																			
TIME POINTS ITEM(S) COMPLETED																			
<p>Start of Care</p> <p>Resumption of Care</p>																			
RESPONSE—SPECIFIC INSTRUCTIONS																			
<ul style="list-style-type: none"> A care episode is not the same as a payment episode. The care episode begins with the most recent SOC or ROC and ends with a Transfer or Discharge. For example, if a patient is resuming home care services after a recent inpatient admission, report the patient's ability to manage medications prior to the most recent illness, injury, or exacerbation that is resulting in this resumption of home care services. Includes all prescribed and OTC (over-the-counter) oral medications and all prescribed injectable medications that the patient is currently taking and are included on the plan of care. For each functional area (oral medications and injectable medications), select a response. If the patient's prior ability to manage oral or injectable medications varied from medication to medication, consider the medication for which the most assistance was needed when selecting a response. "Independent" means that the patient completed the activity by him/herself (with or without assistive devices) without physical or verbal assistance from a helper or reminders from another person. (Reminders provided by a device that the patient can independently manage are not considered "assistance" or "reminders.") "Needed some help" means that the patient required some help from another person to accomplish the task/activity. "Dependent" means that the patient was incapable of performing any of the task/activity. For oral medications, this means that the patient was capable only of swallowing medications that were given to her/him. For injectable medications, this means that someone else must have prepared and administered the medication. Select Response "NA" if there were no oral medications (row a) or no injectable medications (row b) used. 																			
DATA SOURCES / RESOURCES																			
<ul style="list-style-type: none"> Patient/caregiver interview Referral information Review of past health history Physician 																			