OASIS-D1 to OASIS-E Crosswalk Guide

Developed by **Strategic Healthcare Programs** • www.SHPdata.com

v1.9

SHP is pleased to provide home health agencies with a complete side-by-side comparison of the OASIS-D1 and OASIS-E 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-E and beyond. **Note: When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.**

Item Summary

Item #	Sec.	Description	OASIS-D1 Time Points						OASIS-E Time Points						Notes
			SOC	ROC	FU	TRF	DC	DAH	SOC	ROC	FU	TRF	DC	DAH	
M0010-100,150	A	Administrative Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M0102	A	Date of Physician-ordered S/ROC	✓	✓					✓	✓					
M0104	A	Date of Referral	✓	✓					✓	✓					
M0110	A	Episode Timing	✓	✓	✓				✓	✓	✓				
M0906	A	Discharge/Transfer/Death Date				✓	✓	✓				✓	✓	✓	
M1000	A	Inpat Fac DC within last 14 days	✓	✓					✓	✓					
M1005	A	Inpat DC Date	✓	✓					✓	✓					
M0140	A	Race/Ethnicity	✓	✓											Item Removed
A1005	A	Ethnicity							✓						Item Added
A1010	A	Race							✓						Item Added
A1110	A	Language							✓						Item Added
A1250	A	Transportation							✓	✓			✓		Item Added
M2301	A	Emergent Care				✓	✓					✓	✓		
M2310	A	Reason for EC				✓	✓					✓	✓		
M2410	A	Inpat Fac admitted to				✓	✓					✓	✓		
M2420	A	DC Disposition					✓						✓		
A2120	A	Med List Provision to Provider										✓			Item Added
A2121	A	Med List Provision to Provider											✓		Item Added
A2122	A	Route of Provision to Provider										✓	✓		Item Added
A2123	A	Med List Provision to Patient											✓		Item Added
A2124	A	Route of Provision to Patient											✓		Item Added
B0200	B	Hearing							✓						Item Added
M1200	B	Vision	✓	✓	✓										Item Removed
B1000	B	Vision							✓						Item Added
B1300	B	Health Literacy							✓	✓			✓		Item Added
C0100	C	BIMS Interview Attempted							✓	✓			✓		Item Added
C0200	C	BIMS: Repetition of Three Words							✓	✓			✓		Item Added
C0300	C	BIMS: Temporal Orientation							✓	✓			✓		Item Added
C0400	C	BIMS: Recall							✓	✓			✓		Item Added
C0500	C	BIMS: Summary Score							✓	✓			✓		Item Added
C1310	C	Signs/Symp of Delirium							✓	✓			✓		Item Added
M1700	C	Cognitive Functioning	✓	✓			✓		✓	✓			✓		
M1710	C	When Confused	✓	✓			✓		✓	✓			✓		
M1720	C	When Anxious	✓	✓			✓		✓	✓			✓		
M1730	D	Depression Screening	✓	✓											Item Removed
D0150	D	Patient Mood Interview							✓	✓			✓		Item Added
D0160	D	Total Severity Score							✓	✓			✓		Item Added
D0700	D	Social Isolation							✓	✓			✓		Item Added
M1740	E	Cog, Behav, Psych Symptoms	✓	✓			✓		✓	✓			✓		
M1745	E	Freq of Behavior Symptoms	✓	✓			✓		✓	✓			✓		
M1100	F	Living Situation	✓	✓					✓	✓					
M2102	F	Types and Src of Assistance	✓	✓			✓		✓	✓			✓		
M1800	G	Grooming	✓	✓	✓		✓		✓	✓	✓		✓		
M1810	G	Upper Dressing	✓	✓	✓		✓		✓	✓	✓		✓		
M1820	G	Lower Dressing	✓	✓	✓		✓		✓	✓	✓		✓		
M1830	G	Bathing	✓	✓	✓		✓		✓	✓	✓		✓		
M1840	G	Toilet Trf	✓	✓	✓		✓		✓	✓	✓		✓		
M1845	G	Toilet Hyg	✓	✓			✓		✓	✓			✓		
M1850	G	Bed Trf	✓	✓	✓		✓		✓	✓	✓		✓		
M1860	G	Ambulation	✓	✓	✓		✓		✓	✓	✓		✓		
GG0100	GG	Prior Functioning	✓	✓					✓	✓					

Continued…

Item #	Sec.	Description	OASIS-D1 Time Points						OASIS-E Time Points						Notes
			SOC	ROC	FU	TRF	DC	DAH	SOC	ROC	FU	TRF	DC	DAH	
GG0110	GG	Prior Device Use	✓	✓					✓	✓					
GG0130	GG	Self-Care	✓	✓	✓		✓		✓	✓	✓		✓		
GG0170	GG	Mobility	✓	✓	✓		✓		✓	✓	✓		✓		
M1600	H	UTI	✓	✓			✓		✓	✓			✓		
M1610	H	Urinary Incont/Catheter	✓	✓	✓				✓	✓					Removed at FU
M1620	H	Bowel Incont Freq	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1630	H	Ostomy	✓	✓	✓				✓	✓					Removed at FU
M1021	I	Primary Dx	✓	✓	✓				✓	✓					Removed at FU
M1023	I	Other Dx	✓	✓	✓				✓	✓					Removed at FU
M1028	I	Comorb/Co-existing Conditions	✓	✓					✓	✓					
M1033	J	Risk for Hospitalization	✓	✓	✓				✓	✓	✓				
J0510	J	Pain Effect on Sleep							✓	✓			✓		Item Added
M1242	J	Freq of Pain Interfer w/ Activity	✓	✓	✓		✓								Item Removed
J0520	J	Pain Interfer w/ Therapy							✓	✓			✓		Item Added
J0530	J	Pain Interfer w/ Activity							✓	✓			✓		Item Added
J1800	J	Any Falls since S/ROC				✓	✓					✓	✓		
J1900	J	Number of Falls since S/ROC				✓	✓					✓	✓		
M1910	J	Falls Risk Asmt	✓	✓											Item Removed
M1400	J	Dyspnea	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1060	K	Height and Weight	✓	✓					✓	✓					
K0520	K	Nutritional Approaches							✓	✓			✓		Item Added
M1030	K	Therapies Received at Home	✓	✓	✓										Item Removed
M1870	K	Feeding or Eating	✓	✓			✓		✓	✓			✓		
M1306	M	Unhealed PU Stage 2+	✓	✓	✓		✓		✓	✓	✓		✓		
M1307	M	Oldest Stage 2 PU					✓						✓		
M1311	M	Current # Unhealed PUs	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1322	M	Current # Stage 1 PUs	✓	✓	✓				✓	✓					Removed at FU
M1324	M	Stage of Most Prob PU	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1330	M	Presence of Stasis Ulc	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1332	M	Current # Observable Stasis Ulc	✓	✓	✓				✓	✓					Removed at FU
M1334	M	Status of Most Prob Stasis Ulc	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1340	M	Presence of Surgical Wound	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1342	M	Status of Most Prob Srg Wnd	✓	✓	✓		✓		✓	✓			✓		Removed at FU
N0415	N	High Risk Drug Classes							✓	✓			✓		Item Added
M2001	N	Drug Reg Review	✓	✓					✓	✓					
M2003	N	Medication Follow-up	✓	✓					✓	✓					
M2005	N	Medication Intervention				✓	✓					✓	✓		
M2010	N	High-Risk Drug Education	✓	✓					✓	✓					
M2016	N	Drug Education Intervention				✓	✓								Item Removed
M2020	N	Mgmt of Oral Meds	✓	✓			✓		✓	✓			✓		
M2030	N	Mgmt of Injectable Meds	✓	✓	✓				✓	✓					Removed at FU
O0110	O	Special Trtmts, Procedures, Prog							✓	✓			✓		Item Added
M1041	O	Flu Vac Data Collection Period				✓	✓					✓	✓		
M1046	O	Flu Vac Received				✓	✓					✓	✓		
M1051	O	Pneumococcal Vac				✓	✓								Item Removed
M1056	O	Reason PPV Not Received				✓	✓								Item Removed
M2200	O	Therapy Need	✓	✓	✓				✓	✓					Removed at FU
M2401	Q	Intervention Synopsis				✓	✓					✓	✓		M2401A removed

This version of OASIS is based on the Draft OASIS-E Item Set posted by CMS on May 16, 2022.
OASIS-E is scheduled for implementation on January 1, 2023.

OASIS-D	Clinical Record Items, Patient History, Items Collected at TRF/DC

M0010. CMS Certification Number — All

☐☐☐☐☐☐

M0014. Branch State — All

☐☐

M0016. Branch ID Number — All

☐☐☐☐☐☐☐☐☐☐

M0018. National Provider Identifier (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 Year

M0032. Resumption of Care Date — All

☐☐ - ☐☐ - ☐☐☐☐ ☐ NA - Not Applicable
Month Day Year

M0040. Patient Name — All

☐☐☐☐☐☐☐☐☐☐☐☐ ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐
(First) (MI) (Last) (Suffix)

M0050. Patient State of Residence — 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**
2. **Female**

M0080. Discipline of Person Completing Assessment — All

Enter Code ☐

1. **RN**
2. **PT**
3. **SLP/ST**
4. **OT**

M0090. Date Assessment Completed — All

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

M0100. This Assessment 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
6. **Transferred to an inpatient facility** - patient not discharged from agency ↓ Skip to M1041
7. **Transferred to an inpatient facility** - patient discharged from agency ↓ Skip to M1041

Discharge from Agency - Not to an Inpatient Facility
8. **Death at home** ↓ Skip to M2005
9. **Discharge from agency** ↓ Skip to M1041

OASIS-E	Section A	Administrative Information	A

M0010. CMS Certification Number — All

☐☐☐☐☐☐

M0014. Branch State — All

☐☐

M0016. Branch ID Number — All

☐☐☐☐☐☐☐☐☐☐

M0018. National Provider Identifier (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 Year

M0032. Resumption of Care Date — All

☐☐ - ☐☐ - ☐☐☐☐ ☐ NA - Not Applicable
Month Day Year

M0040. Patient Name — All

☐☐☐☐☐☐☐☐☐☐☐☐ ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐
(First) (MI) (Last) (Suffix)

M0050. Patient State of Residence — 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**
2. **Female**

M0080. Discipline of Person Completing Assessment — All

Enter Code ☐

1. **RN**
2. **PT**
3. **SLP/ST**
4. **OT**

M0090. Date Assessment Completed — All

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

M0100. This Assessment 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
6. **Transferred to an inpatient facility** - patient not discharged from agency ↓ Skip to M1041
7. **Transferred to an inpatient facility** - patient discharged from agency ↓ Skip to M1041

Discharge from Agency - Not to an Inpatient Facility
8. **Death at home** ↓ Skip to M2005
9. **Discharge from agency** ↓ Skip to M1041

M0102. Date of Physician-ordered Start of Care (Resumption of Care) — SOC ROC

If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.

☐☐ - ☐☐ - ☐☐☐☐ ↓ Skip to M0110, Episode Timing, if date entered
Month Day Year

☐ **NA - No specific SOC/ROC date ordered by physician**

M0104. Date of Referral — SOC ROC

Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

M0110. Episode Timing — SOC ROC FU

Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes?

Enter Code ☐

1. **Early**
2. **Late**
UK **Unknown**
NA **Not Applicable:** No Medicare case mix group to be defined by this assessment.

M0150. Current Payment Sources for Home Care — All

↓ Check 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. **Title programs** (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**

M0906. Discharge/Transfer/Death Date — TRF DC DAH

Enter the date of the discharge, transfer, or death (at home) of the patient.

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

M1000. From which of the following **Inpatient Facilities** was the patient discharged within the past 14 days? — SOC ROC

↓ 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)**
☐ 6. **Psychiatric hospital or unit**
☐ 7. **Other (specify)**
☐ NA **Patient was not discharged from an inpatient facility** → Skip to M1021, Primary Diagnosis

M1005. Inpatient Discharge Date (most recent) — SOC ROC

☐☐☐ - ☐☐ - ☐☐☐☐ ☐ **UK - Unknown**

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) — SOC ROC

If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.

☐☐ - ☐☐ - ☐☐☐☐ ↓ Skip to M0110, Episode Timing, if date entered
Month Day Year

☐ **NA - No specific SOC/ROC date ordered by physician**

M0104. Date of Referral — SOC ROC

Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

M0110. Episode Timing — SOC ROC FU

Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes?

Enter Code ☐

1. **Early**
2. **Late**
UK **Unknown**
NA **Not Applicable:** No Medicare case mix group to be defined by this assessment.

M0150. Current Payment Sources for Home Care — All

↓ Check 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. **Title programs** (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**

M0906. Discharge/Transfer/Death Date — TRF DC DAH

Enter the date of the discharge, transfer, or death (at home) of the patient.

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

M1000. From which of the following **Inpatient Facilities** was the patient discharged within the past 14 days? — SOC ROC

↓ 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)**
☐ 6. **Psychiatric hospital or unit**
☐ 7. **Other (specify)**
☐ NA **Patient was not discharged from an inpatient facility** → Skip to B0200 Hearing at SOC, to B1300 Health Literacy at ROC

M1005. Inpatient Discharge Date (most recent) — SOC ROC

☐☐☐ - ☐☐ - ☐☐☐☐ ☐ **UK - Unknown or Not Available**

(M0140) Race/Ethnicity — SOC ROC

↓ Check 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

A1005. Ethnicity — SOC

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

↓ Check all that apply

- ☐ A. No, not of Hispanic, Latino/a, or Spanish origin
- ☐ B. Yes, Mexican, Mexican American, Chicano/a
- ☐ C. Yes, Puerto Rican
- ☐ D. Yes, Cuban
- ☐ E. Yes, Another Hispanic, Latino, or Spanish origin
- ☐ X. Patient unable to respond
- ☐ Y. Patient declines to respond

A1010. Race — SOC

What is your race?

↓ Check all that apply

- ☐ 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. Language — SOC

Enter Code ☐

A. **What is your preferred language?** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

B. **Do you need or want an interpreter to communicate with a doctor or health care staff?**

- 0. **No**
- 1. **Yes**
- 9. **Unable to determine**

A1250. Transportation *(NACHC ©)* — SOC ROC DC

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

↓ Check all that apply

- ☐ A. **Yes, it has kept me from medical appointments or from getting my medications**
- ☐ B. **Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need**
- ☐ C. **No**
- ☐ X. **Patient unable to respond**
- ☐ Y. **Patient declines to respond**

M2301. Emergent Care — TRF DC

At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)?

Enter Code ☐

- 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 **Unknown** → Skip to M2410, Inpatient Facility

M2310. Reason for Emergent Care — TRF DC

For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)?

↓ Check all that apply

- ☐ 1. **Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis**
- ☐ 10. **Hypo/Hyperglycemia, diabetes out of control**
- ☐ 19. **Other than above reasons**
- ☐ UK **Reason unknown**

M2410. To which **Inpatient Facility** has the patient been admitted? — TRF DC

Enter Code ☐

- 1. **Hospital** [Go to M0906]
- 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]

M2301. Emergent Care — TRF DC

At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)?

Enter Code ☐

- 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 **Unknown** → Skip to M2410, Inpatient Facility

M2310. Reason for Emergent Care — TRF DC

For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)?

↓ Check all that apply

- ☐ 1. **Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis**
- ☐ 10. **Hypo/Hyperglycemia, diabetes out of control**
- ☐ 19. **Other than above reasons**
- ☐ UK **Reason unknown**

M2410. To which **Inpatient Facility** has the patient been admitted? — TRF DC

Enter Code ☐

- 1. **Hospital**
- 2. **Rehabilitation facility**
- 3. **Nursing home**
- 4. **Hospice**
- NA **No inpatient facility admission** [Omit "NA" option on TRN]

M2420. Discharge Disposition

Where is the patient after 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. Discharge Disposition

Where is the patient after discharge from your agency? (Choose only one answer.)

DC

Enter Code ☐

1. **Patient remained in the community (without formal assistive services)** → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge
2. **Patient remained in the community (with formal assistive services)** → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
3. **Patient transferred to a non-institutional hospice** → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
4. **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

UK **Other unknown** → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge

A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer

TRF

At the time of transfer to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?

Enter Code ☐

0. **No - Current reconciled medication list not provided to the subsequent provider** → Skip to J1800, Any Falls Since SOC/ROC
1. **Yes - Current reconciled medication list provided to the subsequent provider** → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider
2. **NA - The agency was not made aware of this transfer timely** → Skip to J1800, Any Falls Since SOC/ROC

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

DC

At the time of discharge to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?

Enter Code ☐

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

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

TRF DC

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

Route of Transmission	↓ Check all that apply ↓
A. **Electronic Health Record**	☐
B. **Health Information Exchange Organization**	☐
C. **Verbal** (e.g., in-person, telephone, video conferencing)	☐
D. **Paper-based** (e.g., fax, copies, printouts)	☐
E. **Other Methods** (e.g., texting, email, CDs)	☐

After completing A2122, Skip to B1300, Health Literacy at Discharge

A2123. Provision of Current Reconciled Medication List to Patient at Discharge

DC

At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?

Enter Code ☐

0. **No - Current reconciled medication list not provided to the patient, family, and/or caregiver** → Skip to B1300, Health Literacy
1. **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

A2124. Route of Current Reconciled Medication List Transmission to Patient

DC

Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.

Route of Transmission	↓ Check all that apply ↓
A. **Electronic Health Record**	☐
B. **Health Information Exchange Organization**	☐
C. **Verbal** (e.g., in-person, telephone, video conferencing)	☐
D. **Paper-based** (e.g., fax, copies, printouts)	☐
E. **Other Methods** (e.g., texting, email, CDs)	☐

OASIS-D	Sensory Status

M1200. **Vision** with corrective lenses if the patient usually wears them):		SOC ROC FU
Enter Code ☐	0. **Normal vision:** sees adequately in most situations; can see medication labels, newsprint. 1. **Partially impaired:** cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length. 2. **Severely impaired:** cannot locate objects without hearing or touching them, or patient nonresponsive.	

M1242. Frequency of Pain shown in section J

M1400. Dyspnea shown in section J

OASIS-E	Section B	Hearing, Speech, and Vision	B

B0200. Hearing		SOC
Enter Code ☐	**Ability to hear** (with hearing aid or hearing appliances if normally used) 0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV 1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly, or setting is noisy) 2. **Moderate difficulty** - speaker has to increase volume and speak distinctly 3. **Highly impaired** - absence of useful hearing	

B1000. Vision		SOC
Enter Code ☐	**Ability to see in adequate light** (with glasses or other visual appliances) 0. **Adequate** - sees fine detail, such as regular print in newspapers/books 1. **Impaired** - sees large print, but not regular print in newspapers/books 2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects 3. **Highly impaired** - object identification in question, but eyes appear to follow objects 4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects	

B1300. **Health Literacy** *(From Creative Commons ©)* How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?		SOC ROC DC
Enter Code ☐	0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Patient declines to respond 8. Patient unable to respond	

OASIS-D	Neuro / Emotional / Behavioral Status

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	Section C	Cognitive Patterns	C

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? SOC ROC DC
Attempt to conduct interview with all patients.

Enter Code ☐
0. **No** (patient is rarely/never understood) → Skip to C1310 Signs and Symptoms of Delirium (from CAM ©)
1. **Yes** → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words SOC ROC DC

Enter Code ☐

Ask patient: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed****. Now tell me the three words."*

Number of words repeated after first attempt
0. **None**
1. **One**
2. **Two**
3. **Three**

After the patient's first attempt, repeat the words using cues (*"sock, something to wear; blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times.

C0300. Temporal Orientation (Orientation to year, month, and day) SOC ROC DC

Enter Code ☐

Ask patient: *"Please tell me what year it is right now."*
A. **Able to report correct year**
0. **Missed by > 5 years** or no answer
1. **Missed by 2-5 years**
2. **Missed by 1 year**
3. **Correct**

Enter Code ☐

Ask patient: *"What month are we in right now?"*
B. **Able to report correct month**
0. **Missed by > 1 month** or no answer
1. **Missed by 6 days to 1 month**
2. **Accurate within 5 days**

Enter Code ☐

Ask patient: *"What day of the week is today?"*
C. **Able to report correct day of the week**
0. **Incorrect** or no answer
1. **Correct**

C0400. Recall SOC ROC DC

Enter Code ☐

Ask patient: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"*
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.
A. **Able to recall "sock"**
0. **No** - could not recall
1. **Yes, after cueing** ("something to wear")
2. **Yes, no cue required**

Enter Code ☐

B. **Able to recall "blue"**
0. **No** - could not recall
1. **Yes, after cueing** ("a color")
2. **Yes, no cue required**

Enter Code ☐

C. **Able to recall "bed"**
0. **No** - could not recall
1. **Yes, after cueing** ("a piece of furniture")
2. **Yes, no cue required**

C0500. BIMS Summary Score SOC ROC DC

Enter Score ☐☐
Add scores for questions C0200-C0400 and fill in total score (00-15)
Enter 99 if the patient was unable to complete the interview

M1700. Cognitive Functioning
Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

SOC ROC DC

Enter Code ☐

0. Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility.
3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

M1710. When Confused
Reported or observed within the last 14 days.

SOC ROC DC

Enter Code ☐

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

NA Patient nonresponsive

M1720. When Anxious
Reported or observed within the last 14 days.

SOC ROC DC

Enter Code ☐

0. None of the time
1. Less often than daily
2. Daily, but not constantly
3. All of the time

NA Patient nonresponsive

C1310. Signs and Symptoms of Delirium (from CAM©)

SOC ROC DC

Code **after completing** Brief Interview for Mental Status and reviewing medical record.

A. **Acute Onset of Mental Status Change**

Enter Code ☐

Is there evidence of an acute change in mental status from the patient's baseline?

0. **No**
1. **Yes**

Coding:

0. **Behavior not present**
1. **Behavior continuously present, does not fluctuate**
2. **Behavior present, fluctuates** (comes and goes, changes in severity)

↓ Enter Codes in Boxes

☐ B. **Inattention** - Did patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being

☐ C. **Disorganized thinking** - 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)?

☐ D. **Altered level of consciousness** - Did the patient have altered level of consciousness, as indicated by any of the following criteria?

- **Vigilant** - startled easily to any sound or touch
- **Lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch
- **Stuporous** - very difficult to arouse and keep aroused for the interview
- **Comatose** - could not be aroused

M1700. Cognitive Functioning
Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

SOC ROC DC

Enter Code ☐

0. Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility.
3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

M1710. When Confused
Reported or Observed Within the Last 14 Days.

SOC ROC DC

Enter Code ☐

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

NA Patient nonresponsive

M1720. When Anxious
Reported or Observed Within the Last 14 Days.

SOC ROC DC

Enter Code ☐

0. None of the time
1. Less often than daily
2. Daily, but not constantly
3. All of the time

NA Patient nonresponsive

M1730. Depression Screening

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

SOC ROC

Enter Code ☐

0. No
1. Yes, patient was screened using the PHQ-2©* scale.

Instructions for this two-question tool: Ask patient: "Over the last two weeks, how often have you been bothered by any of the following problems?"

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

2. Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.
3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
4. Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.

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

M1745. Frequency of Disruptive Behavior Symptoms shown in section E

D0150. Patient Mood Interview (PHQ-2 to 9)

SOC ROC DC

Say to patient: ***"Over the last 2 weeks, have you been bothered by any of the following problems?"***

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the patient: *"About how often have you been bothered by this?"*
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)

Symptom Frequency
0. **Never or 1 day**
1. **2-6 days** (several days)
2. **7-11 days** (half or more of the days)
3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. **Little interest or pleasure in doing things**	☐	☐
B. **Feeling down, depressed, or hopeless**	☐	☐
If either D150A2 or D150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.		
C. **Trouble falling or staying asleep, or sleeping too much**	☐	☐
D. **Feeling tired or having little energy**	☐	☐
E. **Poor appetite or overeating**	☐	☐
F. **Feeling bad about yourself – or that you are a failure or have let yourself or your family down**	☐	☐
G. **Trouble concentrating on things, such as reading the newspaper or watching television**	☐	☐
H. **Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual**	☐	☐
I. **Thoughts that you would be better off dead, or of hurting yourself in some way**	☐	☐

D0160. Total Severity Score

SOC ROC DC

Enter Score ☐☐

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)

D0700. Social Isolation

SOC ROC DC

How often do you feel lonely or isolated from those around you?

Enter Code ☐

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
7. Patient declines to respond
8. Patient unable to respond

OASIS-D | Neuro / Emotional / Behavioral Status (continued)

M1740. Cognitive, Behavioral, and Psychiatric Symptoms that are demonstrated at least once a week (reported or observed)

↓ Check all that apply

SOC ROC DC

- ☐ 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** (excludes verbal actions)
- ☐ 6. **Delusional, hallucinatory, or paranoid behavior**
- ☐ 7. **None of the above behaviors demonstrated**

M1745. Frequency of Disruptive Behavior Symptoms (reported or observed)

Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

SOC ROC DC

Enter 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

OASIS-D | Living Arrangements / Care Management

M1100. Patient Living Situation

Which of the following best describes the patient's residential circumstance and availability of assistance?

SOC ROC

Living Arrangement	Availability of Assistance: Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term	No Assistance Available
	↓ 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
C. **Patient lives in congregate situation** (for example, assisted living, residential care home)	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15

M2102. Types and Sources of Assistance

Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.

Enter Code ☐

A. **ADL assistance** (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding) — DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

Enter Code ☐

C. **Medication administration** (for example, oral, inhaled or injectable) — DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

Enter Code ☐

D. **Medical procedures/treatments** (for example, changing wound dressing, home exercise program) — DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

Enter Code ☐

F. **Supervision and safety** (for example, due to cognitive impairment) — SOC ROC DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

OASIS-E | Section E | Behavior

M1740. Cognitive, Behavioral, and Psychiatric Symptoms that are demonstrated at least once a week (reported or observed)

↓ Check all that apply

SOC ROC DC

- ☐ 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** (excludes verbal actions)
- ☐ 6. **Delusional, hallucinatory, or paranoid behavior**
- ☐ 7. **None of the above behaviors demonstrated**

M1745. Frequency of Disruptive Behavior Symptoms (reported or observed)

Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

SOC ROC DC

Enter 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

OASIS-E | Section F | Preferences for Customary Routine Activities

M1100. Patient Living Situation

Which of the following best describes the patient's residential circumstance and availability of assistance?

SOC ROC

Living Arrangement	Availability of Assistance: Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term	No Assistance Available
	↓ 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
C. **Patient lives in congregate situation** (for example, assisted living, residential care home)	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15

M2102. Types and Sources of Assistance

Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.

Enter Code ☐

A. **ADL assistance** (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding) — DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

Enter Code ☐

C. **Medication administration** (for example, oral, inhaled or injectable) — DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

Enter Code ☐

D. **Medical procedures/treatments** (for example, changing wound dressing, home exercise program) — DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

Enter Code ☐

F. **Supervision and safety** (for example, due to cognitive impairment) — SOC ROC DC

- 0. No assistance needed - patient is independent or does not have needs in this area
- 1. Non-agency caregiver(s) currently provide assistance
- 2. Non-agency caregiver(s) need training/supportive services to provide assistance
- 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance
- 4. Assistance needed, but no non-agency caregiver(s) available

OASIS-D	ADL / IADLs

M1800. Grooming SOC ROC FU DC

Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).

Enter Code ☐

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

M1810. Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps. SOC ROC FU DC

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.
2. Someone must help the patient put on upper body clothing.
3. Patient depends entirely upon another person to dress the upper body.

M1820. Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes. SOC ROC FU DC

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.
2. Someone must help the patient put on upper body clothing.
3. Patient depends entirely upon another person to dress the upper body.

M1830. Bathing SOC ROC FU DC

Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

Enter Code ☐

0. Able to bathe self in shower or tub 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, OR
   b. to get in and out of the shower or tub, OR
   c. for washing difficult to reach areas.
3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
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.

M1840. Toilet Transferring SOC ROC FU DC

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.
2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
4. Is totally dependent in toileting.

M1845. Toileting Hygiene SOC ROC DC

Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, 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 the patient.
2. Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
3. Patient depends entirely upon another person to maintain toileting hygiene.

M1850. Transferring SOC ROC FU DC

Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

Enter Code ☐

0. Able to independently transfer.
1. Able to transfer with minimal human assistance or with use of an assistive device.
2. Able to bear weight and pivot during the transfer process but unable to transfer self.
3. Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
4. Bedfast, unable to transfer but is able to turn and position self in bed.
5. Bedfast, unable to transfer and is unable to turn and position self.

M1860. Ambulation/Locomotion SOC ROC FU DC

Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Enter Code ☐

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).
1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
2. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
3. Able to walk only with the supervision or assistance of another person at all times.
4. Chairfast, unable to ambulate but is able to wheel self independently.
5. Chairfast, unable to ambulate and is unable to wheel self.
6. Bedfast, unable to ambulate or be up in a chair.

M1870. Feeding or Eating shown in section K

OASIS-E	Section G	Functional Status	G

M1800. Grooming SOC ROC FU DC

Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).

Enter Code ☐

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

M1810. Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps. SOC ROC FU DC

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.
2. Someone must help the patient put on upper body clothing.
3. Patient depends entirely upon another person to dress the upper body.

M1820. Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes. SOC ROC FU DC

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.
2. Someone must help the patient put on upper body clothing.
3. Patient depends entirely upon another person to dress the upper body.

M1830. Bathing SOC ROC FU DC

Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

Enter Code ☐

0. Able to bathe self in shower or tub 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, OR
   b. to get in and out of the shower or tub, OR
   c. for washing difficult to reach areas.
3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
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.

M1840. Toilet Transferring SOC ROC FU DC

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.
2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
4. Is totally dependent in toileting.

M1845. Toileting Hygiene SOC ROC DC

Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, 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 the patient.
2. Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
3. Patient depends entirely upon another person to maintain toileting hygiene.

M1850. Transferring SOC ROC FU DC

Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

Enter Code ☐

0. Able to independently transfer.
1. Able to transfer with minimal human assistance or with use of an assistive device.
2. Able to bear weight and pivot during the transfer process but unable to transfer self.
3. Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
4. Bedfast, unable to transfer but is able to turn and position self in bed.
5. Bedfast, unable to transfer and is unable to turn and position self.

M1860. Ambulation/Locomotion SOC ROC FU DC

Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Enter Code ☐

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).
1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
2. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
3. Able to walk only with the supervision or assistance of another person at all times.
4. Chairfast, unable to ambulate but is able to wheel self independently.
5. Chairfast, unable to ambulate and is unable to wheel self.
6. Bedfast, unable to ambulate or be up in a chair.

OASIS-D	Functional Abilities and Goals

GG0100. Prior Functioning: Everyday Activities — SOC ROC

Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

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**

↓ Enter Codes in Boxes

☐	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.

GG0110. Prior Device Use — SOC ROC

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 FU DC

[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 SOC/ROC]		[at Fol-Up]	[at DC]	
1. SOC/ ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf	
↓ Enter Codes in Boxes ↓				
☐☐	☐☐	☐☐	☐☐	A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
☐☐	☐☐	☐☐	☐☐	B. **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.
☐☐	☐☐	☐☐	☐☐	C. **Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	☐☐		☐☐	E. **Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of
☐☐	☐☐		☐☐	F. **Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
☐☐	☐☐		☐☐	G. **Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
☐☐	☐☐		☐☐	H. **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.

OASIS-E	Section GG	Functional Abilities and Goals	GG

GG0100. Prior Functioning: Everyday Activities — SOC ROC

Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

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**

↓ Enter Codes in Boxes

☐	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.

GG0110. Prior Device Use — SOC ROC

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 FU DC

[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 SOC/ROC]		[at Fol-Up]	[at DC]	
1. SOC/ ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf	
↓ Enter Codes in Boxes ↓				
☐☐	☐☐	☐☐	☐☐	A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
☐☐	☐☐	☐☐	☐☐	B. **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.
☐☐	☐☐	☐☐	☐☐	C. **Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	☐☐		☐☐	E. **Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of
☐☐	☐☐		☐☐	F. **Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
☐☐	☐☐		☐☐	G. **Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
☐☐	☐☐		☐☐	H. **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.

GG0170. Mobility

[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).

SOC ROC FU DC

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 SOC/ROC]		[at Fol-Up]	[at DC]	
1. SOC/ ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf	
↓ Enter Codes in Boxes ↓				
☐☐	☐☐	☐☐	☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	☐☐	☐☐	☐☐	B. **Sit to lying:** 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.
☐☐	☐☐	☐☐	☐☐	E. **Chair/bed to chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	☐☐	☐☐	☐☐	F. **Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	☐☐		☐☐	G. **Car transfer:** 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.
☐☐	☐☐	☐☐	☐☐	I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If performance is coded 07, 09, 10 or 88 →skip to GG0170M, 1 step (curb).*
☐☐	☐☐	☐☐	☐☐	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.*
☐☐	☐☐	☐☐	☐☐	N. **4 steps:** The ability to go up and down four steps with or without a rail. *If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.*
☐☐	☐☐		☐☐	O. **12 steps:** The ability to go up and down 12 steps with or without a rail.
☐☐	☐☐		☐☐	P. **Picking up object:** 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. **Does patient use wheelchair and/or a scooter?** 0. **No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 1. **Yes** → 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**

GG0170. Mobility

[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).

SOC ROC FU DC

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 SOC/ROC]		[at Fol-Up]	[at DC]	
1. SOC/ ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf	
↓ Enter Codes in Boxes ↓				
☐☐	☐☐	☐☐	☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	☐☐	☐☐	☐☐	B. **Sit to lying:** 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.
☐☐	☐☐	☐☐	☐☐	E. **Chair/bed to chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	☐☐	☐☐	☐☐	F. **Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	☐☐		☐☐	G. **Car transfer:** 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.
☐☐	☐☐	☐☐	☐☐	I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If performance is coded 07, 09, 10 or 88 →skip to GG0170M, 1 step (curb).*
☐☐	☐☐	☐☐	☐☐	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.*
☐☐	☐☐	☐☐	☐☐	N. **4 steps:** The ability to go up and down four steps with or without a rail.
☐☐	☐☐		☐☐	O. **12 steps:** The ability to go up and down 12 steps with or without a rail.
☐☐	☐☐		☐☐	P. **Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
☐		☐	☐	Q. **Does patient use wheelchair and/or a scooter?** 0. **No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 1. **Yes** → 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**

OASIS-D | Elimination Status

M1600. Has this patient been treated for a **Urinary Tract Infection** in the past 14 days? — SOC ROC DC

Enter Code ☐

0. No
1. Yes
NA Patient on prophylactic treatment
UK Unknown [Omit "UK" option on DC]

M1610. Urinary Incontinence or Urinary Catheter Presence — SOC ROC FU

Enter Code ☐

0. No incontinence or catheter (includes anuria or ostomy for urinary drainage)
1. Patient is incontinent
2. Patient requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic)

M1620. Bowel Incontinence Frequency — SOC ROC FU DC

Enter Code ☐

0. Very rarely or never has bowel incontinence
1. Less than once weekly
2. One to three times weekly
3. Four to six times weekly
4. On a daily basis
5. More often than once daily
NA Patient has ostomy for bowel elimination
UK Unknown [Omit "UK" option on DC]

M1630. Ostomy for Bowel Elimination — SOC ROC FU

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 ☐

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

OASIS-D | Patient Diagnoses

M1021. Primary Diagnosis & M1023. Other Diagnoses

Column 1	Column 2
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	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

M1021. Primary Diagnosis — SOC ROC FU (o)

A. _____	A. V, W, X, Y codes NOT allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4

M1023. Other Diagnosis — SOC ROC FU (o)

B. _____	B. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
C. _____	C. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
D. _____	D. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
E. _____	E. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
F. _____	F. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4

M1028. Active Diagnoses - Comorbidities and Co-existing Conditions — SOC ROC

See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.

↓ Check all that apply

☐ 1. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
☐ 2. Diabetes Mellitus (DM)
☐ 3. None of the above

OASIS-E | Section H | Bladder and Bowel | H/I

M1600. Has this patient been treated for a **Urinary Tract Infection** in the past 14 days? — SOC ROC DC

Enter Code ☐

0. No
1. Yes
NA Patient on prophylactic treatment
UK Unknown [Omit "UK" option on DC]

M1610. Urinary Incontinence or Urinary Catheter Presence — SOC ROC

Enter Code ☐

0. No incontinence or catheter (includes anuria or ostomy for urinary drainage)
1. Patient is incontinent
2. Patient requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic)

M1620. Bowel Incontinence Frequency — SOC ROC DC

Enter Code ☐

0. Very rarely or never has bowel incontinence
1. Less than once weekly
2. One to three times weekly
3. Four to six times weekly
4. On a daily basis
5. More often than once daily
NA Patient has ostomy for bowel elimination
UK Unknown [Omit "UK" option on DC]

M1630. Ostomy for Bowel Elimination — SOC ROC

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 ☐

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

OASIS-E | Section I | Active Diagnoses

M1021. Primary Diagnosis & M1023. Other Diagnoses

Column 1	Column 2
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	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

M1021. Primary Diagnosis — SOC ROC

A. _____	A. V, W, X, Y codes NOT allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4

M1023. Other Diagnosis — SOC ROC

B. _____	B. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
C. _____	C. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
D. _____	D. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
E. _____	E. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
F. _____	F. All ICD-10-CM codes allowed ☐☐☐ ☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4

M1028. Active Diagnoses - Comorbidities and Co-existing Conditions — SOC ROC

↓ Check all that apply

☐ 1. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
☐ 2. Diabetes Mellitus (DM)
☐ 3. None of the above

OASIS-D | Patient History (continued) / Sensory Status (continued) / Health Conditions

M1033. Risk for Hospitalization SOC ROC FU
Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

↓ Check all that apply

- ☐ 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
- ☐ 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- ☐ 3. Multiple hospitalizations (2 or more) in the past 6 months
- ☐ 4. Multiple emergency department visits (2 or more) in the past 6 months
- ☐ 5. Decline in mental, emotional, or behavioral status in the past 3 months
- ☐ 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- ☐ 7. Currently taking 5 or more medications
- ☐ 8. Currently reports exhaustion
- ☐ 9. Other risk(s) not listed in 1-8
- ☐ 10. None of the above

M1242. Frequency of Pain Interfering with patient's activity or movement SOC ROC FU DC

Enter Code ☐

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

J1800. Any Falls Since SOC/ROC, whichever is more recent TRF DC

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, whichever is more recent TRF DC

Coding:
0. **None**
1. **One**
2. **Two or more**

↓ Enter Codes in Boxes

- ☐ A. **No injury:** 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. **Injury (except major):** Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
- ☐ C. **Major injury:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

M1910. Has this patient had a multi-factor **Falls Risk Assessment** using a standardized, validated assessment tool? SOC(o) ROC(o)

Enter Code ☐

- 0. **No**
- 1. **Yes, and it does not indicate a risk for falls.**
- 2. **Yes, and it does indicate a risk for falls.**

M1400. When is the patient dyspneic or noticeably **Short of Breath?** SOC ROC FU(o) DC

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)

OASIS-E | Section J | Health Conditions J

M1033. Risk for Hospitalization SOC ROC FU
Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

↓ Check all that apply

- ☐ 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

J0510. Pain Effect on Sleep SOC ROC DC

Enter Code ☐

Ask patient: "*Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night?***"
- 0. **Does not apply – I have not had any pain or hurting in the past 5 days** → Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800 Any Falls Since SOC/ROC at DC
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

J0520. Pain Interference with Therapy Activities SOC ROC DC

Enter Code ☐

Ask patient: "*Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?"***
- 0. **Does not apply – I have not received rehabilitation therapy in the past 5 days**
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

J0530. Pain Interference with Day-to-Day Activities SOC ROC DC

Enter Code ☐

Ask patient: "*Over the past 5 days,* ***how often you have limited your day-to-day activities (<u>excluding</u> rehabilitation therapy session) because of pain?"***
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

J1800. Any Falls Since SOC/ROC, whichever is more recent TRF DC

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, whichever is more recent TRF DC

Coding:
0. **None**
1. **One**
2. **Two or more**

↓ Enter Codes in Boxes

- ☐ A. **No injury:** 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. **Injury (except major):** Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
- ☐ C. **Major injury:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

M1400. When is the patient dyspneic or noticeably **Short of Breath?** SOC ROC DC

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)

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. **Height** (in inches). Record most recent height measure since the most recent SOC/ROC
☐☐☐ pounds	B. **Weight** (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.)

M1030. Therapies the patient receives at home: — SOC ROC FU(o)

↓ Check all that apply

- ☐ 1. Intravenous or infusion therapy (excludes TPN)
- ☐ 2. Parenteral nutrition (TPN or lipids)
- ☐ 3. Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- ☐ 4. None of the above

M1870. Feeding or Eating — SOC ROC DC

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

Enter Code ☐

0. Able to independently feed self.
1. Able to feed self independently but requires:
   a. meal set-up; OR
   b. intermittent assistance or supervision from another person; OR
   c. a liquid, pureed or ground meat diet.
2. Unable to feed self and must be assisted or supervised throughout the meal/snack.
3. Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.
4. Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
5. Unable to take in nutrients orally or by tube feeding.

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

OASIS-E | Section K | Swallowing/Nutritional Status — K

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. **Height** (in inches). Record most recent height measure since the most recent SOC/ROC
☐☐☐ pounds	B. **Weight** (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.)

K0520. Nutritional Approaches — SOC ROC DC

1. **On Admission** - Check all that apply on admission
4. **Last 7 days** - Check all that were received in the last 7 days
5. **At Discharge** - Check all that were being received at discharge

	SOC/ROC	DC	
	1. On Admission	4. Last 7 days	5. At Discharge
	↓ Check all that apply ↓		
A. **Parenteral/IV feeding**	☐	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	☐	☐
Z. **None of the above**	☐	☐	☐

M1870. Feeding or Eating — SOC ROC DC

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

Enter Code ☐

0. Able to independently feed self.
1. Able to feed self independently but requires:
   a. meal set-up; OR
   b. intermittent assistance or supervision from another person; OR
   c. a liquid, pureed or ground meat diet.
2. Unable to feed self and must be assisted or supervised throughout the meal/snack.
3. Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.
4. Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
5. Unable to take in nutrients orally or by tube feeding.

OASIS-D	Integumentary Status

M1306. Does this patient have at least one **Unhealed Pressure Ulcer/Injury at Stage 2 or Higher** or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries) — SOC ROC FU DC

Enter Code ☐

0. **No** → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC
1. **Yes**

M1307. The Oldest 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. **Developed since the most recent SOC/ROC assessment.** Record date pressure ulcer first identified:

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

NA. **No Stage 2 pressure ulcers are present at discharge**

M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Enter Number ☐ — **Stage 2:** 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) DC

A1. **Number of Stage 2 pressure ulcers** - If 0 → 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 — DC

Enter Number ☐ — **Stage 3:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. — SOC ROC FU(o) DC

B1. **Number of Stage 3 pressure ulcers** - If 0 → 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 — DC

Enter Number ☐ — **Stage 4:** Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. — SOC ROC FU(o) DC

C1. **Number of Stage 4 pressure ulcers** - If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device

Enter Number ☐ — C2. **Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC** - enter how many were noted at the time of most recent SOC/ROC — DC

Enter Number ☐ — **Unstageable: Non-removable dressing/device:** Known but not stageable due to non-removable dressing/device — SOC ROC FU(o) DC

D1. **Number of unstageable pressure ulcers/injuries due to non-removable dressing/device** - If 0 → 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/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 ROC FU(o) DC

E1. **Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar** - If 0 → 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/ROC** - enter how many were noted at the time of most recent SOC/ROC — DC

Enter Number ☐ — **Unstageable: Deep tissue injury** — SOC ROC FU(o) DC

F1. **Number of unstageable pressure injuries presenting as deep tissue injury** - If 0 → 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/ROC** - enter how many were noted at the time of most recent SOC/ROC — DC

M1322. Current Number of Stage 1 Pressure Injuries — SOC ROC FU(o)

Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.

Enter Code ☐

0
1
2
3
4 or more

M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable — SOC ROC FU(o) DC

Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.

Enter Code ☐

1. Stage 1
2. Stage 2
3. Stage 3
4. Stage 4

NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries

SHP

OASIS-E	Section M	Skin Conditions	M

M1306. Does this patient have at least one **Unhealed Pressure Ulcer/Injury at Stage 2 or Higher** or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries) — SOC ROC FU DC

Enter Code ☐

0. **No** → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC
1. **Yes**

M1307. The Oldest 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. **Developed since the most recent SOC/ROC assessment.** Record date pressure ulcer first identified:

☐☐ - ☐☐ - ☐☐☐☐
Month Day Year

NA. **No Stage 2 pressure ulcers are present at discharge**

M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Enter Number ☐ — **Stage 2:** 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 DC

A1. **Number of Stage 2 pressure ulcers** - If 0 → 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 — DC

Enter Number ☐ — **Stage 3:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. — SOC ROC DC

B1. **Number of Stage 3 pressure ulcers** - If 0 → 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 — DC

Enter Number ☐ — **Stage 4:** Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. — SOC ROC DC

C1. **Number of Stage 4 pressure ulcers** - If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device

Enter Number ☐ — C2. **Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC** - enter how many were noted at the time of most recent SOC/ROC — DC

Enter Number ☐ — **Unstageable: Non-removable dressing/device:** Known but not stageable due to non-removable dressing/device — SOC ROC DC

D1. **Number of unstageable pressure ulcers/injuries due to non-removable dressing/device** - If 0 → 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/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 ROC DC

E1. **Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar** - If 0 → 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/ROC** - enter how many were noted at the time of most recent SOC/ROC — DC

Enter Number ☐ — **Unstageable: Deep tissue injury** — SOC ROC DC

F1. **Number of unstageable pressure injuries presenting as deep tissue injury** - If 0 → 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/ROC** - enter how many were noted at the time of most recent SOC/ROC — DC

M1322. Current Number of Stage 1 Pressure Injuries — SOC ROC

Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.

Enter Code ☐

0
1
2
3
4 or more

M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable — SOC ROC DC

Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.

Enter Code ☐

1. Stage 1
2. Stage 2
3. Stage 3
4. Stage 4

NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries

M1330. Does this patient have a **Stasis Ulcer?**

Enter Code ☐

0. No → Skip to M1340, Surgical Wound
1. Yes, patient has BOTH observable and unobservable stasis ulcers
2. Yes, patient has observable stasis ulcers ONLY
3. Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) → Skip to M1340, Surgical Wound

SOC ROC FU(o) DC

M1332. Current Number of Stasis Ulcer(s) that are Observable

Enter Code ☐

1. One
2. Two
3. Three
4. Four

SOC ROC FU(o)

M1334. Status of Most Problematic Stasis Ulcer that is Observable

Enter Code ☐

1. Fully granulating
2. Early/partial granulation
3. Not healing

SOC ROC FU(o) DC

M1340. Does this patient have a Surgical Wound?

Enter Code ☐

0. No → Skip to N0415, High-Risk Drug Classes: Use and Indication
1. Yes, patient has at least one observable surgical wound
2. Surgical wound known but not observable due to non-removable dressing/device → Skip to N0415, High-Risk Drug Classes: Use and Indication

SOC ROC FU(o) DC

M1342. Status of Most Problematic Surgical Wound that is Observable

Enter Code ☐

0. Newly epithelialized
1. Fully granulating
2. Early/partial granulation
3. Not healing

SOC ROC FU(o) DC

M1330. Does this patient have a **Stasis Ulcer?**

Enter Code ☐

0. No → Skip to M1340, Surgical Wound
1. Yes, patient has BOTH observable and unobservable stasis ulcers
2. Yes, patient has observable stasis ulcers ONLY
3. Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) → Skip to M1340, Surgical Wound

SOC ROC DC

M1332. Current Number of Stasis Ulcer(s) that are Observable

Enter Code ☐

1. One
2. Two
3. Three
4. Four

SOC ROC

M1334. Status of Most Problematic Stasis Ulcer that is Observable

Enter Code ☐

1. Fully granulating
2. Early/partial granulation
3. Not healing

SOC ROC DC

M1340. Does this patient have a Surgical Wound?

Enter Code ☐

0. No → Skip to N0415, High-Risk Drug Classes: Use and Indication
1. Yes, patient has at least one observable surgical wound
2. Surgical wound known but not observable due to non-removable dressing/device → Skip to N0415, High-Risk Drug Classes: Use and Indication

SOC ROC DC

M1342. Status of Most Problematic Surgical Wound that is Observable

Enter Code ☐

0. Newly epithelialized
1. Fully granulating
2. Early/partial granulation
3. Not healing

SOC ROC DC

OASIS-D	Medications

M2001. Drug Regimen Review — SOC ROC
Did a complete drug regimen review identify potential clinically significant medication issues?

Enter Code ☐

0. **No - No issues found during review** → Skip to M2010, Patient/Caregiver High-Risk Drug Education
1. **Yes - Issues found during review**
9. **NA - Patient is not taking any medications** → Skip to M2102, Types and Sources of Assistance

M2003. Medication Follow-up — SOC ROC
Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

Enter Code ☐

0. **No**
1. **Yes**

M2005. Medication Intervention — TRF DC
Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

Enter Code ☐

0. **No**
1. **Yes**
9. **NA -** There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

M2010. Patient/Caregiver High-Risk Drug Education — SOC ROC
Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?

Enter Code ☐

0. **No**
1. **Yes**
NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications

M2016. Patient/Caregiver Drug Education Intervention — TRF DC
At the time of, or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?

Enter Code ☐

0. **No**
1. **Yes**
NA **Patient not taking any drugs**

M2020. Management of Oral Medications — SOC ROC DC
Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

Enter Code ☐

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
3. Unable to take medication unless administered by another person.
NA No oral medications prescribed.

M2030. Management of Injectable Medications — SOC ROC FU(o)
Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.

Enter Code ☐

0. Able to independently take the correct medication(s) and proper dosage(s) at the correct times.
1. Able to take injectable medication(s) at the correct times if:
   a. individual syringes 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 based on the frequency of the injection
3. Unable to take injectable medication unless administered by another person.
NA No injectable medications prescribed.

OASIS-E	Section N	Medications	N

SOC/ROC and Discharge — SOC ROC DC

N0415. High-Risk Drug Classes: Use and Indication

1. **Is taking**
   Check if the patient is taking any medications by pharmacological classification, not how it is used, in the
2. **Indication noted**
   If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is Taking	2. Indication Noted
	↓ Check all that apply ↓	
A. **Antipsychotic**	☐	☐
E. **Anticoagulant**	☐	☐
F. **Antibiotic**	☐	☐
H. **Opioid**	☐	☐
I. **Antiplatelet**	☐	☐
J. **Hypoglycemic** (including insulin)	☐	☐
Z. **None of the above**	☐	

M2001. Drug Regimen Review — SOC ROC
Did a complete drug regimen review identify potential clinically significant medication issues?

Enter Code ☐

0. **No - No issues found during review** → Skip to M2010, Patient/Caregiver High-Risk Drug Education
1. **Yes - Issues found during review**
9. **NA - Patient is not taking any medications** → Skip to O0110, Special Treatments, Procedures, and Programs

M2003. Medication Follow-up — SOC ROC
Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

Enter Code ☐

0. **No**
1. **Yes**

M2005. Medication Intervention — TRF DC
Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

Enter Code ☐

0. **No**
1. **Yes**
9. **NA -** There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

M2010. Patient/Caregiver High-Risk Drug Education — SOC ROC
Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?

Enter Code ☐

0. **No**
1. **Yes**
NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications

M2020. Management of Oral Medications — SOC ROC DC
Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

Enter Code ☐

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
3. Unable to take medication unless administered by another person.
NA No oral medications prescribed.

M2030. Management of Injectable Medications — SOC ROC
Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.

Enter Code ☐

0. Able to independently take the correct medication(s) and proper dosage(s) at the correct times.
1. Able to take injectable medication(s) at the correct times if:
   a. individual syringes 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 based on the frequency of the injection
3. Unable to take injectable medication unless administered by another person.
NA No injectable medications prescribed.

M1041. Influenza Vaccine Data Collection Period — TRF DC

Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

Enter Code ☐

0. **No** → Skip to M1051, Pneumococcal Vaccine
1. **Yes** → Continue to M1046, Influenza Vaccine Received

M1046. Influenza Vaccine Received — TRF DC

Did the patient receive the influenza vaccine for this year's flu season?

Enter Code ☐

1. **Yes**; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
2. **Yes**; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
3. **Yes**; received from another health care provider (for example, physician, pharmacist)
4. **No**; patient offered and declined
5. **No**; patient assessed and determined to have medical contraindication(s)
6. **No**; not indicated - patient does not meet age/condition guidelines for influenza vaccine
7. **No**; inability to obtain vaccine due to declared shortage
8. **No**; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.

M1051. Pneumococcal Vaccine — TRF DC

Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?

Enter Code ☐

0. **No**
1. **Yes** [Go to M2005 at TRN; Go to M1242 at DC]

M1056. Reason Pneumococcal Vaccine not received — TRF DC

If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:

Enter Code ☐

1. **Offered and Declined**
2. **Assessed abd determined to have medical contraindication(s)**
3. **Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine**
4. **None of the above**

M2200. Therapy Need — SOC ROC FU(o)

In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)

☐☐☐ **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.

SOC/ROC and Discharge — SOC ROC DC

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply.	a. On Admission ↓ Check all that apply ↓	c. At Discharge ↓ Check all that apply ↓
Cancer Treatments		
A1. **Chemotherapy**	☐	☐
A2. **IV**	☐	☐
A3. **Oral**	☐	☐
A10. **Other**	☐	☐
B1. **Radiation**	☐	☐
Respiratory Therapies		
C1. **Oxygen Therapy**	☐	☐
C2. **Continuous**	☐	☐
C3. **Intermittent**	☐	☐
C4. **High-concentration**	☐	☐
D1. **Suctioning**	☐	☐
D2. **Scheduled**	☐	☐
D3. **As needed**	☐	☐
E1. **Tracheostomy Care**	☐	☐
F1. **Invasive Mechanical Ventilator** (ventilator or respirator)	☐	☐
G1. **Non-invasive Mechanical Ventilator**	☐	☐
G2. **BiPAP**	☐	☐
G3. **CPAP**	☐	☐
Other		
H1. **IV Medications**	☐	☐
H2. **Vasoactive medications**	☐	☐
H3. **Antibiotics**	☐	☐
H4. **Anticoagulation**	☐	☐
H10. **Other**	☐	☐
I1. **Transfusions**	☐	☐
J1. **Dialysis**	☐	☐
J2. **Hemodialysis**	☐	☐
J3. **Peritoneal dialysis**	☐	☐
O1. **IV Access**	☐	☐
O2. **Peripheral**	☐	☐
O3. **Mid-line**	☐	☐
O4. **Central** (e.g., PICC, tunneled, port)	☐	☐
None of the Above		
Z1. **None of the Above**	☐	☐

M1041. Influenza Vaccine Data Collection Period — TRF DC

Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

Enter Code ☐

0. **No** → Skip to M2401, Intervention Synopsis
1. **Yes** → Continue to M1046, Influenza Vaccine Received

M1046. Influenza Vaccine Received — TRF DC

Did the patient receive the influenza vaccine for this year's flu season?

Enter Code ☐

1. **Yes**; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
2. **Yes**; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
3. **Yes**; received from another health care provider (for example, physician, pharmacist)
4. **No**; patient offered and declined
5. **No**; patient assessed and determined to have medical contraindication(s)
6. **No**; not indicated - patient does not meet age/condition guidelines for influenza vaccine
7. **No**; inability to obtain vaccine due to declared shortage
8. **No**; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.

M2200. Therapy Need — SOC ROC

In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)

☐☐☐ **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.

M2401. Intervention Synopsis
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.)

TRF DC

Plan/Intervention	No	Yes	Not Applicable	
	↓Check only one box in each row↓			
A. **Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care**	☐ 0	☐ 1	☐ NA	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	☐ 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	☐ NA	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.
F. **Pressure ulcer treatment based on principles of moist wound healing**	☐ 0	☐ 1	☐ NA	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

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

M2401. Intervention Synopsis
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.)

TRF DC

Plan/Intervention	No	Yes	Not Applicable	
	↓Check only one box in each row↓			
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	☐ 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	☐ NA	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.
F. **Pressure ulcer treatment based on principles of moist wound healing**	☐ 0	☐ 1	☐ NA	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.