

## Understanding High-Level OASIS E Changes

J'non Griffin, RN MHA HCS-D, HCS-H, HCS-C, COS-C



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1

## Objectives

- The learner will be able to identify the differences in OASIS D1 and OASIS E
- The learner will understand new items for behavioral health and transfer of health information
- The learner will be able to understand why the new items are being introduced

2

## Post Acute Care/IMPACT Act

On October 6, 2014, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 was signed into law

The Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning.

3

## IMPACT Act

CMS Meaningful Measure priority areas are:

- Promote effective communication and coordination of care
- Promote effective prevention and treatment of chronic disease
- Work with communities to promote best practices of healthy living
- Make care affordable
- Make care safer by reducing harm, cost in the delivery of care
- Strengthen person and family engagement as partners in their care

(Reference: Search "Impact Act" or [use this link](#))

4

## IMPACT Act

### Quality Measure Domains:

- Skin integrity and changes in skin integrity;
- Functional status, cognitive function, and changes in function and cognitive function;
- Medication reconciliation;
- Incidence of major falls;
- Transfer of health information and care preferences when an individual transitions.

(Reference: Search “Impact Act” or [use this link](#))

5

## IMPACT Act

### Resource Use and Other Measure Domains:

- Resource use measures, including total estimated Medicare spending per beneficiary;
- Discharge to community; and
- All-condition risk-adjusted potentially preventable hospital readmissions rates.

(Reference: Search “Impact Act” or [use this link](#))

6

## Administrative Burden

**Table 1. Number of Data Elements Added and Removed for OASIS-E**

Time Point	#DE in OASIS-D (D1)	#DE added for OASIS-E	#DE removed for OASIS-E	Net change (+)	#DE in OASIS-E	
SOC	158	59	14	45	203	57.3 min
ROC	131	49	8	41	172	48 min
FU	36	8	0	8	44	13.2 min
TOC	22	1	1	0	22	6.6 min
DAH	9	0	0	0	9	2.7 min
DC	97	51	2	49	146	40.2 min
<b>Totals</b>	<b>444</b>	<b>168</b>	<b>25</b>	<b>143</b>	<b>596</b>	

**Table 6. Proposed Change in Clinician Burden Costs\***

OASIS-E	OASIS-D	DIFFERENCE
\$900,679,044.53	\$559,827,580.49	\$340,851,464.04
		(\$30,020.39 per HHA)

7

## OASIS E: What are the differences?

Added items in three categories:

- Standardized Patient Assessment Data Elements (SPADEs)
- Brief Interview for Mental Status (BIMS)
- Social Determinants of Health (SDH)

Elimination of items that don't meet the criteria for inclusion

8

## OASIS Item Criteria

To be included in the OASIS data set, an item must meet one or more of these criteria:

1. Calculate a measure for Home Health Quality Reporting Program (HHQRP)
2. Contribute to calculation of payment
3. Be used in the Medicare survey process
4. Calculate a measure in Care Compare

9

## OASIS E (Draft) Notable Differences

Standardization of formatting

Items sequenced differently

Some items separated (Race/Ethnicity for example)

In the revised OASIS E draft, “Patient declines to respond” was added as an option to the SDH items

- A1005 Ethnicity
- A1010 Race
- A1250 Transportation
- B1300 Health literacy
- D0700 Social Isolation

10

## Sections of OASIS E

A - Administrative Section	H - Bladder and Bowel
B - Hearing, Speech, and Vision	I - Active Diagnoses
C - Cognitive Patterns	J - Health Conditions
D - Mood	K - Swallowing/nutritional status
E - Behavior	M - Skin Conditions
F - Preferences for Customary Routine Activities	N - Medications
G - Functional Status	O - Special treatment, Procedures, Programs
GG - Functional Abilities	Q - Participation in Assessment and Goal Setting

Note: No L or P Sections

11

## OASIS E Comparison

### OASIS D1 Sections

Patient Tracking  
 Clinical Record Items  
 Patient History & Diagnosis  
 Living Arrangement  
 Sensory Status  
 Integumentary  
 Respiratory Status  
 Elimination Status

### OASIS E Sections

**A** = Administrative Information  
**B** = Hearing, Speech and Vision  
**C** = Cognitive Patterns  
**D** = Mood  
**E** = Behavior  
**F** = Preferences for Customary Routine Activities  
**G** = Functional Status  
**GG** = Functional Abilities and Goals

12

12

## OASIS E Comparison

### OASIS D1 Sections

Neuro, Emotional, and Behavioral Status  
ADLs/IADLs  
Medications  
Care Management  
Therapy Need  
Emergent Care  
Discharge  
Functional Abilities & Goals  
Health Conditions

### OASIS E Sections

**H** = Bladder and Bowel  
**I** = Active Diagnoses  
**J** = Health Conditions  
**K** = Swallowing/Nutritional Status  
**M** = Skin Conditions  
**N** = Medications  
**O** = Special Treatment, Procedures, and Programs  
**Q** = Participation in Assessment and Goal Setting

13

13

## OASIS E Comparison

### Items Added

**A1005** Ethnicity  
**A1010** Race  
**A1110** Language (preferred)  
**A1250** Transportation  
**A2120** Provision of Current Reconciled Medication List to Subsequent Provider at Transfer  
**M2121** Provision of Current Reconciled Medication List to Subsequent Provider at Discharge  
**A2122** Route of Current Reconciled Medication List Transmission to Subsequent Provider

### Items Deleted

**M0140** Race/Ethnicity

14

14

## OASIS E Comparison

### Items Added

**A2123** Provision of Current Reconciled Medication List to Patient at Discharge  
**A2124** Route of Current Reconciled Medication List Transmission to Patient  
**B0200** Hearing  
**B1000** Vision  
**B1300** Health Literacy  
**C0100** Should BIMS be conducted  
**C0200** Repetition of Three Words  
**C0300** Temporal Orientation  
**C0400** Recall  
**C0500** BIMS Summary Score  
**C1310** Signs and Symptoms of Delirium

### Items Deleted

**M1030** Therapies (received at home)  
**M1051** Pneumococcal Vaccine  
**M1056** Reason Pneumococcal Vaccine not received  
**M1200** Vision

15

15

## OASIS E Comparison

### Items Added

**D0150** Patient Mood Interview (PHQ-2 to 9)  
**D0160** Total Severity Score  
**D0700** Social Isolation  
**J0510** Pain Effect on Sleep  
**J0520** Pain Interference with Therapy Activities  
**J0530** Pain Interference with Day-to-Day Activities  
**K0520** Nutritional Approaches  
**N0415** High-Risk Drug Classes: Use and Indication  
**O0110** Special Treatments, Procedures, and Programs

### Items Deleted

**M1242** Frequency of Pain Interfering  
**M1730** Depression Screening  
**M2016** Patient/Caregiver Drug Education Intervention  
**M2401** Intervention Synopsis (a) Diabetic Foot Care

16

16



## Section A

17

18

**(M0140) Race/Ethnicity: (Mark all that apply.)**

☐ 1 - American Indian or Alaska Native

☐ 2 - Asian

☐ 3 - Black or African-American

☐ 4 - Hispanic or Latino

☐ 5 - Native Hawaiian or Pacific Islander

☐ 6 - White

**(M0150) Current Payment Sources for Home Care: (Mark all that apply.)**

☐ 0 - None, no charge for current services

☐ 1 - Medicare (traditional fee-for-service)

☐ 2 - Medicare (HMO/managed care/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

**A1005. Ethnicity**  
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**  
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

**M0150. Current Payment Sources for Home Care**

↓ 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

**NEW -ish**

19

**CLINICAL RECORD ITEMS, continued**

**(M0102) Date of Physician-ordered Start of Care (Resumption of Care):** 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.

Month / Day / Year (Go to M0210, if date entered)

☐ NA - No specific SOC date ordered by physician

**(M0104) Date of Referral:** 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:** 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. Later  
UK. Unknown  
NA. Not Applicable: No Medicare case mix group to be defined by this assessment.

**PATIENT HISTORY AND DIAGNOSES**

**(M1000) From which of the following Inpatient Facilities was the patient discharged within the past 14 days? (Mark all that apply.)**

☐ 1 - Long-term nursing facility (NF)

☐ 2 - Skilled nursing facility (SNF/TCU)

☐ 3 - Short-stay acute hospital (PPS)

☐ 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 (Go to M1021)

**(M1005) Inpatient Discharge Date (most recent):**

Month / Day / Year

☐ UK - Unknown

**M0102. Date of Physician-ordered Start of Care (Resumption of Care)**  
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.

Month / Day / Year → Skip to M0210, Episode Timing, if date entered

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

**M0104. Date of Referral**  
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**  
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. Later  
UK. Unknown  
NA. Not Applicable: No Medicare case mix group to be defined by this assessment.

**A1250. Transportation (NACHC 6)**  
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

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

↓ Check all that apply

☐ 1. Long-term nursing facility (NF)

☐ 2. Skilled nursing facility (SNF/TCU)

☐ 3. Short-stay acute hospital (PPS)

☐ 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, Skip to B1300, Health Literacy at ROC

**M1005. Inpatient Discharge Date (most recent)**

Month / Day / Year ☐ UK - Unknown

**New**

20

**EMERGENT CARE**

**(M2301) Emergent Care.** At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)?

Enter Code ☐ 0 No [Go to M2401]  
☐ 1 Yes, used hospital emergency department WITHOUT hospital admission  
☐ 2 Yes, used hospital emergency department WITH hospital admission  
☐ UK Unknown [Go to M2401]

**(M2310) Reason for Emergent Care.** For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? (Mark 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?**

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.)

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 hospital → 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  
☐ 5 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**  
 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**  
 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 A2123, Provision of Current Reconciled Medication List to Patient at Discharge  
☐ 1 Yes - Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider

21

## Reconciled Medications

**Medication Reconciliation** -- The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

**Transition of Care** – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.

**A2122 Route of Current Reconciled Medication List Transmission to Subsequent Provider**  
 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) ☐

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

22

## Why Do I Need to Do Med Reconciliation at Discharge?

Ensure new caregivers (or patient and family) are aware of current medications, doses and reasons

Medication reconciliation should be ongoing rather than a single process



23

## Hearing, Speech, Vision

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Section B

24

24

Section B	
Hearing, Speech, and Vision	
<b>SENSORY STATUS</b>	
(M1200)	Vision (with corrective lenses if the patient usually wears them):
Enter Code <input type="checkbox"/>	<p>0 Normal vision: sees adequately in most situations; can see medication labels, newsprint.</p> <p>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.</p> <p>2 Severely impaired: cannot locate objects without touching them, or patient nonresponsive.</p>

25


# Health Literacy

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**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?

Enter Code	
<input type="radio"/>	0. Never
<input type="radio"/>	1. Rarely
<input type="radio"/>	2. Sometimes
<input type="radio"/>	3. Often
<input type="radio"/>	4. Always
<input type="radio"/>	7. Patient declines to respond
<input type="radio"/>	8. Patient unable to respond



The Single Item Literacy Screener is licensed under a Creative Commons Attribution Noncommercial 4.0 International License.

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

The new definitions:

- Emphasize people's ability to use health information rather than just understand it
- Focus on the ability to make "well-informed" decisions rather than "appropriate" ones
- Acknowledge that organizations have a responsibility to address health literacy
- Incorporate a public health perspective

26

# Cognitive

## Section C

27

27

### New cognitive status items for OASIS-E



#### C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

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

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: <b>sock, blue, and bed</b> . 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)

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

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

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

28

## C0200: Repetition of Three Words

C0200. Repetition of Three Words	
Enter Code <input type="checkbox"/>	<p>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: <b>sock, blue, and bed</b>. Now tell me the three words."</p> <p>Number of words repeated after first attempt</p> <ol style="list-style-type: none"> <li>0. None</li> <li>1. One</li> <li>2. Two</li> <li>3. Three</li> </ol> <p>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.</p>

29

## C0300: Temporal Orientation

C0300. Temporal Orientation (Orientation to year, month, and day)	
Enter Code <input type="checkbox"/>	<p>Ask patient: "Please tell me what year it is right now."</p> <p>A. <b>Able to report correct year</b></p> <ol style="list-style-type: none"> <li>0. Missed by &gt; 5 years or no answer</li> <li>1. Missed by 2-5 years</li> <li>2. Missed by 1 year</li> <li>3. Correct</li> </ol>
Enter Code <input type="checkbox"/>	<p>Ask patient: "What month are we in right now?"</p> <p>B. <b>Able to report correct month</b></p> <ol style="list-style-type: none"> <li>0. Missed by &gt; 1 month or no answer</li> <li>1. Missed by 6 days to 1 month</li> <li>2. Accurate within 5 days</li> </ol>
Enter Code <input type="checkbox"/>	<p>Ask patient: "What day of the week is today?"</p> <p>C. <b>Able to report correct day of the week</b></p> <ol style="list-style-type: none"> <li>0. Incorrect or no answer</li> <li>1. Correct</li> </ol>

30

## CAM (Confusion Assessment Method)

C1310. Signs and Symptoms of Delirium (from CAM®)	
Code <b>after completing</b> Brief Interview for Mental Status and reviewing medical record.	
A. <b>Acute Onset of Mental Status Change</b>	
Enter Code	Is there evidence of an acute change in mental status from the baseline?
<input type="checkbox"/>	0. No
<input type="checkbox"/>	1. Yes
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> B. <b>Inattention</b> – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	<input type="checkbox"/> C. <b>Disorganized thinking</b> – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/> D. <b>Altered level of consciousness</b> – Did the patient have altered level of consciousness, as indicated by any of the following criteria? ▪ <b>vigilant</b> – startled easily to any sound or touch ▪ <b>lethargic</b> – repeatedly dozed off when being asked questions, but responded to voice or touch ▪ <b>stuporous</b> – very difficult to arouse and keep aroused for the interview ▪ <b>comatose</b> – could not be aroused

Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

31

## Purpose of the CAM

CAM is a standardized evidence-based tool that enables non-psychiatrically trained clinicians to identify and recognize delirium quickly and accurately in both clinical and research settings.

The screening tool alerts clinicians to the presence of possible delirium.

<https://www.youtube.com/watch?v=GGmp32-l5rg>

32



## Purpose of the CAM

CAM is a standardized evidence-based tool that enables non-psychiatrically trained clinicians to identify and recognize delirium quickly and accurately in both clinical and research settings.

The screening tool alerts clinicians to the presence of possible delirium.

<https://www.youtube.com/watch?v=GGmp32-l5rg>

33

## Mood

Section D

34

34

**(M1730) Depression Screening:** Has the patient been screened for depression, using a standardized, validated depression screening tool?

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 2 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA
b) Feeling down, depressed, or hopeless?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA

2 Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.

3 Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.

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**Section D Mood**

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

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	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		

↓ 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		

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**D0160. Total Severity Score**


Enter Score	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)
<input type="text"/>	<input type="text"/>

**D0700. Social Isolation**


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

Enter Code	
<input type="checkbox"/> 0	Never
<input type="checkbox"/> 1	Rarely
<input type="checkbox"/> 2	Sometimes
<input type="checkbox"/> 3	Often
<input type="checkbox"/> 4	Always
<input type="checkbox"/> 7	Patient declines to respond
<input type="checkbox"/> 8	Patient unable to respond





New



New

35

## Behavior

### Section E

36

36

<p><b>M1740. Cognitive, Behavioral, and Psychiatric Symptoms that are demonstrated at least once a week (Reported or Observed):</b></p> <p>↓ Check all that apply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; text-align: center;"><input type="checkbox"/></td><td>1. <b>Memory deficit:</b> failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>2. <b>Impaired decision-making:</b> failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>3. <b>Verbal disruption:</b> yelling, threatening, excessive profanity, sexual references, etc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>4. <b>Physical aggression:</b> aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>5. <b>Disruptive, infantile, or socially inappropriate behavior</b> (excludes verbal actions)</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>6. <b>Delusional, hallucinatory, or paranoid behavior</b></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>7. <b>None of the above behaviors demonstrated</b></td></tr> </table> <p><b>M1745. Frequency of Disruptive Behavior Symptoms (Reported or Observed):</b> Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; text-align: center;"><input type="checkbox"/></td><td>0. <b>Never</b></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>1. <b>Less than once a month</b></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>2. <b>Once a month</b></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>3. <b>Several times each month</b></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>4. <b>Several times a week</b></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>5. <b>At least daily</b></td></tr> </table>	<input type="checkbox"/>	1. <b>Memory deficit:</b> failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required	<input type="checkbox"/>	2. <b>Impaired decision-making:</b> failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions	<input type="checkbox"/>	3. <b>Verbal disruption:</b> yelling, threatening, excessive profanity, sexual references, etc.	<input type="checkbox"/>	4. <b>Physical aggression:</b> aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)	<input type="checkbox"/>	5. <b>Disruptive, infantile, or socially inappropriate behavior</b> (excludes verbal actions)	<input type="checkbox"/>	6. <b>Delusional, hallucinatory, or paranoid behavior</b>	<input type="checkbox"/>	7. <b>None of the above behaviors demonstrated</b>	<input type="checkbox"/>	0. <b>Never</b>	<input type="checkbox"/>	1. <b>Less than once a month</b>	<input type="checkbox"/>	2. <b>Once a month</b>	<input type="checkbox"/>	3. <b>Several times each month</b>	<input type="checkbox"/>	4. <b>Several times a week</b>	<input type="checkbox"/>	5. <b>At least daily</b>	<p><b>Section E Behavior</b></p> <p><b>M1740. 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37

## Preferences for Customary Routine Activities

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Section F

38

38

**LIVING ARRANGEMENTS**

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional / short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (for example, assisted living, residential care home)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

**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?

Living Arrangement	Availability of Assistance				
	Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term Assistance	No Assistance Available
A. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
B. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
C. Patient lives in congregate situation (for example, assisted living, residential care home)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

39

**CARE MANAGEMENT****SOC/ROC**

(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 ☐ f. Supervision and safety (for example, due to cognitive impairment)

- 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

**Discharge**

(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)

- 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)

- 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)

- 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)

- 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

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

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

**Discharge****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)

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)

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)

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)

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

40

## Functional and Functional Ability

Section G and GG

41

41

## GG and GG Items

No changes to M18-- items except M1870 moved to a different category

No changes to GG items

42

42

## Bladder and Bowel

### Section H

43

43

#### ELIMINATION STATUS

<b>(M1600) Has this patient been treated for a Urinary Tract Infection in the past 14 days?</b>	
Enter Code	0 No 1 Yes NA Patient on prophylactic treatment UK Unknown [Omit "UK" option on DC]
<b>(M1610) Urinary Incontinence or Urinary Catheter Presence:</b>	
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)
<b>(M1620) Bowel Incontinence Frequency:</b>	
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 FU, DC]
<b>(M1630) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; <u>or</u> b) necessitated a change in medical or treatment regimen?</b>	
Enter Code	0 Patient does <u>not</u> have an ostomy for bowel elimination. 1 Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen. 2 The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.

<b>Section H</b>	<b>Bladder and Bowel</b>
<b>M1600. Has this patient been treated for a Urinary Tract Infection in the past 14 days?</b>	
Enter Code	0. No 1. Yes NA Patient on prophylactic treatment UK Unknown [Omit "UK" option on DC]
<b>M1610. Urinary Incontinence or Urinary Catheter Presence</b>	
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)
<b>M1620. Bowel Incontinence Frequency</b>	
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]
<b>M1630. Ostomy for Bowel Elimination</b>	
Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; <u>or</u> b) necessitated a change in medical or treatment regimen?	
Enter Code	0. Patient does <u>not</u> have an ostomy for bowel elimination. 1. Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen. 2. The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.

44

## Section I

45

Not on recert any longer

23

## Health Conditions

### Section J

47

47

(M1033) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark 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:	
Enter Code	
<input type="checkbox"/> 0	Patient has no pain
<input type="checkbox"/> 1	Patient has pain that does not interfere with activity or movement
<input type="checkbox"/> 2	Less often than daily
<input type="checkbox"/> 3	Daily, but not constantly
<input type="checkbox"/> 4	All of the time



### Section J Health Conditions

M1033. Risk for Hospitalization	
Which of the following signs or symptoms characterize this patient as at risk for hospitalization?	
Check all that apply	
<input type="checkbox"/>	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months
<input type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above

J0510. Pain Effect on Sleep	
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?"
<input type="checkbox"/>	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
<input type="checkbox"/>	1. Rarely or not at all
<input type="checkbox"/>	2. Occasionally
<input type="checkbox"/>	3. Frequently
<input type="checkbox"/>	4. Almost constantly
<input type="checkbox"/>	5. Unable to answer

NEW

J0520. Pain Interference with Therapy Activities	
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"
<input type="checkbox"/>	0. Does not apply – I have not received rehabilitation therapy in the past 5 days
<input type="checkbox"/>	1. Rarely or not at all
<input type="checkbox"/>	2. Occasionally
<input type="checkbox"/>	3. Frequently
<input type="checkbox"/>	4. Almost constantly
<input type="checkbox"/>	5. Unable to answer

NEW

J0530. Pain Interference with Day-to-Day Activities	
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"
<input type="checkbox"/>	1. Rarely or not at all
<input type="checkbox"/>	2. Occasionally
<input type="checkbox"/>	3. Frequently
<input type="checkbox"/>	4. Almost constantly
<input type="checkbox"/>	5. Unable to answer

NEW-ish

48



49

## Section K

**(M1060) Height and Weight** – While measuring, if the number is X.1-X.4 round down; X.5 or greater round up

**a. Height** (in inches). Record most recent height measure since the most recent SOC/ROC

**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.)

**Section K Swallowing/Nutritional Status**

**M1060. Height and Weight** – While measuring, if the number is X.1-X.4 round down; X.5 or greater round up.

**A. Height** (in inches). Record most recent height measure since the most recent SOC/ROC

**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.)

**SOC/ROC**

**K0520. Nutritional Approaches**

**1. On Admission**

Check all of the nutritional approaches that apply on admission

**1. On Admission**

**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** ☐

**Discharge**

**K0520. Nutritional Approaches**

**4. Last 7 days**

Check all of the nutritional approaches that were received in the last 7 days

**4. Last 7 days** ☐

**5. At discharge**

Check all of the nutritional approaches that were being received at discharge

**5. At discharge** ☐

**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**

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.

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5. Unable to take in nutrients orally or by tube feeding.

Moved from the Functional Items

New

51

# Skin Conditions

## Section M

52

52

Section M   Skin Conditions															
<b>M1306, M1307: No change</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th colspan="2" style="text-align: left; padding: 2px;">SOC/ROC</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage</td> <td style="text-align: center; padding: 2px;">Enter Number</td> </tr> <tr> <td style="padding: 2px;">A1. 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. Number of Stage 2 pressure ulcers</td> <td style="text-align: center; padding: 2px;"><input type="text"/></td> </tr> </tbody> </table>	SOC/ROC		(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number	A1. 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. Number of Stage 2 pressure ulcers	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th colspan="2" style="text-align: left; padding: 2px;">SOC/ROC</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage</td> <td style="text-align: center; padding: 2px;">Enter Number</td> </tr> <tr> <td style="padding: 2px;">A1. 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. Number of Stage 2 pressure ulcers</td> <td style="text-align: center; padding: 2px;"><input type="text"/></td> </tr> </tbody> </table>	SOC/ROC		(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number	A1. 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. Number of Stage 2 pressure ulcers	<input type="text"/>		
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53

## No changes....

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Enter Code	1. Fully granulating														
<input type="text"/>	2. Early/partial granulation														
	3. Not healing														

54

<b>(M1340) Does this patient have a Surgical Wound?</b>	
Enter Code	0 No [Go to M1400]
<input type="checkbox"/>	1 Yes, patient has at least one observable surgical wound
	2 Surgical wound known but not observable due to non-removable dressing/device [Go to M1400]
<b>(M1342) Status of Most Problematic Surgical Wound that is Observable</b>	
Enter Code	0 Newly epithelialized
<input type="checkbox"/>	1 Fully granulating
	2 Early/partial granulation
	3 Not healing

<b>M1340. Does this patient have a Surgical Wound?</b>	
Enter Code	0. No → Skip to N0415, High-Risk Drug Classes: Use and Indication
<input type="checkbox"/>	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

<b>M1342. Status of Most Problematic Surgical Wound that is Observable</b>	
Enter Code	0. Newly epithelialized
<input type="checkbox"/>	1. Fully granulating
	2. Early/partial granulation
	3. Not healing

55

## Medications

### Section N

56

56


(M2016) Patient/Caregiver Drug Education Intervention: At the time of 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, report on 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



**Section N Medications**

**SOC/ROC and Discharge**

**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 following classes	1. Is Taking ↓	2. Indication Noted ↓
2. Indication noted If Column 1 is checked, check if there is an Indication noted for all medications in the drug class	Check all that apply	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the Above	<input type="checkbox"/>	<input type="checkbox"/>

M2001 – M2030: No change except deletion of M2016 per 2022 Final Rule

57


## Special Treatment, Procedures, and Programs

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Section O

58

58



**(M1030) Therapies the patient receives at home:** (Mark all that apply.)

☐ 1 - Intravenous or infusion therapy (excludes TPN)

☐ 2 - Parenteral nutrition (TPN or lipids)

☐ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other device into the alimentary canal)

☐ 4 - None of the above

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

59

**(M1041) Influenza Vaccine Data Collection Period:** 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 (Go to M1051)  
1 Yes

**(M1046) Influenza Vaccine Received:** 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:** 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 OC)

**(M1056) Reason Pneumococcal Vaccine not received:** If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason.

Enter Code ☐ 1 Offered and declined  
2 Assessed and determined to have medical contraindication(s)  
3 Not indicated; patient does not meet age/condition guidelines for Pneumovax  
4 None of the above

**M1041. Influenza Vaccine Data Collection Period**


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**

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)  
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**M1051/M1056: Removed**

**THERAPY NEED AND PLAN OF CARE**

**(M2200) Therapy Need:** 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 "0000" 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.

**M2200. Therapy Need**

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 "0000" 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.

60

# Participation in Assessment and Goal Setting

## Section Q

61

61

### DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR AGENCY DISCHARGE ONLY

(M2401) Intervention Synopsis: (Check only one box in each row.) 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?

Plan / Intervention	No	Yes	Not Applicable
a. Diabetic foot care including monitoring for the presence of ulcers, lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
b. Falls prevention interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

### Section Q Participation in Assessment and Goal Setting

#### 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.)

Plan/Intervention	No	Yes	Not Applicable
↓Check only one box in each row↓			
B. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

62

## Miscellaneous

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63

63

## Social Determinants of Health

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- Emerging focus = Social Determinants of Health (SDOH)
  - Dually-eligible enrollees
- Focuses of CMS
  - Population health
  - Reduction of health care spending
  - Patient/caregiver satisfaction
- Past initiatives have focused on
  - Increasing access to health care
  - Treating medical conditions

64



## How Will OASIS E be used?

- Patient-Driven Groupings Model (PDGM) Functional Grouper Scoring
- Home Health Quality Reporting Program (HHQRP) measures
- Star Ratings on Care Compare
- Value Based Purchasing (VBP)

65

## PDGM Items from OASIS E

As far as we know now, these items will continue to contribute to payment calculations under PDGM:

- M1033 Risk for Hospitalization
- M1800 Grooming
- M1810 Ability to Dress Upper Body
- M1820 Ability to Dress Lower Body
- M1830 Bathing
- M1840 Toilet Transferring
- M1845 Toileting Hygiene
- M1850 Transferring
- M1860 Ambulation/Locomotion

66

## 2022 HHQRP Measures – Claims

Claims-based	
ACH	Acute Care Hospitalization During the First 60 Days of HH (NQF #0171).
DTC	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (NQF #3477)
ED Use	Emergency Department Use without Hospitalization During the First 60 Days of HH (NQF #0173).
MSPB	Total Estimated Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) HH QRP.
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for HH Quality Reporting Program.

## 2022 HHQRP Measures – [HHCAHPS](#)

HHCAHPS-based	
CAHPS Home Health Survey	CAHPS® Home Health Care Survey (experience with care) (NQF #0517) <sup>50</sup> <ul style="list-style-type: none"> <li>- How often the HH team gave care in a professional way.</li> <li>- How well did the HH team communicate with patients.</li> <li>- Did the HH team discuss medicines, pain, and home safety with patients.</li> <li>- How do patients rate the overall care from the HHA.</li> <li>- Will patients recommend the HHA to friends and family.</li> </ul>

67

## 2022 HHQRP Measures – OASIS-Based

Short Name	Measure Name & Data Source
OASIS-based	
Ambulation	Improvement in Ambulation/Locomotion (NQF #0167).
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
Application of Functional Assessment	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
Bathing	Improvement in Bathing (NQF #0174).
Bed Transferring	Improvement in Bed Transferring (NQF # 0175).
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) HH QRP.
Drug Education	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care.
Dyspnea	Improvement in Dyspnea.
Influenza	Influenza Immunization Received for Current Flu Season
Oral Medications	Improvement in Management of Oral Medications (NQF #0176).
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care
Timely Care	Timely Initiation Of Care (NQF #0526).
TOH - Provider	Transfer of Health Information to Provider-Post-Acute Care <sup>48</sup>
TOH - Patient	Transfer of Health Information to Patient-Post-Acute Care <sup>49</sup>

68

## Looking at Recerts/FU

- M0080-Discipline completing OASIS
- M0090-Date assessment completed
- M0100-Assessment reason
- M0110-Episode Timing
- M1800-Grooming
- M1810 & M1820-Upper and Lower Body
- M1830-Bathing
- M1840-Toilet Transferring
- M1850-Transferring
- M1860-Ambulation/Locomotion
- GG0130-Self Care
- GG0170-Mobility
- M1033-Risk of Hospitalization
- M1306-Unhealed pressure ulcer

69

69

## Preparation

1. Check with EMR to see how they are formatting the OASIS as written or for flow of EMR/Assessment
2. Educate/educate/educate
3. Look at policy and procedures (Tune in to the next in the series of webinars)
4. Start thinking about processes that may need to be put into place to ensure compliance and communication
5. Possible productivity adjustments

70

70

## Questions?

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J'non Griffin, RN MHA HCS-D,  
HCS-H, HCS-C, COS-C

Sr. Vice President/Principal  
Coding and OASIS Division

[www.simitreehc.com](http://www.simitreehc.com)

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71