

Home Health – OASIS-E Change Table effective 01/01/2023

List of Abbreviations

DAH	Death at home	IRF-PAI	Inpatient Rehabilitation Facility-Patient Assessment Instrument	OMH	Office of Minority Health	SDOH	Social Determinants of Health
DC	Discharge from Agency	LCDS	Long-term Care Data Set	QM	Quality Measure	TRN	Transfer to an Inpatient Facility
FU	Follow-up	MDS	Minimum Data Set	ROC	Resumption of Care	(v)	Voluntary
HH	Home Health	OASIS	Outcome and Assessment Information Set	SOC	Start of Care		

#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
1	SOC	M0140 Race/Ethnicity A1005 Ethnicity	N	M0140 Race/Ethnicity 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	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	OMH SDOH Ethnicity and Race (see next row) items replace legacy OASIS M0140 Race/Ethnicity 1/14/22 New change: Add response option Patient declines to respond.
2	SOC	A1010 Race	N		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	1/14/22 New change: Add two response options, Patient declines to respond and None of the above

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					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	
3	SOC	A1110A A1110B Language	Y	N/A - New item	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	New OMH SDOH item
4	SOC, ROC, FU, TRN, DC, DAH	M0100 Reason for Assessment	N	This Assessment is Currently Being Completed for the Following Reason: <u>Start/Resumption of Care</u> 1 Start of care – further visits planned 3 Resumption of care (after inpatient stay) <u>Follow-Up</u> 4 Recertification (follow-up) reassessment [Go to M0110] 5 Other follow-up [Go to M0110] <u>Transfer to an Inpatient Facility</u> 6 Transferred to an inpatient facility – patient not discharged from agency [Go to M1041] 7 Transferred to an inpatient facility – patient discharged from agency [Go to M1041] <u>Discharge from Agency – Not to an Inpatient Facility</u> <u>Facility</u> 8 Death at home [Go to M2005] 9 Discharge from agency [Go to M1041]	This Assessment is Currently Being Completed for the Following Reason: <u>Start/Resumption of Care</u> 1. Start of care – further visits planned 3. Resumption of care (after inpatient stay) Follow-Up 4. Recertification (follow-up) reassessment 5. Other follow-up <u>Transfer to an Inpatient Facility</u> 6. Transferred to an inpatient facility – patient not discharged from agency 7. Transferred to an inpatient facility – patient discharged from agency <u>Discharge from Agency – Not to an Inpatient Facility</u> 8. Death at home 9. Discharge from agency	Skip pattern edit - Remove skip directions from these responses. The instructions directed users to the next item in the instrument - there were no intervening items. Thus, the directions are not needed.

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5	SOC ROC	M0102 Date of Physician-ordered Start of Care (Resumption of Care)	N	<p>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.</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year </p> <p>[Go to M0110, if date entered]</p> <p>NA -No specific SOC date ordered by physician</p>	<p>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.</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year </p> <p>Skip to M0110, Episode Timing, if date entered</p> <p>NA -No specific SOC/ROC date ordered by physician</p>	<p>This item was modified in OASIS-D to include both Start of Care and Resumption of Care. (The CoPs indicate physician may specify a SOC date and may specify a resumption date). The NA response, however, was not updated at that time to include ROC.</p> <p>The edit is made in this version for consistency and accuracy.</p>
6	SOC, ROC, DC	A1250 Transportation	N	N/A - New item	<p>Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?</p> <p style="text-align: center;">↓ Check all that apply</p> <p>A. Yes, it has kept me from medical appointments or getting my medications</p> <p>B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</p> <p>C. No</p> <p>X. Patient unable to respond</p> <p>Y. Patient declines to respond</p> <p style="font-size: small;"><i>© 2019. Adapted from National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</i></p>	<p>New OMH SDOH item</p> <p>1/14/22 New change: Add response option Patient declines to respond and clarify copyright information.</p>

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7	SOC ROC	M1000 From which of the following Inpatient Facilities was the patient discharged within the past 14 days?	N	NA - Patient was not discharged from an inpatient facility [Go to M1021]	NA - Patient was not discharged from an inpatient facility →Skip to B1300 Health Literacy	Skip pattern edit - Changed due to new items and reorganization
8	TRN DC	M2301 Emergent Care		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]	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	Skip pattern edit - Changed due to new items and reorganization
9	DC	M2420 Discharge Disposition		Where is the patient after discharge from your agency? (Choose only one answer.) 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 UK Other unknown	Where is the patient after discharge from your agency? (Choose only one answer.) 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	Skip patterns added to account for TOH standardized items

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10	DC	A2121 Provision Of Current Reconciled Medication List to Subsequent Provider at Discharge	N	N/A - New item	<p>At the time of discharge to another provider, did your Facility provide the patient's current reconciled medication list to the subsequent provider?</p> <p>0. No-Current reconciled medication list not provided to the subsequent provider→ Skip to A2123, Provision of Current Medication List to Patient at Discharge</p> <p>1. Yes-Current reconciled medication list provided to the subsequent provider→ Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider</p>	New standardized item for TOH measure
11	TRN	A2120 Provision Of Current Reconciled Medication List to Subsequent Provider at Transfer	N	N/A - New item	<p>At the time of transfer to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?</p> <p>0. No- Current reconciled medication list not provided to the subsequent provider→ Skip to J1800, Any Falls since SOC/ROC</p> <p>1. Yes – Current reconciled medication list provided to the subsequent provider→ Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider</p> <p>2. NA- The agency was not made aware of this transfer timely→ Skip to J1800, Any Falls Since SOC/ROC</p>	New standardizes item for TOH measure
12	TRN(v) DC(v)	A2122 Route of Current Reconciled Medication List Transmission to Subsequent Provider	N	N/A - New item	<p>Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider</p> <p style="text-align: center;">↓Check all that apply↓</p> <p>A. Electronic Health Record B. Health Information Exchange 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)</p>	<p>New standardized item for TOH measure</p> <p>10/28/2021: per CMS, response option B modified to remove term "organization". Rationale: the most frequent and widespread use of this term does not include "organization." This was confirmed with ONC.</p>

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13	DC	A2123 Provision of Current Reconciled Medication List to Patient at Discharge	N	N/A - New item	At time of discharge, did your agency provide the patient's current reconciled medication list to the patient, family and/or caregiver? 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 patient, family and/or caregiver→ Continue to A2124, Route of Current Reconciled Medication Transmission to Patient	New standardized item for TOH measure
14	DC	A2124 Route of Current Reconciled Medication List Transmission to Patient	N		Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver ↓Check all that apply↓ A. Electronic Health Record B. Health Information Exchange 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)	New standardized item for TOH measure 10/28/2021: per CMS, response option B modified to remove term "organization". Rationale: the most frequent and widespread use of this term does not include "organization." This was confirmed with ONC.
15	SOC	B0200 Hearing	Y	N/A - New item	Ability to hear (with hearing aid or hearing appliance 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	New standardized item not in current OASIS instrument
16	SOC ROC FU (v)	M1200 Vision B1000 Vision	N Y	(With corrective lenses if the patient usually wears them): 0 Normal vision: sees adequately in most	Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate – sees fine detail, such as regular print in newspapers/books	New standardized item, B1000 replaces legacy OASIS M1200 Vision item, and is only collected at SOC.

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				<p>situations; can see medication labels, newsprint.</p> <p>1 Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length.</p> <p>2 Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.</p>	<ol style="list-style-type: none"> 1. Impaired – sees large print, but not regular print in newspapers/books 2. Moderate 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 	M1200 Vision at FU was made voluntary effective 1/1/2020 and is removed from FU for 1/1/2021.
17	SOC, ROC, DC	B1300 Health Literacy	N	N/A - New item	<p>How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <ol style="list-style-type: none"> 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Patient declines to respond 8. Patient unable to respond <p><i>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License.</i></p>	<p>New OMH SDOH item</p> <p>1/14/22 New change - Add response option Patient declines to respond and clarify copyright information.</p>
18	SOC, ROC, DC	C0100 Should Brief Interview for Mental Status be Conducted?	Y	N/A - New item	<p>Attempt to conduct interview with all patients.</p> <ol style="list-style-type: none"> 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 	New standardized item, not replacing legacy OASIS item
19	SOC, ROC, DC	C0200 Repetition of Three Words	Y	N/A - New item	<p>Ask patient: <i>"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."</i> Number of words repeated after first attempt</p> <ol style="list-style-type: none"> 0. None 	New standardized item, not replacing legacy OASIS item

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					<ol style="list-style-type: none"> 1. One 2. Two 3. Three <p>After the patient's first attempt, repeat the words using cues (<i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.</p>	
20	SOC, ROC, DC	C0300 Temporal Orientation	Y	N/A - New item	<p>(Orientation to year, month, and day) Ask patient: <i>"Please tell me what year it is right now."</i></p> <p>A. Able to report correct year</p> <ol style="list-style-type: none"> 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct <p>Ask patient: <i>"What month are we in right now?"</i></p> <p>B. Able to report correct month</p> <ol style="list-style-type: none"> 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days <p>Ask patient: <i>"What day of the week is today?"</i></p> <p>C. Able to report correct day of the week</p> <ol style="list-style-type: none"> 0. Incorrect or no answer 1. Correct 	New standardized item, not replacing legacy OASIS item
21	SOC, ROC, DC	C0400 Recall	Y	N/A - New item	<p>Ask patient: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.</p> <p>A. Able to recall "sock"</p> <ol style="list-style-type: none"> 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required <p>B. Able to recall "blue"</p> <ol style="list-style-type: none"> 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required <p>C. Able to recall "bed"</p> <ol style="list-style-type: none"> 0. No - could not recall 	New standardized item, not replacing legacy OASIS item

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					<ol style="list-style-type: none"> 1. Yes, after cueing (“a piece of furniture”) 2. Yes, no cue required 	
22	SOC, ROC, DC	C0500 Summary Score	Y	N/A - New item	<p>Add scores for questions C0200-C0400 and fill in total score (00-15)</p> <p>Enter 99 if the patient was unable to complete the interview</p>	New standardized item, not replacing legacy OASIS item
23	SOC, ROC, DC	C1310 Signs and Symptoms of Delirium (from CAM)	Y	N/A - New item	<p>Code after completing Brief Interview for Mental Status and reviewing medical record</p> <p>A. Acute Onset of Mental Status change</p> <p>Is there evidence of an acute change in mental status from the patient’s baseline?</p> <ol style="list-style-type: none"> 0. No 1. Yes <p>Coding:</p> <ol style="list-style-type: none"> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity) <p>Enter Codes in Boxes</p> <p>B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?</p> <p>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)?</p> <p>D. Altered Level of Consciousness - Did the patient have altered level of consciousness, as indicated by any of the following criteria?</p> <ul style="list-style-type: none"> • 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 	New standardized item, does not replace any legacy OASIS item

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					<ul style="list-style-type: none"> comatose-could not be aroused <i>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 A1250.</i> 	
24	SOC, ROC, DC	D0150 PHQ-2 to 9 (Patient Health Questionnaire)	Y	<p>M1730 Depression Screening: Has the patient been screened for depression, using a standardized, validated depression screening tool?</p> <p>0 No</p> <p>1 Yes, patient was screened using the PHQ-2@* scale.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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?"</p> <p>A. Little interest or pleasure in doing things B. Feeling down, depressed or hopeless</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>0 Not at all, 0 - 1 day 1 Several days, 2-6 days 2 More than half of the days, 7-11 days 3 Nearly every day, 12-14 days NA Unable to respond</p> </div> <p>2 Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.</p> <p>3 Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.</p> <p><i>*Copyright© Pfizer Inc. All rights reserved. Reproduced with permission.</i></p>	<p>Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"</p> <p>If symptom present, enter 1 (yes) column 1, Symptom Presence.</p> <p>If yes in column 1, then ask the patient: "About how often have you been bothered by this?"</p> <p>Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <p>1. Symptom Presence</p> <p>0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank).</p> <p>2. Symptom Frequency</p> <p>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)</p> <p>A. Little interest or pleasure in doing things B. Feeling down, depressed, or hopeless</p> <p>If either D150A or D150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.</p> <p>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</p>	<p>New standardized item replaces M1730 response 1, PHQ-2. Remainder of M1730 (responses 0, 2 and 3) are removed.</p> <p>PHQ-2 to 9 is collected at SOC, ROC, and DC whereas M1730 was only collected at SOC and ROC.</p>

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					<p>a failure or have let yourself or your family down</p> <p>G. Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>H. Moving or speaking so slowly that other people could have noticed it. Or the opposite- being fidgety or restless that you have been moving around a lot than usual</p> <p>I. Thoughts that you would be better off dead, or of hurting yourself in some way</p> <p style="text-align: center;"><i>Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.</i></p>	
25	SOC, ROC, DC	D0160 Total Severity Score	Y	N/A - New item	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)	New standardized item, the score for the PHQ2-9 (item D0150, above)
26	SOC, ROC, DC	D0700 Social Isolation	Y	N/A - New item	<p>How often do you feel lonely or isolated from those around you?</p> <p>0. Never</p> <p>1. Rarely</p> <p>2. Sometimes</p> <p>3. Often</p> <p>4. Always</p> <p>7. Patient declines to respond</p> <p>8. Patient unable to respond</p>	<p>New OMH SDOH item</p> <p>1/14/22 New change: Add response option Patient declines to respond</p>
27	SOC, ROC	GG0100 Prior Functioning: Everyday Activities		<p>Indicate the patient’s usual ability with everyday Activities prior to the current illness, exacerbation, or injury</p> <p>Coding:</p> <p>3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</p> <p>2. Needed Some Help – Patient needed partial assistance from another person to complete activities.</p>	<p>Indicate the patient’s usual ability with everyday Activities prior to the current illness, exacerbation, or injury</p> <p>Coding:</p> <p>3. Independent – Patient completed the activities by themselves, with or without an assistive device, with no assistance from a helper.</p> <p>2. Needed Some Help – Patient needed partial assistance from another person to complete any activities.</p>	

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				<p>1. Dependent – A helper completed the activities for the patient.</p> <p>8. Unknown</p> <p>9. Not Applicable</p> <p>↓ Enter Codes in Boxes</p> <p>A. Self Care: Code the patient’s need for assistance with bathing, dressing, using the toilet, eating prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>1. Dependent – A helper completed all the activities for the patient.</p> <p>8. Unknown</p> <p>9. Not Applicable</p> <p>↓ Enter Codes in Boxes</p> <p>A. Self Care: Code the patient’s need for assistance with bathing, dressing, using the toilet, and eating prior to the current</p> <p>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.</p> <p>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.</p> <p>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.</p>	

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28	SOC ROC FU DC	GG0130 Self Care	<p>Coding:</p> <p>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.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p>	<p>Coding:</p> <p>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.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by themselves with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p>	Pronouns changed to be gender neutral.
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#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
				10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical conditions or safety concerns		
29	SOC ROC FU DC	GG0130B Self-Care, Oral Hygiene		Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.	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.	Revised LTCH/IRF/SNF mockup not carried through completely to HH in OASIS-D. The edit is made in this version for consistency and accuracy.
30	SOC ROC FU DC	GG0130E Shower/bathe self		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU , and DC.	
31	SOC ROC FU DC	GG0130F Upper body dressing		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU , and DC.	
32	SOC ROC FU DC	GG0130G Lower body dressing		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU , and DC.	
33	SOC ROC FU DC	GG0130H Putting on/taking off footwear		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU , and DC.	

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34	SOC ROC FU DC	GG0170	<p>Coding:</p> <p>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.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p>	<p>Coding:</p> <p>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.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by themselves with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p>	Pronouns changed to be gender neutral.
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#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
				<p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p>		
35	SOC, ROC, FU, DC	GG0170C. 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.	The ability to move from lying on back to sitting on the side of the bed with no back support.	
36	SOC, ROC, DC	GG0170F Toilet Transfer		<p>Toilet transfer: The ability to get on and off a toilet or commode.</p> <p>If SOC/ROC performance is coded 07, 09, 10, or 88, skip to GG0170M, 1 step (curb)</p>	Toilet transfer: The ability to get on and off a toilet or commode.	Note: Skip pattern was added for LTCH only , to skip out of GG0170-G Car Transfer. The skip is not added for HH SOC/ROC or DC.
37	SOC, ROC, FU, DC	GG0170G Car transfer		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU , and DC.	
38	SOC, ROC, FU, DC	GG0170K Walk 150 feet		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU , and DC.	
39	SOC, ROC, FU, DC	GG0170M 1 step (curb)		<p>The ability to go up and down a curb and/or up and down one step. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Mobility, Picking up object.</i></p> <p>The ability to go up and down a curb and/or up and down one step. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, → Skip to GG0170Q, Does patient use wheelchair and/or scooter?</i></p> <p>The ability to go up and down a curb and/or up and down one step. <i>If Discharge performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Mobility, Picking up object.</i></p>	<p>The ability to go up and down a curb or up and down one step. <i>If SOC/ROC performance is coded 07, 09, 10, or 88, → Skip to GG0170P, Mobility, Picking up object.</i></p> <p>The ability to go up and down a curb or up and down one step. <i>If Follow-up performance is coded 07, 09, 10, or 88, → Skip to GG0170Q, Does patient use wheelchair and/or scooter?</i></p> <p>The ability to go up and down a curb or up and down one step. <i>If Discharge performance is coded 07, 09, 10, or 88, → Skip to GG0170P, Mobility, Picking up object.</i></p>	Time point skip patterns are different
40	SOC, ROC	GG0170O 12 Steps		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU , and DC.	

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#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
	FU DC					
41	SOC ROC FU DC	GG0170S Wheel 150 feet		Collected at SOC, ROC, and DC.	Collected at SOC, ROC, FU, and DC.	
42	SOC ROC FU(v)	M1610 Urinary Incontinence or Urinary Catheter Presence	N	Collected at SOC and ROC, and voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
43	SOC, ROC, FU(v) DC	M1620 Bowel Incontinence Frequency	N	Collected at SOC, ROC and DC, and voluntary at FU, (effective 01/01/2020)	Collected at SOC, ROC, and DC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E
44	SOC, ROC, FU(v)	M1630 Ostomy for Bowel Elimination	N	Collected at SOC and ROC, voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
45	SOC, ROC, FU(v)	M1021 Primary Diagnosis, ICD-10 CM and Symptom Control	N	Collected at SOC and ROC, voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
46	SOC, ROC, FU(v)	M1023 Other Diagnoses, ICD-10 CM and Symptom Control Rating	N	Collected at SOC and ROC, voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
47	SOC, ROC, FU(v), DC	M1242 Frequency of pain interfering with patient's activity or movement		Per the CY2020 Final Rule (effective 01/01/2020), collection of this item is voluntary at SOC, ROC, DC, and FU.	Item is removed completely	This item was made voluntary at FU effective 01/01/2020, and it is being removed completely for OASIS-E
48	SOC, ROC, DC	J0510 Pain Effect on Sleep	N	N/A - New item	Ask patient: " <i>Over the past 5 days, how much of the time has pain made it hard for you to sleep at night</i> "	New standardized item, not replacing any legacy OASIS items.

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#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
					<ul style="list-style-type: none"> 0. Does not apply – I have not had any pain or hurting in the past 5 days → Skip to M1400 Shortness 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 	The skip pattern is specific to the HH instruments and is the same for both SOC/ROC and DC time point versions.
49	SOC, ROC, DC	J0520 Pain Interference with Therapy Activities	N	N/A - New item	<p>Ask patient: <i>"Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"</i></p> <ul style="list-style-type: none"> 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 	New standardized item, not replacing any legacy OASIS items.
50	SOC, ROC, DC	J0530 Pain Interference with Day-to-Day Activities	N	N/A - New item	<p>Ask patient: <i>"Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation therapy session) because of pain?"</i></p> <ul style="list-style-type: none"> 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer 	New standardized item, not replacing any legacy OASIS items.
51	SOC(v) ROC(v)	M1910 Has this patient had a multi-factor Falls Risk Assessment using a standardized, validated assessment		Voluntary at SOC/ROC effective 01/01/2020	Item is removed completely	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate (NQF #0537) Measure is removed from HH QRP beginning with the CY 2021 [data for this measure will be reported on Home Health Compare until such data are no longer available]

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#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
52	TRN DC DAH	J1800 Any Falls Since SOC/ROC	Y	Has the patient had any falls since SOC/ROC, whichever is more recent? 0. No → Skip J1900 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC, whichever is most recent	Has the patient had any falls since SOC/ROC , whichever is more recent? 0. No → Skip to 1400 Short of Breath at DC time point; Skip to M2005, Medication Intervention at TRN and DAH time points 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC	
53	TRN, DC, DAH	J1900 Number of Falls Since SOC/ROC	Y			The change is from dash not valid to dash valid.
54	SOC, ROC, FU(v) DC	M1400 When is the patient dyspneic or noticeably Short of Breath?	N	Collected at SOC, ROC and DC, and voluntary at FU, (effective 01/01/2020)	Collected at SOC, ROC, DC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
55	SOC, ROC DC	K0520 Nutritional Approaches	Y (A-D, Z)	(M1030) Therapies the patient receives <u>at home</u> : (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 artificial entry into the alimentary canal) 4 None of the above	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 4. Last 7 days Check all of the nutritional approaches that were Received in the last 7 days 5. At discharge Check all of the nutritional approaches that were being received at discharge 4. Last 7 Days 5. At Discharge A. Parenteral/IV Feeding	K0520 response A Parenteral/IV Feeding replaces M1030 response 2 Parenteral nutrition. K0520 response B Feeding Tube replaces M1030 response 3 Enteral nutrition. Admission is used to be consistent with CMS decision for the HH rule language. Admission in standardized items refers to both SOC and ROC in HH.

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#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
					<ul style="list-style-type: none"> 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 	
56	SOC ROC FU DC	M1306 Does this patient have at least on Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable?		0 No [Go to M1322 at SOC/ROC/FU; Go to M1324 at DC] 1 Yes	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	M1322, Number of Stage 1 Pressure Injuries, is collected at SOC, ROC and FU in OASIS-D1 - but removed from FU for OASIS-E. The skip pattern in M1306 is edited to account for this change.
57	SOC ROC FU(v) DC	M1311 Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Y(DC)	Collected at SOC, ROC, DC, and voluntary at FU, (effective 01/01/2020)	Collected at SOC, ROC and DC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E
58	SOC ROC FU(v)	M1322 Current Number of Stage 1 Pressure Injuries	N	Collected at SOC and ROC, voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
59	SOC ROC FU(v) DC	M1324 Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable	N	Collected at SOC, ROC and DC, and voluntary at FU (effective 01/01/2020)	Collected at SOC, ROC, and DC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.

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#	Time points	Item	Dash (Y/N)	OASIS-D1 Effective January 1, 2020	OASIS-E Effective January 1, 2023 (Note: modifications highlighted in yellow)	Comment - Rationale
60	SOC ROC FU(v)	M1330 Does this patient have a Stasis Ulcer? **Note - this item is displayed in multiple rows of the change table**		0 No [Go to M1340]	0. No → Skip to M1340, Surgical Wound	No change in skip pattern for SOC/ROC, text revised for consistency This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
			1 Yes, patient has BOTH observable and unobservable stasis ulcers	1. Yes, patient has BOTH observable and unobservable stasis ulcers		
				2 Yes, patient has observable stasis ulcers ONLY	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) [Go to M1340]	3. Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) → Skip to M1340, Surgical Wound	
	DC			0 No [Go to M1340]	0. No Skip to M1340, Surgical Wound	
				1 Yes, patient has BOTH observable and unobservable stasis ulcers	1. Yes, patient has BOTH observable and unobservable stasis ulcers	
				2 Yes, patient has observable stasis ulcers ONLY	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) [Go to M1340]	3. Yes, patient has observable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) Skip to M1340 Surgical Wound	
61	SOC ROC FU(v)	M1332 Current Number of Stasis Ulcer(s) that are Observable		Collected at SOC and ROC, voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
62	SOC ROC FU(v) DC	M1334 Status of Most Problematic Stasis Ulcer that is Observable		Collected at SOC, ROC and DC, and voluntary at FU, (effective 01/01/2020)	Collected at SOC, ROC and DC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E

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				1 Yes – Issues found during review 9 NA – Patient is not taking any medications [Go to M2102]	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 O0110A, Special Treatments, Procedures, and Programs	
67	TRN DC	M2016 Patient/Caregiver Drug Education Intervention		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? 0. No 1. Yes NA Patient not taking any drugs	N/A - Measure Removed	This item is being removed from OASIS-E.
68	SOC ROC FU(v)	M2030 Management of Injectable Medications: Excludes IV medications		Collected at SOC and ROC, voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
69	SOC, ROC	O0110 Special Treatments, Procedures, and Programs	Y (A- H, L, J)	N/A - New item	Check all of the following treatments, procedures, and programs that apply on admission a. On Admission ↓ Check all that apply	New standardized item. The only difference between the time point versions is the instruction at the beginning. Admission is used to be consistent with CMSH decision for the HH rule language, that admission in standardized items refers to both SOC and ROC in HH.
69A	DC	O0110 Special Treatments, Procedures, and Programs	Y (A- H, L, J)	N/A - New item	Check all of the following treatments, procedures, and programs that apply at discharge c. At Discharge ↓ Check all that apply	

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70	TRN DC	M1041 Influenza Vaccine Data Collection Period		0 No [Go to M1051] 1 Yes	0. No ® Skip to M2401, Intervention Synopsis 1. Yes ® Continue to M1046 Influenza Vaccine Received	Skip pattern edit due to reorganization of items; text revised for consistency
71	TRN(v) DC(v)	M1051 Pneumococcal Vaccine		Voluntary at TRN, DC effective 01/01/2020	Item is removed completely	Pneumococcal Polysaccharide Vaccine (PPV) Ever Received Measure is removed from HH QRP beginning with the CY 2021 [data for this measure will be reported on Home Health Compare until such data are no longer available]
72	TRN(v) DC(v)	M1056 Reason Pneumococcal Vaccine not received		Voluntary at TRN, DC effective 01/01/2020	Item is removed completely	Pneumococcal Polysaccharide Vaccine (PPV) Ever Received Measure is removed from HH QRP beginning with the CY 2021 [data for this measure will be reported on Home Health Compare until such data are no longer available]
73	SOC ROC FU(v)	M2200 Therapy Need		Collected at SOC and ROC, voluntary at FU, (effective 01/01/2020)	Collected at SOC and ROC Removed from FU	This item was made voluntary at FU effective 01/01/2020, and it is being removed from the FU time point for OASIS-E.
74	TRN(v) DC(v)	M2401, Intervention Synopsis, 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		Row A is voluntary at TRN, DC effective 01/01/2020 a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care b. Falls prevention interventions c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment d. Intervention(s) to monitor and mitigate pain e. Intervention(s) to prevent pressure ulcers f. Pressure ulcer treatment based on principles of moist wound healing	Row A is removed from TRN, DC a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care B. Falls prevention interventions C. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment D. Intervention(s) to monitor and mitigate pain E. Intervention(s) to prevent pressure ulcers F. Pressure ulcer treatment based on principles of moist wound healing	Row A, Diabetic foot care is the only row removed. The rest of the item remains and is collected at TRN and DC.