APPENDIX D

CHECKLISTS TO REVIEW INTEGRATION OF OASIS-B1 (1/2008) ITEMS

This appendix includes three checklists — one for start of care, one for follow-up, and one for discharge. These checklists are helpful to use when reviewing the integration of OASIS items into an agency's clinical records. Not all items are included at each assessment time point, and the wording may be slightly changed from one point to another (e.g., "unknown" is deleted as a response option for many items at follow-up and discharge). The checklists allow precise proofing and review of the OASIS items in agency documentation. They can be used for reviewing any of the documentation approaches (i.e., revision of current forms, purchase of commercial forms, point of service electronic forms, etc.). Precise use of these checklists will verify that OASIS items are correctly integrated into documentation.

START OF CARE VERSION

ITEMS OMITTED IN THE START OF CARE DOCUMENTATION:
Check each item to verify that it has not been included.

M0830__	M0855__	M0880__	M0895__	M0903__
M0840__	M0870__	M0890__	M0900__	M0906__

M0 # (******* - item includes "go to" sequence)	**WORDING IDENTICAL TO OASIS ITEM**	**ALL BOLDFACE AND UNDERLINES INCLUDED**	**"GO TO" SEQUENCE IS CORRECT**	**DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM**	**FULL ITEM ON ONE PAGE ONLY**
PATIENT TRACKING SHEET					
M0010 Agency Medicare Provider Number					
M0012 Agency Medicaid Provider Number					
M0014 Branch State					
M0016 Branch Identification Number					
M0020 Patient ID Number					
M0030 Start of Care Date					
M0032 Resumption of Care Date					
M0040 Patient Name					
M0050 Patient State of Residence					
M0060 Patient Zip Code					
M0063 Medicare Number					
M0064 Social Security Number					
M0065 Medicaid Number					
M0066 Birth Date					
M0069 Gender					
M0072 Primary Referring Physician ID					
M0140 Race/Ethnicity					
M0150 Current Payment Sources for Home Care					
DEMOGRAPHICS AND PATIENT HISTORY					
M0080 Discipline of Person Completing Assessment					
M0090 Date Assessment Completed					
M0100 Reason for Assessment ********					
M0110 Episode Timing					

If box is shaded, the item does not require checking in this category.

M0 # (******* - item includes "go to" sequence)	WORDING IDENTICAL TO OASIS ITEM	ALL BOLDFACE AND UNDERLINES INCLUDED	"GO TO" SEQUENCE IS CORRECT	DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM	FULL ITEM ON ONE PAGE ONLY
M0175 Inpatient Facilities ********					
M0180 Inpatient Discharge Date					
M0190 Inpatient Diagnoses					
M0200 Medical or Treatment Regimen Change Within Past 14 Days ********					
M0210 Medical Diagnoses					
M0220 Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days					
M0230/M0240/246 Diagnosis, Severity Index, and Payment Diagnoses					
M0250 Therapies					
M0260 Overall Prognosis					
M0270 Rehabilitative Prognosis					
M0280 Life Expectancy					
M0290 High Risk Factors					
LIVING ARRANGEMENTS					
M0300 Current Residence					
M0340 Patient Lives With					
SUPPORTIVE ASSISTANCE					
M0350 Assisting Person(s) Other than Home Care Agency Staff ********					
M0360 Primary Caregiver ********					
M0370 How Often					
M0380 Type of Primary Caregiver Assistance					
SENSORY STATUS					
M0390 Vision					
M0400 Hearing and Ability to Understand Spoken Language					
M0410 Speech and Oral (Verbal) Expression of Language					
M0420 Frequency of Pain					
M0430 Intractable Pain					
INTEGUMENTARY STATUS					
M0440 Skin Lesion/Open Wound ********					
M0445 Pressure Ulcer ********					

M0 # (******* - item includes "go to" sequence)	**WORDING IDENTICAL TO OASIS ITEM**	**ALL BOLDFACE AND UNDERLINES INCLUDED**	**"GO TO" SEQUENCE IS CORRECT**	**DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM**	**FULL ITEM ON ONE PAGE ONLY**
M0450 Current Number of Pressure Ulcers at Each Stage **CHECK TABLE VERY CAREFULLY**					
M0460 Stage of Most Problematic (Observable) Pressure Ulcer					
M0464 Status of Most Problematic (Observable Pressure Ulcer)					
M0468 Stasis Ulcer ********					
M0470 Current Number of Observable Stasis Ulcer(s)					
M0474 Stasis Ulcer that Cannot be Observed					
M0476 Status of Most Problematic (Observable) Stasis Ulcer					
M0482 Surgical Wound ********					
M0484 Current Number of (Observable) Surgical Wounds					
M0486 Surgical Wound that Cannot be Observed					
M0488 Status of Most Problematic (Observable) Surgical Wound					
RESPIRATORY STATUS					
M0490 Short of Breath					
M0500 Respiratory Treatments					
ELIMINATION STATUS					
M0510 Urinary Tract Infection					
M0520 Urinary Incontinence or Urinary Catheter Presence ********					
M0530 Urinary Incontinence					
M0540 Bowel Incontinence Frequency					
M0550 Ostomy for Bowel Elimination					
NEURO/EMOTIONAL/BEHAVIORAL STATUS					
M0560 Cognitive Functioning					
M0570 When Confused (Reported or Observed)					
M0580 When Anxious (Reported or Observed)					
M0590 Depressive Feelings Reported or Observed in Patient					

M0 # (******* - item includes "go to" sequence)	WORDING IDENTICAL TO OASIS ITEM	ALL BOLDFACE AND UNDERLINES INCLUDED	"GO TO" SEQUENCE IS CORRECT	DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM	FULL ITEM ON ONE PAGE ONLY
M0610 Behaviors Demonstrated At Least Once a Week (Reported or Observed)					
M0620 Frequency of Behavior Problems (Reported or Observed)					
M0630 Psychiatric Nursing Services					
ADL/IADLs - **Include Prior and Current Columns** ("UK" is valid answer ONLY in Prior column)					
M0640 Grooming					
M0650 Ability to Dress Upper Body					
M0660 Ability to Dress Lower Body					
M0670 Bathing					
M0680 Toileting					
M0690 Transferring					
M0700 Ambulation/Locomotion					
M0710 Feeding or Eating					
M0720 Planning and Preparing Light Meals					
M0730 Transportation					
M0740 Laundry					
M0750 Housekeeping					
M0760 Shopping					
M0770 Ability to Use Telephone					
MEDICATIONS - **Include Prior and Current columns** ("UK" is valid answer ONLY in Prior column)					
M0780 Management of Oral Medications					
M0790 Management of Inhalant/Mist Medications					
M0800 Management of Injectable Medications					
EQUIPMENT MANAGEMENT					
M0810 Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies) ********					
M0820 Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)					
M0826 Therapy Need					

FOLLOW-UP VERSION

ITEMS NOT REQUIRED IN THE FOLLOW-UP DOCUMENTATION:

M0010 ___	M0066 ___	M0270 ___	M0464 ___	M0630 ___	M0830 ___
M0012 ___	M0069 ___	M0280 ___	M0468 ___	M0640 ___	M0840 ___
M0014 ___	M0072 ___	M0290 ___	M0482 ___	M0710 ___	M0855 ___
M0016 ___	M0140 ___	M0300 ___	M0484 ___	M0720 ___	M0870 ___
M0020 ___	M0150 ___	M0340 ___	M0486 ___	M0730 ___	M0880 ___
M0030 ___	M0160 ___	M0350 ___	M0500 ___	M0740 ___	M0890 ___
M0032 ___	M0175 ___	M0360 ___	M0510 ___	M0750 ___	M0895 ___
M0040 ___	M0180 ___	M0370 ___	M0560 ___	M0760 ___	M0900 ___
M0050 ___	M0190 ___	M0380 ___	M0570 ___	M0770 ___	M0903 ___
M0060 ___	M0200 ___	M0400 ___	M0580 ___	M0780 ___	M0906 ___
M0063 ___	M0210 ___	M0410 ___	M0590 ___	M0790 ___	
M0064 ___	M0220 ___	M0430 ___	M0610 ___	M0810 ___	
M0065 ___	M0260 ___	M0445 ___	M0620 ___	M0820 ___	

M0 # (******* - item includes "go to" sequence)	**WORDING IDENTICAL TO OASIS ITEM**	**WORDING IS CHANGED FROM START OF CARE VERSION**	**"GO TO" SEQUENCE IS CORRECT**	**DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM**	**FULL ITEM ON ONE PAGE ONLY**
DEMOGRAPHICS AND PATIENT HISTORY					
M0080 Discipline of Person Completing Assessment					
M0090 Date Assessment Completed					
M0100 Reason for Assessment *******		Responses 4 & 5 are highlighted or stand alone.			
M0110 Episode Timing					
M0230/M0240/246 Diagnosis, Severity Index, and Payment Diagnoses					
M0250 Therapies					
SENSORY STATUS					
M0390 Vision					
M0420 Frequency of Pain					
INTEGUMENTARY STATUS					
M0440 Skin Lesion/Open Wound ********					
M0450 Current Number of Pressure Ulcers at Each Stage **CHECK TABLE VERY CAREFULLY**		Circle one response for each stage.			

If box is shaded, the item does not require checking in this category.

M0 # (******* - item includes "go to" sequence)	WORDING IDENTICAL TO OASIS ITEM	WORDING IS CHANGED FROM START OF CARE VERSION	"GO TO" SEQUENCE IS CORRECT	DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM	FULL ITEM ON ONE PAGE ONLY
M0460 Stage of Most Problematic (Observable) Pressure Ulcer		Skip this item if no pressure ulcers.			
M0470 Number of Observable Stasis Ulcers		Skip this item if no pressure ulcers.			
M0474 Stasis Ulcer that Cannot be Observed		Skip this item if no pressure ulcers.			
M0476 Status of Most Problematic (Observable) Stasis Ulcer		Skip this item if no stasis ulcers.			
M0488 Status of Most Problematic (Observable) Surgical Wound		Skip this item if no surgical wounds.			
RESPIRATORY STATUS					
M0490 Short of Breath					
ELIMINATION STATUS					
M0520 Urinary Incontinence or Catheter Presence ********					
M0530 Urinary Incontinence		Skip this item if no incontinence or if patient does have a urinary catheter.			
M0540 Bowel Incontinence Frequency		"Unknown" deleted as response option.			
M0550 Ostomy for Bowel Elimination					
ADL/IADLs - **Include Current Column only.**		"Prior" column deleted. "Unknown" deleted as response option.			
M0650 Ability to Dress Upper Body		Prior deleted. UK deleted.			
M0660 Ability to Dress Lower Body		Prior deleted. UK deleted.			
M0670 Bathing		Prior deleted. UK deleted.			
M0680 Toileting		Prior deleted. UK deleted.			
M0690 Transferring		Prior deleted. UK deleted.			
M0700 Ambulation/Locomotion		Prior deleted. UK deleted.			
EQUIPMENT MANAGEMENT					
M0800 Management of Injectable Medications					
M0826 Therapy Need					

DISCHARGE VERSION

ITEMS NOT REQUIRED IN THE DISCHARGE DOCUMENTATION:

M0010 ___	M0030 ___	M0063 ___	M0072 ___	M0175 ___	M0246 ___
M0012 ___	M0032 ___	M0064 ___	M0110 ___	M0180 ___	M0260 ___
M0014 ___	M0040 ___	M0065 ___	M0140 ___	M0190 ___	M0270 ___
M0016 ___	M0050 ___	M0066 ___	M0150 ___	M0230 ___	M0390 ___
M0020 ___	M0060 ___	M0069 ___	M0160 ___	M0240 ___	M0400 ___
					M0826 ___

M0 # (******* - item includes "go to" sequence)		**WORDING IDENTICAL TO OASIS ITEM**	**WORDING CHANGED FROM START OF CARE VERSION**	**"GO TO" SEQUENCE IS CORRECT**	**DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM**	**FULL ITEM ON ONE PAGE ONLY**
CLINICAL RECORD ITEMS						
DEMOGRAPHICS AND PATIENT HISTORY						
M0080	Discipline of Person Completing Assessment					
M0090	Date Assessment Completed					
M0100	Reason for Assessment ******					
M0200	Medical or Treatment Regimen Change Within Past 14 Days ********		If no, go to M0250.			
M0210	Medical Diagnoses					
M0220	Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days		All references to inpatient stay deleted. "NA" and "unknown" deleted as response options.			
M0250	Therapies					
M0280	Life Expectancy					
M0290	High Risk Factors		"Unknown" deleted as response option.			
LIVING ARRANGEMENTS						
M0300	Current Residence					
M0340	Patient Lives With					

If box is shaded, the item does not require checking in this category.

M0 # (******* - item includes "go to" sequence)	WORDING IDENTICAL TO OASIS ITEM	WORDING CHANGED FROM START OF CARE VERSION	"GO TO" SEQUENCE IS CORRECT	DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM	FULL ITEM ON ONE PAGE ONLY
SUPPORTIVE ASSISTANCE					
M0350 Assisting Person(s) Other than Home Care Agency Staff ********		If "none of the above," go to M0410. "Unknown" deleted as response option.			
M0360 Primary Caregiver ********		If "no one person," go to M0410. "Unknown" deleted as response option.			
M0370 How Often		"Unknown" deleted as response option.			
M0380 Type of Primary Caregiver Assistance		"Unknown" deleted as response option.			
SENSORY STATUS					
M0410 Speech and Oral (Verbal) Expression of Language					
M0420 Frequency of Pain					
M0430 Intractable Pain					
INTEGUMENTARY STATUS					
M0440 Skin Lesion/Open Wound ********					
M0445 Pressure Ulcer ********					
M0450 Current Number of Pressure Ulcers at Each Stage **CHECK TABLE VERY CAREFULLY**					
M0460 Stage of Most Problematic (Observable) Pressure Ulcer					
M0464 Status of Most Problematic (Observable Pressure Ulcer)					
M0468 Stasis Ulcer ********					
M0470 Current Number of Observable Stasis Ulcer(s)					
M0474 Stasis Ulcer that Cannot be Observed					
M0476 Status of Most Problematic (Observable) Stasis Ulcer					
M0482 Surgical Wound ********					
M0484 Current Number of (Observable) Surgical Wounds					
M0486 Surgical Wound that Cannot be Observed					

M0 # (******* - item includes "go to" sequence)		WORDING IDENTICAL TO OASIS ITEM	WORDING CHANGED FROM START OF CARE VERSION	"GO TO" SEQUENCE IS CORRECT	DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM	FULL ITEM ON ONE PAGE ONLY
M0488	Status of Most Problematic (Observable) Surgical Wound					
RESPIRATORY STATUS						
M0490	Short of Breath					
M0500	Respiratory Treatments					
ELIMINATION STATUS						
M0510	Urinary Tract Infection		"Unknown" deleted as response option.			
M0520	Urinary Incontinence or Urinary Catheter Presence ********					
M0530	Urinary Incontinence					
M0540	Bowel Incontinence Frequency		"Unknown" deleted as response option.			
M0550	Ostomy for Bowel Elimination		All references to "inpatient facility stay" deleted in heading and responses.			
NEURO/EMOTIONAL/BEHAVIORAL STATUS						
M0560	Cognitive Functioning					
M0570	When Confused (Reported or Observed)					
M0580	When Anxious (Reported or Observed)					
M0590	Depressive Feelings Reported or Observed in Patient					
M0610	Behaviors Demonstrated At Least Once a Week (Reported or Observed)					
M0620	Frequency of Behavior Problems (Reported or Observed)					
M0630	Psychiatric Nursing Services					
ADL/IADLs - Include Current Columns Only			"Prior" column deleted. "Unknown" deleted as response option.			
M0640	Grooming		Prior deleted. UK deleted.			
M0650	Ability to Dress Upper Body		Prior deleted. UK deleted.			
M0660	Ability to Dress Lower Body		Prior deleted. UK deleted.			

M0 # (******* - item includes "go to" sequence)		WORDING IDENTICAL TO OASIS ITEM	WORDING CHANGED FROM START OF CARE VERSION	"GO TO" SEQUENCE IS CORRECT	DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM	FULL ITEM ON ONE PAGE ONLY
M0670	Bathing		Prior deleted. UK deleted.			
M0680	Toileting		Prior deleted. UK deleted.			
M0690	Transferring		Prior deleted. UK deleted.			
M0700	Ambulation/Locomotion		Prior deleted. UK deleted.			
M0710	Feeding or Eating		Prior deleted. UK deleted.			
M0720	Planning and Preparing Light Meals		Prior deleted. UK deleted.			
M0730	Transportation		Prior deleted. UK deleted.			
M0740	Laundry		Prior deleted. UK deleted.			
M0750	Housekeeping		Prior deleted. UK deleted.			
M0760	Shopping		Prior deleted. UK deleted.			
M0770	Ability to Use Telephone		Prior deleted. UK deleted.			
MEDICATIONS - **Include Current Column Only**			"Prior" column deleted. "Unknown" deleted as response option.			
M0780	Management of Oral Medications		Prior deleted. UK deleted.			
M0790	Management of Inhalant/Mist Medications		Prior deleted. UK deleted.			
M0800	Management of Injectable Medications		Prior deleted. UK deleted.			
EQUIPMENT MANAGEMENT						
M0810	Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies) *******		If "NA," go to M0830.			
M0820	Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies)		"Unknown" deleted as response option.			

M0 # (******* - item includes "go to" sequence)		WORDING IDENTICAL TO OASIS ITEM	WORDING CHANGED FROM START OF CARE VERSION	"GO TO" SEQUENCE IS CORRECT	DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM	FULL ITEM ON ONE PAGE ONLY
EMERGENT CARE						
M0830	Emergent Care *******		If "no emergent care," or "unknown," go to M0855			
M0840	Emergent Care Reason					
DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR DISCHARGE ONLY			These items are NOT on the Start of Care or Follow-up Documentation			
M0855	Inpatient Facility *******					
M0870	Discharge Disposition *******					
M0880	Services or Assistance *******					
M0890	Hospital Reason (used only for transfer to inpatient facility)					
M0895	Reason for Hospitalization ******* (used only for transfer to inpatient facility)					
M0900	Reason(s) Admitted to a Nursing Home (used only for transfer to inpatient facility)					
M0903	Date of last (Most Recent) Home Visit					
M0906	Discharge/Transfer/Death Date					