Attachment C - Comparison of OASIS-C to OASIS-C1 – Item Changes

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M0010	**CMS Certification Number**	M0010	**CMS Certification Number**									
M0014	**Branch State**	M0014	**Branch State**									
M0016	**Branch ID Number**	M0016	**Branch ID Number**									
M0018	**National Provider Identifier (NPI)** physician who signed plan of care	M0018	**National Provider Identifier (NPI)** physician who signed plan of care									
M0020	**Patient ID Number**	M0020	**Patient ID Number**									
M0030	**Start of Care Date**	M0030	**Start of Care Date**									
M0032	**Resumption of Care Date**	M0032	**Resumption of Care Date**									
M0040	**Patient Name**	M0040	**Patient Name**									
M0050	**Patient State of Residence**	M0050	**Patient State of Residence**									
M0060	**Patient Zip Code**	M0060	**Patient Zip Code**									
M0063	**Medicare Number**	M0063	**Medicare Number**									
M0064	**Social Security Number**	M0064	**Social Security Number**									
M0065	**Medicaid Number**	M0065	**Medicaid Number**									
M0066	**Birth Date**	M0066	**Birth Date**									
M0069	**Gender**	M0069	**Gender**									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	**Item Description**	**Item #**	**Item Description**	**Item Added**	**Timepoint collected**	**Item Deleted**	**Item Stem**	**Response Option**	**Response Number**	**Skip Directions**	**New Item Number**	
M0080	**Discipline of Person Completing Assessment**	M0080	**Discipline of Person Completing Assessment**									
M0090	**Date Assessment Completed**	M0090	**Date Assessment Completed**									
M0100	**This Assessment is Currently Being Completed for the Following Reason**	M0100	**This Assessment is Currently Being Completed for the Following Reason:**							**X**		New skip directions due to changes in item numbering.
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 M0110, if date entered) ☐ NA –No specific SOC date ordered by physician	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 M0110, if date entered) ☐ NA –No specific SOC date ordered by physician									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	**Item Description**	**Item #**	**Item Description**	**Item Added**	**Timepoint collected**	**Item Deleted**	**Item Stem**	**Response Option**	**Response Number**	**Skip Directions**	**New Item Number**	
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	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**	M0110	**Episode Timing**									
M0140	**Race/Ethnicity**	M0140	**Race/Ethnicity**									
M0150	**Current Payment Sources for Home Care**	M0150	**Current Payment Sources for Home Care**									
M0903	**Date of Last (Most Recent) Home Visit**	M0903	**Date of Last (Most Recent) Home Visit**									
M0906	**Discharge/Transfer/Death Date**	M0906	**Discharge/Transfer/Death Date**									
M1000	From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? (Mark all that apply.)	M1000	From which of the following **Inpatient Facilities** was the patient discharged within the past 14 days? (Mark all that apply.)				**X**			**X**		Current wording “during the past 14 days” changed to “within the past 14 days" and underlining removed for consistency with other similar items. New skip directions revised due to numbering changes.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1005	**Inpatient Discharge Date** (most recent)	M1005	**Inpatient Discharge Date** (most recent)									
M1010	List each **Inpatient Diagnosis** and ICD-10-C M code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days	M1011	List each I**npatient Diagnosis** and ICD-10-C M code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days		**X**		**X**	**X**			**X**	Revised to accommodate ICD-10 coding (added space for 7 digit codes, removed references to E and V codes). Added FU timepoint and NA response at FU.
M1012	List each **Inpatient Procedure** and the associated ICD-9-C M procedure code relevant to the plan of care.					**X**						Deleted - procedure codes no longer required .
M1016	**Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days:** List the patient's Medical Diagnoses and ICD-10-C M codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no surgical codes):	M1017	**Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days:** List the patient's Medical Diagnoses and ICD-10-C M codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no surgical codes):				**X**	**X**				Revised to accommodate ICD-10 coding (added space for 7 digit codes, removed references to E and V codes).
M1018	**Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days**	M1018	**Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days**									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1020	**Primary Diagnosis** & Degree of Symptom Control	M1021	**Primary Diagnosis** & Degree of Symptom Control				**X**	**X**			**X**	Revised to accommodate ICD-10 coding (added space for 7 digit codes, removed references to E and V codes).
M1022	**Other Diagnoses** & Degree of Symptom Control	M1023	**Other Diagnoses** & Degree of Symptom Control				**X**	**X**			**X**	Revised to accommodate ICD-10 coding (added space for 7 digit codes, removed references to E and V codes).
M1024	**Payment Diagnoses**	M1025	**Optional Diagnoses (OPTIONAL)** (not used for payment)				**X**	**X**			**X**	Revised item title to better reflect content; revised to accommodate ICD-10 coding (added space for 7 digit codes, removed references to E and V codes). Notation added that this item does not impact payment.
M1030	**Therapies** the patient receives at home	M1030	**Therapies** the patient receives at home									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1032	**Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)	M1033	**Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)					**X**				Revised to: 1) collect data on factors identified in literature as predictive of hospitalization: 2) provide guidance on time period under consideration for responses. Order of responses changed to reflect length of lookback period.
M1034	**Patient's Overall Status**	M1034	**Patient's Overall Status**									
M1036	**Risk Factors**	M1036	**Risk Factors**									
M1040	**Influenza Vaccine:** Did the patient receive the influenza vaccine from your agency for this year's influenza season (October 1 through March 31) during this episode of care?	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?				**X**	**X**	**X**		**X**	Revised item title to reflect content. Revised item to clarify time period for reporting influenza vaccine status.
M1045	**Reason Influenza Vaccine not received:** If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:	M1046	**Influenza Vaccine Received:** did the patient receive the influenza vaccine for this year's flu season?				**X**	**X**	**X**		**X**	Simplified item to report reason patient did not receive influenza vaccine from any source. Eliminated "during this episode of care" "and from your agency" from the item stem.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1050	**Pneumococcal Vaccine:** Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?	M1051	**Pneumococcal Vaccine**: Has the patient ever received the pneumococcal vaccination (PPV)?				X	X	X		X	Simplified item to report if patient has ever received PPV. Eliminated "during this episode of care" "and from your agency" from the item stem.
M1055	**Reason PPV not received:** If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge), state reason:	M1056	**Reason PPV not received**: If patient has never received the pneumococcal vaccination (PPV), state reason:				X	X	X		X	Simplified item to report reason patient never received PPV. Eliminated "during this episode of care" "and from your agency" from the item stem.
M1100	**Patient Living Situation** Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)	M1100	**Patient Living Situation** Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)					X				Eliminated "e.g." abbreviation and replaced with "for example" for clarity in response "c". Added "residential care home" as an example of congregate living situation.
M1200	**Vision** (with corrective lenses if the patient usually wears them):	M1200	**Vision** (with corrective lenses if the patient usually wears them):									
M1210	**Ability to hear** (with hearing aid or hearing appliance if normally used):	M1210	**Ability to Hear** (with hearing aid or hearing appliance if normally used):				X					Capitalized the "h" in "Hear" to be consistent with formatting in other items.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1220	**Understanding of Verbal Content** in patient's own language (with hearing aid or device if used):	M1220	**Understanding of Verbal Content** in patient's own language (with hearing aid or device if used):									
M1230	**Speech and Oral (Verbal) Expression of Language** (in patient's own language):	M1230	**Speech and Oral (Verbal) Expression of Language** (in patient's own language):					X				Eliminated "e.g." abbreviation and replaced with "for example" for clarity in response 4.
M1240	Has this patient had a formal **Pain Assessment** using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?	M1240	Has this patient had a formal **Pain Assessment** using a standardized, validated pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?				X	X				Added "validated" to item stem and response 0 since both "standardized" and "validated" are specified in the OASIS guidance manual.
M1242	**Frequency of Pain Interfering** with patient's activity or movement:	M1242	**Frequency of Pain Interfering** with patient's activity or movement:									
M1300	**Pressure Ulcer Assessment**: Was this patient assessed for Risk of Developing Pressure Ulcers?	M1300	**Pressure Ulcer Assessment**: Was this patient assessed for Risk of Developing Pressure Ulcers?					X				Eliminated "e.g." abbreviation and replaced with "for example" for clarity in response 1. In response 2, added "validated", "Braden Scale", and "Norton Scale" for clarity.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1302	Does this patient have a **Risk of Developing Pressure Ulcers**	M1302	Does this patient have a **Risk of Developing Pressure Ulcers**									
M1306	Does this patient have at least one **Unhealed Pressure Ulcer at Stage II or Higher** or designated as "unstageable"?	M1306	Does this patient have at least one **Unhealed Pressure Ulcer at Stage II or Higher** or designated as "unstageable"?									
M1307	The **Oldest Non-epithelialized Stage II Pressure Ulcer** that is present at discharge	M1307	The **Oldest Non-epithelialized Stage II Pressure Ulcer** that is present at discharge									
M1308	**Current Number Unhealed (non-epithelialized) Pressure Ulcers at Stages II-IV (or unstageable)**	M1308	**Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable:** (Enter "0" if none; EXCLUDES Stage I pressure ulcers and healed Stage II ulcers)				**X**	**X**				The term "non-epithelialized" in the item stem was eliminated to improve clarity - stem now reads as it did in OASIS-B1 and is consistent with guidance in the OASIS-C manual. Column 2 eliminated.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
		M1309	**Worsening in Pressure Ulcer Status since SOC/ROC:** Indicate the number of current pressure ulcers that were not present or were at a lesser stage at **the most recent SOC/ROC** (Enter "0" if none)	**X**							**X**	Collects information at Discharge which was previously collected in M1308 column 2 on worsening pressure ulcer status, and harmonized with MDS and CARE instruments.
M1310	**Pressure Ulcer Length**					**X**						Deleted
M1312	**Pressure Ulcer Width**					**X**						Deleted
M1314	**Pressure Ulcer Depth**					**X**						Deleted
M1320	**Status Most Problematic (Observable) Pressure Ulcer**	M1320	**Status Most Problematic (Observable) Pressure Ulcer**									
M1322	**Current Number of Stage I Pressure Ulcers:** Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.	M1322	**Current Number of Stage I Pressure Ulcers:** Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.									
M1324	**Stage Most Problematic (Observable) Pressure Ulcer**	M1324	**Stage Most Problematic (Observable) Pressure Ulcer**									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1330	Does this patient have a **Stasis Ulcer?**	M1330	Does this patient have a **Stasis Ulcer?**									
M1332	**Current Number of (Observable) Stasis Ulcer(s)**	M1332	**Current Number of (Observable) Stasis Ulcer(s)**									
M1334	**Status of Most Problematic (Observable) Stasis Ulcer**	M1334	**Status of Most Problematic (Observable) Stasis Ulcer**					**X**				Eliminated "Response 0-Newly Epithelialized" since this is an inappropriate option for this item (epithelialized stasis ulcers are not reported in OASIS).
M1340	Does this patient have a **Surgical Wound?**	M1340	Does this patient have a **Surgical Wound?**							**X**		New skip directions due to deletion of M1350 at FU and DC
M1342	**Status of Most Problematic (Observable) Surgical Wound**	M1342	**Status of Most Problematic (Observable) Surgical Wound**									
M1350	Does this patient have a **Skin Lesion or Open Wound,** excluding bowel ostomy, other than those described above that is receiving intervention by the home health agency?	M1350	Does this patient have a **Skin Lesion or Open Wound,** excluding bowel ostomy, other than those described above that is receiving intervention by the home health agency?		**X**							No longer collected at FU or DC

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1400	When is the patient dyspneic or noticeably **Short of Breath**?	M1400	When is the patient dyspneic or noticeably **Short of Breath**?					**X**				Eliminated "e.g." abbreviation and replaced with "for example" to increase clarity in responses 2 and 3.
M1410	**Respiratory Treatments** utilized at home: **(Mark all that apply.)**	M1410	**Respiratory Treatments** utilized at home: **(Mark all that apply.)**		**X**							No longer collected at DC
M1500	**Symptoms in Heart Failure Patients**: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?	M1500	**Symptoms in Heart Failure Patients**: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the previous OASIS assessment?				**X**					Wording in item stem revised to clarify that reporting period includes the time of the assessment.
M1510	**Heart Failure Follow-up**: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)	M1510	**Heart Failure Follow-up**: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)				**X**					Wording in item stem revised to clarify that reporting period includes the time of the assessment. Eliminated "e.g." abbreviation and replaced with "for example" in responses 2 and 5.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1600	Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?	M1600	Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?									
M1610	**Urinary Incontinence or Urinary Catheter Presence**	M1610	**Urinary Incontinence or Urinary Catheter Presence**					**X**				Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in response 2.
M1615	**When** does **Urinary Incontinenc**e occur?	M1615	**When** does **Urinary Incontinenc**e occur?									
M1620	**Bowel Incontinence Frequency**	M1620	**Bowel Incontinence Frequency**									
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, or b) necessitated a change in medical or treatment regimen?	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, or b) necessitated a change in medical or treatment regimen?									
M1700	**Cognitive Functioning:** Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	M1700	**Cognitive Functioning:** Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.					**X**				Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 2.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1710	**When Confused (Reported or Observed Within the Last 14 Days)**	M1710	**When Confused (Reported or Observed Within the Last 14 Days)**									
M1720	**When Anxious (Reported or Observed Within the Last 14 Days)**	M1720	**When Anxious (Reported or Observed Within the Last 14 Days)**									
M1730	**Depression Screening:** Has the patient been screened for depression, using a standardized depression screening tool?	M1730	**Depression Screening:** Has the patient been screened for depression, using a standardized, validated depression screening tool?				**X**	**X**				Added “validated” to item stem for clarity since both "standardized" and "validated" are specified in the OASIS guidance manual. Added phrase "patient was screened" to response 2 for clarity and consistency.
M1740	**Cognitive, behavioral, and psychiatric symptoms** that are demonstrated at least once a week (Reported or Observed): **(Mark all that apply.)**	M1740	**Cognitive, behavioral, and psychiatric symptoms** that are demonstrated at least once a week (Reported or Observed): **(Mark all that apply.)**									Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 4.
M1745	**Frequency of Disruptive Behavior Symptoms (Reported or Observed)** Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.	M1745	**Frequency of Disruptive Behavior Symptoms (Reported or Observed)** Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1750	Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?	M1750	Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?									
M1800	**Grooming:** Current ability to tend safely to personal hygiene needs (i.e. washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).	M1800	**Grooming:** Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).									Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in item stem.
M1810	Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	M1810	Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:									
M1820	Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	M1820	Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1830	**Bathing:** Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**	M1830	**Bathing:** Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**					X				Deleted the phrase "throughout the bath." from Response 5 to include patients who need intermittent assistance bathing self in bed, at the sink, in bedside chair, or on the commode.
M1840	**Toilet Transferring:** Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	M1840	**Toilet Transferring:** Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.									
M1845	**Toileting Hygiene:** Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	M1845	**Toileting Hygiene:** Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.									
M1850	**Transferring:** Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	M1850	**Transferring:** Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1860	**Ambulation/Locomotion**: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	M1860	**Ambulation/Locomotion**: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.					**X**				Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in response 0. Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 1 and 2.
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.	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.									
M1880	Current **Ability to Plan and Prepare Light Meals** (e.g., cereal, sandwich) or reheat delivered meals safely:	M1880	Current **Ability to Plan and Prepare Light Meals** (e.g., cereal, sandwich) or reheat delivered meals safely:				**X**	**X**				Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in the item stem. Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in response 0.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1890	**Ability to Use Telephone**: Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.	M1890	**Ability to Use Telephone**: Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.					**X**				Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 1.
M1900	**Prior Functioning ADL/IADL:** Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only one box in each row. .	M1900	**Prior Functioning ADL/IADL:** Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only one box in each row. .					**X**				To improve clarity, responses modified so that all the relevant ADLs/IADLs are listed and abbreviations were eliminated ("i.e." replaced with "specifically", "e.g." replaced with "for example").
M1910	Has this patient had a multi-factor **Fall Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?	M1910	Has this patient had a multi-factor **Falls Risk Assessment** using a standardized, validated assessment tool?				**X**	**X**				Unnecessary wording was deleted from the item stem, and "standardized, validated" have been added for consistency with the instructions in the OASIS-C guidance manual. The terms "no, low or minimal" have been added to reflect the fact that many falls risk assessment tools use these 3 terms to indicate low risk.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M2000	**Drug Regimen Review:** Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?	M2000	**Drug Regimen Review:** Does a complete drug regimen review indicate potential clinically significant medication issues (for example: adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?				**X**					Item stem revised. Abbreviations eliminated for clarity ("i.e." replaced with "specifically", "e.g." replaced with "for example"). Item stem wording revised to reflect OASIS Guidance Manual. "Adverse" added to describe drug reactions; 'significant' added to describe side effects; and "non-adherence" added to noncompliance.
M2002	**Medication Follow-up:** Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	M2002	**Medication Follow-up:** Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M2004	**Medication Intervention:** If there were any clinically significant medication issues since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation?	M2004	**Medication Intervention:** If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?				**X**					Wording in item stem and NA response revised to clarify that reporting period includes the time of the assessment. Eliminated "e.g." abbreviation and replaced with "for example" in responses 2 and 5.
M2010	**Patient/Caregiver High Risk Drug Education:** Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	M2010	**Patient/Caregiver High Risk Drug Education:** Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M2015	**Patient/Caregiver Drug Education Intervention**: Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?	M2015	**Patient/Caregiver Drug Education Intervention**: At the time of, or at any time since the previous OASIS 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?				**X**					Wording in item stem and NA response revised to clarify that reporting period includes the time of the assessment, and "significant" added to item stem to describe side effects
M2020	**Management of Oral Medications:** Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**	M2020	**Management of Oral Medications:** Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**									

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M2030	**Management of Injectable Medications:** Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **Excludes IV medications.**	M2030	**Management of Injectable Medications:** Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **Excludes IV medications.**									
M2040	**Prior Medication Management Ability:** Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only one box in each row.	M2040	**Prior Medication Management:** Indicate the patient's usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury. Check only one box in each row.									Data collection period clarified in item stem. "Ability" removed from item title to be consistent with similar items.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	**Item Description**	**Item #**	**Item Description**	**Item Added**	**Timepoint collected**	**Item Deleted**	**Item Stem**	**Response Option**	**Response Number**	**Skip Directions**	**New Item Number**	
M2100	**Types of Assistance Needed and Sources/Availability**: Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only one box in each row.)	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. (Check only one box in each row.)				**X**	**X**	**X**		**X**	1) Simplified Item Title 2) Revised stem and column headings to clarify that "caregiver" refers to non-agency caregivers (such as family members, friends, or privately paid caregivers) and excludes care by agency staff. 3) Added text to column heading to clarify that "No assistance needed from Caregiver in this area" means that the patient is independent or does not have needs in this area. 4) Simplified response options by combining "Caregiver(s) not likely to provide assistance" and "Caregiver(s) unwilling/unable to provide assistance."
M2110	**How Often** does the patient receive **ADL or IADL assistance** from any caregiver(s) (other than home health agency staff)?	M2110	**How Often** does the patient receive **ADL or IADL assistance** from any caregiver(s) (other than home health agency staff)?		**X**							No longer collected at DC

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
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 ["000"] if no therapy visits indicated.)**	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 ["000"] if no therapy visits indicated.)**									
M2250	**Plan of Care Synopsis:** (Check only one box in each row.) Does the physician-ordered plan of care include the following:	M2250	**Plan of Care Synopsis:** (Check only one box in each row.) Does the physician-ordered plan of care include the following:					**X**				Revised the "Not Applicable" responses for rows ' b', 'c', 'd', 'e', 'f' and 'g' to add detail, improve clarity, and be consistent with guidance in the OASIS-C manual. Removed the line between NA and the text boxes to improve clarity.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M2300	**Emergent Care**: Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/ observation)?	M2300	**Emergent Care:** At the time of or at any time since the previous OASIS assessment has the patient utilized a hospital emergency department (includes holding/observation status)?				**X**					1) Wording in item stem revised to clarify that reporting period includes the time of the assessment 2) Added the word "status" to "holding/ observation" to bring into alignment with current instructions in OASIS-C manual.
M2310	**Reason for Emergent Care**: For what reason(s) did the patient receive emergent care (with or without hospitalization)?	M2310	**Reason for Emergent Care**: For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)?				**X**					1) Wording in item stem changed to "seek and/or receive" to bring into alignment with current instructions in OASIS-C manual. 2) Response 1 revised to include "adverse drug reactions" to bring into alignment with current instructions in OASIS-C manual.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Timepoint collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M2400	**Intervention Synopsis** - Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?	M2400	**Intervention Synopsis** - (Check only one box in each row.) At the time of or at any time since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?				**X**	**X**				1. Wording in item stem revised to clarify that reporting period includes the time of the assessment 2) The Not Applicable responses have been modified to add detail, improve clarity, and be consistent with responses in M2250 and guidance in the OASIS-C manual. 3) Removed the line between NA and the text boxes to improve clarity.
M2410	To which **Inpatient Facility** has the patient been admitted?	M2410	To which **Inpatient Facility** has the patient been admitted?									
M2420	**Discharge Disposition:** Where is the patient after discharge from your agency? **(Choose only one answer.)**	M2420	**Discharge Disposition:** Where is the patient after discharge from your agency? **(Choose only one answer.)**									
M2430	**Reason for Hospitalization**: For what reason(s) did the patient require hospitalization? **(Mark all that apply.)**	M2430	**Reason for Hospitalization**: For what reason(s) did the patient require hospitalization? **(Mark all that apply.)**					**X**				Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in responses 3 and 5.

OASIS-C Item		OASIS-C1 Item		Type of Change								Change Description
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M2440	For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? **(Mark all that apply.)**					**X**						Deleted
114	**TOTALS:**	**110**		**1**	**4**	**5**	**25**	**30**	**5**	**3**	**10**	