Home Health | OASIS-E Quality Reporting Program
CASE STUDY CODING SHEET

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Virtual Training Program
September 13 & 14, 2022

Start of Care (SOC) Assessment

A1005. Ethnicity

A1005. Ethnicity Are you of Hispanic, Latino/a, or Spanish origin?	
↓ **Check all that apply**	
☐	A. **No, not of Hispanic, Latino/a, or Spanish origin**
☐	B. **Yes, Mexican, Mexican American, Chicano/a**
☐	C. **Yes, Puerto Rican**
☐	D. **Yes, Cuban**
☐	E. **Yes, another Hispanic, Latino, or Spanish origin**
☐	X. **Patient unable to respond**
☐	Y. **Patient declines to respond**

A1010. Race

A1010. Race What is your race?	
↓ **Check all that apply**	
☐	A. **White**
☐	B. **Black or African American**
☐	C. **American Indian or Alaska Native**
☐	D. **Asian Indian**
☐	E. **Chinese**
☐	F. **Filipino**
☐	G. **Japanese**
☐	H. **Korean**
☐	I. **Vietnamese**
☐	J. **Other Asian**
☐	K. **Native Hawaiian**
☐	L. **Guamanian or Chamorro**
☐	M. **Samoan**
☐	N. **Other Pacific Islander**
☐	X. **Patient unable to respond**
☐	Y. **Patient declines to respond**
☐	Z. **None of the above**

SOC Assessment (continued)

A1110. Language

A1110. Language	
Enter Code -	A. **What is your preferred language?** B. **Do you need or want an interpreter to communicate with a doctor or health care staff?** 0. **No** 1. **Yes** 9. **Unable to determine**

A1250. Transportation

A1250. Transportation *(NACHC ©)* Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
↓ **Check all that apply**	
☐	A. **Yes, it has kept me from medical appointments or from getting my medications**
☐	B. **Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need**
☐	C. **No**
☐	X. **Patient unable to respond**
☐	Y. **Patient declines to respond**

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B0200. Hearing

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

SOC Assessment (continued)

B1000. Vision

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

B1300. Health Literacy

B1300. Health Literacy *(From Creative Commons ©)* How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	
Enter Code -	0. **Never** 1. **Rarely** 2. **Sometimes** 3. **Often** 4. **Always** 7. **Patient declines to respond** 8. **Patient unable to respond**
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J0510. Pain Effect on Sleep

J0510. Pain Effect on Sleep	
Enter Code -	Ask patient: "*Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night***" 0. **Does not apply – I have not had any pain or hurting in the past 5 days** → *Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800, Any Falls Since SOC/ROC at DC* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer**

SOC Assessment (continued)

J0520. Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities	
Enter Code -	Ask patient: "*Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?"*** 0. **Does not apply – I have not received rehabilitation therapy in the past 5 days** 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer**

J0530. Pain Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities	
Enter Code -	Ask patient: "*Over the past 5 days,* ***how often you have limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?***" 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer**

K0520. Nutritional Approaches

K0520. Nutritional Approaches	
1. **On Admission** Check all of the nutritional approaches that apply on admission	**1. On Admission** **Check all that apply** ↓
A. **Parenteral/IV feeding**	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐
C. **Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐
Z. **None of the above**	☐

SOC Assessment (continued)

N0415. High-Risk Drug Classes: Use and Indication

N0415. High-Risk Drug Classes: Use and Indication		
1. **Is taking** Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes 2. **Indication noted** If Column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is Taking	2. Indication Noted
	↓ Check all that apply ↓	
A. **Antipsychotic**	☐	☐
E. **Anticoagulant**	☐	☐
F. **Antibiotic**	☐	☐
H. **Opioid**	☐	☐
I. **Antiplatelet**	☐	☐
J. **Hypoglycemic** (including insulin)	☐	☐
Z. **None of the Above**	☐	

SOC Assessment (continued)

O0110. Special Treatments, Procedures, and Programs

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

Home Health (HH) Discharge Assessment

A1250. Transportation

A1250. Transportation *(NACHC ©)* Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
↓ **Check all that apply**	
☐	A. **Yes, it has kept me from medical appointments or from getting my medications**
☐	B. **Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need**
☐	C. **No**
☐	X. **Patient unable to respond**
☐	Y. **Patient declines to respond**

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

A2123. Provision of Current Reconciled Medication List to Patient at Discharge At the time of discharge, did your agency provide the patient's current reconciled medication list to the patient, family and/or caregiver?	
Enter Code -	0. **No– Current reconciled medication list not provided to the patient, family, and/or caregiver** → *Skip to B1300, Health Literacy* 1. **Yes – Current reconciled medication list provided to the patient, family, and/or caregiver** → Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient.

A2124. Route of Current Reconciled Medication List Transmission to Patient

A2124. Route of Current Reconciled Medication List Transmission to Patient Indicate the route(s) of transmission of the current reconciled medication list to the patient, family, and/or caregiver.	
Route of Transmission	↓ **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)	☐

HH Discharge Assessment (continued)

B1300. Health Literacy

B1300. Health Literacy ***(From Creative Commons ©)*** How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	
Enter Code -	0. **Never** 1. **Rarely** 2. **Sometimes** 3. **Often** 4. **Always** 7. **Patient declines to respond** 8. **Patient unable to respond**
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J0510. Pain Effect on Sleep

J0510. Pain Effect on Sleep	
Enter Code -	Ask patient: "*Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night***" 0. **Does not apply – I have not had any pain or hurting in the past 5 days** ➔ *Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800, Any Falls Since SOC/ROC at DC* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer**

J0520. Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities	
Enter Code -	Ask patient: "*Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?"*** 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**

HH Discharge Assessment (continued)

J0530. Pain Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities	
Enter Code -	Ask patient: "*Over the past 5 days,* ***how often you have limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?***" 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer**

K0520. Nutritional Approaches

K0520. Nutritional Approaches		
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
	↓ Check all that apply ↓	
A. **Parenteral/IV feeding**	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐
C. **Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z. **None of the above**	☐	☐

N0415. High-Risk Drug Classes: Use and Indication

N0415. High-Risk Drug Classes: Use and Indication		
1. **Is taking** Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes 2. **Indication noted** If Column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is Taking	2. Indication Noted
	↓ Check all that apply ↓	
A. **Antipsychotic**	☐	☐
E. **Anticoagulant**	☐	☐
F. **Antibiotic**	☐	☐
H. **Opioid**	☐	☐
I. **Antiplatelet**	☐	☐
J. **Hypoglycemic** (including insulin)	☐	☐
Z. **None of the Above**	☐	

HH Discharge Assessment (continued)

O0110. Special Treatments, Procedures, and Programs

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