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Section A	Administrative Information

M0080. Discipline of Person Completing Assessment

Enter Code [ ]

1. **RN**
2. **PT**
3. **SLP/ST**
4. **OT**

M0090. Date Assessment Completed

[ ][ ] — [ ][ ] — [ ][ ][ ][ ]
Month — Day — Year

M0100. This Assessment is Currently Being Completed for the Following Reason

Enter Code [ ]

Start/Resumption of Care
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**

Transfer to an Inpatient Facility
6. **Transferred to an inpatient facility —** patient not discharged from agency
7. **Transferred to an inpatient facility —** patient discharged from agency

Discharge from Agency — Not to an Inpatient Facility
8. **Death at home**
9. **Discharge from agency**

M0906. Discharge/Transfer/Death Date

Enter the date of the discharge, transfer, or death (at home) of the patient.

[ ][ ] — [ ][ ] — [ ][ ][ ][ ]
Month — Day — Year

Section J	Health Conditions

J1800. Any Falls Since SOC/ROC, whichever is more recent

Enter Code [ ]

Has the patient **had any falls since SOC/ROC**, whichever is more recent?
0. No → *Skip to M2005. Medication Intervention*
1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

J1900. Number of Falls Since SOC/ROC, whichever is more recent		
Coding: 　0.　**None** 　1.　**One** 　2.　**Two or more**	↓ **Enter code in boxes**	
	☐	A. **No injury:** No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	☐	B. **Injury (except major):** Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	☐	C. **Major injury:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Section N	Medications

M2005. Medication Intervention

Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

Enter Code ☐	0. **No** 1. **Yes** 9. **NA** — There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Section O	Special Treatment, Procedures, and Programs

O0350. Patient's COVID-19 vaccination is up to date.

Enter Code ☐	0. No, patient is not up to date 1. Yes, patient is up to date