

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection instrument is 0938-0760. The time required to complete this information collection is estimated to average 0.7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Outcome and Assessment Information Set

Items to be Used at Specific Time Points

<u>Start of Care</u> -----	M0010-M0030, M0040-M0150, M1000-M1036, M1100-M1242, M1300-M1302, M1306, M1308-M1324, M1330-M1350, M1400, M1410, M1600-M1730, M1740-M1910, M2000, M2002, M2010, M2020-M2250
Start of care—further visits planned	
<u>Resumption of Care</u> -----	M0032, M0080-M0110, M1000-M1036, M1100-M1242, M1300-M1302, M1306, M1308-M1324, M1330-M1350, M1400, M1410, M1600-M1730, M1740-M1910, M2000, M2002, M2010, M2020-M2250
Resumption of care (after inpatient stay)	
<u>Follow-Up</u> -----	M0080-M0100, M0110, M1020-M1030, M1200, M1242, M1306, M1308, M1322-M1324, M1330-M1350, M1400, M1610, M1620, M1630, M1810-M1840, M1850, M1860, M2030, M2200
Recertification (follow-up) assessment	
Other follow-up assessment	
<u>Transfer to an Inpatient Facility</u> -----	M0080-M0100, M1040-M1055, M1500, M1510, M2004, M2015, M2300-M2410, M2430-M2440, M0903, M0906
Transferred to an inpatient facility—patient not discharged from an agency	
Transferred to an inpatient facility—patient discharged from agency	
<u>Discharge from Agency — Not to an Inpatient Facility</u>	
Death at home -----	M0080-M0100, M0903, M0906
Discharge from agency -----	M0080-M0100, M1040-M1055, M1230, M1242, M1306-M1350, M1400-M1620, M1700-M1720, M1740, M1745, M1800-M1890, M2004, M2015-M2030, M2100-M2110, M2300-M2420, M0903, M0906

CLINICAL RECORD ITEMS

(M0080) Discipline of Person Completing Assessment:

☐ 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:

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 [*Go to M0110*]
☐ 5 – Other follow-up [*Go to M0110*]

Transfer to an Inpatient Facility

- ☐ 6 – Transferred to an inpatient facility—patient not discharged from agency [*Go to M1040*]
☐ 7 – Transferred to an inpatient facility—patient discharged from agency [*Go to M1040*]

Discharge from Agency — Not to an Inpatient Facility

- ☐ 8 – Death at home [*Go to M0903*]
☐ 9 – Discharge from agency [*Go to M1040*]

(M0903) Date of Last (Most Recent) Home Visit:

__ __ / __ __ / __ __ __ __
month / day / year

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

__ __ / __ __ / __ __ __ __
month / day / year