

## **APPENDIX D**

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### **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
<b>PATIENT TRACKING SHEET</b>					
<b>M0010</b> Agency Medicare Provider Number					
<b>M0012</b> Agency Medicaid Provider Number					
<b>M0014</b> Branch State					
<b>M0016</b> Branch Identification Number					
<b>M0020</b> Patient ID Number					
<b>M0030</b> Start of Care Date					
<b>M0032</b> Resumption of Care Date					
<b>M0040</b> Patient Name					
<b>M0050</b> Patient State of Residence					
<b>M0060</b> Patient Zip Code					
<b>M0063</b> Medicare Number					
<b>M0064</b> Social Security Number					
<b>M0065</b> Medicaid Number					
<b>M0066</b> Birth Date					
<b>M0069</b> Gender					
<b>M0072</b> Primary Referring Physician ID					
<b>M0140</b> Race/Ethnicity					
<b>M0150</b> Current Payment Sources for Home Care					
<b>DEMOGRAPHICS AND PATIENT HISTORY</b>					
<b>M0080</b> Discipline of Person Completing Assessment					
<b>M0090</b> Date Assessment Completed					
<b>M0100</b> Reason for Assessment *****					
<b>M0110</b> Episode Timing					

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

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

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

<b>M0 #</b> (***** - item includes "go to" sequence)	<b>WORDING IDENTICAL TO OASIS ITEM</b>	<b>ALL BOLDFACE AND UNDERLINES INCLUDED</b>	<b>"GO TO" SEQUENCE IS CORRECT</b>	<b>DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM</b>	<b>FULL ITEM ON ONE PAGE ONLY</b>
<b>M0610</b> Behaviors Demonstrated At Least Once a Week (Reported or Observed)					
<b>M0620</b> Frequency of Behavior Problems (Reported or Observed)					
<b>M0630</b> Psychiatric Nursing Services					
<b>ADL/IADLs -</b> <b>Include Prior and Current Columns</b> ("UK" is valid answer ONLY in <u>Prior</u> column)					
<b>M0640</b> Grooming					
<b>M0650</b> Ability to Dress <u>Upper</u> Body					
<b>M0660</b> Ability to Dress <u>Lower</u> Body					
<b>M0670</b> Bathing					
<b>M0680</b> Toileting					
<b>M0690</b> Transferring					
<b>M0700</b> Ambulation/Locomotion					
<b>M0710</b> Feeding or Eating					
<b>M0720</b> Planning and Preparing Light Meals					
<b>M0730</b> Transportation					
<b>M0740</b> Laundry					
<b>M0750</b> Housekeeping					
<b>M0760</b> Shopping					
<b>M0770</b> Ability to Use Telephone					
<b>MEDICATIONS -</b> <b>Include Prior and Current columns</b> ("UK" is valid answer ONLY in <u>Prior</u> column)					
<b>M0780</b> Management of Oral Medications					
<b>M0790</b> Management of Inhalant/Mist Medications					
<b>M0800</b> Management of Injectable Medications					
<b>EQUIPMENT MANAGEMENT</b>					
<b>M0810</b> Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies) *****					
<b>M0820</b> Caregiver Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)					
<b>M0826</b> 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
<b>DEMOGRAPHICS AND PATIENT HISTORY</b>					
<b>M0080</b> Discipline of Person Completing Assessment					
<b>M0090</b> Date Assessment Completed					
<b>M0100</b> Reason for Assessment *****		Responses 4 & 5 are highlighted or stand alone.			
<b>M0110</b> Episode Timing					
<b>M0230/M0240/246</b> Diagnosis, Severity Index, and Payment Diagnoses					
<b>M0250</b> Therapies					
<b>SENSORY STATUS</b>					
<b>M0390</b> Vision					
<b>M0420</b> Frequency of Pain					
<b>INTEGUMENTARY STATUS</b>					
<b>M0440</b> Skin Lesion/Open Wound *****					
<b>M0450</b> Current Number of Pressure Ulcers at Each Stage <b><u>CHECK TABLE VERY CAREFULLY</u></b>		Circle one response for each stage.			

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

<b>M0 #</b> (***** - item includes "go to" sequence)	<b>WORDING IDENTICAL TO OASIS ITEM</b>	<b>WORDING IS CHANGED FROM START OF CARE VERSION</b>	<b>"GO TO" SEQUENCE IS CORRECT</b>	<b>DUPLICATE OR SIMILAR ITEM DELETED FROM INTEGRATED FORM</b>	<b>FULL ITEM ON ONE PAGE ONLY</b>
<b>M0460</b> Stage of Most Problematic (Observable) Pressure Ulcer		Skip this item if no pressure ulcers.			
<b>M0470</b> Number of Observable Stasis Ulcers		Skip this item if no pressure ulcers.			
<b>M0474</b> Stasis Ulcer that Cannot be Observed		Skip this item if no pressure ulcers.			
<b>M0476</b> Status of Most Problematic (Observable) Stasis Ulcer		Skip this item if no stasis ulcers.			
<b>M0488</b> Status of Most Problematic (Observable) Surgical Wound		Skip this item if no surgical wounds.			
<b>RESPIRATORY STATUS</b>					
<b>M0490</b> Short of Breath					
<b>ELIMINATION STATUS</b>					
<b>M0520</b> Urinary Incontinence or Catheter Presence *****					
<b>M0530</b> Urinary Incontinence		Skip this item if no incontinence or if patient does have a urinary catheter.			
<b>M0540</b> Bowel Incontinence Frequency		"Unknown" deleted as response option.			
<b>M0550</b> Ostomy for Bowel Elimination					
<b>ADL/IADLs -</b> <u>Include Current Column only.</u>		"Prior" column deleted. "Unknown" deleted as response option.			
<b>M0650</b> Ability to Dress <u>Upper</u> Body		Prior deleted. UK deleted.			
<b>M0660</b> Ability to Dress <u>Lower</u> Body		Prior deleted. UK deleted.			
<b>M0670</b> Bathing		Prior deleted. UK deleted.			
<b>M0680</b> Toileting		Prior deleted. UK deleted.			
<b>M0690</b> Transferring		Prior deleted. UK deleted.			
<b>M0700</b> Ambulation/Locomotion		Prior deleted. UK deleted.			
<b>EQUIPMENT MANAGEMENT</b>					
<b>M0800</b> Management of Injectable Medications		"Prior" box deleted. UK deleted.			
<b>M0826</b> 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
<b>CLINICAL RECORD ITEMS</b>					
<b>DEMOGRAPHICS AND PATIENT HISTORY</b>					
<b>M0080</b> Discipline of Person Completing Assessment					
<b>M0090</b> Date Assessment Completed					
<b>M0100</b> Reason for Assessment *****					
<b>M0200</b> Medical or Treatment Regimen Change Within Past 14 Days *****		If no, go to M0250.			
<b>M0210</b> Medical Diagnoses					
<b>M0220</b> 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.			
<b>M0250</b> Therapies					
<b>M0280</b> Life Expectancy					
<b>M0290</b> High Risk Factors		"Unknown" deleted as response option.			
<b>LIVING ARRANGEMENTS</b>					
<b>M0300</b> Current Residence					
<b>M0340</b> Patient Lives With					

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

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

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

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

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