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Outcome and Assessment Information Set Items to be Used at Specific Time Points

<u>Time Point</u>	<u>Items Used</u>
<u>Start of Care</u> -----	M0010-M0030, M0040-M0150, M1000-M1036, M1100-M1306, M1308, M1320-M1410, M1600-M2002, M2010, M2020-M2250
Start of care—further visits planned	
<u>Resumption of Care</u> -----	M0032, M0080-M0110, M1000-M1036, M1100-M1306, M1308, M1320-M1410, M1600-M2002, M2010, M2020-M2250
Resumption of care (after inpatient stay)	
<u>Follow-Up</u> -----	M0080-M0100, M0110, M1011, M1021-M1030, M1200, M1242, M1306, M1308, M1322-M1342, 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, M1041-M1056, M1500, M1510, M2004, M2015, M2300-M2410, M2430, 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, M1041-M1056, M1230, M1242, M1306-M1342, M1400, M1500-M1620, M1700-M1720, M1740, M1745, M1800-M1890, M2004, M2015-M2030, M2102, 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 M1041*]
☐ 7 – Transferred to an inpatient facility—patient discharged from agency [*Go to M1041*]

Discharge from Agency — Not to an Inpatient Facility

- ☐ 8 – Death at home [*Go to M0903*]
☐ 9 – Discharge from agency [*Go to M1041*]

(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