Risk Adjustment Technical Steps and Risk Factor Specifications

OASIS-D

Last Updated: October 15, 2018

I. Background

The Centers for Medicare & Medicaid Services (CMS) maintains, re-evaluates and implements changes to the OASIS data item set and also develops, implements, maintains and re-evaluates quality measures that are reflective of quality of care provided by home health agencies (HHAs) in the home setting. For outcome measures, the re-evaluation process includes evaluating and updating, as needed, the risk adjustment models used to adjust for patient characteristics at admission, to ensure they are adequately robust and allow for valid comparison across providers. OASIS-based home health outcome measures are risk-adjusted using OASIS items that are statistically significant and clinical relevant predictors of the outcome.

In the CY2018 Home Health Prospective Payment System (HH PPS) final rule (82 FR 51715), CMS finalized removal of 70 data elements from 24 OASIS items collected at the start or resumption of a care episode, some of which were used in the risk adjustment models for OASIS-based outcome measures. As a result, the risk adjustment models required recalibrating to include only OASIS items that will be present on OASIS-D, which has an effective date of January 1, 2019. More information on item removals by OASIS data collection time point is available here.

The OASIS-based outcome measures for which the updated risk adjustment models apply starting January 1, 2019 are:

- Improvement in Ambulation/Locomotion
- Improvement in Bathing
- Improvement in Bed Transferring
- Improvement in Bowel Incontinence
- Improvement in Confusion Frequency
- Improvement in Dyspnea
- Improvement in Lower Body Dressing
- Improvement in Upper Body Dressing
- Improvement in Management of Oral Medications
- Improvement in Pain Interfering with Activity
- Improvement in Status of Surgical Wounds
- Improvement in Toilet Transferring
- Discharge to Community

<u>Section II</u> describes the technical steps for calculating risk adjusted measures and describes the development the risk adjustment models. <u>Section III</u> contains the detailed specifications for each of the risk factors used in the risk adjustment models.

The document **Recalibrated Risk Adjustment Model_Risk Factors_Model Fit_Coefficients.pdf** contains the list of risk factors, model fit statistics, and the estimated covariate coefficients for each measure.

II. Technical Approach

Calculating Risk Adjusted Quality Measures

The following steps are used to calculate the each quality measure:

A. Calculate the agency observed score (steps 1 through 3)

Step 1. Calculate the denominator count:

Calculate the total number of quality episodes with a selected target OASIS assessment in the measure time window that do not meet the exclusion criteria following each measure's specifications.¹

Step 2. Calculate the numerator count:

Calculate the total number of quality episodes in the denominator whose OASIS assessments indicates meeting numerator criteria, following each measure's specifications.

Step 3. Calculate the agency's observed rate:

Divide the agency's numerator count by its denominator count to obtain the agency's observed rate; that is, divide the result of **step 2** by the result of **step 1**.

B. Calculate the predicted rate for each quality episode (steps 4 and 5)

Step 4. Determine presence or absence of the risk factors for each patient (technical specifications for risk factors are in **Section III**):

If dichotomous risk factor covariates are used, assign covariate values, either '0' for covariate condition not present or '1' for covariate condition present, for each quality episode for each of the covariates as reported at SOC/ROC, as described in the section above.

Step 5. Calculate the predicted rate for each quality episode with the following formula:

[1] Episode-level predicted QM rate = $1/[1+e^{-x}]$

Where e is the base of natural logarithms and X is a linear combination of the constant and the logistic regression coefficients times the covariate scores (from Formula [2], below).

[2] Quality measure triggered (yes=1, no=0) = B0 + B1*COVA + B2*COVB + ... BN*COVN

Where B0 is the logistic regression constant, B1 is the logistic regression coefficient for the first covariate, COVA is the episode-level rate for the first covariate, B2 is the logistic regression coefficient for the second covariate, and COVB is the episode-level rate for the second

¹ Measure specifications are available in the Downloads section of the Home Health Quality Measures website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment- Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html

covariate, etc. The regression constant and regression coefficients are provided in Recalibrated Risk Adjustment Model_Risk Factors_Model Fit_Coefficients.pdf.²

C. Calculate the agency predicted rate (step 6)

Step 6. Once a predicted QM rate has been calculated for all quality episodes, calculate the mean agency-level predicted QM rate by averaging all episode-level predicted values for that agency.

D. Calculate national predicted rate (step 7)

Step 7. Calculate the national predicted rate:

Once a predicted QM value has been calculated for all episodes, calculate the mean national-level predicted QM rate by averaging all episode-level predicted values. Note that the sample will include only those quality episodes with non-missing data for the component covariates.

E. Calculate the agency's risk-adjusted rate (step 8)

Step 8. Calculate the agency-level risk-adjusted rate based on the: agency-level observed quality measure rate (step 3), agency-level mean predicted quality measure rate (step 6), and national mean predicted QM rate (step 7), using the following formula: agency risk

adjusted rate = agency observed rate + national predicted rate - agency predicted rate

If the adjusted rate is greater than 100%, the adjusted rate is set to 100%. Similarly, if the result is a negative number the adjusted rate is set to zero

Identifying Risk Factors

The risk adjustment model was developed using OASIS national repository data from assessments submitted between January 1, 2016 and December 31, 2016 (~6.4 million episodes of care). The population of 6.4 million episodes for calendar year 2016 was split in half such that 3.2 million episodes were used as a developmental sample and 3.2 million episodes were used as a validation sample. The following process was used to identify unique contributing risk factors to the prediction model:

1. Risk factors were identified based on OASIS items that will remain following the OASIS-D transition. The statistical properties of the items were examined to specify risk factors (e.g., item responses were grouped when there was low prevalence of certain responses). Team clinicians then reviewed all risk factors for clinical relevance and redefined or updated risk factors as necessary. These risk factors were divided into 35 content focus groups (e.g., functional status, ICD 10-based conditions, etc.). Where possible, risk factors were defined such that they flagged mutually exclusive subgroups within each content focus group. When modelling these risk factors, the exclusion category was set to be either the risk factor flag for most independent or the most frequent within each content focus group.

² Recalibrated Risk Adjustment Model_Risk Factors_Model Fit_Coefficients.pdf containing risk factors, model fit statistics, and estimated coefficients is available in the Downloads section of the Home Health Quality Measures website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment- Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html

- 2. A logistic regression specification was used to estimate coefficients among the full set of candidate risk factors. Those risk factors that are statistically significant at probability <0.001 are kept for further review.
- 3. The list of risk factors that achieved the probability <0.001 level were reviewed. For content focus groups that are explicitly tiered by increasing severity, either all risk factors are included within a content focus group or none of them. For example, if response option levels 1 and 2 for M1800 Grooming were statistically significant at probability <0.001 for a particular outcome, then response option level 3 for M1800 Grooming was added to the list even if it was not statistically significant. If none of the risk factors within an explicitly tiered content focus group is statistically significant at <0.001, the entire content focus group is removed from the model.</p>
- 4. A logistic regression was computed on the list of risk factors that had achieved probability <0.001 in Step 3 above.
- 5. Goodness of fit statistics (McFadden's R² and C-statistic) were calculated to measure how well the predicted values generated by the prediction model were related to the actual outcomes. Separate bivariate correlations were constructed between the risk factors and the outcomes to confirm the sign and strength of the estimated coefficients in the logistic model.
- 6. The initial model was reviewed by a team of at least three experienced home health clinicians. Each risk factor was reviewed for its clinical plausibility. Clinicians were asked about the direction indicated by the coefficient in the risk adjustment model and how it compares to their perceived bivariate relationship given their experience treating patients in the home. Risk factors that were not clinically plausible were revised or eliminated if revisions were not possible.
- 7. The risk factors that were deemed not clinically plausible were revised or eliminated, and Steps 3, 4, and 5 in this process were repeated. The resulting logistic regression equation was designated as the risk adjustment model for the outcome.
- 8. The risk adjustment model was applied to the validation sample and goodness of fit statistics were computed. The statistics were similar to the goodness of fit statistics computed with the development sample. As additional testing, HHAs were stratified across several observable characteristics, and the distributions of the risk-adjusted outcomes were checked to confirm that values remained similar across strata.

III. Risk Factor Technical Specifications

OASIS data items are referred to in this documentation using field names specified in OASIS Data Submission Specifications published by CMS. "[1]" is appended to the field name if the value is taken from the beginning of episode assessment (Start or Resumption of Care), and "[2]" is appended if the value is to be taken from the assessment conducted at the end of the episode (Discharge, Transfer, or Death).

1. Age

```
IF M0100_ASSMT_REASON[1] = 01
THEN
      IF MONTH(M0030 START CARE DT[1]) > MONTH(M0066 PAT BIRTH DT[1]) OR
      (MONTH(M0030_START_CARE_DT[1]) = MONTH(M0066_PAT_BIRTH_DT[1])
      AND DAY(M0030 START CARE DT[1]) >= DAY(M0066 PAT BIRTH DT[1]))
      THEN
             AGE = YEAR(M0030 START CARE DT[1]) - YEAR(M0066 PAT BIRTH DT[1])
      ELSE
             AGE = YEAR(M0030_START_CARE_DT[1]) - YEAR(M0066_PAT_BIRTH_DT[1])-1
      END IF
ELSE
      IF MONTH(M0032 ROC DT[1]) > MONTH(M0066 PAT BIRTH DT[1])OR
       (MONTH(M0032_ROC_DT[1]) = MONTH(M0066_PAT_BIRTH_DT[1]) AND
       DAY(M0032\_ROC\_DT[1]) >= DAY(M0066\_PAT\_BIRTH\_DT[1]))
      THEN
             AGE = YEAR(M0032_ROC_DT[1]) - YEAR(M0066_PAT_BIRTH_DT[1])
      ELSE
             AGE = YEAR(M0032\_ROC\_DT[1]) - YEAR(M0066\_PAT\_BIRTH\_DT[1])-1
      END IF
END IF
Age: 0-54
IF (AGE >= 18 AND AGE <= 54)
THEN
      AGE_0_54 = 1
ELSE
      AGE 0.54 = 0
END IF
Age: 55-59
IF (AGE >= 55 AND AGE <= 59)
THEN
      AGE_{55}_{59} = 1
ELSE
      AGE_55_59 = 0
END IF
```

Age: 60-64

IF (AGE >= 60 **AND** AGE <= 64)

THEN

 $AGE_{60_{64}} = 1$

ELSE

 $AGE_{60}_{64} = 0$

END IF

Age: 65-69

IF (AGE >= 65 **AND** AGE <= 69)

THEN

 $AGE_65_69 = 1$

ELSE

 $AGE_65_69 = 0$

END IF

Age: 70-74

IF (AGE >= 70 **AND** AGE <= 74)

THEN

 $AGE_{70_{74} = 1$

ELSE

 $AGE_{70_{74} = 0$

END IF

Age: 75-79

IF (AGE >= 75 **AND** AGE <= 79)

THEN

 $AGE_{75_{79}} = 1$

ELSE

 $AGE_{75_{79}} = 0$

END IF

Age: 80-84

IF (AGE >= 80 **AND** AGE <= 84)

THEN

AGE_80_84 = 1

ELSE

 $AGE_{80}_{84} = 0$

END IF

Age: 85-89

IF (AGE >= 85 **AND** AGE = 89)

THEN

 $AGE_85_89 = 1$

ELSE

 $AGE_85_89 = 0$

```
Age: 90-94
IF (AGE >= 90 AND AGE <= 94)
THEN
       AGE_{90}_{94} = 1
ELSE
       AGE_{90}_{94} = 0
END IF
Age: 95+
IF (AGE >= 95)
THEN
       AGE_95PLUS = 1
ELSE
       AGE_95PLUS = 0
END IF
2. Gender
IF M0069_PAT_GENDER[1] = 2
THEN
       GENDER = 1
ELSE
       GENDER = 0
END IF
<u>Patient is Female</u>
IF GENDER = 1
THEN
       GENDER_FEMALE = 1
ELSE
       GENDER_FEMALE = 0
END IF
Patient is Male
IF GENDER = 0
THEN
       GENDER_MALE = 1
ELSE
```

3. Payment Source

END IF

Payment Source: Medicare FFS only (%)

GENDER_MALE = 0

```
IF M0150 CPAY MCARE FFS[1] = 1 AND M0150 CPAY NONE[1] = 0 AND
M0150_CPAY_MCARE_HMO[1] = 0 AND M0150_CPAY_MCAID_FFS[1] = 0 AND
M0150 CPAY MCAID HMO[1] = 0 AND M0150 CPAY WRKCOMP[1] = 0 AND
M0150 CPAY TITLEPGMS[1] = 0 AND M0150 CPAY OTH GOVT[1] = 0 AND
M0150 CPAY PRIV INS[1] = 0 AND M0150 CPAY PRIV HMO[1] = 0 AND
M0150 CPAY SELFPAY[1] = 0 AND M0150 CPAY OTHER[1] = 0 AND M0150 CPAY UK [1] = 0
THEN
                PAY MCARE FFS = 1
ELSE
                PAY MCARE FFS = 0
END IF
Payment Source: Medicare HMO only (%)
IF M0150_CPAY_MCARE_HMO[1] = 1 AND M0150_CPAY_NONE[1] = 0 AND
M0150 CPAY MCARE FFS[1] = 0 AND M0150 CPAY MCAID FFS[1] = 0 AND
M0150_CPAY_MCAID_HMO[1] = 0 AND M0150_CPAY_WRKCOMP[1] = 0 AND
M0150 CPAY TITLEPGMS[1] = 0 AND M0150 CPAY OTH GOVT[1] = 0 AND
M0150 CPAY PRIV INS[1] = 0 AND M0150 CPAY PRIV HMO[1] = 0 AND
M0150_CPAY_SELFPAY[1] = 0 AND M0150_CPAY_OTHER[1] = 0 AND M0150_CPAY_UK[1] = 0
THEN
                PAY MCARE HMO = 1
ELSE
               PAY_MCARE_HMO = 0
END IF
Payment Source: Medicare and Medicaid (%)
IF ((M0150 CPAY MCARE FFS[1] = 1 AND M0150 CPAY MCAID FFS[1] = 1) OR
(M0150 CPAY MCARE FFS[1] = 1 AND M0150 CPAY MCAID HM0[1] = 1) OR
(M0150 CPAY MCARE HMO[1] = 1 AND M0150 CPAY MCAID FFS[1] = 1) OR
(M0150 CPAY MCARE HMO[1] = 1 AND M0150 CPAY MCAID HMO[1] = 1) OR
(M0150_CPAY_MCARE_FFS[1] = 1 AND M0150_CPAY_MCARE_HMO[1] = 1 AND
M0150_CPAY_MCAID_FFS[1] = 1) OR (M0150_CPAY_MCARE_FFS[1] = 1 AND
M0150 CPAY MCARE HMO[1] = 1 AND M0150 CPAY MCAID HMO[1] = 1) OR
(M0150_CPAY_MCARE_FFS[1] = 1 AND M0150_CPAY_MCAID FFS[1] = 1 AND
M0150 CPAY MCAID HMO[1] = 1) OR (M0150 CPAY MCARE HMO[1] = 1 AND
M0150 CPAY MCAID FFS[1] = 1 AND M0150 CPAY MCAID HMO[1] = 1)) AND
M0150 CPAY NONE[1] = 0 AND M0150 CPAY WRKCOMP[1] = 0
THEN
                PAY MCAREANDMCAID = 1
ELSE
                PAY_ MCAREANDMCAID = 0
END IF
Payment Source: Medicaid Only (%)
IF (M0150 CPAY MCAID FFS[1] = 1 OR M0150 CPAY MCAID HM0[1] = 1) AND
M0150 CPAY NONE[1] = 0 AND M0150 CPAY MCARE FFS[1] = 0 AND
M0150 CPAY MCARE HMO[1] = 0 \text{ AND } \text{M0150 } \text{ CPAY } \text{WRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{CPAY } \text{MRKCOMP}[1] = 0 \text{ AND } \text{MO150 } \text{MO150 } \text{CPAY } \text{MO150 } \text{MO1
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M0150 CPAY TITLEPGMS[1] = 0 AND M0150 CPAY OTH GOVT[1] = 0 AND
M0150_CPAY_PRIV_INS[1] = 0 AND M0150_CPAY_PRIV_HMO[1] = 0 AND
M0150_CPAY_SELFPAY[1] = 0 AND M0150_CPAY_OTHER[1] = 0 AND M0150_CPAY_UK[1] = 0
THEN
       PAY MCAID ONLY = 1
ELSE
       PAY_MCAID_ONLY = 0
END IF
Payment Source: Other Combinations (%)
IF PAY MCARE_FFS = 0 AND PAY_MCARE_HMO = 0 AND PAY_MCAREANDMCAID = 0 AND
PAY MCAID ONLY = 0
THEN
       PAY OTHER COMBO = 1
ELSE
       PAY_OTHER_COMBO = 0
END IF
4. SOC/ROC and Admission Source
Discharged from facility in past 14 days
IF (M1000 DC IPPS 14 DA[1] = 01 OR M1000 DC SNF 14 DA[1] = 01 OR M1000 DC IRF 14 DA[1] = 01 OR
M1000_DC_LTC_14_DA[1] = 01 OR M1000_DC_LTCH_14_DA[1] = 01 OR M1000_DC_PSYCH_14_DA[1] = 01)
THEN
       INPT FACILITY = 1
ELSE
       INPT FACILITY = 0
END IF
Start of Care - Further visits planned : Discharged from facility in past 14 days
IF (M0100_ASSMT_REASON[1] = 01 AND INPT_FACILITY = 1)
THEN
       SOC INPT = 1
ELSE
       SOC INPT = 0
END IF
Start of Care - Further visits planned: Not Discharged from facility in past 14 days
IF (M0100_ASSMT_REASON[1] = 01 AND INPT_FACILITY = 0)
THEN
       SOC_COMM = 1
ELSE
       SOC_COMM = 0
END IF
Resumption of care (after inpatient stay)
IF (M0100 ASSMT REASON[1] = 3)
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THEN
       ROC = 1
ELSE
       ROC = 0
END IF
5. Post-Acute Facility Admission Source
Not discharged from post-acute facility past 14 days
IF M1000_DC_SNF_14_DA[1] = 1 OR M1000_DC_IRF_14_DA[1] = 1 OR M1000_DC_NF_14_DA[1] = 1 OR
M1000_DC_LTCH_14_DA[1] = 1 OR M1000_DC_PSYCH_14_DA[1] = 1
THEN
       INPT NOPOSTACUTE = 0
ELSE
       INPT NOPOSTACUTE = 1
END IF
Discharged from post-acute facility past 14 days
IF M1000_DC_SNF_14_DA[1] = 1 OR M1000_DC_IRF_14_DA[1] = 1 OR M1000_DC_NF_14_DA[1] = 1 OR
M1000_DC_LTCH_14_DA[1] = 1 OR M1000_DC_PSYCH_14_DA[1] = 1
THEN
    INPT_POSTACUTE = 1
ELSE
    INPT POSTACUTE = 0
END IF
6. IV Therapies
Receiving any nutrition or infusion therapy
IF M1030_THH_PAR_NUTRITION[1] = 1 OR M1030_THH_ENT_NUTRITION[1] = 1 OR
M1030_THH_IV_INFUSION[1] = 1
THEN
       IVTHER ANY = 1
ELSE
       IVTHER_ANY = 0
END IF
None of the Above
IF M1030_THH_NONE_ABOVE[1] = 1
THEN
       IVTHER_NONE = 1
ELSE
       IVTHER NONE = 0
END IF
```

7. Risk of Hospitalization

```
Risk of Hospitalization: History of falls in past 12 months (%)
IF M1033_HOSP_RISK_HSTRY_FALLS[1] = 1
THEN
       RISK_HSTRY_FALLS = 1
ELSE
       RISK_HSTRY_FALLS = 0
END IF
Risk of Hospitalization: Unintentional weight loss in past 12 months (%)
IF M1033 HOSP RISK WEIGHT LOSS[1] = 1
THEN
       RISK WEIGHTLOSS = 1
ELSE
       RISK_WEIGHTLOSS = 0
END IF
Risk of Hospitalization: Multiple hospitalizations in past 6 months (%)
IF M1033_HOSP_RISK_MLTPL_HOSPZTN[1] = 1
THEN
       RISK MLTPL HOSPZTN = 1
ELSE
       RISK MLTPL HOSPZTN = 0
END IF
Risk of Hospitalization: Multiple ED visits in past 6 months (%)
IF M1033_HOSP_RISK_MLTPL_ED_VISIT[1] = 1
THEN
       RISK ED = 1
ELSE
       RISK\_ED = 0
END IF
Risk of Hospitalization: Recent decline mental/emotional decline in past 3 months (%)
IF M1033_HOSP_RISK_MNTL_BHV_DCLN[1] = 1
THEN
       RISK_RCNT_DCLN = 1
ELSE
       RISK_RCNT_DCLN = 0
END IF
Risk of Hospitalization: Difficulty complying with medical instruction in past 3 months (%)
IF M1033 HOSP RISK COMPLIANCE[1] = 1
THEN
       RISK COMPLY = 1
ELSE
       RISK_COMPLY = 0
```

Regular daytime (%)

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Risk of Hospitalization: Taking five or more medications (%)
IF M1033_HOSP_RISK_5PLUS_MDCTN[1] = 1
THEN
       RISK_5PLUS_MDCTN = 1
ELSE
       RISK 5PLUS MDCTN = 0
END IF
Risk of Hospitalization: Reports Exhaustion (%)
IF M1033_HOSP_RISK_CRNT_EXHSTN[1] = 1
THEN
       RISK_EXHAUST = 1
ELSE
       RISK_EXHAUST = 0
END IF
Risk of Hospitalization: Other unlisted risk factors (%)
IF M1033_HOSP_RISK_OTHR_RISK[1] = 1
THEN
       RISK_OTHR = 1
ELSE
       RISK_OTHR = 0
END IF
Risk of Hospitalization: None of the Above (%)
IF M1033_HOSP_RISK_NONE_ABOVE[1] = 1
THEN
       RISK_NONE = 1
ELSE
       RISK_NONE = 0
END IF
8. Availability of Assistance
Availability of Assistance
Around the clock (%)
IF M1100_PTNT_LVG_STUTN[1] = 01 OR M1100_PTNT_LVG_STUTN[1] = 06 OR
M1100_PTNT_LVG_STUTN[1] = 11
THEN
       ASSIST ARND CLOCK = 1
ELSE
       ASSIST_ARND_CLOCK = 0
END IF
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IF M1100_PTNT_LVG_STUTN[1] = 02 OR M1100_PTNT_LVG_STUTN[1] = 07 OR
M1100_PTNT_LVG_STUTN[1] = 12
THEN
      ASSIST_REGDAY = 1
ELSE
      ASSIST_REGDAY = 0
END IF
Regular nighttime (%)
IF M1100 PTNT LVG STUTN[1] = 03 OR M1100 PTNT LVG STUTN[1] = 08 OR
M1100 PTNT LVG STUTN[1] = 13
THEN
      ASSIST_REGNITE = 1
ELSE
      ASSIST_REGNITE = 0
END IF
Occasional/None (%)
IF M1100 PTNT LVG STUTN[1] = 04 OR M1100 PTNT LVG STUTN[1] = 05 OR
M1100_PTNT_LVG_STUTN[1] = 09 OR M1100_PTNT_LVG_STUTN[1] = 10 OR
M1100 PTNT LVG STUTN[1] = 14 OR M1100 PTNT LVG STUTN[1] = 15
THEN
      ASSIST_OCC_NONE = 1
ELSE
      ASSIST_OCC_NONE = 0
END IF
Living Arrangement
Lives alone (%)
IF M1100 PTNT LVG STUTN[1] = 01 OR M1100 PTNT LVG STUTN[1] = 02 OR
M1100_PTNT_LVG_STUTN[1] = 03 OR M1100_PTNT_LVG_STUTN[1] = 04 OR
M1100 PTNT LVG STUTN[1] = 05
THEN
      LIV ALONE = 1
ELSE
      LIV_ALONE = 0
END IF
Lives with Others (%)
IF M1100_PTNT_LVG_STUTN[1] = 06 OR M1100_PTNT_LVG_STUTN[1] = 07 OR
M1100 PTNT LVG STUTN[1] = 08 OR M1100 PTNT LVG STUTN[1] = 09 OR
M1100_PTNT_LVG_STUTN[1] = 10
THEN
      LIV OTHERS = 1
ELSE
      LIV_OTHERS = 0
```

```
Lives in a Congregate Situation (%)
IF M1100_PTNT_LVG_STUTN[1] = 11 OR M1100_PTNT_LVG_STUTN[1] = 12 OR
M1100_PTNT_LVG_STUTN[1] = 13 OR M1100_PTNT_LVG_STUTN[1] = 14 OR
M1100_PTNT_LVG_STUTN[1] = 15
THEN
       LIV_CONGREGATE = 1
ELSE
       LIV_CONGREGATE = 0
END IF
9. Pain
Frequency of Pain: No Pain
IF (M1242_PAIN_ACTVTY_MVMT[1] = 00)
THEN
       PAIN0 = 1
ELSE
       PAIN0 = 0
END IF
<u>Frequency of Pain: Pain does not interfere with activity</u>
IF (M1242 PAIN ACTVTY MVMT[1] = 01)
THEN
       PAIN1 = 1
ELSE
       PAIN1 = 0
END IF
Frequency of Pain: Less often than daily
IF (M1242 PAIN ACTVTY MVMT[1] = 02)
THEN
       PAIN2 = 1
ELSE
       PAIN2 = 0
END IF
Frequency of Pain: Daily, but not constant
IF (M1242_PAIN_ACTVTY_MVMT[1] = 03)
THEN
       PAIN PAIN3 = 1
ELSE
       PAIN3 = 0
END IF
Frequency of Pain: Constant
IF (M1242_PAIN_ACTVTY_MVMT[1] = 04)
```

```
THEN
       PAIN4 = 1
ELSE
       PAIN4 = 0
END IF
10. Pressure Ulcers
None or Stage I Present
IF M1306_UNHLD_STG2_PRSR_ULCR[1] = 00 AND
(M1322_NBR_PRSULC_STG1[1] = 00 OR M1322_NBR_PRSULC_STG1[1] = 01 OR
M1322_NBR_PRSULC_STG1[1] = 02 OR M1322_NBR_PRSULC_STG1[1] = 03 OR
M1322 NBR PRSULC STG1[1] = 04)
THEN
       PU_NONE_STG1ONLY = 1
ELSE
       PU_NONE_STG1ONLY = 0
END IF
Stage II or Higher and Unstageable Present
IF M1311_NBR_PRSULC_STG2_A1[1] > 0 OR M1311_NBR_PRSULC_STG3_B1[1] > 0 OR
M1311_NBR_PRSULC_STG4_C1[1] > 0 OR M1311_NSTG_DRSG_D1[1] > 0 OR
M1311_NSTG_CVRG_E1[1] > 0 OR M1311_DEEP_TSUE _F1[1] > 0
THEN
       PU STG2PLUS UNSTG = 1
ELSE
       PU_STG2PLUS_UNSTG = 0
END IF
11. Stasis Ulcers
Stasis Ulcer: No observable stasis ulcers
IF M1330 STAS ULCR PRSNT[1] = 00 OR M1330 STAS ULCR PRSNT[1] = 03
THEN
       STAS_ULCR_NONE = 1
ELSE
       STAS_ULCR_NONE = 0
END IF
Stasis Ulcer: 1 observable stasis ulcer only
IF M1332_NBR_STAS_ULCR[1] = 1
THEN
       STAS_ULCR_OBS_1 = 1
ELSE
       STAS_ULCR_OBS_1 = 0
```

```
Stasis Ulcer: Multiple observable stasis ulcers
IF M1332_NBR_STAS_ULCR[1] = 2 OR M1332_NBR_STAS_ULCR[1] = 3 OR M1332_NBR_STAS_ULCR[1] = 4
THEN
      STAS_ULCR_OBS_2PLUS = 1
ELSE
      STAS_ULCR_OBS_2PLUS = 0
END IF
12. Surgical Wounds
Status of Surgical Wound: None
IF M1342_STUS_PRBLM_SRGCL_WND[1] = MISSING
THEN
      SRG_WND_OBS_NONE = 1
ELSE
      SRG_WND_OBS_NONE = 0
END IF
Status of Surgical Wound: Newly Epithelialized
IF M1342_STUS_PRBLM_SRGCL_WND[1] = 00
THEN
      SRG_WND_OBS_EPI = 1
ELSE
      SRG WND OBS EPI = 0
END IF
Status of Surgical Wound: Fully granulating or early/partial granulation
IF M1342_STUS_PRBLM_SRGCL_WND[1] = 01 OR M1342_STUS_PRBLM_SRGCL_WND[1] = 02
THEN
      SRG_WND_OBS_GRAN = 1
ELSE
      SRG_WND_OBS_GRAN = 0
END IF
Status of Surgical Wound: Not healing
IF M1342 STUS PRBLM SRGCL WND[1] = 03
THEN
      SRG_WND_OBS_NOHEAL = 1
ELSE
      SRG_WND_OBS_NOHEAL = 0
END IF
13. Dyspnea
```

<u>Dyspnea: Not short of breath</u> **IF** (M1400_WHEN_DYSPNEIC[1] = 00) **THEN**

```
DYSP0 = 1
ELSE
       DYSP0 = 0
END IF
Dyspnea: Walking more than 20 feet, climbing stairs
IF (M1400_WHEN_DYSPNEIC[1] = 01)
THEN
       DYSP1 = 1
ELSE
       DYSP1 = 0
END IF
<u>Dyspnea: Moderate exertion</u>
IF (M1400_WHEN_DYSPNEIC[1] = 02)
THEN
       DYSP2 = 1
ELSE
       DYSP2 = 0
END IF
Dyspnea: Minimal to no exertion
IF (M1400_WHEN_DYSPNEIC[1] = 03 OR M1400_WHEN_DYSPNEIC[1] = 04)
THEN
       DYSP34 = 1
ELSE
       DYSP34 = 0
END IF
14. Urinary Status
Urinary incontinence/catheter: None
IF M1610_UR_INCONT[1] = 00
THEN
       URINCONT_NONE = 1
ELSE
       URINCONT NONE = 0
END IF
Urinary incontinence/catheter: Incontinent
IF M1610_UR_INCONT[1] = 01
THEN
       URINCONT_INCONT = 1
ELSE
       URINCONT_INCONT = 0
```

```
<u>Urinary incontinence/catheter</u>: Catheter
IF M1610_UR_INCONT[1] = 02
THEN
       URINCONT_CATH = 1
ELSE
       URINCONT_CATH = 0
END IF
15. Bowel Incontinence
Bowel incontinence Frequency: Never or Very Rare
IF M1620_BWL_INCONT[1] = 00 OR M1620_BWL_INCONT[1] = UK
THEN
       BWL NONE UK = 1
ELSE
       BWL_NONE_UK = 0
END IF
Bowel incontinence Frequency: Less than once a week
IF M1620_BWL_INCONT[1] = 01
THEN
       BWL_FR1 = 1
ELSE
       BWL FR1 = 0
END IF
Bowel incontinence Frequency: One to Three times a week
IF M1620_BWL_INCONT[1] = 02
THEN
       BWL_FR2 = 1
ELSE
       BWL_FR2 = 0
END IF
Bowel incontinence Frequency: Four to six times a week or more
IF M1620 BWL INCONT[1] = 03 OR M1620 BWL INCONT[1] = 04 OR M1620 INCONT[1] = 05
THEN
       BWL_FR345 = 1
ELSE
       BWL_FR345 = 0
END IF
Bowel incontinence Frequency: Ostomy for bowel elimination
IF M1620_BWL_INCONT[1] = NA
THEN
       BWL_OSTOMY = 1
ELSE
```

```
END IF
16. Cognitive function
Cognitive Functioning: Alert and focused
IF M1700_COG_FUNCTION[1] = 00
THEN
       COGN0 = 1
ELSE
       COGN0 = 0
END IF
Cognitive Functioning: Requires prompting under stress
IF M1700_COG_FUNCTION[1] = 01
THEN
       COGN1 = 1
ELSE
       COGN1 = 0
END IF
<u>Cognitive Functioning: Requires assist in special circumstances</u>
IF M1700_COG_FUNCTION[1] = 02
THEN
       COGN2 = 1
ELSE
       COGN2 = 0
END IF
<u>Cognitive Functioning: Requires considerable assist/totally dependent</u>
IF M1700_COG_FUNCTION[1] = 03 OR M1700_COG_FUNCTION[1] = 04
THEN
       COGN34 = 1
ELSE
       COGN34 = 0
END IF
17. Confusion
Confused: Never
IF M1710_WHEN_CONFUSED[1] = 0 OR M1710_WHEN_CONFUSED[1] = NA
THEN
       CONF0 = 1
ELSE
       CONFO = 0
```

 $BWL_OSTOMY = 0$

```
Confused: In new or complex situations
IF M1710_WHEN_CONFUSED[1] = 01
THEN
       CONF1 = 1
ELSE
       CONF1 = 0
END IF
Confused: Sometimes
IF M1710_WHEN_CONFUSED[1] = 02 OR M1710_WHEN_CONFUSED[1] = 03
THEN
       CONF23 = 1
ELSE
       CONF23 = 0
END IF
Confused: Constantly
IF M1710_WHEN_CONFUSED[1] = 04
THEN
       CONF4 = 1
ELSE
       CONF4 = 0
END IF
18. Anxiety
Anxiety: None of the time
IF M1720_WHEN_ANXIOUS[1] = 00 OR M1720_WHEN_ANXIOUS[1] = NA
THEN
       ANX0 = 1
ELSE
       ANX0 = 0
END IF
Anxiety: Less often than daily
IF M1720_WHEN_ANXIOUS[1] = 01
THEN
       ANX1 = 1
ELSE
       ANX1 = 0
END IF
Anxiety: Daily, but not constantly
IF M1720_WHEN_ANXIOUS[1] = 02
THEN
       ANX2 = 1
```

ELSE

```
ANX2 = 0
END IF
Anxiety: All of the time
IF M1720 WHEN ANXIOUS[1] = 03
THEN
      ANX3 = 1
ELSE
       ANX3 = 0
END IF
19. Depression Screening (PHQ-2 Score)
Set PHQ-2 scores to missing value for episodes without PHQ-2 Screenings
IF M1730 STDZ DPRSN SCRNG[1] = 00 OR M1730 STDZ DPRSN SCRNG[1] = 02 OR
M1730\_STDZ\_DPRSN\_SCRNG[1] = 03
THEN
       M1730_PHQ2_LACK_INTRST[1] = .
       M1730_PHQ2_DPRSN[1] = .
END IF
No PHQ-2 Screen or Unable to Respond
IF M1730_STDZ_DPRSN_SCRNG[1] = 00 OR (M1730_STDZ_DPRSN_SCRNG[1] = 01 AND
(M1730 PHQ2 LACK INTRST[1] = NA OR M1730 PHQ2 DPRSN[1] = NA)
THEN
       PHQ2 NA = 1
ELSE
       PHQ2_NA = 0
END IF
PHQ-2 Score: 3-6
IF PHQ2_NA = 1
THEN
       PHQ2_SCOR_3PLUS = 0
ELSE
       IF (VAL(M1730 PHQ2 DPRSN[1]) + VAL(M1730 PHQ2 LACK INTRST [1])) >= 3 OR
       M1730 STDZ DPRSN SCRNG = 2
      THEN
             PHQ2_SCOR_3PLUS = 1
       ELSE
              PHQ2_SCOR_3PLUS = 0
       END IF
END IF
PHQ-2 Score: 1 or 2
IF PHQ2_NA = 1
THEN
```

```
PHQ2\_SCOR\_12 = 0
ELSE
       IF (VAL(M1730_PHQ2_DPRSN[1]) + VAL(M1730_PHQ2_LACK_INTRST [1])) = 1 OR
       (VAL(M1730_PHQ2_DPRSN[1]) + VAL(M1730_PHQ2_LACK_INTRST [1])) = 2
       THEN
              PHQ2\_SCOR\_12 = 1
       ELSE
              PHQ2 SCOR 12 = 0
       END IF
END IF
PHQ-2 Score: 0 or alt screen does not indicate further evaluation
IF PHQ2_NA = 1
THEN
       PHQ2\_SCOR\_0 = 0
ELSE
       IF (VAL(M1730_PHQ2_DPRSN[1]) + VAL(M1730_PHQ2_LACK_INTRST [1])) = 0 OR
       M1730_STDZ_DPRSN_SCRNG[1] = 03
       THEN
              PHQ2\_SCOR\_0 = 1
       ELSE
              PHQ2\_SCOR\_0 = 0
       END IF
END IF
20. Behavioral Symptoms
Behavioral: None
IF M1740_BD_NONE[1] = 01
THEN
       BEHAV_NONE = 1
ELSE
       BEHAV_NONE = 0
END IF
Behavioral: Memory Deficit
IF M1740 BD MEM DEFICIT[1] = 01
THEN
       BEHAV_MEM_DEFICIT = 1
ELSE
       BEHAV_MEM_DEFICIT = 0
END IF
Behavioral: Impaired decision making
IF M1740_BD_IMP_DECISN[1] = 01
THEN
       BEHAV IMPR DECISN = 1
```

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ELSE
       BEHAV_IMPR_DECISN = 0
END IF
Behavioral: Verbally disruptive, physical aggression, disruptive, or delusional
IF M1740_BD_VERBAL[1] = 01 OR M1740_BD_PHYSICAL[1] = 01 OR
M1740_BD_SOC_INAPPRO[1] = 01 OR M1740_BD_DELUSIONS[1] = 01
THEN
       BEHAV_OTHR = 1
ELSE
       BEHAV_OTHR = 0
END IF
21. Disruptive Behavior Frequency
Frequency of Disruptive Behavior: Never
IF M1745_BEH_PROB_FREQ[1] = 00
THEN
       BEHPFR0 = 1
ELSE
       BEHPFRO = 0
END IF
Frequency of Disruptive Behavior: Once a month or less
IF M1745_BEH_PROB_FREQ[1] = 01 OR M1745_BEH_PROB_FREQ[1] = 02
THEN
       BEHPFR12 = 1
ELSE
       BEHPFR12 = 0
END IF
Frequency of Disruptive Behavior: Several times a month
IF M1745_BEH_PROB_FREQ[1] = 03
THEN
       BEHPFR3 = 1
ELSE
       BEHPFR3 = 0
END IF
<u>Frequency of Disruptive Behavior: Several times a week</u>
IF M1745_BEH_PROB_FREQ[1] = 4
THEN
       BEHPFR4 = 1
ELSE
       BEHPFR4 = 0
END IF
```

```
Frequency of Disruptive Behavior: At least once daily
IF M1745_BEH_PROB_FREQ[1] = 5
THEN
       BEHPFR5 = 1
ELSE
       BEHPFR5 = 0
END IF
22. Grooming
Grooming: Able to groom self unaided
IF M1800_CRNT_GROOMING[1] = 00
THEN
       GROOM0 = 1
ELSE
       GROOM0 = 0
END IF
Grooming: Grooming utensils must be placed within reach
IF M1800_CRNT_GROOMING[1] = 01
THEN
       GROOM1 = 1
ELSE
       GROOM1 = 0
END IF
Grooming: Assistance neeeded
IF M1800_CRNT_GROOMING[1] = 02
THEN
       GROOM2 = 1
ELSE
       GROOM2 = 0
END IF
Grooming: Entirely dependent upon someone else
IF M1800_CRNT_GROOMING[1] = 03
THEN
       GROOM3 = 1
ELSE
       GROOM3 = 0
END IF
23. Upper Body Dressing
Ability to Dress Upper Body: No help needed
IF M1810_CRNT_DRESS_UPPER[1] = 00
THEN
       UPPER0 = 1
```

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ELSE
       UPPER0 = 0
END IF
Ability to Dress Upper Body: Needs clothing laid out
IF M1810_CRNT_DRESS_UPPER[1] = 01
THEN
       UPPER1 = 1
ELSE
       UPPER1 = 0
END IF
Ability to Dress Upper Body: Needs assistance needed putting on clothing
IF M1810_CRNT_DRESS_UPPER[1] = 02
THEN
       UPPER2 = 1
ELSE
       UPPER2 = 0
END IF
Ability to Dress Upper Body: Entirely dependent upon someone else
IF M1810_CRNT_DRESS_UPPER[1] = 03
THEN
       UPPER3 = 1
ELSE
       UPPER3 = 0
END IF
24. Lower Body Dressing
Ability to Dress Lower Body: No help needed
IF M1820_CRNT_DRESS_LOWER[1] = 00
THEN
       LOWER0 = 1
ELSE
       LOWER0 = 0
END IF
Ability to Dress Lower Body: Needs clothing/shoes laid out
IF M1820 CRNT DRESS LOWER[1] = 01
THEN
       LOWER1 = 1
ELSE
       LOWER1 = 0
END IF
```

Ability to Dress Lower Body: Assist needed putting on clothing

```
IF M1820_CRNT_DRESS_LOWER[1] = 02
THEN
       LOWER2 = 1
ELSE
       LOWER2 = 0
END IF
Ability to Dress Lower Body: Entirely dependent upon someone else
IF M1820_CRNT_DRESS_LOWER[1] = 03
THEN
       LOWER3 = 1
ELSE
       LOWER3 = 0
END IF
25. Bathing
Bathing: Independently in shower/tub
IF M1830_CRNT_BATHING[1] = 00
THEN
       BATH0 = 1
ELSE
       BATHO = 0
END IF
Bathing: With the use of devices in shower/tub
IF M1830_CRNT_BATHING[1] = 01
THEN
       BATH1 = 1
ELSE
       BATH1 = 0
END IF
Bathing: With intermittent assistance in shower/tub
IF M1830_CRNT_BATHING[1] = 02
THEN
       BATH2 = 1
ELSE
       BATH2 = 0
END IF
Bathing: Participates with supervision in shower/tub
IF M1830_CRNT_BATHING[1] = 03
THEN
       BATH3 = 1
ELSE
       BATH3 = 0
```

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END IF
```

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Bathing: Independent at sink, in chair, or on commode
IF M1830_CRNT_BATHING[1] = 04
THEN
       BATH4 = 1
ELSE
       BATH4 = 0
END IF
Bathing: Participates with assist at sink, in char, or commode
IF M1830_CRNT_BATHING[1] = 05
THEN
       BATH5 = 1
ELSE
       BATH5 = 0
END IF
Bathing: Unable to participate; bathed totally by another
IF M1830_CRNT_BATHING[1] = 06
THEN
       BATH6 = 1
ELSE
       BATH6 = 0
END IF
26. Toilet Transferring
Toilet Transferring: No assistance needed
IF M1840_CRNT_TOILTG[1] = 00
THEN
       TLTTRN0 = 1
ELSE
       TLTTRN0 = 0
END IF
Toilet Transferring: To/from/on/off toilet with human assist
IF M1840_CRNT_TOILTG[1] = 01
THEN
       TLTTRN1 = 1
ELSE
       TLTTRN1 = 0
END IF
<u>Toilet Transferring: Able to self-transfer to bedside commode</u>
IF M1840_CRNT_TOILTG[1] = 02
THEN
```

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TLTTRN2 = 1
ELSE
       TLTTRN2 = 0
END IF
<u>Toilet Transferring: Unable to transfer to/from toilet or commode</u>
IF M1840_CRNT_TOILTG[1] = 03 OR M1840_CRNT_TOILTG[1] = 04
THEN
       TLTTRN34 = 1
ELSE
       TLTTRN34 = 0
END IF
27. Toilet Hygiene
<u>Toilet Hygiene Assistance: None needed</u>
IF M1845_CRNT_TOILTG_HYGN[1] = 00
THEN
       TLTHYG0 = 1
ELSE
       TLTHYG0 = 0
END IF
Toilet Hygiene Assistance: Needs supplies laid out
IF M1845_CRNT_TOILTG_HYGN[1] = 01
THEN
       TLTHYG1 = 1
ELSE
       TLTHYG1 = 0
END IF
<u>Toilet Hygiene Assistance: Needs assistance</u>
IF M1845_CRNT_TOILTG_HYGN[1] = 02
THEN
       TLTHYG2 = 1
ELSE
       TLTHYG2 = 0
END IF
<u>Toilet Hygiene Assistan</u>ce:
IF M1845_CRNT_TOILTG_HYGN[1] = 03
THEN
       TLTHYG3 = 1
ELSE
       TLTHYG3 = 0
```

28. Transferring

```
Transferring: No assistance needed
IF M1850_CRNT_TRNSFRNG[1] = 00
THEN
       TRNFR0 = 1
ELSE
       TRNFR0 = 0
END IF
Transferring: With minimal human assist or with device
IF M1850 CRNT TRNSFRNG[1] = 01
THEN
       TRNFR1 = 1
ELSE
       TRNFR1 = 0
END IF
Transferring: Bears weight and pivots only
IF M1850_CRNT_TRNSFRNG[1] = 02
THEN
       TRNFR2 = 1
ELSE
       TRNFR2 = 0
END IF
Transferring: Unable or bedfast
IF M1850_CRNT_TRNSFRNG[1] = 03 OR M1850_CRNT_TRNSFRNG[1] = 04 OR
M1850_CRNT_TRNSFRNG[1] = 05
THEN
       TRNFR345 = 1
ELSE
       TRNFR345 = 0
END IF
29. Ambulation
Ambulation/Locomotion: Walk Independently
IF M1860_CUR_AMBLTN[1] = 00
THEN
       AMB0 = 1
ELSE
       AMB0 = 0
END IF
Ambulation/Locomotion: One-handed device on all surfaces
IF M1860_CUR_AMBLTN[1] = 01
THEN
```

```
AMB1 = 1
ELSE
       AMB1 = 0
END IF
<u>Ambulation/Locomotion: Two-handed device/human assist on steps</u>
IF M1860_CUR_AMBLTN[1] = 02
THEN
       AMB2 = 1
ELSE
       AMB2 = 0
END IF
Ambulation/Locomotion: Walks only with supervision or assist
IF M1860_CUR_AMBLTN[1] = 03
THEN
       AMB3 = 1
ELSE
       AMB3 = 0
END IF
Ambulation/Locomotion: Chairfast or bedfast
IF M1860_CUR_AMBLTN[1] = 04 OR M1860_CUR_AMBLTN[1] = 05 OR M1860_CUR_AMBLTN[1] = 06
THEN
       AMB456 = 1
ELSE
       AMB456 = 0
END IF
30. Feeding or Eating
Eating: Independent
IF M1870_CRNT_FEEDING[1] = 0
THEN
       EAT0 = 1
ELSE
       EAT0 = 0
END IF
Eating: Requires set up, intermittent assist or modified consistency
IF M1870_CRNT_FEEDING[1] = 1
THEN
       EAT1 = 1
ELSE
       EAT1 = 0
```

```
<u>Eating: Unable to feed self and must be assisted throughout meal</u>
IF M1870_CRNT_FEEDING[1] = 2
THEN
      EAT2 = 1
ELSE
      EAT2 = 0
END IF
Eating: Requires tube feedings, or no nutrients orally or via tube
IF M1870_CRNT_FEEDING[1] = 03 OR M1870_CRNT_FEEDING[1] = 04 OR M1870_CRNT_FEEDING[1] = 05
THEN
      EAT345 = 1
ELSE
      EAT345 = 0
END IF
31. Oral Medication Management
Management of Oral Meds: Independent
IF M2020_CRNT_MGMT_ORAL_MDCTN[1] = 00
M2020_CRNT_MGMT_ORAL_MDCTN[1] = NA OR
M2020_CRNT_MGMT_ORAL_MDCTN[1] = ^ OR
M2020_CRNT_MGMT_ORAL_MDCTN[1] = MISSING
THEN
      ORMED0 = 1
ELSE
      ORMED0 = 0
END IF
Management of Oral Meds: Advance dose prep/chart needed
IF M2020_CRNT_MGMT_ORAL_MDCTN[1] = 01
THEN
      ORMED1 = 1
ELSE
      ORMED1 = 0
END IF
Management of Oral Meds: Reminders needed
IF M2020_CRNT_MGMT_ORAL_MDCTN[1] = 02
THEN
      ORMED2 = 1
ELSE
      ORMED2 = 0
END IF
Management of Oral Meds: Unable
IF M2020 CRNT MGMT ORAL MDCTN[1] = 03
```

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THEN
      ORMED3 = 1
ELSE
      ORMED3 = 0
END IF
32. Injectable Medication Management
Management of Injectable Meds: Independent (excluded)
IF M2030 CRNT MGMT INJCTN MDCTN[1] = 0 OR M2030 CRNT MGMT INJCTN MDCTN[1] = NA OR
M2030_CRNT_MGMT_INJCTN_MDCTN[1] = ^ OR M2030_CRNT_MGMT_INJCTN_MDCTN[1] = - OR
M2030_CRNT_MGMT_INJCTN_MDCTN[1] = MISSING
THEN
      INJECTO = 1
ELSE
      INJECTO = 0
END IF
Management of Oral Meds: Advance dose prep/chart needed
IF M2030_CRNT_MGMT_INJCTN_MDCTN[1] = 1 OR M2030_CRNT_MGMT_INJCTN_MDCTN[1] = 2 OR
M2030_CRNT_MGMT_INJCTN_MDCTN[1] = 3
THEN
      INJECTANY = 1
ELSE
      INJECTANY = 0
END IF
33. Supervision and Safety Assistance
None needed
IF M2102_CARE_TYPE_SRC_SPRVSN[1] = 00
THEN
      SPRVSN NONE NEEDED = 1
ELSE
      SPRVSN_ NONE_NEEDED = 0
END IF
Caregiver currently provides
IF M2102_CARE_TYPE_SRC_SPRVSN[1] = 01
THEN
      SPRVSN_CG_PROVIDES = 1
ELSE
      SPRVSN CG PROVIDES = 0
END IF
Caregiver training needed
IF M2102 CARE TYPE SRC SPRVSN[1] = 02
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THEN
      SPRVSN_NEED_TRAINING = 1
ELSE
      SPRVSN_NEED_TRAINING = 0
END IF
Uncertain/unlikely to be provided
IF M2102 CARE TYPE SRC SPRVSN[1] = 03 OR M2102 CARE TYPE SRC SPRVSN[1] = 04 OR
M2102_CARE_TYPE_SRC_SPRVSN[1] = MISSING
THEN
      SPRVSN_CG_UNCERTAIN_NONE = 1
ELSE
      SPRVSN_CG_UNCERTAIN_NONE = 0
END IF
34. Therapy Visits
Therapy Amounts: None
IF M2200_THER_NEED_NBR[1] = 0 OR M2200_THER_NEED_NBR[1] = NA
THEN
      THER NONE = 1
ELSE
      THER NONE = 0
END IF
Therapy Amounts: Low
IF VAL(M2200_THER_NEED_NBR[1]) >= 1 AND VAL(M2200_THER_NEED_NBR[1]) < 5
THEN
      THER_LOW_LT5 = 1
ELSE
      THER LOW LT5 = 0
END IF
Therapy Amounts: Medium
IF VAL(M2200_THER_NEED_NBR[1]) >= 5 AND VAL(M2200_THER_NEED_NBR[1]) <= 13
THEN
      THER_MED_5_13 = 1
ELSE
      THER_MED_5_13 = 0
END IF
Therapy Amounts: High
IF VAL(M2200_THER_NEED_NBR[1]) > 13
THEN
      THER_HIGH_GT13 = 1
ELSE
      THER_HIGH_GT13 = 0
```

35. Home Care Diagnoses

Note: Several intermediate variables are calculated for use in the calculation of these measures.

```
HC DIAG1 = M1021 PRIMARY DIAG ICD[1]
HC DIAG2 = M1023 OTH DIAG1 ICD[1]
HC_DIAG3 = M1023_OTH_DIAG2_ICD[1]
HC DIAG4 = M1023 OTH DIAG3 ICD [1]
HC DIAG5 = M1023 OTH DIAG4 ICD[1]
HC DIAG6 = M1023 OTH DIAG5 ICD[1]
Infections/parasitic diseases (%)
IF (HC DIAG1 >= "A00" and HC DIAG1 <= "B99") OR (HC DIAG2 >= "A00" and HC DIAG2 <= "B99") OR
(HC DIAG3 >= "A00" and HC DIAG3 <= "B99") OR (HC DIAG4 >= "A00" and HC DIAG4 <= "B99") OR
(HC DIAG5 >= "A00" and HC DIAG5 <= "B99") OR (HC DIAG6 >= "A00" and HC DIAG6 <= "B99")
THEN
       HC_DX_INFECT = 1
ELSE
       HC_DX_INFECT = 0
END IF
Neoplasms (%)
IF (HC DIAG1 >= "C00" and HC DIAG1 <= "D49") OR (HC DIAG2 >= "C00" and HC DIAG2 <= "D49") OR
(HC DIAG3 >= "C00" and HC DIAG3 <= "D49") OR (HC DIAG4 >= "C00" and HC DIAG4 <= "D49") OR
(HC DIAG5 >= "C00" and HC DIAG5 <= "D49") OR (HC DIAG6 >= "C00" and HC DIAG6 <= "D49")
THEN
       HC_DX_NEOPLASM = 1
ELSE
       HC DX NEOPLASM = 0
END IF
Endocrine/nutrit./metabolic (%)
IF (HC_DIAG1 >= "E00" and HC_DIAG1 <= "E89") OR (HC_DIAG2 >= "E00" and HC_DIAG2 <= "E89") OR
(HC DIAG3 >= "E00" and HC DIAG3 <= "E89") OR (HC DIAG4 >= "E00" and HC DIAG4 <= "E89") OR
(HC DIAG5 >= "E00" and HC DIAG5 <= "E89") OR (HC DIAG6 >= "E00" and HC DIAG6 <= "E89")
THEN
       HC DX ENDOCRINE = 1
ELSE
       HC_DX_ENDOCRINE = 0
END IF
Blood diseases (%)
IF (HC_DIAG1 >= "D50" and HC_DIAG1 <= "D89") OR (HC_DIAG2 >= "D50" and HC_DIAG2 <= "D89") OR
(HC DIAG3 >= "D50" and HC DIAG3 <= "D89") OR (HC DIAG4 >= "D50" and HC DIAG4 <= "D89") OR
(HC_DIAG5 >= "D50" and HC_DIAG5 <= "D89") OR (HC_DIAG6 >= "D50" and HC_DIAG6 <= "D89")
```

```
THEN
       HC_DX_BLOOD = 1
ELSE
       HC_DX_BLOOD = 0
END IF
Mental diseases (%)
IF (HC DIAG1 >= "F01" and HC DIAG1 <= "F99") OR (HC DIAG2 >= "F01" and HC DIAG2 <= "F99") OR
(HC DIAG3 >= "F01" and HC DIAG3 <= "F99") OR (HC DIAG4 >= "F01" and HC DIAG4 <= "F99") OR
(HC DIAG5 >= "F01" and HC DIAG5 <= "F99") OR (HC DIAG6 >= "F01" and HC DIAG6 <= "F99")
THEN
       HC_DX_MENTAL = 1
ELSE
       HC_DX_MENTAL = 0
END IF
Nervous system diseases (%)
IF (HC DIAG1 >= "G00" and HC DIAG1 <= "G99") OR (HC DIAG2 >= "G00" and HC DIAG2 <= "G99") OR
(HC DIAG3 >= "G00" and HC DIAG3 <= "G99") OR (HC DIAG4 >= "G00" and HC DIAG4 <= "G99") OR
(HC DIAG5 >= "G00" and HC DIAG5 <= "G99") OR (HC DIAG6 >= "G00" and HC DIAG6 <= "G99")
THEN
       HC_DX_NERVOUS = 1
ELSE
       HC_DX_NERVOUS = 0
END IF
Diseases of the eye (%)
IF (HC DIAG1 >= "H00" and HC DIAG1 <= "H59") OR (HC DIAG2 >= "H00" and HC DIAG2 <= "H59") OR
(HC DIAG3 >= "H00" and HC DIAG3 <= "H59") OR (HC DIAG4 >= "H00" and HC DIAG4 <= "H59") OR
(HC_DIAG5 >= "H00" and HC_DIAG5 <= "H59") OR (HC_DIAG6 >= "H00" and HC_DIAG6 <= "H59")
THEN
       HC_DX_EYE = 1
ELSE
       HC_DX_EYE = 0
END IF
Diseases of the ear (%)
IF (HC DIAG1 >= "H60" and HC DIAG1 <= "H95") OR (HC DIAG2 >= "H60" and HC DIAG2 <= "H95") OR
(HC_DIAG3 >= "H60" and HC_DIAG3 <= "H95") OR (HC_DIAG4 >= "H60" and HC_DIAG4 <= "H95") OR
(HC DIAG5 >= "H60" and HC DIAG5 <= "H95") OR (HC DIAG6 >= "H60" and HC DIAG6 <= "H95")
THEN
       HC_DX_EAR = 1
ELSE
       HC_DX_EAR = 0
```

```
Circulatory system diseases (%)
```

```
IF (HC_DIAG1 >= "I00" and HC_DIAG1 <= "I99") OR (HC_DIAG2 >= "I00" and HC_DIAG2 <= "I99") OR
(HC DIAG3 >= "I00" and HC DIAG3 <= "I99") OR (HC DIAG4 >= "I00" and HC DIAG4 <= "I99") OR
(HC_DIAG5 >= "I00" and HC_DIAG5 <= "I99") OR (HC_DIAG6 >= "I00" and HC_DIAG6 <= "I99")
```

THEN

HC DX CIRCULATORY = 1

ELSE

HC DX CIRCULATORY = 0

END IF

Respiratory system diseases (%)

```
IF (HC_DIAG1 >= "J00" and HC_DIAG1 <= "J99") OR (HC_DIAG2 >= "J00" and HC_DIAG2 <= "J99") OR
(HC DIAG3 >= "J00" and HC DIAG3 <= "J99") OR (HC DIAG4 >= "J00" and HC DIAG4 <= "J99") OR
(HC_DIAG5 >= "J00" and HC_DIAG5 <= "J99") OR (HC_DIAG6 >= "J00" and HC_DIAG6 <= "J99")
THEN
```

HC_DX_RESPIRATORY = 1

ELSE

HC_DX_RESPIRATORY = 0

END IF

Digestive system diseases (%)

```
IF (HC DIAG1 >= "K00" and HC DIAG1 <= "K95") OR (HC DIAG2 >= "K00" and HC DIAG2 <= "K95") OR
(HC DIAG3 >= "K00" and HC DIAG3 <= "K95") OR (HC DIAG4 >= "K00" and HC DIAG4 <= "K95") OR
(HC DIAG5 >= "K00" and HC DIAG5 <= "K95") OR (HC DIAG6 >= "K00" and HC DIAG6 <= "K95")
```

THEN

HC DX DIGESTIVE = 1

ELSE

HC DX DIGESTIVE = 0

END IF

Skin/subcutaneous diseases (%)

```
IF (HC DIAG1 >= "L00" and HC DIAG1 <= "L99") OR (HC DIAG2 >= "L00" and HC DIAG2 <= "L99") OR
(HC_DIAG3 >= "L00" and HC_DIAG3 <= "L99") OR (HC_DIAG4 >= "L00" and HC_DIAG4 <= "L99") OR
(HC DIAG5 >= "L00" and HC DIAG5 <= "L99") OR (HC DIAG6 >= "L00" and HC DIAG6 <= "L99")
THEN
```

 $HC_DX_SKIN = 1$

ELSE

 $HC_DX_SKIN = 0$

END IF

Musculoskeletal sys. diseases (%)

```
IF (HC DIAG1 >= "M00" and HC DIAG1 <= "M99") OR (HC DIAG2 >= "M00" and HC DIAG2 <= "M99") OR
(HC_DIAG3 >= "M00" and HC_DIAG3 <= "M99") OR (HC_DIAG4 >= "M00" and HC_DIAG4 <= "M99") OR
(HC DIAG5 >= "M00" and HC DIAG5 <= "M99") OR (HC DIAG6 >= "M00" and HC DIAG6 <= "M99")
```

THEN

HC_DX_MUSCL_SKEL = 1

ELSE

```
HC_DX_MUSCL_SKEL = 0
END IF
Genitourinary diseases (%)
IF (HC DIAG1 >= "N00" and HC DIAG1 <= "N99") OR (HC DIAG2 >= "N00" and HC DIAG2 <= "N99") OR
(HC DIAG3 >= "N00" and HC DIAG3 <= "N99") OR (HC DIAG4 >= "N00" and HC DIAG4 <= "N99") OR
(HC DIAG5 >= "N00" and HC DIAG5 <= "N99") OR (HC DIAG6 >= "N00" and HC DIAG6 <= "N99")
THEN
       HC_DX_GEN_URINARY = 1
ELSE
       HC_DX_GEN_URINARY = 0
END IF
Symptoms, signs, abnormal findings (%)
IF (HC_DIAG1 >= "R00" and HC_DIAG1 <= "R99") OR (HC_DIAG2 >= "R00" and HC_DIAG2 <= "R99") OR
(HC DIAG3 >= "R00" and HC DIAG3 <= "R99") OR (HC DIAG4 >= "R00" and HC DIAG4 <= "R99") OR
(HC_DIAG5 >= "R00" and HC_DIAG5 <= "R99") OR (HC_DIAG6 >= "R00" and HC_DIAG6 <= "R99")
THEN
       HC_DX_INT_ABNORM = 1
ELSE
       HC_DX_INT_ABNORM = 0
Injury, poisoning, other external causes (%)
IF (HC_DIAG1 >= "S00" and HC_DIAG1 <= "T88") OR (HC_DIAG2 >= "S00" and HC_DIAG2 <= "T88") OR
(HC DIAG3 >= "S00" and HC DIAG3 <= "T88") OR (HC DIAG4 >= "S00" and HC DIAG4 <= "T88") OR
(HC_DIAG5 >= "S00" and HC_DIAG5 <= "T88") OR (HC_DIAG6 >= "S00" and HC_DIAG6 <= "T88")
THEN
       HC DX EXT INJURY = 1
ELSE
       HC DX EXT INJURY = 0
END IF
External causes of morbidity (%)
IF (HC_DIAG1 >= "V00" and HC_DIAG1 <= "Y99") OR (HC_DIAG2 >= "V00" and HC_DIAG2 <= "Y99") OR
(HC DIAG3 >= "V00" and HC DIAG3 <= "Y99") OR (HC DIAG4 >= "V00" and HC DIAG4 <= "Y99") OR
(HC_DIAG5 >= "V00" and HC_DIAG5 <= "Y99") OR (HC_DIAG6 >= "V00" and HC_DIAG6 <= "Y99")
THEN
       HC_DX_EXT_MORB = 1
ELSE
       HC_DX_EXT_MORB = 0
END IF
Influences of health status (%)
IF (HC DIAG1 >= "Z00" and HC DIAG1 <= "Z99") OR (HC DIAG2 >= "Z00" and HC DIAG2 <= "Z99") OR
(HC DIAG3 >= "Z00" and HC DIAG3 <= "Z99") OR (HC DIAG4 >= "Z00" and HC DIAG4 <= "Z99") OR
(HC_DIAG5 >= "Z00" and HC_DIAG5 <= "Z99") OR (HC_DIAG6 >= "Z00" and HC_DIAG6 <= "Z99")
THEN
```

HC_DX_HLTH_FACTORS = 1

ELSE

HC_DX_HLTH_FACTORS = 0