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 clinically relevant predictors of the outcome.

CMS previously updated the risk adjustment models for OASIS-based home health outcome measures with the release of OASIS D on January 1, 2019. In the CY2020 Home Health Prospective Payment System (HH PPS) final rule (84 FR 60478), CMS made optional/voluntary some OASIS items collected at the start or resumption of a care that were used in the risk adjustment. Since voluntary items may be missing for some home health quality episodes, these items must be removed from the risk adjustment models.

This update re-runs the prior risk adjustment models after removing voluntary items. All other risk factors remain the same as the January 1, 2019 update. The next major update of the risk adjustment models is planned for the release of OASIS E. During that update, the risk adjustment models will be based on refreshed data and all risk factors will be re-tested for inclusion.

The items that are voluntary on the OASIS assessments are the following:

- M1030 (Therapies)
- M1242 (Frequency of Pain Interfering)
- M2030 (Management of Injectable Medications)
- M2200 (Therapy Need)

This risk adjustment update is applicable to home health quality episodes that begin January 1, 2021. The OASIS-based outcome measures for which the updated risk adjustment models apply starting January 1, 2021 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 Toilet Transferring
- Discharge to Community
Two measures are no longer risk adjusted and reported (Improvement in Pain Interfering with Activity [CY2020 HH Rule] and Improvement in the Status of Surgical Wounds [CY 2019 HH Rule]).

Section II describes the technical steps for calculating risk adjusted measures and describes the development the risk adjustment models. Section III contains the detailed specifications for each of the risk factors used in the risk adjustment models. These remain the same as the January 1, 2019 update except that risk factors based on the four voluntary OASIS items were excluded.

Appendix Table 1 and Appendix Table 2 contains the list of risk factors and the estimated covariate coefficients for each measure, respectively.
II. Technical Approach

Calculating Risk Adjusted Quality Measures

The following steps are used to calculate 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 each month 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 for each month, 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:

   \[ [1] \text{Episode-level predicted QM rate} = \frac{1}{1 + e^{-X}} \]

   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).

   \[ [2] \text{Quality measure triggered (yes}=1, \text{ no}=0) = B_0 + B_1 \cdot COVA + B_2 \cdot COVB + \ldots B_N \cdot COVN \]

   Where \( B_0 \) is the logistic regression constant, \( B_1 \) is the logistic regression coefficient for the first covariate, \( COVA \) is the episode-level rate for the first covariate, \( B_2 \) is the logistic regression coefficient for the second covariate, and \( COVB \) is the episode-level rate for the second

covariate, etc. The regression constant and regression coefficients are provided in Appendix Table 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 for each month.

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

\[
\text{agency risk adjusted rate} = \text{agency observed rate} + \text{national predicted rate} - \text{agency predicted rate}
\]

F. Calculate the agency’s 12-month risk adjusted rate (step 9)

**Step 9.** Calculate the 12-month risk-adjusted rate by averaging the agency’s monthly risk-adjusted rate (step 8) weighting by the HHA’s number of episodes in each month over the 12 month period.

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. 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.

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 $R^2$ 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.

9. Updated for January 1, 2021: risk adjustment models were re-run after excluding risk factors based on voluntary OASIS items.
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
END IF
\textbf{Age: 90-94}

IF \( \text{AGE} \geq 90 \ \text{AND} \ \text{AGE} \leq 94 \) THEN
\hspace{1cm} \text{AGE} \_90\_94 = 1
ELSE
\hspace{1cm} \text{AGE} \_90\_94 = 0
END IF

\textbf{Age: 95+}

IF \( \text{AGE} \geq 95 \) THEN
\hspace{1cm} \text{AGE} \_95PLUS = 1
ELSE
\hspace{1cm} \text{AGE} \_95PLUS = 0
END IF

\textbf{2. Gender}

IF \text{M0069\_PAT\_GENDER[1]} = 2 THEN
\hspace{1cm} \text{GENDER} = 1
ELSE
\hspace{1cm} \text{GENDER} = 0
END IF

\textit{Patient is Female}

IF \text{GENDER} = 1 THEN
\hspace{1cm} \text{GENDER\_FEMALE} = 1
ELSE
\hspace{1cm} \text{GENDER\_FEMALE} = 0
END IF

\textit{Patient is Male}

IF \text{GENDER} = 0 THEN
\hspace{1cm} \text{GENDER\_MALE} = 1
ELSE
\hspace{1cm} \text{GENDER\_MALE} = 0
END IF

\textbf{3. Payment Source}

\textit{Payment Source: Medicare FFS only (\%)}

IF \text{M0150\_CPAY\_MCARE\_FFS[1]} = 1 \text{ AND } \text{M0150\_CPAY\_NONE[1]} = 0 \text{ AND} \text{M0150\_CPAY\_MCARE\_HMO[1]} = 0 \text{ AND } \text{M0150\_CPAY\_MCAID\_FFS[1]} = 0 \text{ AND} \text{M0150\_CPAY\_MCAID\_HMO[1]} = 0 \text{ AND} \text{M0150\_CPAY\_WRKCOMP[1]} = 0 \text{ AND}
  PAY_MCARE_FFS = 1
ELSE
  PAY_MCARE_FFS = 0
END IF

Payment Source: Medicare HMO only (%)
  PAY_MCARE_HMO = 1
ELSE
  PAY_MCARE_HMO = 0
END IF

Payment Source: Medicare and Medicaid (%)
  PAY_MCAREANDMCAID = 1
ELSE
  PAY_MCAREANDMCAID = 0
END IF

Payment Source: Medicaid Only (%)
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
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)
THEN
  ROC = 1
ELSE
  ROC = 0
END IF
5. Post-Acute Facility Admission Source

Not discharged from post-acute facility past 14 days
    INPT_NOPOSTACUTE = 0 ELSE
    INPT_NOPOSTACUTE = 1 END IF

Discharged from post-acute facility past 14 days
    INPT_POSTACUTE = 1 ELSE
    INPT_POSTACUTE = 0 END IF

6. 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
END IF

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

7. Availability of Assistance

Availability of Assistance

Around the clock (%)  
THEN  
    ASSIST_ARND_CLOCK = 1  
ELSE  
    ASSIST_ARND_CLOCK = 0  
END IF

Regular daytime (%)  
THEN  
    ASSIST_REGDAY = 1  
ELSE  
    ASSIST_REGDAY = 0  
END IF

Regular nighttime (%)  
THEN  
    ASSIST_REGNITE = 1  
ELSE  
    ASSIST_REGNITE = 0  
END IF

Occasional/None (%)  
THEN  
    ASSIST_OCC_NONE = 1  
ELSE  
    ASSIST_OCC_NONE = 0  
END IF
END IF

**Living Arrangement**

*Living alone (%)*

\[
\text{IF } M1100\_PTNT\_LVG\_STUTN[1] = 01 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 02 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 03 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 04 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 05 \\
\text{THEN} \\
\text{LIV\_ALONE} = 1 \\
\text{ELSE} \\
\text{LIV\_ALONE} = 0 \\
\text{END IF}
\]

*Living with Others (%)*

\[
\text{IF } M1100\_PTNT\_LVG\_STUTN[1] = 06 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 07 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 08 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 09 \text{ OR } M1100\_PTNT\_LVG\_STUTN[1] = 10 \\
\text{THEN} \\
\text{LIV\_OTHERS} = 1 \\
\text{ELSE} \\
\text{LIV\_OTHERS} = 0 \\
\text{END IF}
\]

*Living in a Congregate Situation (%)*

\[
\text{THEN} \\
\text{LIV\_CONGREGATE} = 1 \\
\text{ELSE} \\
\text{LIV\_CONGREGATE} = 0 \\
\text{END IF}
\]

**8. Pressure Ulcers**

*None or Stage I Present*

\[
\text{IF } M1306\_UNHLD\_STG2\_PRSR\_ULCR[1] = 00 \text{ AND} \\
(M1322\_NBR\_PRSULC\_STG1[1] = 00 \text{ OR } M1322\_NBR\_PRSULC\_STG1[1] = 01 \text{ OR } M1322\_NBR\_PRSULC\_STG1[1] = 02 \text{ OR } M1322\_NBR\_PRSULC\_STG1[1] = 03 \text{ OR } M1322\_NBR\_PRSULC\_STG1[1] = 04) \\
\text{THEN} \\
\text{PU\_NONE\_STG1ONLY} = 1 \\
\text{ELSE} \\
\text{PU\_NONE\_STG1ONLY} = 0 \\
\text{END IF}
\]

*Stage II or Higher and Unstageable Present*
  PU_STG2PLUS_UNSTG = 1
ELSE
  PU_STG2PLUS_UNSTG = 0
END IF

9. Stasis Ulcers

*Stasis Ulcer: No observable stasis ulcers*
IF M1330_STAS_ULCR_PRTN[1] = 00 OR M1330_STAS_ULCR_PRTN[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
END IF

*Stasis Ulcer: Multiple observable stasis ulcers*
  STAS_ULCR_OBS_2PLUS = 1
ELSE
  STAS_ULCR_OBS_2PLUS = 0
END IF

10. 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

11. Dyspnea

Dyspnea: Not short of breath
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

Dyspnea: Moderate exertion
IF (M1400_WHEN_DYSPNEIC[1] = 02)
THEN
DYSP2 = 1
ELSE
DYSP2 = 0
END IF
Dyspnea: Minimal to no exertion
THEN
    DYSP34 = 1
ELSE
    DYSP34 = 0
END IF

12. 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
END IF

Urinary incontinence/catheter: Catheter
IF M1610_UR_INCONT[1] = 02
THEN
    URINCONT_CATH = 1
ELSE
    URINCONT_CATH = 0
END IF

13. 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
    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
    BWL_OSTOMY = 0
END IF

14. 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
Cognitive Functioning: Requires assist in special circumstances
IF M1700_COG_FUNCTION[1] = 02
THEN
    COGN2 = 1
ELSE
    COGN2 = 0
END IF

Cognitive Functioning: Requires considerable assist/totally dependent
THEN
    COGN34 = 1
ELSE
    COGN34 = 0
END IF

15. Confusion
Confused: Never
THEN
    CONF0 = 1
ELSE
    CONF0 = 0
END IF

Confused: In new or complex situations
IF M1710_WHEN_CONFUSED[1] = 01
THEN
    CONF1 = 1
ELSE
    CONF1 = 0
END IF

Confused: Sometimes
THEN
    CONF23 = 1
ELSE
    CONF23 = 0
END IF

Confused: Constantly
IF M1710_WHEN_CONFUSED[1] = 04
THEN
    CONF4 = 1

ELSE
    CONF4 = 0
END IF

## 16. Anxiety

### Anxiety: None of the time

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

## 17. Depression Screening (PHQ-2 Score)

Set PHQ-2 scores to missing value for episodes without PHQ-2 Screenings
THEN
    M1730_PHQ2_LACK_INTRST[1] = .
    M1730_PHQ2_DPRSN[1] = .
END IF
No PHQ-2 Screen or Unable to Respond
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_DPRSNSCRNG = 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 = 1
  END IF
END IF
PHQ2_SCOR_0 = 0
END IF
END IF

18. 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
ELSE
  BEHAV_IMPR_DECISN = 0
END IF

Behavioral: Verbally disruptive, physical aggression, disruptive, or delusional
THEN
  BEHAV_OTHR = 1
ELSE
  BEHAV_OTHR = 0
END IF

19. Disruptive Behavior Frequency

Frequency of Disruptive Behavior: Never
IF M1745_BEH_PROB_FREQ[1] = 00
THEN
  BEHPFR0 = 1
ELSE
  BEHPFR0 = 0
Frequency of Disruptive Behavior: Once a month or less
   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

Frequency of Disruptive Behavior: Several times a week
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

20. 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 needed**
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

**21. Upper Body Dressing**

**Ability to Dress Upper Body: No help needed**
IF M1810_CRNT_DRESS_UPPER[1] = 00 THEN
    UPPER0 = 1
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
  UPER3 = 1
ELSE
  UPER3 = 0
END IF

22. 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

23. Bathing

*Bathing: Independently in shower/tub*
IF M1830_CRNT_BATHING[1] = 00 THEN
  BATH0 = 1
ELSE
    BATH0 = 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
END IF

_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

24. 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

Toilet Transferring: Able to self-transfer to bedside commode
IF M1840_CRNT_TOILTG[1] = 02
THEN
   TLTTRN2 = 1
ELSE
   TLTTRN2 = 0
END IF

Toilet Transferring: Unable to transfer to/from toilet or commode
THEN
   TLTTRN34 = 1
ELSE
   TLTTRN34 = 0
END IF

25. Toilet Hygiene

Toilet Hygiene Assistance: None needed
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

Toilet Hygiene Assistance: Needs assistance
IF M1845_CRNT_TOILTG_HYGN[1] = 02 THEN
    TLTHYG2 = 1
ELSE
    TLTHYG2 = 0
END IF

Toilet Hygiene Assistance:
IF M1845_CRNT_TOILTG_HYGN[1] = 03 THEN
    TLTHYG3 = 1
ELSE
    TLTHYG3 = 0
END IF

26. 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
  TRNFR345 = 1
ELSE
  TRNFR345 = 0
END IF

27. 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

Ambulation/Locomotion: Two-handed device/human assist on steps
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
   AMB456 = 1
ELSE
   AMB456 = 0
END IF

28. 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
END IF

Eating: Unable to feed self and must be assisted throughout meal
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
   EAT345 = 1
ELSE
   EAT345 = 0
END IF

29. Oral Medication Management

Management of Oral Meds: Independent
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
THEN
  ORMED3 = 1
ELSE
  ORMED3 = 0
END IF

30. 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

31
SPRVSN_CG_PROVIDES = 0
END IF

Caregiver training needed
IF M2102_CARE_TYPE_SRC_SPRVSN[1] = 02 THEN
SPRVSN_NEED_TRAINING = 1
ELSE
SPRVSN_NEED_TRAINING = 0
END IF

Uncertain/unlikely to be provided
SPRVSN_CG_UNCERTAIN_NONE = 1
ELSE
SPRVSN_CG_UNCERTAIN_NONE = 0
END IF

31. 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
ENDIF

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
ENDIF

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
ENDIF

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
ENDIF

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
ENDIF
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
END IF

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_SKELE = 1
ELSE
   HC_DX_MUSCL_SKELE = 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
END IF

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
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
END IF
## Appendix Table 1: Description of Risk Factors
Effective January 1, 2021

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<th>Risk Factor #</th>
<th>Risk Factor</th>
<th>Covariate</th>
<th>Response Notes</th>
<th>OASIS Item</th>
<th>OASIS Item Description</th>
<th>Variable Name</th>
<th>Excluded Category Indicator</th>
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<td>Birth Date</td>
<td>AGE_75_79</td>
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<td>Age: 80-84</td>
<td>Calculated off birth date</td>
<td>M0066</td>
<td>Birth Date</td>
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<td>Age: 85-89</td>
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<td>Birth Date</td>
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<td>Age: 90-94</td>
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<td>M0066</td>
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<td>Age: 95+</td>
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<td>2</td>
<td>Gender</td>
<td>Patient is female</td>
<td>response 2</td>
<td>M0069</td>
<td>Gender</td>
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<td>Patient is male</td>
<td>response 1</td>
<td>M0069</td>
<td>Gender</td>
<td>GENDER_MALE</td>
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<td>3</td>
<td>Payment source</td>
<td>Payment source: Medicare FFS only</td>
<td>response 1 &amp; NOT any other response</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_MCARE_FFS</td>
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<td>Payment source: Medicare HMO only</td>
<td>response 2 &amp; NOT any other response</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
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<td>Payment source: Medicare and Medicaid</td>
<td>response (1 or 2) &amp; (3 or 4)</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
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<td>Payment Source: Medicaid only</td>
<td>response (3 or 4) &amp; NOT any other response</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_MCAID_ONLY</td>
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<td>Payment Source: Other combinations</td>
<td>Not one of the above four categories</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_OTHER_COMBO</td>
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<td>4</td>
<td>SOC/ROC and Admission Source</td>
<td>Start of Care and inpatient admission</td>
<td>M0100 = 1 &amp; M1000 = 1, 2, 3, 4, 5, or 6</td>
<td>M0100, M1000</td>
<td>(M0100) Reason for assessment; (M1000) Admission source</td>
<td>SOC_INPT</td>
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<td>Start of Care and community admission</td>
<td>M0100 = 1 &amp; M1000 NOT 1, 2, 3, 4, 5, or 6</td>
<td>M0100, M1000</td>
<td>(M0100) Reason for assessment; (M1000) Admission source</td>
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<td>Resumption of care (after inpatient stay)</td>
<td>M0100=3</td>
<td>M0100</td>
<td>Reason for assessment</td>
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<td>5</td>
<td>Post-acute facility admission source</td>
<td>Discharged from post-acute facility in past 14 days</td>
<td>response 1, 2, 4, 5, or 6</td>
<td>M1000</td>
<td>Inpatient Facilities</td>
<td>INPT_POSTACUTE</td>
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<td>Not discharged from post-acute facility</td>
<td>NOT response 1, 2, 4, 5, and 6</td>
<td>M1000</td>
<td>Inpatient Facilities</td>
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<td>6</td>
<td>Risk of Hospitalization</td>
<td>Risk for Hospitalization: History of falls in past 12 months</td>
<td>response 1</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_HSTRY_FALLS</td>
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<td>Risk for Hospitalization: Unintentional weight loss in past 12 months</td>
<td>response 2</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_WEIGHTLOSS</td>
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<td>Risk for Hospitalization: Multiple hospitalizations in past 6 months</td>
<td>response 3</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_MLTPL_HOSPZTN</td>
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<td>Risk for Hospitalization: Multiple ED visits in past 6 months</td>
<td>response 4</td>
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<td>Risk for Hospitalization</td>
<td>RISK_ED</td>
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<td>Risk for Hospitalization: Recent mental/emotional decline in past 3 months</td>
<td>response 5</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_RCNT_DCLN</td>
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<td>Risk for Hospitalization: Difficulty complying with medical instruction in past 3 months</td>
<td>response 6</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_COMPLY</td>
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<td>Risk for Hospitalization: Taking five or more medications</td>
<td>response 7</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_SPLUS_MDCTN</td>
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<td>Risk for Hospitalization: Reports exhaustion</td>
<td>response 8</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_EXHAUST</td>
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<td>Risk for Hospitalization: Other unlisted risk factors</td>
<td>response 9</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_OTHR</td>
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<td>None of the above</td>
<td>response 10</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_NONE</td>
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<td>7</td>
<td>Availability of Assistance</td>
<td>Around the clock</td>
<td>response 1, 6, or 11</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_ARND_CLOCK</td>
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<td>Regular daytime</td>
<td>response 2, 7, or 12</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_REGDAY</td>
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<td>Regular nighttime</td>
<td>response 3, 8, or 13</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_REGNITE</td>
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<td>Occasional/none</td>
<td>response 4, 5, 9, 10, 14, or 15</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_OCC_NONE</td>
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<td>Living Arrangement: Lives alone</td>
<td>response 1, 2, 3, 4, or 5</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>LIV_ALONE</td>
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<td>Covariate</td>
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<td>8</td>
<td>Pressure Ulcers</td>
<td>Living Arrangement: Lives with another person</td>
<td>response 6, 7, 8, 9, or 10</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>LIV_OTHERS</td>
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<td>Living Arrangement: Lives in congregate situation</td>
<td>response 11, 12, 13, 14, or 15</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>LIV_CONGREGATE</td>
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<tr>
<td>8</td>
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<td>Pressure ulcer: None or Stage I only present</td>
<td>M1306 response 0 &amp; M1322 response 0, 1, 2, 3, or 4</td>
<td>M1306 M1322</td>
<td>At least 1 Stage 2 or unstageable PU? Current number of Stage 1 PUs</td>
<td>PU_NONE_STG1ONLY</td>
<td>Excluded category</td>
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<td>Pressure ulcer: Stage II or higher or unstageable present</td>
<td>response A1 &gt; 0 OR B1 &gt; 0 OR C1 &gt; 0 OR D1&gt;0 OR E1&gt;0 OR F1&gt;0</td>
<td>M1311</td>
<td>Number of PUs at each stage</td>
<td>PU_STG2PLUS_UNSTG</td>
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<td>9</td>
<td>Stasis Ulcer</td>
<td>Stasis Ulcer: None</td>
<td>response 0 or 3</td>
<td>M1330</td>
<td>Does this patient have a Stasis Ulcer?</td>
<td>STAS_ULCR_NONE</td>
<td>Excluded category</td>
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<td>Stasis Ulcer: 1 observable stasis ulcer</td>
<td>response 1</td>
<td>M1332</td>
<td>Number of stasis ulcers</td>
<td>STAS_ULCR_OBS_1</td>
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<td>Stasis Ulcer: Multiple observable stasis ulcers</td>
<td>response 2, 3, or 4</td>
<td>M1332</td>
<td>Number of stasis ulcers</td>
<td>STAS_ULCR_OBS_2PLUS</td>
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<td>10</td>
<td>Surgical Wound</td>
<td>Status of Surgical Wound: None</td>
<td>Not response 0, 1, 2, 3</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_NONE</td>
<td>Excluded category</td>
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<td>Status of Surgical Wound: Newly epithelialized</td>
<td>response 0</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_EPI</td>
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<td>Status of Surgical Wound: Fully granulating or early/partial granulation</td>
<td>response 1 or 2</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_GRAN</td>
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<td>Status of Surgical Wound: Not healing</td>
<td>response 3</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_NOHEAL</td>
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<td>11</td>
<td>Dyspnea</td>
<td>Dyspnea: Not short of breath</td>
<td>response 0</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP0</td>
<td>Excluded category</td>
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<td>Risk Factor</td>
<td>Covariate</td>
<td>Response Notes</td>
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<td>OASIS Item Description</td>
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<td>Dyspnea: Walking more than 20 feet, climbing stairs</td>
<td>response 1</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP1</td>
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<td>Dyspnea: Moderate exertion</td>
<td>response 2</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP2</td>
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<td>Dyspnea: Minimal to no exertion</td>
<td>response 3 or 4</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP34</td>
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<td>Urinary Status</td>
<td>Urinary incontinence/catheter: None</td>
<td>response 0</td>
<td>M1610</td>
<td>Urinary Incontinence or Urinary Catheter Presence</td>
<td>URINCONT_NONE</td>
<td>Excluded category</td>
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<td>Urinary incontinence/catheter: Incontinent</td>
<td>response 1</td>
<td>M1610</td>
<td>Urinary Incontinence or Urinary Catheter Presence</td>
<td>URINCONT_INCONT</td>
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<td>Urinary incontinence/catheter: Catheter</td>
<td>response 2</td>
<td>M1610</td>
<td>Urinary Incontinence or Urinary Catheter Presence</td>
<td>URINCONT_CATH</td>
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<td>Bowel Incontinence Frequency: Never or very rare</td>
<td>response 0 and UK</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_NONE_UK</td>
<td>Excluded category</td>
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<td>13</td>
<td>Bowel Incontinence</td>
<td>Bowel Incontinence Frequency: Less than once a week</td>
<td>response 1</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_FR1</td>
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<td>Bowel Incontinence Frequency: One to three times a week</td>
<td>response 2</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_FR2</td>
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<td>Bowel Incontinence Frequency: Four to six times a week or more</td>
<td>response 3, 4 or 5</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_FR345</td>
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<td>Bowel Incontinence Frequency: Ostomy for bowel elimination</td>
<td>NA</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_OSTOMY</td>
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<td>Cognitive function</td>
<td>Cognitive Functioning: Alert and focused</td>
<td>response 0</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN0</td>
<td>Excluded category</td>
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<td>14</td>
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<td>Cognitive Functioning: Requires prompting under stress</td>
<td>response 1</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN1</td>
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<td>Cognitive Functioning: Requires assist in special circumstances</td>
<td>response 2</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN2</td>
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<td>Cognitive Function: Requires considerable assist/totally dependent</td>
<td>response 3 or 4</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN34</td>
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<td>15</td>
<td>Confusion</td>
<td>Confused: never</td>
<td>response 0 or NA</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF0</td>
<td>Excluded category</td>
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<td></td>
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<td>Confused: In new or complex situations</td>
<td>response 1</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF1</td>
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<td>Confused: Sometimes</td>
<td>response 2 or 3</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF23</td>
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<td>Confused: Constantly</td>
<td>response 4</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF4</td>
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<td>16</td>
<td>Anxiety</td>
<td>Anxiety: None of the time</td>
<td>response 0 or NA</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX0</td>
<td>Excluded category</td>
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<td></td>
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<td>Anxiety: Less often than daily</td>
<td>response 1</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX1</td>
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<td>Anxiety: Daily, but not constantly</td>
<td>response 2</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX2</td>
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<td>Anxiety: All of the time</td>
<td>response 3</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX3</td>
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<td>Depression</td>
<td>PHQ-2 Score: 0</td>
<td>Sum of responses = 0 or alternative screening and does not meet criteria for further evaluation. Need responses for both questions</td>
<td>M1730</td>
<td>Score of PHQ2</td>
<td>PHQ2_SCOR_0</td>
<td>Excluded category</td>
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<td>Screening</td>
<td>PHQ-2 Score: 1-2</td>
<td>Sum of responses = 1,2. Need responses for both questions</td>
<td>M1730</td>
<td>Score of PHQ2</td>
<td>PHQ2_SCOR_12</td>
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<td>Risk Factor</td>
<td>Covariate</td>
<td>Response Notes</td>
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<td>OASIS Item Description</td>
<td>Variable Name</td>
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<td>PHQ-2 Score: 3-6</td>
<td>Sum of responses = 3 or alternative screening and meets criteria for further evaluation. Need responses for both questions</td>
<td>M1730</td>
<td>Score of PHQ2</td>
<td>PHQ2_SCOR_3PLUS</td>
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<td></td>
<td></td>
<td>PHQ-2 Score: None</td>
<td>No screening or PHQ-2 screening performed but unable to respond on either the depression or the loss of interest field</td>
<td>M1730</td>
<td>Score of PHQ2</td>
<td>PHQ2_NA</td>
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<td>18</td>
<td>Behavioral Symptoms</td>
<td>Behavioral: None</td>
<td>response 7</td>
<td>M1740</td>
<td>Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)</td>
<td>BEHAV_NONE</td>
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<td></td>
<td></td>
<td>Behavioral: Memory deficit</td>
<td>response 1</td>
<td>M1740</td>
<td>Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)</td>
<td>BEHAV_MEM_DEFICIT</td>
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<td>Behavioral: Impaired decision making</td>
<td>response 2</td>
<td>M1740</td>
<td>Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)</td>
<td>BEHAV_IMPR_DECISN</td>
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<td>Behavioral: Verbally disruptive, physical aggression, disruptive, or delusional</td>
<td>response 3, 4, 5 or 6</td>
<td>M1740</td>
<td>Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)</td>
<td>BEHAV_OTHR</td>
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<td>19</td>
<td>Disruptive Behavior Frequency</td>
<td>Frequency of Disruptive Behavior: Never</td>
<td>response 0</td>
<td>M1745</td>
<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed)</td>
<td>BEHPFR0</td>
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<td>Frequency of Disruptive Behavior: Once a month or less</td>
<td>M1745</td>
<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed) BEHPFR12</td>
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<td>Frequency of Disruptive Behavior: Several times a month</td>
<td>M1745</td>
<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed) BEHPFR3</td>
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<td>Frequency of Disruptive Behavior: Several times a week</td>
<td>M1745</td>
<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed) BEHPFR4</td>
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<td>Frequency of Disruptive Behavior: At least once daily</td>
<td>M1745</td>
<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed) BEHPFR5</td>
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<td>Grooming</td>
<td>Grooming: Able to groom self-unaided</td>
<td>M1800</td>
<td>Grooming</td>
<td>GROOM0</td>
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<td></td>
<td>Grooming: Grooming utensils must be placed within reach</td>
<td>M1800</td>
<td>Grooming</td>
<td>GROOM1</td>
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<td>Grooming: Assistance needed</td>
<td>M1800</td>
<td>Grooming</td>
<td>GROOM2</td>
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<td>Grooming: Entirely dependent upon someone else</td>
<td>M1800</td>
<td>Grooming</td>
<td>GROOM3</td>
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<td>Upper Body Dressing</td>
<td>Ability to Dress Upper Body: No help needed</td>
<td>M1810</td>
<td>Ability to Dress Upper Body</td>
<td>UPPER0</td>
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<td>Ability to Dress Upper Body: Needs clothing laid out</td>
<td>M1810</td>
<td>Ability to Dress Upper Body</td>
<td>UPPER1</td>
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<td>Ability to Dress Upper Body: Needs assistance putting on clothing</td>
<td>M1810</td>
<td>Ability to Dress Upper Body</td>
<td>UPPER2</td>
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<td>Ability to Dress Upper Body: Entirely dependent upon someone else</td>
<td>M1810</td>
<td>Ability to Dress Upper Body</td>
<td>UPPER3</td>
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<td>22</td>
<td>Lower Body Dressing</td>
<td>Ability to Dress Lower Body: No help needed</td>
<td>M1820</td>
<td>Ability to Dress Lower Body</td>
<td>LOWER0</td>
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<td>Ability to Dress Lower Body: Needs clothing/shoes laid out</td>
<td>M1820</td>
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<td>LOWER1</td>
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<td>Ability to Dress Lower Body: Assist needed putting on clothing</td>
<td>response 2</td>
<td>M1820</td>
<td>Ability to Dress Lower Body</td>
<td>LOWER2</td>
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<td>Ability to Dress Lower Body: Entirely dependent upon someone else</td>
<td>response 3</td>
<td>M1820</td>
<td>Ability to Dress Lower Body</td>
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<td>23</td>
<td>Bathing</td>
<td>Bathing: Independently in shower/tub</td>
<td>response 0</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>BATH0</td>
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<td>Bathing: With the use of devices in shower/tub</td>
<td>response 1</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>BATH1</td>
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<td>Bathing: With intermittent assistance in shower/tub</td>
<td>response 2</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>BATH2</td>
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<td>Bathing: Participates with supervision in shower/tub</td>
<td>response 3</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>BATH3</td>
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<td>Bathing: Independent at sink, in chair, or on commode</td>
<td>response 4</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>BATH4</td>
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<td>Bathing: Participates with assist at sink, in chair, or commode</td>
<td>response 5</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>BATH5</td>
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<td>Bathing: Unable to participate; bathed totally by another</td>
<td>response 6</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>BATH6</td>
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<td>Risk Factor #</td>
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<td>Covariate</td>
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<td>OASIS Item Description</td>
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<td>24</td>
<td>Toilet Transferring</td>
<td>Toilet Transferring: No assistance needed</td>
<td>response 0</td>
<td>M1840</td>
<td>Toilet Transferring</td>
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<td>Excluded category</td>
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<td>Toilet Transferring: To/from/on/off toilet with human assist</td>
<td>response 1</td>
<td>M1840</td>
<td>Toilet Transferring</td>
<td>TLTRN1</td>
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<td>Toilet Transferring: Able to self-transfer to bedside commode</td>
<td>response 2</td>
<td>M1840</td>
<td>Toilet Transferring</td>
<td>TLTRN2</td>
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<td>Toilet Transferring: Unable to transfer to/from toilet or commode</td>
<td>response 3 or 4</td>
<td>M1840</td>
<td>Toilet Transferring</td>
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<td>25</td>
<td>Toilet Hygiene</td>
<td>Toilet Hygiene Assistance: None needed</td>
<td>response 0</td>
<td>M1845</td>
<td>Toileting Hygiene</td>
<td>TLTHYG0</td>
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<td>Toilet Hygiene Assistance: Needs supplies laid out</td>
<td>response 1</td>
<td>M1845</td>
<td>Toileting Hygiene</td>
<td>TLTHYG1</td>
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<td>Toilet Hygiene Assistance: Needs assistance</td>
<td>response 2</td>
<td>M1845</td>
<td>Toileting Hygiene</td>
<td>TLTHYG2</td>
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<td>Toilet Hygiene Assistance: Entirely dependent</td>
<td>response 3</td>
<td>M1845</td>
<td>Toileting Hygiene</td>
<td>TLTHYG3</td>
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<td>26</td>
<td>Transferring</td>
<td>Transferring: No assistance needed</td>
<td>response 0</td>
<td>M1850</td>
<td>Transferring</td>
<td>TRNFR0</td>
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<td>Transferring: With minimal human assist or with device</td>
<td>response 1</td>
<td>M1850</td>
<td>Transferring</td>
<td>TRNFR1</td>
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<td>Transferring: Bears weight and pivots only</td>
<td>response 2</td>
<td>M1850</td>
<td>Transferring</td>
<td>TRNFR2</td>
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<td>Transferring: Unable or bedfast</td>
<td>response 3 or 4 or 5</td>
<td>M1850</td>
<td>Transferring</td>
<td>TRNFR345</td>
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<td>27</td>
<td>Ambulation</td>
<td>Ambulation/Locomotion: Walk independently</td>
<td>response 0</td>
<td>M1860</td>
<td>Ambulation/Locomotion</td>
<td>AMB0</td>
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<td>Ambulation/Locomotion: One-handed device on all surfaces</td>
<td>response 1</td>
<td>M1860</td>
<td>Ambulation/Locomotion</td>
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<td>Ambulation/Locomotion: Two-handed device/human assist on steps</td>
<td>response 2</td>
<td>M1860</td>
<td>Ambulation/Locomotion</td>
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<td>Ambulation/Locomotion: Walks only with supervision or assist</td>
<td>response 3</td>
<td>M1860</td>
<td>Ambulation/Locomotion</td>
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<td>Ambulation/Locomotion:</td>
<td>Chairfast or bedfast</td>
<td>response 4 or 5 or 6</td>
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<td>Eating: Independent</td>
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<td>M1870</td>
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<td>Eating: Requires set up,</td>
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<td>response 1</td>
<td>M1870</td>
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<td>M1870</td>
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<td>Eating: Requires tube</td>
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<td>response 3 or 4</td>
<td>M1870</td>
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<td>None needed</td>
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<td>Uncertain/unlikely to be provided</td>
<td>response 3 or 4 or missing</td>
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<td>Types and Sources of Assistance</td>
<td>SPRVSN_CG_UNCERTAIN_NONE</td>
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<td>Home Care Condition Codes</td>
<td>Certain infectious and parasitic diseases</td>
<td>Any primary or other diagnosis within the range A00 to B99</td>
<td>M1021, M1023</td>
<td>(M1021) Primary Diagnosis &amp; (M1023) Other Diagnoses</td>
<td>HC_DX_INFECT</td>
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<td>Neoplasms</td>
<td>Any primary or other diagnosis within the range C00 to D49</td>
<td>M1021, M1023</td>
<td>(M1021) Primary Diagnosis &amp; (M1023) Other Diagnoses</td>
<td>HC_DX_NEOPLASM</td>
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<td>Diseases of the blood and blood-forming organs, certain disorders involving</td>
<td>Any primary or other diagnosis within the range D50 to D89</td>
<td>M1021, M1023</td>
<td>(M1021) Primary Diagnosis &amp; (M1023) Other Diagnoses</td>
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<td>Endocrine, nutritional, and metabolic diseases</td>
<td>Any primary or other diagnosis within the range E00 to E89</td>
<td>M1021, M1023</td>
<td>(M1021) Primary Diagnosis &amp; (M1023) Other Diagnoses</td>
<td>HC_DX_ENDOCRINE</td>
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Effective January 1, 2021

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