

## **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The expiration date is XX/XX/XXXX, The time required to complete this information collection is estimated to be XX minutes per data element, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This estimate does not include time for training. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

\*\*\*\*\*CMS Disclaimer\*\*\*\*\*Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact XXXXXXXXX National Coordinator, Home Health Quality Reporting Program Centers for Medicare & Medicaid Services.

**OUTCOME AND ASSESSMENT INFORMATION SET VERSION E2**  
**Follow-up (FU)**

Section A    Administrative Information																					
M0080. Discipline of Person Completing Assessment																					
Enter Code  <input style="width: 40px; height: 20px;" type="text"/>	1. <b>RN</b> 2. <b>PT</b> 3. <b>SLP/ST</b> 4. <b>OT</b>																				
M0090. Date Assessment Completed																					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">—</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">—</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month</td> <td></td> <td colspan="2" style="text-align: center;">Day</td> <td></td> <td colspan="4" style="text-align: center;">Year</td> </tr> </table>			—			—					Month			Day			Year			
		—			—																
Month			Day			Year															
M0100. This Assessment is Currently Being Completed for the Following Reason																					
Enter Code  <input style="width: 40px; height: 20px;" type="text"/>	<b>Start/Resumption of Care</b> 1. <b>Start of care</b> — further visits planned 3. <b>Resumption of Care</b> (after inpatient stay) <b>Follow-up</b> 4. <b>Recertification (follow-up) reassessment</b> 5. <b>Other follow-up</b> <b>Transfer to an Inpatient Facility</b> 6. <b>Transferred to an inpatient facility</b> — patient not discharged from agency 7. <b>Transferred to an inpatient facility</b> — patient discharged from agency <b>Discharge from Agency — Not to an Inpatient Facility</b> 8. <b>Death at home</b> 9. <b>Discharge from agency</b>																				

**Section G****Functional Status****M1800. Grooming**

Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).

Enter Code

☐

0. Able to groom self unaided, with or without the use of assistive devices or adapted methods.
1. Grooming utensils must be placed within reach before able to complete grooming activities.
2. Someone must assist the patient to groom self.
3. Patient depends entirely upon someone else for grooming needs.

**M1810. Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps.**

Enter Code

☐

0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
1. Able to dress upper body without assistance if clothing is laid out or handed to the patient.
2. Someone must help the patient put on upper body clothing.
3. Patient depends entirely upon another person to dress the upper body.

**M1820. Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.**

Enter Code

☐

0. Able to obtain, put on, and remove clothing and shoes without assistance.
1. Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
2. Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
3. Patient depends entirely upon another person to dress lower body.

**M1830. Bathing**

Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

Enter Code

☐

0. Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
1. With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
2. Able to bathe in shower or tub with the intermittent assistance of another person:
  - a. for intermittent supervision or encouragement or reminders, OR
  - b. to get in and out of the shower or tub, OR
  - c. for washing difficult to reach areas.
3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
5. Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
6. Unable to participate effectively in bathing and is bathed totally by another person.

**M1840. Toilet Transferring**

Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

Enter Code

☐

0. Able to get to and from the toilet and transfer independently with or without a device.
1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
4. Is totally dependent in toileting.

**M1850. Transferring**

Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

Enter Code

☐

0. Able to independently transfer.
1. Able to transfer with minimal human assistance or with use of an assistive device.
2. Able to bear weight and pivot during the transfer process but unable to transfer self.
3. Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
4. Bedfast, unable to transfer but is able to turn and position self in bed.
5. Bedfast, unable to transfer and is unable to turn and position self.

**M1860. Ambulation/Locomotion**

Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Enter Code

0. **Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).**
1. **With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.**
2. **Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.**
3. **Able to walk only with the supervision or assistance of another person at all times.**
4. **Chairfast, unable to ambulate but is able to wheel self independently.**
5. **Chairfast, unable to ambulate and is unable to wheel self.**
6. **Bedfast, unable to ambulate or be up in a chair.**

**Section GG Functional Abilities****GG0130. Self-Care**

Code the patient's usual performance at Follow-up for each activity using the 6-point scale. If activity was not attempted at Follow-up, code the reason.

**Coding:**

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** – Patient completes the activity by themselves with no assistance from a helper.
05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**

07. **Patient refused**
09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)**
88. **Not attempted due to medical condition or safety concerns**

4.

Follow-up  
PerformanceEnter Codes in  
Boxes


A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.

B. **Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and manage denture soaking and rinsing with use of equipment.

C. **Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

**GG0170. Mobility**

Code the patient's usual performance at Follow-up for each activity using the 6-point scale. If activity was not attempted at Follow-up code the reason.

**Coding:**

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Patient completes the activity by themselves with no assistance from a helper.
- 05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**

- 07. **Patient refused**
- 09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. **Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)**
- 88. **Not attempted due to medical condition or safety concerns**

4. Follow-up Performance	
Enter Codes in Boxes ↓	
□ □	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
□ □	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
□ □	C. <b>Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with no back support.
□ □	D. <b>Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
□ □	E. <b>Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
□ □	F. <b>Toilet transfer:</b> The ability to get on and off a toilet or commode
□ □	I. <b>Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If Follow-up performance is coded 07, 09, 10 or 88 → Skip to GG0170M, 1 step (curb)</i>
□ □	J. <b>Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.
□ □	L. <b>Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
□ □	M. <b>1 step (curb):</b> The ability to go up and down a curb or up and down one step. <i>If Follow-up performance is coded 07, 09, 10 or 88 → Skip to GG0170Q, Does patient use wheelchair and/or scooter?</i>

## Follow-up GG0170. Mobility — Continued

4. Follow-up Performance		
Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	N. <b>4 steps:</b> The ability to go up and down four steps with or without a rail.
	<input type="text"/>	Q. <b>Does patient use wheelchair and/or scooter?</b> 0. No → <i>Skip to M1033, Risk for Hospitalization</i> 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. <b>Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

## Section J Health Conditions

### M1033. Risk for Hospitalization

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

↓	Check all that apply
<input type="checkbox"/>	1. History of falls (2 or more falls — or any fall with an injury — in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the last 12 months
<input type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above

## Section M Skin Conditions

**M1306. Does this patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable?**  
(Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries)

Enter Code	
<input type="text"/>	0. No 1. Yes