

Home Health – Change Table for OASIS-E2 (OASIS effective date 4/1/2026)

List of Abbreviations

DAH	Death at home	IRF-PAI	Inpatient Rehabilitation Facility-Patient Assessment Instrument	OMH	Office of Minority Health	TRN	Transfer to an Inpatient Facility
DC	Discharge from Agency	LCDS	Long-term Care Data Set	QM	Quality Measure	(v)	Voluntary
FU	Follow-up	MDS	Minimum Data Set	ROC	Resumption of Care		
HH	Home Health	OASIS	Outcome and Assessment Information Set	SOC	Start of Care		

#	Time points	Item	Dash (Y/N)	OASIS-E1 Effective January 1, 2025	OASIS-E2 Effective April 1, 2026 (Note: modifications highlighted in yellow)	Comment - Rationale
1	SOC ROC	A1255 Transportation	Y	A1255. Transportation In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? 0. Yes 1. No 7. Patient declines to respond 8. Patient unable to respond	Item added	The A1250 Transportation item will be removed, and a revised item will be added in Section A, Administrative to align with the Transportation item collected in other CMS programs. 1 DE added to SOC and ROC timepoints.
2	SOC ROC DC	A1250 Transportation	N	A1250. Transportation Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? ↓ Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Patient unable to respond Y. Patient declines to respond	Item removed (modified under item A1255)	The A1250 Transportation item will be removed, and a revised item will be added to Section A, Administrative to align with the Transportation item collected in other CMS programs. 1 DE removed from SOC, ROC, DC timepoints

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3	SOC ROC	B0200 Hearing	Y	B0200. Hearing Ability to hear (with hearing aid or hearing appliances if normally used) 0. Adequate – no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty – difficulty in some environments (e.g., when person speaks softly, or setting is noisy) 2. Moderate difficulty – speaker has to increase volume and speak distinctly 3. Highly impaired – absence of useful hearing	Item added to ROC timepoint	1 DE added to ROC timepoint This information can be used for risk-adjustment of quality measures and must be available at the start of the quality episode (SOC/ROC).
4	SOC ROC	B1000 Vision	Y	B1000. Vision Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate – sees fine detail, such as regular print in newspapers/books 1. Impaired – sees large print, but not regular print in newspapers/books 2. Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired – object identification in question, but eyes appear to follow objects 4. Severely impaired – no vision or sees only light, colors, or shapes; eyes do not appear to follow objects	Item added to ROC timepoint	1 DE added to ROC timepoint This information can be used for risk-adjustment of quality measures and must be available at the start of the quality episode (SOC/ROC).
5	SOC	M0069 Gender, A0810 Sex	N	M0069. Gender 1. Male 2. Female	M0069 item removed. A0810 item added. A0810. Sex 1. Male 2. Female	In OASIS-E2, A0810 Sex is replacing M0069 Gender item at SOC. No change in number of DE.
6	TRN DAH DC	O0350 Patient's COVID-19 vaccination is up to date	Y	O0350. Patient's COVID-19 vaccination is up to date 0. No, patient is not up to date 1. Yes, patient is up to date	Item removed	In OASIS-E2, the O0350 Patient's COVID-19 vaccination is up to date item will be removed. 1 DE removed from TRN, DAH, DC timepoints.

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7	SOC ROC	A1110 Language	Y	A1110. Language A. What is your preferred language? (15 boxes) B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine	Item added to ROC timepoint	1 DE added to ROC timepoint This information can be used for risk-adjustment of quality measures and must be available at the start of the quality episode (SOC/ROC).