



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 1 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
GG0170C	Mobility. Code the {patient's/resident's} usual performance at the {admission} using the 6-point scale. If the activity was not attempted at {admission}, code the reason. Code the {patient's/resident's} {discharge} goal using the 6-point scale. Do not use codes 07, 09, or 88 to code {discharge} goals.	*	*	N
GG0170C_1	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports	QM	N



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 2 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170C_2	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Discharge Goal	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/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up;	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 3 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		{patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
M0010	CMS Certification Number (CCN)	Text-CMS Certification Number (CCN) ^-Blank (not available or unknown)	*	N
M0014	Branch State	^-Blank (not available or unknown) AL-Alabama AK-Alaska CO-Colorado CT-Connecticut DE-Delaware DC-District of Columbia GA-Georgia	*	N



# DEL Report

## Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 4 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		HI-Hawaii IL-Illinois IN-Indiana IA-Iowa LA-Louisiana ME-Maine MA-Massachusetts MI-Michigan NE-Nebraska NV-Nevada NH-New Hampshire NY-New York NC-North Carolina OH-Ohio PA-Pennsylvania PR-Puerto Rico SC-South Carolina SD-South Dakota TN-Tennessee VA-Virginia VI-Virgin Islands WI-Wisconsin WY-Wyoming AZ-Arizona AR-Arkansas CA-California FL-Florida ID-Idaho KS-Kansas KY-Kentucky MD-Maryland MN-Minnesota		



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 5 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		MS-Mississippi MO-Missouri MT-Montana NJ-New Jersey NM-New Mexico ND-North Dakota OK-Oklahoma OR-Oregon RI-Rhode Island TX-Texas UT-Utah VT-Vermont WA-Washington WV-West Virginia AS-American Samoa GU-Guam MP-Saipan (Northern Mariana Islands)		
M0016	Branch ID Number	Text-Assessment was performed by an HHA branch -- enter standard branch ID N-Assessment was performed by an HHA which has no branches or by a subunit which has no branches P-Assessment was performed by the home office of an HHA which has branches or by the home office of a subunit which has branches	*	N
M0018	National Provider Identifier (NPI)	Text-National Provider Identifier (NPI) ^-Blank (not available or unknown)	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 6 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		UK-Unknown or Not Available		
M0020	{Patient/Resident} ID Number	^-Blank (not available or unknown) Text-Agency's {patient/resident} identifying number, medical record number, or other ID for the {patient/resident}	*	N
M0030	Start of Care Date	MMDDYYYY-Start of care date	HH PPS Grouper QM	N
M0032	Resumption of Care Date	MMDDYYYY-Resumption of care date ^-Blank (no resumption of care date) NA-Not applicable	QM	Y
M0040	Legal Name of {Patient/Resident}	*	*	N
M0040_A	First name	Text-{Patient/Resident} First name	*	N
M0040_B	Middle initial	^-Blank (not available or unknown) Text-{Patient/Resident} Middle initial	*	N
M0040_C	Last name	Text-{Patient/Resident} Last name	*	N
M0040_D	Suffix	^-Blank (not available or unknown) Text-{Patient/Resident} Suffix	*	N
M0050	{Patient/Resident} State of Residence	AL-Alabama AK-Alaska CO-Colorado CT-Connecticut DE-Delaware DC-District of Columbia GA-Georgia HI-Hawaii IL-Illinois	*	N



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 7 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		IN-Indiana IA-Iowa LA-Louisiana ME-Maine MA-Massachusetts MI-Michigan NE-Nebraska NV-Nevada NH-New Hampshire NY-New York NC-North Carolina OH-Ohio PA-Pennsylvania PR-Puerto Rico SC-South Carolina SD-South Dakota TN-Tennessee VA-Virginia VI-Virgin Islands WI-Wisconsin WY-Wyoming AZ-Arizona AR-Arkansas CA-California FL-Florida ID-Idaho KS-Kansas KY-Kentucky MD-Maryland MN-Minnesota MS-Mississippi MO-Missouri		



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 8 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		MT-Montana NJ-New Jersey NM-New Mexico ND-North Dakota OK-Oklahoma OR-Oregon RI-Rhode Island TX-Texas UT-Utah VT-Vermont WA-Washington WV-West Virginia AS-American Samoa GU-Guam MP-Saipan (Northern Mariana Islands) MH-Marshall Islands FM-Federated States of Micronesia PW-Palau		
M0060	{Patient/Resident} ZIP Code.	Text-{Patient/resident} zip code	*	N
M0063	Medicare number (or comparable railroad insurance number)	^-Blank (not available or unknown) Text-Patient/Resident} Medicare number (or comparable railroad insurance number) or Medicare Beneficiary Identifier (MBI) NA-No Medicare	*	N
M0064	Social Security Number	^-Blank (not available or unknown) Text-{Patient/Resident} Social Security Number UK-Unknown of Not Available	*	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 9 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M0065	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	^-Blank (not available or unknown) Text-{Patient/Resident} Medicaid number NA-No Medicaid	*	N
M0066	Birth Date	MMDDYYYY-{Patient/Resident} Birthdate MMYYYY-{Patient/Resident} Birthdate (if day of month is unknown) YYYY-{Patient/Resident} Birthdate (if month and day unknown)	QM	N
M0069	Gender	1-Male 2-Female	QM	N
M0080	Discipline of Person Completing Assessment	01-RN 02-PT 03-SLP/ST 04-OT	*	N
M0090	Date Assessment Completed	MMDDYYYY-Date assessment completed	HH PPS Grouper QM	N
M0100	This Assessment is Currently Being Completed for the Following Reason	01-Start of care - further visits planned 03-Resumption of care (after inpatient stay) 04-Recertification (follow-up) reassessment 05-Other follow-up 06-Transferred to an inpatient facility - {patient/resident} not discharged from agency 07-Transferred to an inpatient facility	HH PPS Grouper QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 10 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		- {patient/resident} discharged from agency 08-Death at home 09-Discharge from agency		
M0102	Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the {patient/resident} was referred for home health services, record the date specified.	^-Blank (not available or unknown) MMDDYYYY-Physician ordered SOC/ROC date NA-No specific SOC date ordered by physician	QM	N
M0104	Date of Referral: Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.	^-Blank (not available or unknown) MMDDYYYY-Physician date of referral	QM	N
M0110	Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the {patient's/resident's} current sequence of adjacent Medicare home health payment episodes?	01-Early 02-Later NA-Not applicable: No Medicare case mix group to be defined by this assessment. UK-Unknown	HH PPS Grouper QM	N
M0140	Race/Ethnicity: Check all that apply	1-American Indian or Alaska Native 2-Asian 3-Black or African-American 4-Hispanic or Latino 5-Native Hawaiian or Pacific Islander 6-White	*	N
M0150	Current Payment Sources for Home Care. Mark all that apply	UK-Unknown 0-None; no charge for current services 1-Medicare (traditional fee-for-service) 2-Medicare (HMO/managed	QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 11 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		care/Advantage plan) 3-Medicaid (traditional fee-for-service) 4-Medicaid (HMO/managed care) 5-Workers' compensation 6-Title programs (for example, Title III, V, or XX) 7-Other government (for example, TriCare, VA) 8-Private insurance 9-Private HMO/managed care 10-Self-pay 11-Other (specify)		
M0903	Date of Last (Most Recent) Home Visit	MMDDYYYY-Most recent date of last home visit	*	N
M0906	Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the {patient/resident}.	MMDDYYYY-Discharge, transfer, death date ^-Blank (skip pattern)	QM	N
M1000	From which of the following Inpatient Facilities was the {patient/resident} discharged within the past 14 days? Mark all that apply	1-Long-term nursing facility (NF) 2-Skilled nursing facility (SNF/TCU) 3-Short-stay acute hospital (IPPS) 4-Long-term care hospital (LTCH) 5-Inpatient rehabilitation hospital or unit (IRF) 6-Psychiatric hospital or unit 7-Other (specify) NA-{Patient/Resident} was not discharged from an inpatient facility	QM	N
M1005	Inpatient Discharge Date (most recent)	^-Blank (not available or unknown) MMDDYYYY-Most recent inpatient	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 12 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		discharge date UK-Unknown		
M1011	List each Inpatient Diagnosis and ICD-10-CM code at the level of highest specificity for only those conditions actively treated during an inpatient stay having a discharge date within the last 14 days (no V, W, X, Y, or Z codes or surgical codes)	*	*	N
M1011_A	Inpatient Facility Diagnosis a.	^-Blank (skip pattern or no diagnosis code) ICD-ICD-10 diagnosis code	QM	N
M1011_B	Inpatient Facility Diagnosis b.	^-Blank (skip pattern or no diagnosis code) ICD-ICD-10 diagnosis code	QM	N
M1011_C	Inpatient Facility Diagnosis c.	^-Blank (skip pattern or no diagnosis code) ICD-ICD-10 diagnosis code	QM	N
M1011_D	Inpatient Facility Diagnosis d.	^-Blank (skip pattern or no diagnosis code) ICD-ICD-10 diagnosis code	QM	N
M1011_E	Inpatient Facility Diagnosis e.	^-Blank (skip pattern or no diagnosis code) ICD-ICD-10 diagnosis code	QM	N
M1011_F	Inpatient Facility Diagnosis f.	^-Blank (skip pattern or no diagnosis code) ICD-ICD-10 diagnosis code	QM	N
M1011_NA	Not applicable ({patient/resident} was not discharged from an inpatient facility)	0-No 1-Yes	QM	N
M1017	Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: List the	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 13 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	{patient's/resident's} Medical Diagnoses and ICD-10-CM codes at the level of highest specifically for those conditions requiring changed medical or treatment regimen within the past 14 days (no V, W, X, Y, or Z codes or surgical codes)			
M1017_A	Changed Medical Regimen Diagnosis a.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	QM	N
M1017_B	Changed Medical Regimen Diagnosis b.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	QM	N
M1017_C	Changed Medical Regimen Diagnosis c.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	QM	N
M1017_D	Changed Medical Regimen Diagnosis d.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	QM	N
M1017_E	Changed Medical Regimen Diagnosis e.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	QM	N
M1017_F	Changed Medical Regimen Diagnosis f.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	QM	N
M1017_NA	Not applicable (no medical or treatment regimen changes within the past 14 days)	0-No 1-Yes	QM	N
M1018	Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this {patient/resident} experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions that existed prior to the inpatient stay or change in medical or treatment regimen. Mark all that apply	UK-Unknown 1-Urinary incontinence 2-Indwelling/suprapubic catheter 3-Intractable pain 4-Impaired decision-making 5-Disruptive or socially inappropriate behavior 6-Memory loss to the extent that supervision required NA-No inpatient facility discharge	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 14 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		and no change in medical or treatment regimen in past 14 days 7-None of the above		
M1021	Primary Diagnosis. Sequencing of diagnosis should reflect the seriousness of each condition and support the disciplines and services provided.	*	*	N
M1021_A2_ICD	Primary Diagnosis	ICD-ICD-10 diagnosis code	HH PPS Grouper QM	N
M1021_A2_SEV	Primary Symptom Control Rating	01-Symptoms well controlled with current therapy 00-Asymptomatic, no treatment needed at this time ^-No severity rating 03-Symptoms poorly controlled: {patient/resident} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident} needs ongoing monitoring	QM	N
M1023	Other Diagnoses	*	*	N
M1023_B2_ICD	Other Diagnosis b.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1023_B2_SEV	Symptom Control Rating b.	01-Symptoms well controlled with current therapy 03-Symptoms poorly controlled: {patient/resident} needs frequent	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 15 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		adjustment 00-Asymptomatic, no treatment needed at this time ^-No severity rating 04-Symptoms poorly controlled: history of re-hospitalizations 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident} needs ongoing monitoring		
M1023_C2_ICD	Other Diagnosis c.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1023_C2_SEV	Symptom Control Rating c.	01-Symptoms well controlled with current therapy 00-Asymptomatic, no treatment needed at this time ^-No severity rating 03-Symptoms poorly controlled: {patient/resident} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident} needs ongoing monitoring	QM	N
M1023_D2_ICD	Other Diagnosis d.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1023_D2_SEV	Symptom Control Rating d.	01-Symptoms well controlled with current therapy	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 16 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		00-Asymptomatic, no treatment needed at this time ^-No severity rating 03-Symptoms poorly controlled: {patient/resident} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident} needs ongoing monitoring		
M1023_E2_ICD	Other Diagnosis e.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1023_E2_SEV	Symptom Control Rating e.	01-Symptoms well controlled with current therapy 00-Asymptomatic, no treatment needed at this time ^-No severity rating 03-Symptoms poorly controlled: {patient/resident} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident} needs ongoing monitoring	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 17 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M1023_F2_ICD	Other Diagnosis f.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1023_F2_SEV	Symptom Control Rating f.	01-Symptoms well controlled with current therapy 00-Asymptomatic, no treatment needed at this time ^-No severity rating 03-Symptoms poorly controlled: {patient/resident} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident} needs ongoing monitoring	QM	N
M1025	Optional Diagnoses	*	*	N
M1025_A3	Optional Diagnosis Column 3 a.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_A4	Optional Diagnosis Column 4 a.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_B3	Optional Diagnosis Column 3 b.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_B4	Optional Diagnosis Column 4 b.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_C3	Optional Diagnosis Column 3 c.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_C4	Optional Diagnosis Column 4 c.	ICD-ICD-10 diagnosis code	HH PPS Grouper	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 18 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		^-Blank (no diagnosis code)	QM	
M1025_D3	Optional Diagnosis Column 3 d.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_D4	Optional Diagnosis Column 4 d.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_E3	Optional Diagnosis Column 3 e.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_E4	Optional Diagnosis Column 4 e.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1025_F3	Optional Diagnosis Column 3 f.	ICD-ICD-10 diagnosis code ^-Blank (diagnosis code)	HH PPS Grouper QM	N
M1025_F4	Optional Diagnosis Column 4 f.	ICD-ICD-10 diagnosis code ^-Blank (no diagnosis code)	HH PPS Grouper QM	N
M1028	Active Diagnoses - Comorbidities and Co-existing Conditions: Check all that apply. See the {manual} for a complete list of relevant ICD-10 codes.	--Not assessed/no information 1-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) 2-Diabetes Mellitus (DM)	QM	N
M1030	Therapies the {patient/resident} receives at home. Mark all that apply	1-Intravenous or infusion therapy (excludes TPN) 2-Parenteral nutrition (TPN or lipids) 3-Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4-None of the above	HH PPS Grouper QM	N
M1033	Risk for Hospitalization: Which of the following signs or symptoms characterize this {patient/resident} as at risk for hospitalization? Mark all that apply	1-History of falls (2 or more falls - or any fall with an injury - in the past 12 months) 2-Unintentional weight loss of a total	QM	N



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 19 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		of 10 pounds or more in the past 12 months 3-Multiple hospitalizations (2 or more) in the past 6 months 4-Multiple emergency department visits (2 or more) in the past 6 months 5-Decline in mental, emotional, or behavioral status in the past 3 months 6-Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months 7-Currently taking 5 or more medications 8-Currently reports exhaustion 9-Other risk(s) not listed in 1 - 8 10-None of the above		
M1034	Overall Status: Which description best fits the {patient's/resident's} overall status?	00-The {patient/resident} is stable with no heightened risk(s) for serious complications and death (beyond those typical of the {patient's/resident's} age). 01-The {patient/resident} is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 20 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		{patient's/resident's} age). 02-The {patient/resident} is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death. 03-The {patient/resident} has serious progressive conditions that could lead to death within a year. UK-The {patient's/resident's} situation is unknown or unclear.		
M1036	Risk Factors, either present or past, likely to affect current health status and/or outcome. Mark all that apply	UK-Unknown 1-Smoking 2-Obesity 3-Alcohol dependency 4-Drug dependency 5-None of the above	QM	N
M1041	Influenza Vaccine Data Collection Period: Does this episode of care ({admission} to {Discharge}) include any dates on or between October 1 and March 31?	0-No 1-Yes	QM	N
M1046	Influenza Vaccine Received: Did the {patient/resident} receive the influenza vaccine for this year's flu season?	01-Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge) 02-Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge) 03-Yes; received from another health care provider (for example, physician, pharmacist) 04-No; {patient/resident} offered and declined 05-No; {patient/resident} assessed	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 21 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		and determined to have medical contraindication(s) 06-No; not indicated - {patient/resident} does not meet age/condition guidelines for influenza vaccine 07-No; inability to obtain vaccine due to declared shortage 08-No; {patient/resident} did not receive the vaccine due to reasons other than those listed in responses 4 - 7 ^-Blank (skip pattern)		
M1051	Pneumococcal Vaccine: Has the {patient/resident} ever received the pneumococcal vaccination (for example, pneumovax)?	0-No 1-Yes	QM	N
M1056	Reason Pneumococcal Vaccine not received: If {patient/resident} has never received the pneumococcal vaccination (for example, pneumovax), state reason	01-Offered and declined 02-Assessed and determined to have medical contraindication(s) 03-Not indicated; {patient/resident} does not meet age/condition guidelines for Pneumococcal 04-None of the above ^-Blank (skip pattern)	QM	N
M1060	Height and Weight. While measuring, if the number is X.1-X.4 round down, X.5 or greater round up	*	*	N
M1060_A	Height (in inches). Record most recent height measure since {admission}	99-Maximum value --Not assessed/no information 00-Minimum value	QM	N
M1060_B	Weight (in pounds). Base weight on most recent measure	999-Maximum value	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 22 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	in last {specify time period in days}; measure weight consistently, according to standard {facility/setting} practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)	--Not assessed/no information 000-Minimum value		
M1100	{Patient/Resident} Living Situation: Which of the following best describes the {patient's/resident's} residential circumstance and availability of assistance? (Check one box only.)	01-{Patient/Resident} lives alone, around the clock assistance available. 02-{Patient/Resident} lives alone, regular daytime assistance available. 03-{Patient/Resident} lives alone, regular nighttime assistance available. 04-{Patient/Resident} lives alone, occasional / short-term assistance available. 05-{Patient/Resident} lives alone, no assistance available. 06-{Patient/Resident} lives with other person(s) in the home, around the clock assistance available. 07-{Patient/Resident} lives with other person(s) in the home, regular daytime assistance available. 08-{Patient/Resident} lives with other person(s) in the home, regular nighttime assistance available. 09-{Patient/Resident} lives with other person(s) in the home, occasional / short-term assistance available. 10-{Patient/Resident} lives with other person(s) in the home, no assistance	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 23 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		<p>available.</p> <p>11-{Patient/Resident} lives in congregate situation (for example, assisted living, residential care home), around the clock assistance available.</p> <p>12-{Patient/Resident} lives in congregate situation (for example, assisted living, residential care home), regular daytime assistance available.</p> <p>13-{Patient/Resident} lives in congregate situation (for example, assisted living, residential care home), regular nighttime assistance available.</p> <p>14-{Patient/Resident} lives in congregate situation (for example, assisted living, residential care home), occasional / short-term assistance available.</p> <p>15-{Patient/Resident} lives in congregate situation (for example, assisted living, residential care home), no assistance available.</p>		
M1200	Vision (with corrective lenses if the {patient/resident} usually wears them)	<p>01-Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.</p> <p>00-Normal vision: sees adequately in</p>	HH PPS Grouper QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 24 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		most situations; can see medication labels, newsprint. 02-Severely impaired: cannot locate objects without hearing or touching them or {patient/resident} nonresponsive.		
M1210	Ability to hear (with hearing aid or hearing appliance if normally used)	00-Adequate: hears normal conversation without difficulty. 01-Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly. 02-Severely Impaired: absence of useful hearing. UK-Unable to assess hearing.	QM	N
M1220	Understanding of Verbal Content in {patient's/resident's} own language (with hearing aid or device if used)	00-Understands: clear comprehension without cues or repetitions 01-Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand. 02-Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand. 03-Rarely/Never Understands UK-Unable to assess understanding.	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 25 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M1230	Speech and Oral (Verbal) Expression of Language (in {patient's/resident's} own language)	00-Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. 01-Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance). 02-Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences. 03-Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or phrases. 04-Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (for example, speech is nonsensical or unintelligible). 05-{Patient/Resident} nonresponsive or unable to speak.	QM	N
M1240	Has this {patient/resident} had a formal Pain Assessment using a standardized, validated pain assessment tool	00-No standardized, validated assessment conducted	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 26 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	(appropriate to the {patient's/resident's} ability to communicate the severity of pain)?	01-Yes, and it does not indicate severe pain 02-Yes, and it indicates severe pain		
M1242	Frequency of Pain Interfering with {patient's/resident's} activity or movement	00-{Patient/Resident} has no pain 01-{Patient/Resident} has pain that does not interfere with activity or movement 02-Less often than daily 03-Daily, but not constantly 04-All of the time	HH PPS Grouper QM	N
M1300	Pressure Ulcer Assessment: Was this {patient/resident} assessed for Risk of Developing Pressure Ulcers?	00-No assessment conducted 01-Yes, based on an evaluation of clinical factors (for example, mobility, incontinence, nutrition) without use of standardized tool. 02-Yes, using a standardized, validated tool (for example, Braden Scale, Norton Scale)	QM	N
M1302	Risk of Pressure Ulcers/Injuries. Is the {patient/resident} at risk of developing pressure ulcers/injuries?	0-No 1-Yes ^-Blank (skip pattern)	QM	N
M1306	Does this {patient/resident} have at least one Unhealed Pressure Ulcer at Stage 2 or Higher or designated as Unstageable? (Excludes Stage 1 pressure ulcers and healed Stage 2 pressure ulcers)	0-No 1-Yes	HH PPS Grouper QM	N
M1307	The Oldest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 Pressure Ulcers)	01-Was present at the most recent SOC/ROC assessment 02-Developed since the most recent SOC/ROC assessment NA-No Stage II pressure ulcers are	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 27 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		present at discharge ^-Blank (skip pattern)		
M1307_DT	Record date pressure ulcer first identified	MMDDYYYY-Date of oldest Stage 2 pressure ulcer ^-Blank (skip pattern)	QM	N
M1311	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	*	*	N
M1311_A1	Number of Stage 2 pressure ulcers	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	HH PPS Grouper QM	N
M1311_A2	Number of these Stage 2 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	QM	N
M1311_B1	Number of Stage 3 pressure ulcers	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	HH PPS Grouper QM	N
M1311_B2	Number of these Stage 3 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	QM	N
M1311_C1	Number of Stage 4 pressure ulcers	99-Maximum value ^-Blank (skip pattern)	HH PPS Grouper QM	N
M1311_C2	Number of these Stage 4 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	QM	N
M1311_D1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	HH PPS Grouper QM	N
M1311_D2	Number of these unstageable pressure ulcers/injuries that were present upon {admission} - enter how many	99-Maximum value ^-Blank (skip pattern)	*	N



## DEL Report Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 28 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	were noted at the time of {admission}	00-Minimum value		
M1311_E1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	HH PPS Grouper QM	N
M1311_E2	Number of these unstageable pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	*	N
M1311_F1	Number of unstageable pressure injuries presenting as deep tissue injury	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	HH PPS Grouper QM	N
M1311_F2	Number of these unstageable pressure injuries that were present upon {admission} - enter how many were noted at the time of {admission}	99-Maximum value ^-Blank (skip pattern) 00-Minimum value	*	N
M1313	Worsening in Pressure Ulcer Status since {admission}. Indicate the number of current pressure ulcers that were not present or were at a lesser stage at the most recent {admission}. If no current pressure ulcer at a given stage, enter 0. For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were at a Stage 1 or 2 at the most recent {admission}.	*	*	N
M1313_A	Stage 2	99-Maximum value --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value	QM	N
M1313_B	Stage 3	99-Maximum value --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value	QM	N
M1313_C	Stage 4	99-Maximum value	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 29 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		--Not assessed/no information ^-Blank (skip pattern) 00-Minimum value		
M1313_D	Unstageable - Known or likely but Unstageable due to non-removable dressing.	99-Maximum value --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value	*	N
M1313_E	Unstageable - Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar.	99-Maximum value --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value	*	N
M1313_F	Unstageable - Suspected deep tissue injury in evolution.	99-Maximum value --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value	*	N
M1320	Status of Most Problematic Ulcer that is Observable: (Excludes pressure ulcer that cannot be observed due to a non-removable dressing/device)	NA-No observable pressure ulcer 01-Fully granulating 03-Not healing 00-Newly epithelialized 02-Early/partial granulation ^-Blank (skip pattern)	HH PPS Grouper QM	N
M1322	Current Number of Stage I Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer, or cooler as compared to adjacent tissue. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.	00-0 01-1 02-2 03-3 04-4 or more	HH PPS Grouper QM	N
M1324	Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable: (Excludes pressure ulcer that cannot be	01-Stage 1 02-Stage 2	HH PPS Grouper QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 30 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury.)	03-Stage 3 04-Stage 4 NA-{Patient/Resident} has no pressure ulcers or no stageable pressure ulcers		
M1330	Does this {patient/resident} have a Stasis Ulcer?	00-No 03-Yes, {patient/resident} has unobservable stasis ulcers ONLY (known but not observable due to non- removable dressing/device) 01-Yes, {patient/resident} has BOTH observable and unobservable stasis ulcers. 02-Yes, {patient/resident} has observable stasis ulcers ONLY.	HH PPS Grouper QM	N
M1332	Current Number of Stasis Ulcer(s) that are Observable	01-One 02-Two 03-Three 04-Four or more ^-Blank (skip pattern)	HH PPS Grouper QM	N
M1334	Status of Most Problematic Stasis Ulcer that is Observable	01-Fully granulating 03-Not healing 02-Early/partial granulation ^-Blank (skip pattern)	HH PPS Grouper QM	N
M1340	Does this {patient/resident} have a Surgical Wound?	00-No 01-Yes, {patient/resident} has at least one observable surgical wound 02-Surgical wound known but not observable due to non-removable dressing/device	HH PPS Grouper QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 31 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M1342	Status of Most Problematic Surgical Wound that is Observable	01-Fully granulating 03-Not healing 00-Newly epithelialized 02-Early/partial granulation ^-Blank (skip pattern)	HH PPS Grouper QM	N
M1350	Does this {patient/resident} have a Skin Lesion or Open Wound (excluding bowel ostomy), other than those described above, that is receiving intervention by the home health agency?	0-No 1-Yes	HH PPS Grouper QM	N
M1400	When is the {patient/resident} dyspneic or noticeably Short of Breath?	00-{Patient/Resident} is not short of breath 01-When walking more than 20 feet, climbing stairs 02-With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) 03-With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation 04-At rest (during day or night)	HH PPS Grouper QM	N
M1410	Respiratory Treatments utilized at home. Mark all that apply	4-None of the above 1-Oxygen (intermittent or continuous) 2-Ventilator (continually or at night) 3-Continuous / Bi-level positive airway pressure	QM	N
M1501	Symptoms in Heart Failure {Patients/Residents}: If {patient/resident} has been diagnosed with heart failure, did the {patient/resident} exhibit symptoms indicated by	02-Not assessed NA-{Patient/Resident} does not have diagnosis of heart failure	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 32 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the most recent {admission} assessment?	01-Yes 00-No		
M1511	Heart Failure Follow-up: If {patient/resident} has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure at the time of or at any time since the most recent {admission} assessment, what action(s) has (have) been taken to respond? Mark all that apply	0-No action taken 1-{Patient's/Resident's} physician (or other primary care practitioner) contacted the same day 2-{Patient/Resident} advised to get emergency treatment (for example, call 911 or go to emergency room) 3-Implemented physician-ordered {patient/resident}-specific established parameters for treatment 4-{Patient/Resident} education or other clinical interventions 5-Obtained change in care plan orders (for example, increased monitoring by agency, change in visit frequency, telehealth) ^-Blank (skip pattern)	QM	N
M1600	Has this {patient/resident} been treated for a Urinary Tract Infection in the past 14 days?	01-Yes 00-No UK-Unknown NA-{Patient/Resident} on prophylactic treatment	QM	N
M1610	Urinary Incontinence or Urinary Catheter Presence	00-No incontinence or catheter (includes anuria or ostomy for urinary drainage) 01-{Patient/Resident} is incontinent 02-{Patient/Resident} requires a urinary catheter (specifically:	HH PPS Grouper QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 33 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		external, indwelling, intermittent, suprapubic)		
M1615	When does Urinary Incontinence occur?	00-Timed-voiding defers incontinence 01-Occasional stress incontinence 02-During the night only 03-During the day only 04-During the day and night ^-Blank (skip pattern)	HH PPS Grouper QM	N
M1620	Bowel Incontinence Frequency	UK-Unknown 00-Very rarely or never has bowel incontinence 01-Less than once weekly 02-One to three times weekly 03-Four to six times weekly 05-More often than once daily NA-{Patient/Resident} has ostomy for bowel elimination 04-On a daily basis	HH PPS Grouper QM	N
M1630	Ostomy for Bowel Elimination. Does this {patient/resident} have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?	00-{Patient/Resident} does not have an ostomy for bowel elimination. 01-{Patient's/Resident's} ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. 02-The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.	HH PPS Grouper QM	N
M1700	Cognitive Functioning: {Patient's/Resident's} current (day of assessment) level of alertness, orientation,	00-Alert/oriented, able to focus and shift attention, comprehends and	QM	N



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 34 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	comprehension, concentration, and immediate memory for simple commands.	<p>recalls task directions independently.</p> <p>01-Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.</p> <p>02-Requires assistance and some direction in specific situations (for example, on all tasks involving shifting attention), or consistently requires low stimulus environment due to distractibility.</p> <p>03-Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.</p> <p>04-Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.</p>		
M1710	When Confused (Reported or Observed Within the Last 14 Days)	<p>00-Never</p> <p>01-In new or complex situations only</p> <p>02-On awakening or at night only</p> <p>03-During the day and evening, but not constantly</p> <p>04-Constantly</p> <p>NA-{Patient/Resident} nonresponsive</p>	QM	N
M1720	When Anxious (Reported or Observed Within the Last 14 Days)	<p>00-None of the time</p> <p>01-Less often than daily</p> <p>02-Daily, but not constantly</p> <p>03-All of the time</p> <p>NA-{Patient/Resident} nonresponsive</p>	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 35 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M1730	Depression Screening. Has the {patient/resident} been screened for depression, using a standardized, validated depression screening tool?	00-No 01-Yes, {patient/resident} was screened using the PHQ-2 scale. (Instructions for this two-question tool: Ask {patient/resident}: "Over the last two weeks, how often have you been bothered by any of the following problems") 02-Yes, {patient/resident} was screened with a different standardized, validated assessment and the {patient/resident} meets criteria for further evaluation for depression. 03-Yes, {patient/resident} was screened with a different standardized, validated assessment and the {patient/resident} does not meet criteria for further evaluation for depression.	QM	N
M1730_A	Little interest or pleasure in doing things	00-Not at all / 0-1 day 01-Several days / 2-6 days 02-More than half of the days / 7-11 days 03-Nearly every day / 12-14 days NA-NA / Unable to respond ^-Blank (skip pattern)	QM	N
M1730_B	Feeling down, depressed, or hopeless?	00-Not at all / 0-1 day 01-Several days / 2-6 days 02-More than half of the days / 7-11 days	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 36 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		03-Nearly every day / 12-14 days NA-NA / Unable to respond ^-Blank (skip pattern)		
M1740	Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed). Mark all that apply	1-Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 2-Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3-Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4-Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) 5-Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6-Delusional, hallucinatory, or paranoid behavior 7-None of the above behaviors demonstrated	QM	N
M1745	Frequency of Disruptive Behavior Symptoms (Reported or Observed): Any physical, verbal or other disruptive/dangerous symptoms that are injurious to self	00-Never 01-Less than once a month 02-Once a month	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 37 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	or others or jeopardize personal safety.	03-Several times each month 04-Several times a week 05-At least daily		
M1750	Is the {patient/resident} receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse?	0-No 1-Yes	QM	N
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).	00-Able to groom self unaided, with or without the use of assistive devices or adapted methods. 01-Grooming utensils must be placed within reach before able to complete grooming activities. 02-Someone must assist the {patient/resident} to groom self. 03-{Patient/Resident} depends entirely upon someone else for grooming needs.	QM	N
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	00-Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 01-Able to dress upper body without assistance if clothing is laid out or handed to the {patient/resident}. 02-Someone must help the {patient/resident} put on upper body clothing. 03-{Patient/Resident} depends entirely upon another person to dress the upper body.	HH PPS Grouper QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 38 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M1820	Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes	00-Able to obtain, put on, and remove clothing and shoes without assistance. 01-Able to dress lower body without assistance if clothing and shoes are laid out or handed to the {patient/resident}. 02-Someone must help the {patient/resident} put on undergarments, slacks, socks or nylons, and shoes. 03-{Patient/Resident} depends entirely upon another person to dress lower body.	HH PPS Grouper QM	N
M1830	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	00-Able to bathe self in shower or tub independently, including getting in and out of tub/shower. 01-With the use of devices, is able to bathe self in shower or tub independently including getting in and out of the tub/shower. 02-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. 03-Able to participate in bathing self in shower or tub, but requires presence of another person	HH PPS Grouper QM	N



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 39 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		<p>throughout the bath for assistance or supervision.</p> <p>04-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.</p> <p>05-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.</p> <p>06-Unable to participate effectively in bathing and is bathed totally by another person.</p>		
M1840	Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	<p>00-Able to get to and from the toilet and transfer independently with or without a device.</p> <p>01-When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.</p> <p>02-Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).</p> <p>03-Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.</p> <p>04-Is totally dependent in toileting.</p>	HH PPS Grouper QM	N
M1845	Toileting Hygiene: Current ability to maintain perineal	00-Able to manage toileting hygiene	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 40 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	hygiene safely, adjust clothes and or incontinence pads before and after using toilet, commode, bedpan or urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	and clothing management without assistance. 01-Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the {patient/resident}. 02-Someone must help the {patient/resident} to maintain toileting hygiene and/or adjust clothing. 03-{Patient/Resident} depends entirely upon another person to maintain toileting hygiene.		
M1850	Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if {patient/resident} is bedfast.	00-Able to independently transfer. 01-Able to transfer with minimal human assistance or with use of an assistive device. 02-Able to bear weight and pivot during the transfer but unable to transfer self. 03-Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 04-Bedfast, unable to transfer but is able to turn and position self in bed. 05-Bedfast, unable to transfer and is unable to turn and position self.	HH PPS Grouper QM	N
M1860	Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in in a seated position, on a variety of surfaces.	00-Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive	HH PPS Grouper QM	N





# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 41 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		device). 01-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. 02-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. 03-Able to walk only with the supervision or assistance of another person at all times. 04-Chairfast, unable to ambulate but is able to wheel self independently. 05-Chairfast, unable to ambulate and is unable to wheel self. 06-Bedfast, unable to ambulate or be up in a chair.		
M1870	Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.	00-Able to independently feed self. 01-Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. 02-Unable to feed self and must be assisted or supervised throughout	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 42 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		<p>the meal/snack.</p> <p>03-Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.</p> <p>04-Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.</p> <p>05-Unable to take in nutrients orally or by tube feeding.</p>		
M1880	Current Ability to Plan and Prepare Light Meals (for example, cereal, sandwich) or reheat delivered meals safely	<p>00-(a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in past (specifically: prior to this home care admission).</p> <p>01-Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.</p> <p>02-Unable to prepare any light meals or reheat any delivered meals.</p>	QM	N
M1890	Ability to Use Telephone: Current ability to answer phone safely, including dialing numbers, and effectively using the telephone to communicate.	<p>00-Able to dial numbers and answer calls appropriately and as desired.</p> <p>01-Able to use specially adapted telephone (for example, large numbers on the dial, teletype phone for the deaf) and call essential numbers.</p>	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 43 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		02-Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. 03-Able to answer the telephone only some of the time or is able to carry on only a limited conversation. 04-Unable to answer the telephone at all but can listen if assisted with equipment. 05-Totally unable to use the telephone. NA-{Patient/Resident} does not have a telephone.		
M1900	Prior Functioning ADL/IADL: Indicate the {patient's/resident's} usual ability with everyday activities prior to his/her most recent illness, exacerbation, or injury.	*	*	N
M1900_A	Self-Care (specifically: grooming, dressing, bathing and toilet hygiene)	02-Dependent 01-Needed Some Help 00-Independent	QM	N
M1900_B	Ambulation	02-Dependent 01-Needed Some Help 00-Independent	QM	N
M1900_C	Transfer	02-Dependent 01-Needed Some Help 00-Independent	QM	N
M1900_D	Household tasks (specifically: light meal preparation, laundry, shopping, and phone use)	02-Dependent 01-Needed Some Help 00-Independent	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 44 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M1910	Has this {patient/resident} had a multi-factor Falls Risk Assessment using a standardized, validated assessment tool?	00-No. 01-Yes, and it does not indicate a risk for falls. 02-Yes, and it does indicate a risk for falls.	QM	N
M2001	Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	0-No - No issues found during review 1-Yes - Issues found during review 9-NA - {Patient/Resident} is not taking any medications --Not assessed/no information	HH PPS Grouper QM	N
M2003	Medication Follow-up: Did the {facility/setting} contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	QM	N
M2005	Medication Intervention: Did the {facility/setting} contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the {admission}?	0-No 1-Yes 9-NA - There were no potential clinically significant medication issues identified since {admission} or {patient/resident} is not taking any medications --Not assessed/no information	QM	N
M2010	{Patient/Resident}/Caregiver High-Risk Drug Education: Has the {patient/resident}/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	01-Yes NA-{Patient/Resident} not taking any high-risk drugs OR {patient/resident}/caregiver fully knowledgeable about special precautions associated with all high-risk medications 00-No	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 45 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		^Blank (skip pattern)		
M2016	{Patient/Resident}/Caregiver Drug Education Intervention: At the time of, or at any time since the most recent {admission} assessment, was the {patient/resident}/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may	NA-{Patient/Resident} not taking any drugs 01-Yes 00-No	QM	N
M2020	Management of Oral Medications: {Patient's/Resident's} current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	00-Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 01-Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart. 02-Able to take medication(s) at the correct times if given reminders by another person at the appropriate times. 03-Unable to take medication unless administered by another person. NA-No oral medications prescribed. ^Blank (skip pattern)	QM	N
M2030	Management of Injectable Medications: {Patient's/Resident's} current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.	00-Able to independently take the correct medication(s) and proper dosage(s) at the correct times. 01-Able to take injectable medication(s) at the correct times if: (a)	HH PPS Grouper QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 46 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart. 02-Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection 03-Unable to take injectable medication unless administered by another person. NA-No injectable medications prescribed. ^-Blank (skip pattern)		
M2040	Prior Medication Management: Indicate the {patient's/resident's} usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury.	*	*	N
M2040_A	Oral medications	02-Dependent 01-Needed Some Help 00-Independent NA-Not applicable	QM	N
M2040_B	Injectable medications	02-Dependent 01-Needed Some Help 00-Independent NA-Not applicable	QM	N
M2102	Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 47 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
M2102_A	ADL assistance (for example, transfer / ambulation, bathing, dressing, toileting, eating/feeding)	01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 04-Assistance needed, but no non-agency caregiver(s) available 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 00-No assistance needed - {patient/resident} is independent or does not have needs in this area	QM	N
M2102_B	IADL assistance (for example, meals, housekeeping, laundry, telephone, shopping, finances)	01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 04-Assistance needed, but no non-agency caregiver(s) available 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 00-No assistance needed - {patient/resident} is independent or does not have needs in this area	QM	N
M2102_C	Medication administration (for example, oral, inhaled or injectable)	01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 48 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		04-Assistance needed, but no non-agency caregiver(s) available 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 00-No assistance needed - {patient/resident} is independent or does not have needs in this area		
M2102_D	Medical procedures/ treatments (for example, changing wound dressing, home exercise program)	01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 04-Assistance needed, but no non-agency caregiver(s) available 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 00-No assistance needed - {patient/resident} is independent or does not have needs in this area	QM	N
M2102_E	Management of Equipment (for example, oxygen, IV/infusion equipment, enteral/parental nutrition, ventilator therapy equipment or supplies)	01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 04-Assistance needed, but no non-agency caregiver(s) available 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 49 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		00-No assistance needed - {patient/resident} is independent or does not have needs in this area		
M2102_F	Supervision and safety (for example, due to cognitive impairment)	01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 04-Assistance needed, but no non-agency caregiver(s) available 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 00-No assistance needed - {patient/resident} is independent or does not have needs in this area	QM	N
M2102_G	Advocacy or facilitation of {patient's/resident's} participation in appropriate medical care (for example, transportation to or from appointments)	01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 04-Assistance needed, but no non-agency caregiver(s) available 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 00-No assistance needed - {patient/resident} is independent or does not have needs in this area	QM	N
M2110	How often does the {patient/resident} receive ADL or IADL assistance from any caregiver(s) (other than home	01-At least daily 02-Three or more times per week	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 50 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	health agency staff)?	03-One to two times per week 04-Received, but less often than weekly 05-No assistance received UK-Unknown		
M2200	Therapy Need: In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? Enter zero ["000"] if no therapy visits indicated.	999-Maximum value 000-Minimum value NA-Not applicable: No case mix group defined by this assessment ^-Blank (skip pattern)	HH PPS Grouper QM	N
M2250	Plan of Care Synopsis: Does the physician-ordered plan of care include the following. (Check only one box in each row)	*	*	N
M2250_A	{Patient/Resident}-specific parameters for notifying physician of changes in vital signs or other clinical findings	01-Yes 00-No NA-Not applicable - Physician has chosen not to establish {patient/resident}-specific parameters for this {patient/resident}. Agency will use standardized clinical guidelines accessible for all care providers to reference.	QM	N
M2250_B	Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and {patient/resident}/caregiver education on proper foot care	01-Yes 00-No NA-Not applicable - {Patient/Resident} is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 51 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		amputee)		
M2250_C	Falls prevention interventions	01-Yes 00-No NA-Not applicable - Falls risk assessment indicates {patient/resident} has no risk for falls.	QM	N
M2250_D	Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment and/or physician notified that {patient/resident} screened positive for depression	01-Yes 00-No NA-Not applicable - {Patient/Resident} has no diagnosis of depression AND depression screening indicates {patient/resident} has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.	QM	N
M2250_E	Intervention(s) to monitor and mitigate pain	01-Yes 00-No NA-Not applicable - Pain assessment indicates {patient/resident} has no pain.	QM	N
M2250_F	Intervention(s) to prevent pressure ulcers	01-Yes 00-No NA-Not applicable - Pressure ulcer risk assessment (clinical or formal) indicates {patient/resident} is not at risk of developing pressure ulcers.	QM	N
M2250_G	Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist	01-Yes 00-No	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 52 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	wound healing has been requested from physician	NA-Not applicable - {Patient/Resident} has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.		
M2301	Emergent Care: At the time of or at any time since the most recent {admission} assessment has the {patient/resident} utilized a hospital emergency department (includes holding/observation status)?	01-Yes, used hospital emergency department WITHOUT hospital admission 02-Yes, used hospital emergency department WITH hospital admission 00-No UK-Unknown	QM	N
M2310	Reason for Emergent Care: For what reason(s) did the {patient/resident} seek and/or receive emergent care (with or without hospitalization)? (Mark all that apply)	2-Injury caused by fall 3-Respiratory infection (for example, pneumonia, bronchitis) 4-Other respiratory problem 5-Heart failure (for example, fluid overload) 8-Other heart disease 15-Wound infection or deterioration 17-Acute mental/behavioral health problem 19-Other than above reasons UK-Reason unknown 1-Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis 6-Cardiac dysrhythmia (irregular heartbeat) 7-Myocardial infarction or chest pain	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 53 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		9-Stroke (CVA) or TIA 10-Hypo/Hyperglycemia, diabetes out of control 11-GI bleeding, obstruction, constipation, impaction 12-Dehydration, malnutrition 13-Urinary tract infection 14-IV catheter-related infection or complication 16-Uncontrolled pain 18-Deep vein thrombosis, pulmonary embolus ^-Blank (skip pattern)		
M2401	Intervention Synopsis: At the time of or at any time since the most recent {admission} assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Check only one box in each row)	*	*	N
M2401_A	Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and {patient/resident}/caregiver education on proper foot care	01-Yes 00-No NA-Not applicable - {Patient/Resident} is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee)	QM	N
M2401_B	Falls prevention interventions	NA-Not applicable - Every standardized, validate multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the {patient/resident} has no risk for falls.	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 54 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		01-Yes 00-No		
M2401_C	Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	NA-Not applicable - {Patient/Resident} has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the {patient/resident} has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used. 01-Yes 00-No	QM	N
M2401_D	Intervention(s) to monitor and mitigate pain	NA-Not applicable - Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the {patient/resident} has no pain. 01-Yes 00-No	QM	N
M2401_E	Intervention(s) to prevent pressure ulcers	01-Yes NA-Not applicable - Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the {patient/resident} is not at risk of	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Run Date: 06/26/2018  
Page 55 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		developing pressure ulcers. 00-No		
M2401_F	Pressure ulcer treatment based on principles of moist wound healing	01-Yes 00-No NA-Not applicable - {Patient/Resident} has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.	QM	N
M2410	To which Inpatient Facility has the {patient/resident} been admitted?	01-Hospital 02-Rehabilitation facility 03-Nursing home 04-Hospice NA-No inpatient facility admission	QM	N
M2420	Discharge Disposition: Where is the {patient/resident} after discharge from your agency? Choose only one answer	01-{Patient/Resident} remained in the community (without formal assistive services). 02-{Patient/Resident} remained in the community (with formal assistive services). 03-{Patient/Resident} transferred to a non-institutional hospice. 04-Unknown because {patient/resident} moved to a geographical location not served by this agency. UK-Other unknown.	QM	N
M2430	Reason for Hospitalization: For what reason(s) did the {patient/resident} require hospitalization? (Mark all that apply)	2-Injury caused by fall 3-Respiratory infection (for example, pneumonia, bronchitis)	QM	N



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

Run Date: 06/26/2018  
Page 56 of 56

Note: \* indicates an empty value.

**Assessment Instrument:** OASIS

**Assessment Version:** C2-012017

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		4-Other respiratory problem 5-Heart failure (for example, fluid overload) 8-Other heart disease 15-Wound infection or deterioration 17-Acute mental/behavioral health problem UK-Reason unknown 1-Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis 6-Cardiac dysrhythmia (irregular heartbeat) 7-Myocardial infarction or chest pain 9-Stroke (CVA) or TIA 10-Hypo/Hyperglycemia, diabetes out of control 11-GI bleeding, obstruction, constipation, impaction 12-Dehydration, malnutrition 13-Urinary tract infection 14-IV catheter-related infection or complication 16-Uncontrolled pain 18-Deep vein thrombosis, pulmonary embolus 19-Scheduled treatment or procedure 20-Other than above reasons ^-Blank (skip pattern)		