



Welcome to the Centers for Medicare & Medicaid Services' OASIS-C Online Training. This module will provide foundational education on the Care Management, Therapy Need, and Emergent Care domains of the OASIS data set, covering OASIS items M2100 through M2200 and M2300 through M2310.

---

---

---

---

---

**Introduction**

- This program will provide an introduction to OASIS-C items found in the Care Management, Therapy Need, and Emergent Care domains.
- Discussion will include relevant guidance found in Chapter 3 of the December 2012 OASIS-C Guidance Manual.
  - Specific OASIS conventions that apply to the domains
  - Item intent for each specific item
  - Time points for item completion
  - Response-specific item instructions
  - Data sources and resources



2

This program will provide an introduction to OASIS-C items related to the Care Management, Therapy Need, and Emergent Care domains. Discussion will include relevant guidance found in the December 2012 version of the OASIS-C Guidance Manual; specifically from Chapter 3 of that Manual, which contains OASIS item-specific guidance.

This module includes the following information for these items: specific OASIS conventions that apply to the Care Management, Therapy Need, and Emergent Care Domains; item intent, or clarification about what each specific item is intended to report; time points when each item should be completed; response-specific item instructions that clarify the differences between the various responses that could be selected for each item; and data sources and resources related to items in the Care Management, Therapy Need, and Emergent Care domains.

---

---

---

---

---

**Module Objectives**

- Identify four conventions that support accuracy in completion of these items.
- Identify the intent of each item.
- Specify the data collection time points for each item.
- Identify response-specific guidelines for each item.
- Identify data sources and resources for each item.



3

After completing this OASIS-C Online Training module, you will be able to identify four conventions that support accuracy in completing items in the Care Management, Therapy Need, and Emergent Care domains, identify the intent of each item, specify the data collection time points for each item, identify response-specific guidelines for each item, and identify data sources and resources for each item.

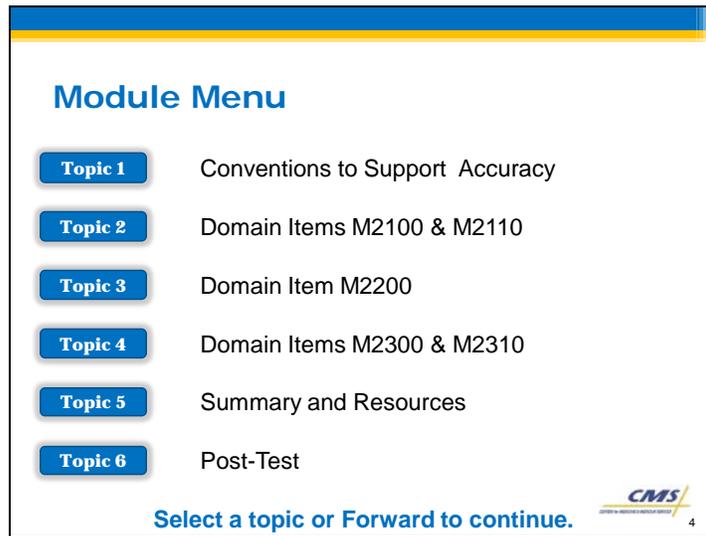
---

---

---

---

---



The screenshot shows a 'Module Menu' with six topics listed. Each topic is preceded by a blue button labeled 'Topic 1' through 'Topic 6'. The topics are: Topic 1: Conventions to Support Accuracy; Topic 2: Domain Items M2100 & M2110; Topic 3: Domain Item M2200; Topic 4: Domain Items M2300 & M2310; Topic 5: Summary and Resources; Topic 6: Post-Test. At the bottom of the menu, there is a blue link that says 'Select a topic or Forward to continue.' and the CMS logo with the number 4.

Topic	Description
Topic 1	Conventions to Support Accuracy
Topic 2	Domain Items M2100 & M2110
Topic 3	Domain Item M2200
Topic 4	Domain Items M2300 & M2310
Topic 5	Summary and Resources
Topic 6	Post-Test

Select a topic or Forward to continue.

 4

Select the Forward button to review the entire module, or you may select a topic from the Module Menu to review a specific topic of interest.

---

---

---

---

---



This topic addresses conventions to support OASIS-C accuracy.

---

---

---

---

---

### Conventions to Support Accuracy

- Understand the time period under consideration.
- Use multiple strategies as needed to complete OASIS items.
- Understand how words are defined in OASIS.
- Only one clinician completes the assessment, although collaboration is appropriate for selected items.



6

There are specific conventions or general rules that should be followed when completing OASIS-C items. Although all the conventions are important to observe and apply when appropriate, four conventions are especially important to remember when reporting OASIS-C items in the Care Management, Therapy Need, and Emergent Care domains. These conventions are understanding the time period under consideration for each item, using multiple strategies as needed to complete the OASIS items, understanding how certain words are defined for use in OASIS-C, and understanding that only one clinician takes responsibility for accurately completing a comprehensive assessment, although for selected items, collaboration is appropriate.

---

---

---

---

---

### Time Period Under Consideration

- Report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance.
- The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent for the home visit.



7

This convention guides the clinician to report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance. The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent by the clinician in the home for the home visit.

---

---

---

---

---

**Time Period Under Consideration, cont'd**

Examples of other time periods indicated:

- **M2100 Types and Sources of Assistance:** Report what is known on the day of assessment regarding the availability and ability of caregivers **for the upcoming episode of care.**
- **M2200 Therapy Need:** Report the total number of therapy visits indicated **over the 60-day payment episode.**
- **M2300 Emergent Care:** Report if the patient has utilized a hospital emergency department **at or since the last OASIS assessment.**



8

Here are a few examples of time periods other than the day of assessment to consider when completing items in the Care Management, Therapy Need, and Emergent Care domains. When completing M2100 Types and Sources of Assistance, report what is known on the day of assessment regarding the availability and ability of the caregivers to provide help in various categories of assistance for the upcoming episode of care. For M2200 Therapy Need, report the total number of therapy visits indicated over the 60-day payment episode. For M2300 Emergent Care, report if the patient has utilized a hospital emergency department at or since the last OASIS assessment.

---

---

---

---

---

**Use Multiple Strategies**

- Combine relevant strategies as needed:
  - Patient observation
  - Interviews with caregivers or physicians
  - Physical assessment
- Recognize opportunities to gather data from multiple sources.



9

The second convention that is important to remember for the Care Management, Therapy Need, and Emergent Care domains is the ability to combine observation, interview, and other relevant strategies as needed to complete OASIS data items. For accuracy of data collection in these domains, it will be important to recognize the opportunity to gather data from multiple sources such as patient observation, interviews with caregivers or physicians, and physical assessment. For example, when determining if the patient has utilized a hospital emergency department, the data may be gathered from multiple sources. You may obtain this information from the patient or caregiver through interview, or by reviewing the clinical record for information related to emergent care use at or since the last OASIS assessment. You could also obtain discharge information from the hospital emergency department or examine referral information. You might also interview the physician or hospital emergency department staff to determine if the patient experienced an emergent care event.

---

---

---

---

---

### Understand How Words Are Defined

- Understand the definitions of words or terms used in OASIS-C.
- For example, “Caregiver not likely to provide” means the caregiver has indicated an unwillingness to provide assistance, or the caregiver is physically and/or cognitively unable to provide needed care.
- “Emergent Care” includes only care, holding, and observation in a hospital emergency department.



10

The third convention to utilize when collecting data for items in these domains is to understand how words or terms are defined in the OASIS. Examples include M2100 Types and Sources of Assistance, where there is a response indicating that the caregiver is not likely to provide the needed assistance. This is defined in the response-specific instructions as the caregiver has indicated an unwillingness to provide assistance or that the caregiver is physically and/or cognitively unable to provide needed care. Another example is M2300 Emergent Care. The item intent defines emergent care as including only holding and observation in a hospital emergency department. It excludes emergent care provided in urgent care centers or other sites that are not hospital emergency departments.

---

---

---

---

---

---

**One Clinician Completes the OASIS Assessment**

- Only one clinician takes responsibility for accurately completing a comprehensive assessment.
- For selected items, collaboration is appropriate.
- M2200 Therapy Need: Response-specific instructions provide guidance in multidisciplinary cases, for which nursing and therapy may collaborate to answer the item correctly.



[Module Menu](#)  11

The fourth convention to utilize when collecting data for items in these domains is to understand that only one clinician can take responsibility for accurately completing a comprehensive assessment, although on selected items, collaboration is appropriate. M2200 Therapy Need is an example of when collaboration may occur as indicated in the response-specific instructions. These instructions state that in multidisciplinary cases, nursing and therapy may collaborate to answer the item correctly.

---

---

---

---

---



In this topic, we will review Care Management domain items M2100 and M2110.

---

---

---

---

---

**Summary of M- Items**

- M2100 Types and Sources of Assistance
- M2110 How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?



13

There are two items in the Care Management domain. This topic addresses both of these items: M2100 Types and Sources of Assistance and M2110 How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?

---

---

---

---

---

### M2100 Types and Sources of Assistance Item Intent & Time Points

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (check only **one** box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
a. <b>ADL assistance</b> (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. <b>IADL assistance</b> (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. <b>Medication administration</b> (e.g., oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Identifies the availability and ability of the caregiver(s) (other than home health agency staff) to provide categories of assistance needed by the patient.

**Collected at SOC, ROC & DC Not to Inpatient**

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_

14

The first item in the Care Management Domain is M2100 Types and Sources of Assistance. The intent of this item is to identify the availability and ability of the caregiver(s) (other than home health agency staff) to provide categories of assistance needed by the patient. This item is collected at the Start of Care, Resumption of Care, and Discharge assessment time points. Categories of assistance depicted on this slide include ADL assistance, IADL assistance, and Medication administration.

---



---



---



---



---

### M2100 Types and Sources of Assistance Item Intent & Time Points, cont'd

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (check only **one** box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
d. Medical procedures/ treatments (e.g., changing wound dressing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Management of Equipment (includes oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Identifies the availability and ability of the caregiver(s) (other than home health agency staff) to provide categories of assistance needed by the patient.

**Collected at SOC, ROC & DC Not to Inpatient**

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_


15

Other categories of assistance included in M2100 Types and Sources of Assistance are assistance with Medical procedures/treatments and Management of Equipment.

---



---



---



---



---

### M2100 Types and Sources of Assistance Item Intent & Time Points, cont'd

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (check only **one** box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) <u>not likely</u> to provide assistance	Unclear if caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
f. Supervision and safety (e.g. due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Identifies the availability and ability of the caregiver(s) (other than home health agency staff) to provide categories of assistance needed by the patient.

**Collected at SOC, ROC & DC Not to Inpatient**

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/ \_\_\_\_\_  
 Resources

16

M2100 Types and Sources of Assistance also addresses patient Supervision and safety as well as Advocacy or facilitation of the patient's participation in appropriate medical care.

---



---



---



---



---

### M2100 Types and Sources of Assistance Response-Specific Instructions

- At SOC/ROC, report what is known on the day of assessment regarding the availability and ability of caregivers to provide help in the various categories of assistance **for the entire upcoming episode of care.**



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_  17

Response-specific instructions provide guidance for entering the correct response for M2100 Types and Sources of Assistance. This guidance provides details about what time period to consider when determining caregiver availability and ability. At SOC/ROC report what is known on the day of assessment regarding the availability and ability of caregivers to provide help in the various categories of assistance for the entire upcoming episode of care. Query the patient and caregivers regarding the patient needs and identify what the caregiver's availability and ability to meet those needs are expected to be for the entire upcoming episode of care.

---

---

---

---

---

**M2100 Types and Sources of Assistance Response-Specific Instructions, cont'd**

- At Discharge, report what is known on the day of the Discharge assessment regarding the availability and ability of caregivers to provide assistance to the patient **at the time of the Discharge**.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  18

At Discharge, report what is known on the day of the Discharge regarding the availability and ability of caregivers to provide assistance to the patient at the time of the Discharge.

---

---

---

---

---

### M2100 Types and Sources of Assistance Response-Specific Instructions, cont'd

**M2100** Types and Sources of Assistance: Determine the level of caregiver ability and willingness to provide assistance for the following activities. If assistance is needed, check only ONE box in each row.

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provide assistance	Caregiver(s) need training/supportive services to provide assistance	Caregiver(s) willing to provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed but Caregiver(s) unavailable
<b>A</b> ADL assistance (e.g., transfer, ambulation, bathing, dressing, toileting, grooming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> IADL assistance (e.g., meals, housekeeping, shopping, banking, medical management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Medication administration (e.g., oral, inhaled or injected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> Medical procedures/treatments (e.g., changing wound dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b> Management of equipment (e.g., oxygen, tracheostomy, nebulator, ventilator, patient lift, wheelchair, nutrition, exercise therapy equipment or devices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b> Supervision and safety (e.g., risk to cognitive impairment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G</b> Advance or facilitation of patient's participation in decisions (medical care, financial management, or other decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- For each row a-g, select one description of caregiver assistance.
- If a patient needs assistance with any aspect of a category of assistance, consider the aspect that represents the most need, and the availability and ability to meet that need.
- If more than one response in a row applies, select the response that represents the greatest need.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_
**Response-Specific Instructions**
Data Sources/\_\_\_\_\_ Resources \_\_\_\_\_
19

For each of the rows a-g in this item, select one description of caregiver assistance. If a patient needs assistance with any aspect of a category of assistance; for example, if the patient needs assistance with some instrumental activities of daily living but not others, consider the aspect that represents the most need and the availability and ability of the caregiver to meet that need. If more than one response in a row applies, select the response that represents the greatest need. For example, the caregiver or caregivers provide the assistance but also need training or support. In this example, we would select caregiver needs training/supportive services to provide assistance because it represents the greatest need.

---



---



---



---



---

### M2100 Types and Sources of Assistance Response-Specific Instructions, cont'd

Caregiver Availability and Ability	Meaning
Caregiver(s) <u>not likely</u> to provide assistance	Caregiver has indicated an unwillingness to provide assistance, or caregiver is physically and/or cognitively unable to provide needed care.
Unclear if Caregiver(s) will provide assistance	Caregiver may express willingness to provide care, but their ability is in question or there is a reluctance on the part of the caregiver.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources 20

Response-specific instructions also provide guidance to help us better understand the meaning of the following statements. *“Caregiver or caregivers not likely to provide assistance”* indicates the caregiver or caregivers have indicated an unwillingness to provide assistance, or that the caregivers are physically and/or cognitively unable to provide needed care. For example, the caregiver tells you that they refuse to perform the necessary wound care or you identify that the caregiver is physically unable to perform the necessary wound care due to severe osteoarthritis of the hands.

*“Unclear if caregiver or caregivers will provide assistance”* indicates that the caregivers may express willingness to provide care, but their ability to do so is in question or there is reluctance on the part of the caregiver that raises questions as to whether the caregiver will provide the needed assistance. For example, the caregiver states he is unsure if he will be able to perform the necessary wound care because he gets sick when he sees blood. This statement might raise a question in the assessing clinician’s mind as to whether or not the caregiver will be able to provide the necessary assistance.

---



---



---



---



---

### M2100 Types and Sources of Assistance Response-Specific Instructions, cont'd

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (check only **one** box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
<b>a. ADL assistance</b> (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>b. IADL assistance</b> (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>c. Medication administration</b> (e.g., oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Row a** – ADLs include basic self-care activities such as the examples listed.

**Row b** – IADLs include activities associated with independent living necessary to support the ADLs such as the examples listed.

**Row c** – Medication administration refers to any type of medication (prescribed or OTC) and any route of administration including oral, inhaled, injectable, topical, administration via G/J tube, etc.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_ 21

The response-specific instructions also provide further information regarding what is to be included in the broad categories of types of assistance.

For Row a, ADLs include basic self-care activities such as transferring, ambulating, bathing, dressing, toileting, eating, and feeding.

For Row b, IADLs include activities associated with independent living necessary to support the ADLs such preparing meals, housekeeping, laundry, telephone use, shopping, and finances.

Row c, Medication administration, refers to the administration of any type of medication (prescribed or over-the-counter) and any route of administration including, but not limited to, oral, inhalant, injectable, topical, or administration via G/J tube.

---



---



---



---



---

### M2100 Types and Sources of Assistance Response-Specific Instructions, cont'd

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (check only **one** box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
d. Medical procedures/ treatments (e.g., changing wound dressing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Management of Equipment (includes oxygen, W/inhalation equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Row d** – include procedures/ treatments that the physician or physician-designee has ordered for the purpose of improving health status. E.g., wound care, dressing changes, ROM exercises, intermittent catheterization, postural drainage, electromodalities, etc.



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/ Resources \_\_\_\_\_

22

For Row d, Medical procedures/treatments, include procedures and/or treatments that the physician or physician-designee has ordered for the purpose of improving health status. Some examples include wound care, dressing changes, range-of-motion (ROM) exercises, intermittent catheterization, postural drainage, electromodalities, etc.

---



---



---



---



---

### M2100 Types and Sources of Assistance Response-Specific Instructions, cont'd

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (check only **one** box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
d. Medical procedures/ treatments (e.g. changing wound dressing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Management of Equipment (includes oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Row d** – Devices such as TED hose, prosthetic devices, orthotic devices, or other supports that have a medical and/or therapeutic impact should be considered medical procedures/ treatments.

**Row e** – Ability to safely use medical equipment as ordered. E.g., oxygen, enteral/parenteral nutrition, IV/infusion equipment, ventilator therapy equipment or supplies, CPAP, wheelchair, Hoyer lift, etc.


 Data Sources/Center for Medicare & Medicaid Services  
 Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Resources \_\_\_\_\_ 23

Devices such as TED hose, prosthetic devices, orthotic devices, or other supports that have a medical and/or therapeutic impact should also be considered in Row d as medical procedures/ treatments.

Row e, Management of Equipment, refers to the ability to safely use medical equipment as ordered. Examples of such equipment include equipment required for oxygen, enteral/parenteral nutrition, IV/infusion equipment, ventilator therapy equipment or supplies, CPAP, wheelchair, or Hoyer lift.

---



---



---



---



---

### M2100 Types and Sources of Assistance Response-Specific Instructions, cont'd

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (check only **one** box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
f. Supervision and safety (e.g., due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Row f** – Includes needs related to the ability of the patient to safely remain in the home.

**Row g** – Includes taking the patient to medical appointments, following up with filling prescriptions, or making subsequent appointments.

Data Sources/ Resources 24

Row f, Supervision and safety includes needs that impact the patient’s ability to safely remain in the home. This category of assistance includes a wide range of supportive tasks that may be necessary due to cognitive, functional, or other health deficits. Such assistance may range from calls to remind the patient to take medications to in-person visits to ensure that the home environment is safely maintained. It may also include the need for the physical presence of another person in the home to ensure that the patient doesn’t wander, fall, or engage in unsafe practices, such as leaving the stove burner on.

Row g, Advocacy or facilitation of patient’s participation in appropriate medical care includes taking the patient to medical appointments, following up with filling prescriptions, and making subsequent appointments.

---



---



---



---



---

**M2100 Types and Sources of Assistance  
Data Sources / Resources**

Gather information from several sources:

- Interview the patient and caregiver.
- Review patient's health history.



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_  25

When identifying the types and sources of assistance for the patient, you may obtain information from the patient and/or the caregiver during the interview of health status and from a review of the patient's health history.

---

---

---

---

---

**M2100 Review Question #1**

**Unclear if caregiver(s) will provide assistance** means that the caregivers have indicated an unwillingness to provide assistance or that the caregivers are physically and/or cognitively unable to provide needed care.

True  
 False

That is correct! **Unclear if caregiver(s) will provide assistance** means that caregivers may express a willingness to provide care, but their ability to do so is in question or there is a reluctance on the part of the caregivers that raises questions as to whether the caregivers will provide the needed assistance.

Select the correct answer.



26

Let's take a minute and practice with a few questions:

“Unclear if caregivers will provide assistance” means that the caregivers have indicated an unwillingness to provide assistance or that the caregivers are physically and/or cognitively unable to provide needed care. True or false?

The correct answer is False.

---

---

---

---

---

**M2100 Review Question #2**

Agency staff are included as caregivers for M2100 Types and Sources of Assistance.

True

False

That is correct! Per Chapter 3 of the OASIS-C Guidance Manual, item M2100 excludes agency staff when considering the availability and ability of the caregivers to provide categories of assistance needed by the patient.

Select the correct answer.



27

Agency staff are included as caregivers for M2100 Types and Sources of Assistance. True or false?

The correct answer is False.

---

---

---

---

---

**M2100 Review Question #3**

For M2100 Types and Sources of Assistance, if a patient needs assistance with any aspect of a category of assistance (e.g., needs assistance with some IADLs but not others), consider the aspect that represents the most need and the availability and ability of the caregivers to meet that need.

True  
 False

That is correct! The response-specific instructions for M2100 Types and Sources of Assistance indicate that if a patient needs assistance with any aspect of a category of assistance, consider the aspect that represents the most need and the availability and ability of the caregivers to meet that need.

Select the correct answer.



28

For M2100 Types and Sources of Assistance, if a patient needs assistance with any aspect of a category of assistance (e.g. needs assistance with some IADLs but not others), consider the aspect that represents the most need and the availability and ability of the caregivers to meet that need. True or false?

The correct answer is True.

---

---

---

---

---

**M2110 How Often Does the Patient Receive ADL or IADL Assistance**  
**Item Intent & Time Points**

**(M2110) How Often** does the patient receive **ADL or IADL assistance** from any caregiver(s) (other than home health agency staff)?

- 1 - At least daily
- 2 - Three or more times per week
- 3 - One to two times per week
- 4 - Received, but less often than weekly
- 5 - No assistance received
- UK - Unknown\*

\*at discharge, omit Unknown response.

Identifies the frequency of the assistance with ADLs or IADLs provided by non-agency caregivers.

**Collected at SOC, ROC & DC Not to Inpatient**

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_  29

The next OASIS item in the Care Management domain is M2110 How Often does the patient receive ADL or IADL assistance from any caregiver or caregivers (other than home health agency staff)? The intent of this item is to identify the frequency of assistance with activities of daily living and instrumental activities of daily living provided by any non-agency caregivers. This item is collected at the Start of Care, Resumption of Care, and Discharge assessment time points.

---

---

---

---

---

**M2110 How Often Does the Patient Receive ADL or IADL Assistance**  
**Response-Specific Instructions**

**Activities of Daily Living (ADLs)** – The tasks of everyday life. ADLs include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet.

**Instrumental Activities of Daily Living (IADLs)** – Activities related to independent living. IADLs include preparing meals, managing money, shopping, doing housework, and using a telephone.



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_  30

The response-specific instructions for M2110 How Often does the patient receive ADL or IADL assistance inform us that this item is concerned broadly with ADLs and IADLs, not just the ones specified in other OASIS items. ADLs are defined as the tasks of everyday life. Basic ADLs include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet. Instrumental activities of daily living (IADLs) are activities related to independent living and include preparing meals, managing money, shopping, doing housework, and using a telephone.

---

---

---

---

---

**M2110 How Often Does the Patient Receive ADL or IADL Assistance**  
**Data Sources / Resources**

Gather information from multiple sources:

- Interview the patient.
- Interview the caregiver.



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_

[Module Menu](#)  31

When identifying how often the patient receives ADL or IADL assistance, obtain information from the patient and/or the caregiver during the interview of health status.

---

---

---

---

---



In this topic, we will review Therapy Need domain item M2200.

---

---

---

---

---

**Summary of M- Items**

- M2200 Therapy Need



33

There is only one item related to therapy in the Therapy Need and Plan of Care Domain and it is M2200 Therapy Need.

---

---

---

---

---

### M2200 Therapy Need Item Intent & Time Points

**(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.)**

( \_ \_ \_ ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

NA - Not applicable: No case mix group defined by this assessment.

- Identifies the total number of therapy visits (physical, occupational, or speech therapy combined) planned for the Medicare payment episode for which this assessment will determine the case mix group.

**Collected at SOC, ROC & FU**

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_ 34

Let's discuss M2200 Therapy Need. The intent of this item is to identify the total number of therapy visits that are expected to be performed during the episode. This includes all physical, occupational, and speech therapy visits that are planned for the Medicare payment episode for which this assessment will determine the case mix group, and only applies to payers utilizing a payment model based on case mix group assignment. This item is collected at the Start of Care, Resumption of Care, and Follow-up assessment time points.

---

---

---

---

---

**M2200 Therapy Need  
Response-Specific Instructions**

- Therapy visits must:
  - Relate directly and specifically to a treatment regimen established by the physician through consultation with the therapist(s).
  - Be reasonable and necessary to the treatment of the patient's illness or injury.
- The Medicare payment episode ordinarily comprises 60 days beginning with the Start of Care date or 60 days beginning with the Recertification date.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/Resources  35

The response-specific instructions provide the following guidance: Therapy visits must relate directly and specifically to a treatment regimen established by the physician through consultation with the therapist or therapists, and be reasonable and necessary for the treatment of the patient's illness or injury. The Medicare payment episode ordinarily comprises 60 days beginning with the Start of Care date or 60 days beginning with the Recertification date.

---

---

---

---

---

**M2200 Therapy Need  
Response-Specific Instructions, cont'd**

- Report a number that is zero filled and right justified.
  - Example: **11** visits should be reported as **0 1 1**.

0 1 1 Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

- Answer 000 if no therapy services are needed.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  36

When completing M2200 Therapy Need, report a number that is zero filled and right justified. For example: 11 visits should be reported as 011. Enter “000” if no therapy services are needed.

---

---

---

---

---

**M2200 Therapy Need  
Response-Specific Instructions, cont'd**

- For multidisciplinary cases – Nursing and Therapy may collaborate to answer this item correctly.
  - Coordination of patient care is specified in the Conditions of Participation (42 CFR §484.14)



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  37

For multidisciplinary cases, Nursing and Therapy may collaborate to answer item M2200 Therapy Need correctly. The Physical Therapist, Occupational Therapist, and/or Speech Language Pathologist should communicate the number of visits ordered by the physician to the RN, who would complete the item. Coordination of patient care is specified in the Conditions of Participation.

---

---

---

---

---

**M2200 Therapy Need  
Response-Specific Instructions, cont'd**

- When a Resumption of Care occurs during the last five days of the certification period, CMS allows the agency to complete a single ROC assessment.
- In such cases, the total number of therapy visits planned for the upcoming 60-day episode should be reported.



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  38

When a patient is discharged home from an inpatient facility admission in the last five days of a certification period, the requirement to complete the Resumption of Care assessment overlaps with the requirement to complete a Recertification assessment. CMS allows the agency to complete a single Resumption of Care assessment to meet the requirements of both time points. In such cases, the total number of therapy visits planned for the upcoming 60-day episode of care should be reported in M2200.

---

---

---

---

---

**M2200 Therapy Need  
Response-Specific Instructions, cont'd**

- “Not Applicable” – When the assessment will not be used to determine a case mix group for Medicare or other payers using a Medicare PPS-like model.
- If the number of therapy visits that will be needed is uncertain, provide your best estimate.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  39

Select the “Not Applicable” response when the assessment will not be used to determine a case mix group for Medicare or other payers using a Medicare PPS-like model. Usually, the “Not Applicable” response will be checked for patients whose payment source is not Medicare-fee-for-service; for example, when M0150 – Current Payment Sources for Home Care does not have “Response 1 – Medicare (traditional fee-for-service)” checked. You may also select “Not Applicable” for an assessment that will otherwise not be used to determine a Medicare case mix group. However, payers other than the Medicare Program may use this information in setting an episode payment rate. If the home health agency needs a case mix code or HIPPS code for billing purposes, a response other than “Not applicable” is required to generate the case mix code.

The last bit of guidance found in the response-specific instructions allows us to provide our best estimate of the number of therapy visits if the number needed is uncertain.

---

---

---

---

---

**M2200 Therapy Need  
Data Sources / Resources**

Gather information from the following sources:

- Physician's orders
- Referral information
- Plan of care
- Clinical record



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_  40

When identifying the correct response for M2200 Therapy Need, you may obtain the information from the following sources: You may look to your physician orders to determine which therapy disciplines have been ordered and identify the frequency and duration for each therapy discipline. You may also be able to obtain this information from orders received with the referral. When the assessment and care plan are complete, review the plan of care to determine whether therapy visits are ordered by the physician. If not, enter “000” for M2200. If therapy services are ordered, count how many total visits are indicated over the 60-day payment episode and enter the number in M2200.

---

---

---

---

---

**M2200 Review Question #1**

In multidisciplinary cases, the assessing clinician may collaborate with therapy disciplines to identify the number of therapy visits that are planned for the Medicare payment episode.

True  
 False

That is correct! Per the OASIS-C response-specific instructions, nursing and therapy may collaborate to identify the number of therapy visits.

Select the correct answer.



41

Let's review what we have learned about M2200 Therapy Need. In multidisciplinary cases, the assessing clinician may collaborate with therapy disciplines to identify the number of therapy visits that are planned for the Medicare payment episode. True or false?

The correct answer is True.

---

---

---

---

---

### M2200 Scenario

The Nurse performs the SOC comprehensive assessment on Monday and waits to hear from the Physical Therapist prior to completing her assessment. The Physical Therapist calls the Nurse on Tuesday to inform her that the total number of therapy visits for the Medicare payment episode is nine.



The Nurse performs the SOC comprehensive assessment on Monday and waits to hear from the Physical Therapist prior to completing her assessment. The Physical Therapist calls the Nurse on Tuesday to inform her that the total number of therapy visits for the payment episode is nine.

---

---

---

---

---

**M2200 Scenario Question**

What is the correct response for M2200 Therapy Need?

- A. ( \_ \_ 9 ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- B. ( 0 0 9 ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- C. ( 0 9 \_ ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- D.  NA - Not applicable: No case mix group defined by this assessment.

Select the correct response for this scenario.

[Review Scenario](#)  43

What is the correct response for M2200 Therapy Need?

---

---

---

---

---

**M2200 Scenario Answer**

What is the correct response for M2200 Therapy Need?

- A. ( \_ \_ 9 ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- B. ( 0 0 9 ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- C. ( 0 9 \_ ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- D.  NA - Not applicable: No case mix group defined by this assessment.

That is correct! The response-specific instructions for M2200 Therapy Need state that the number reported should be zero filled and right justified.

[Module Menu](#)  44

That is correct! The response-specific instructions for M2200 Therapy Need state that the number reported should be zero filled and right justified.

---

---

---

---

---

**EMERGENT CARE DOMAIN**

**Domain Items M2300 & M2310**

[Module Menu](#)

 45

In this topic, we will review Emergent Care domain items M2300 and M2310.

---

---

---

---

---

**Summary of M- Items**

- M2300 Emergent Care
- M2310 Reason for Emergent Care



46

There are two items in the Emergent Care domain: M2300 Emergent Care and M2310 Reason for Emergent Care.

---

---

---

---

---

**M2300 Emergent Care Item Intent & Time Points**

**(M2300) Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

- 0 - No [*Go to M2400*]
- 1 - Yes, used hospital emergency department WITHOUT hospital admission
- 2 - Yes, used hospital emergency department WITH hospital admission
- UK - Unknown [*Go to M2400*]

- Identifies whether the patient was seen in a hospital emergency department at or since the previous OASIS assessment.

**Collected at Transfer to Inpatient & DC from Agency**

Item Intent    Time Points    Response-Specific Instructions    Data Sources/Resources     47

The first item in this domain that we will discuss is M2300 Emergent Care. The intent of this item is to identify whether the patient was seen in a hospital emergency department at or since the previous OASIS assessment. Responses to this item include the entire period at or since the last time OASIS data were collected, including the use of a hospital emergency department that results in a qualifying hospital admission, necessitating Transfer OASIS data collection. This item is collected at the Transfer to inpatient facility with or without agency discharge and at the Discharge from the agency time points.

---

---

---

---

---

---

M2300 Emergent Care Response-Specific Instructions	
Includes	Excludes
Holding and observation in a hospital emergency department setting ONLY	Urgent care services NOT provided in a hospital emergency department: <ul style="list-style-type: none"> <li>• Doctor office visits scheduled less than 24 hours in advance</li> <li>• Care provided by an ambulance crew without transport</li> <li>• Care received in urgent care facilities</li> </ul>

Item Intent    Time Points    **Response-Specific Instructions**    Data Sources/  
Resources        48

The response-specific instructions provide the following guidance for answering this item. When determining if the patient has experienced emergent care at or since the last OASIS assessment, it is important to understand that this item only includes emergent care, holding, and observation in the hospital emergency department setting. It excludes urgent care services not provided in a hospital emergency department, including doctor’s office visits scheduled less than 24 hours in advance, care provided by an ambulance crew without transport, or care received in urgent care facilities. An urgent care facility is defined as a freestanding walk-in clinic (not a department of a hospital) utilized by patients in need of immediate medical care.

---



---



---



---



---

**M2300 Emergent Care  
Response-Specific Instructions, cont'd**

(M2300) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

0 - No [*Go to M2400*]

1 - Yes, used hospital emergency department WITHOUT hospital admission

2 - Yes, used hospital emergency department WITH hospital admission

UK - Unknown [*Go to M2400*]

- Select Response 1 or 2 if the patient went to a hospital emergency department (ED), regardless of whether the patient/caregiver independently made the decision to seek ED services or was advised to go to the ED by the physician, home health agency, or other health care provider.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  49

In situations where a patient seeks care in a hospital emergency department, Response 1 or 2 should be selected depending on whether or not a hospital admission occurred. Response 1 or 2 should be selected regardless of whether the patient/caregiver independently made the decision to seek emergency department services or was advised to go to the emergency department by the physician, home health agency, or other health care provider.

---

---

---

---

---

**M2300 Emergent Care  
Response-Specific Instructions, cont'd**

(M2300) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

- 0 - No [*Go to M2400*]
- 1 - Yes, used hospital emergency department WITHOUT hospital admission
- 2 - Yes, used hospital emergency department WITH **hospital admission**
- UK - Unknown [*Go to M2400*]

- Hospital admission means admission to a hospital for 24 hours or longer, for reasons other than diagnostic testing.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  50

Hospital admission is defined as admission to a hospital where the stay is for 24 hours or longer, for reasons other than diagnostic testing.

---

---

---

---

---

**M2300 Emergent Care  
Response-Specific Instructions, cont'd**

(M2300) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

0 - No [**Go to M2400**]

1 - Yes, used hospital emergency department WITHOUT hospital admission

2 - Yes, used hospital emergency department WITH hospital admission

UK - Unknown [**Go to M2400**]

- Select Response 0 if the patient was directly admitted to the hospital for a stay requiring an OASIS Transfer without being treated or evaluated in the emergency department (ED) prior to admission and had no other ED visit at or since the last OASIS assessment.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_  51

If the patient was directly admitted to the hospital, was not treated or evaluated in the emergency room, and had no other emergency department visits at or since the last OASIS assessment, select Response 0 - No.

---

---

---

---

---

**M2300 Emergent Care  
Response-Specific Instructions, cont'd**

(M2300) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

0 - No [Go to M2400]

1 - Yes, used hospital emergency department WITHOUT hospital admission

2 - Yes, used hospital emergency department WITH hospital admission

UK - Unknown [Go to M2400]

Select Response 1 if:

- The patient went to a hospital emergency department (ED) and was “held” at the hospital for observation, then released.
- The patient accessed an ED multiple times without hospital admission at or since the last OASIS assessment.

 52

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_

Select Response 1 - Yes, used hospital emergency department WITHOUT hospital admission if a patient went to a hospital emergency department, was “held” at the hospital for observation, then released. The patient did receive emergent care. The time period that a patient can be “held” without admission can vary. “Holds” can be longer than 23 hours, but emergent care should be reported regardless of the length of the observation “hold.” An OASIS Transfer assessment is not required if the patient was never actually admitted to an inpatient facility. If a patient utilized a hospital emergency department more than once and none of the visits resulted in a hospitalization, select Response 1.

---

---

---

---

---

**M2300 Emergent Care**  
**Response-Specific Instructions, cont'd**

(M2300) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

0 - No [Go to M2400]

1 - Yes, used hospital emergency department WITHOUT hospital admission

2 - Yes, used hospital emergency department WITH hospital admission

UK - Unknown [Go to M2400]

Select Response 1 if:

- Since the last OASIS assessment, the patient experienced both a direct admission to the hospital without treatment or evaluation in the emergency department (ED) AND accessed a hospital ED that did not result in an inpatient admission.
- A patient dies in the ED.



Item Intent    Time Points    **Response-Specific Instructions**    Data Sources/Resources    53

You would also select Response 1 for a patient who, at or since the last time OASIS data were collected, experienced both a direct admission to the hospital without treatment or evaluation in an emergency department AND accessed a hospital emergency department that did not result in an inpatient admission. A patient who dies in a hospital emergency department is considered to have died under the care of the emergency department, not the home health agency. In this situation, a Transfer assessment, not an assessment for “Death at Home,” should be completed. For M2300 Emergent Care, the best response would be 1 – Yes, used hospital emergency department WITHOUT hospital admission.

---

---

---

---

---

**M2300 Emergent Care Response-Specific Instructions, cont'd**

(M2300) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

0 - No [Go to M2400]

1 - Yes, used hospital emergency department WITHOUT hospital admission

2 - Yes, used hospital emergency department WITH hospital admission

UK - Unknown [Go to M2400]

Select Response 2 if:

- The patient went to a hospital emergency department (ED) and was subsequently admitted to the hospital. An OASIS Transfer assessment is required.
- The patient utilized a hospital ED more than once at or since the last OASIS assessment and any of the ED visits resulted in a hospital admission.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/ \_\_\_\_\_  Resources \_\_\_\_\_ 54

Select Response 2 - Yes, used hospital emergency department WITH hospital admission if the patient went to a hospital emergency department and was subsequently admitted to the hospital. An OASIS Transfer assessment is required, assuming the patient stay was for 24 hours or more for reasons other than diagnostic testing. You would also select Response 2 if a patient utilized a hospital emergency department more than once at or since the last OASIS assessment, as long as any emergency department visit at or since the last OASIS assessment resulted in a hospital admission.

---

---

---

---

---

**M2300 Emergent Care  
Data Sources / Resources**

Gather information from several sources:

- o Patient and caregiver interviews
- o Clinical record
- o Hospital emergency department discharge information
- o Physician
- o Hospital emergency department staff



Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/Resources \_\_\_\_\_  55

When identifying the correct response for M2300 Emergent Care, you may obtain information from the following sources: You may obtain this information from the patient or caregiver through interview, or by reviewing the clinical record for information related to emergent care use at or since the last OASIS assessment. You could also obtain discharge information from the hospital emergency department. You might also query the physician or hospital emergency department staff to determine if the patient experienced an emergent care event.

---

---

---

---

---

**M2300 Review Question #1**

Emergent care includes all urgent care services, including doctor's office visits scheduled less than 24 hours in advance, care provided by an ambulance crew without transport, or care received in urgent care facilities.

True  
 False

That is correct! Emergent care includes care provided in a hospital emergency department only.

Select the correct answer.



56

Let's take a minute and practice with a few questions: Emergent care includes all urgent care services, including doctor's office visits scheduled less than 24 hours in advance, care provided by an ambulance crew without transport, or care received in urgent care facilities. True or false?

The correct answer is False.

---

---

---

---

---

**M2300 Review Question #2**

When identifying if the patient was seen in a hospital emergency department, the time frame to consider for data collection as stated in the item guidance is the entire time since the beginning of a quality episode (beginning with a Start of Care or Resumption of Care assessment).

True  
 False

That is correct! The time period under consideration as stated in this item is since the last time OASIS data were collected, meaning at or since the last OASIS assessment. This could be an SOC, ROC, a Recertification assessment, or Other Follow-up assessment if any of these were the last assessment completed.

Select the correct answer.



57

When identifying if the patient was seen in a hospital emergency department, the time frame to consider is the entire time since the beginning of a quality episode (beginning with the most recent Start of Care or Resumption of Care assessment). True or false?

The correct answer is False.

---

---

---

---

---

### M2310 Reason for Emergent Care Item Intent & Time Points

**(M2310) Reason for Emergent Care:** For what reason(s) did the patient receive emergent care (with or without hospitalization)? **(Mark all that apply.)**

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (e.g., pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (e.g., fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 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
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Other than above reasons
- UK - Reason unknown

Identifies the reason(s) for which the patient received care in a hospital emergency department.

**Collected at Transfer to Inpatient & DC from Agency**

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ Response-Specific Instructions \_\_\_\_\_ Data Sources/  
 Resources \_\_\_\_\_ 58

The intent of item M2310 Reason for Emergent Care is to identify the reasons for which the patient received care in a hospital emergency department. The item is collected at the Transfer to inpatient facility with or without agency discharge and at the Discharge from the agency assessment time points.

---



---



---



---



---

**M2310 Reason for Emergent Care Response-Specific Instructions**

- **Only** addresses emergent care services provided in a hospital emergency department. **Excludes:**
  - Doctor's office visits scheduled less than 24 hours in advance
  - Care provided by an ambulance crew without transport
  - Care received in urgent care facilities
- If more than one reason contributed to the hospital emergency department visit, mark **all** appropriate responses.
  - E.g., if a patient received care for a fall at home and was found to have medication side effects, mark both responses.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/  
Resources  59

The following response-specific instructions provide guidance in selecting the most appropriate response for M2310 Reasons for Emergent Care and include the following: This item does not address urgent care services not provided in a hospital emergency department. It excludes:

- Doctor's office visits scheduled less than 24 hours in advance
- Care provided by an ambulance crew without transport
- Care received in urgent care facilities

If more than one reason contributed to the hospital emergency department visit, mark all appropriate responses. E.g., if a patient received care for a fall at home and was found to have medication side effects, mark both responses.

---

---

---

---

---

**M2310 Reason for Emergent Care Response-Specific Instructions, cont'd**

- If the patient seeks care in a hospital emergency department (ED) for a specific suspected condition, report that condition, even if the suspected condition was ruled out.
  - Example: Patient was sent to ED for suspected deep vein thrombosis (DVT), but diagnostic testing and evaluation were negative for DVT. Select Response 18 – Deep vein thrombosis, pulmonary embolus for M2310 Reason for Emergent Care.
- If the patient has received emergent care in a hospital ED multiple times since the last time OASIS data were collected, include all the reasons for all visits.

Item Intent \_\_\_\_\_ Time Points \_\_\_\_\_ **Response-Specific Instructions** \_\_\_\_\_ Data Sources/ \_\_\_\_\_  Resources \_\_\_\_\_ 60

If the patient seeks care in a hospital emergency department for a specific suspected condition, report that condition, even if the suspected condition was ruled out.

For example, a patient was sent to the emergency department for suspected deep vein thrombosis, but diagnostic testing and evaluation were negative for a DVT. You would select Response 18 – Deep vein thrombosis, pulmonary embolus for M2310 Reason for Emergent Care.

If the patient has received emergent care in a hospital emergency department multiple times since the last time OASIS data were collected, include all the reasons for all visits.

---

---

---

---

---

**M2310 Reason for Emergent Care  
Data Sources / Resources**

Gather information from several sources:

- o Patient and caregiver interviews
- o Clinical record
- o Hospital emergency department discharge information
- o Physician
- o Hospital emergency department staff



Item Intent — Time Points — Response-Specific Instructions — Data Sources/ Resources —  61

[Module Menu](#)

When identifying the correct response for M2310 Reason for Emergent Care, you may obtain the information from the following sources: You may obtain this information from patient or caregiver interview and by reviewing the clinical record for information related to emergent care reasons at or since the last OASIS assessment. You could also obtain discharge information from the hospital emergency department. You might also query the physician or hospital emergency department staff to determine the specific reasons the patient sought or received emergent care.

---

---

---

---

---



This topic lists the resources and references used in this educational module.

---

---

---

---

---

**Summary of Domain**

- Understand each item and the individual responses.
- Use Chapter 3 of the December 2012 OASIS-C Guidance Manual as your reference for the following concepts:
  - Item intent
  - Time points for completion
  - Response-specific instructions
  - Data sources and resources
- Additional guidance can be found in the CMS Q & As and the CMS Quarterly Q & As.



63

In summary, in order to accurately collect the items in Care Management, Therapy Need, and Emergent Care domains accurately, it will be important for the assessing clinician to understand each item and its individual responses. Use Chapter 3 of the December 2012 OASIS-C Guidance Manual as your reference to apply concepts and details related to the intent of each OASIS item, when each item should be completed, what the various response options mean, and what data sources and resources you can use to facilitate an accurate assessment.

---

---

---

---

---

**Resources/References**

- OASIS-C Guidance Manual
  - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>
  - Chapter 3 provides guidance on OASIS-C questions.
- CHAMP Program  
<http://www.champ-program.org/>
- Home Health Quality Improvement (HHQI) National Campaign  
<http://www.homehealthquality.org>
- OASIS Answers, Inc.  
<http://www.oasisanswers.com>



64

Additional resources and references can be accessed at the links listed here. Particularly important is the guidance in Chapter 3 of the OASIS-C Guidance Manual, which served as the foundational content for this educational module. Home care nurses and therapists responsible for collecting OASIS data should consider having a copy of the Chapter 3 guidance accessible while conducting comprehensive assessments to enhance data accuracy.

---

---

---

---

---

**Questions**

- Talk with your clinical managers.
- Check the CMS Q & As.
  - [www.qtso.com/hhdownload.html](http://www.qtso.com/hhdownload.html)
- Check the Quarterly Q & As.
  - [www.oasisanswers.com](http://www.oasisanswers.com)
- Contact your State OASIS Educational Coordinator.
  - [www.cms.gov/OASIS/Downloads/OASISeducationalcoordinators.pdf](http://www.cms.gov/OASIS/Downloads/OASISeducationalcoordinators.pdf)
- Submit Q & As to CMS.
  - Send email to [CMSOASISquestions@oasisanswers.com](mailto:CMSOASISquestions@oasisanswers.com).
- Email the OASIS training feedback site.
  - [oasisctrainingfeedback@cms.hhs.gov](mailto:oasisctrainingfeedback@cms.hhs.gov)

[Module Menu](#)  65

If you have questions, consider talking with your clinical manager, consult the guidance contained in Chapter 3 of the OASIS-C Guidance Manual, and review the additional guidance included in the CMS Q & As and the Quarterly Q & A updates, available at the links provided here. If you still have unanswered questions, contact your State OASIS Educational Coordinator, who can provide free assistance in answering your OASIS data collection questions.

If your question cannot be resolved with the help of your OEC, consider submitting your inquiry to the CMS OASIS mailbox at [CMSOASISquestions@oasisanswers.com](mailto:CMSOASISquestions@oasisanswers.com).

If you have comments related to this web module, please consider providing feedback to the OASIS training feedback mailbox at [oasisctrainingfeedback@cms.hhs.gov](mailto:oasisctrainingfeedback@cms.hhs.gov).

Thank you for your commitment to OASIS accuracy.

---

---

---

---

---

---



This post-test contains five scenarios. Read each scenario, select the correct response, and then select the submit button.

---

---

---

---

---

**Post-Test Question #1**

Your patient states that he is independent with all ADLs but needs assistance with housekeeping and shopping, which his daughter performs for him without problems. The daughter will be having an invasive surgical procedure performed on her knee next week but states that she will continue to take care of her father. How would you score M2100 rows a (ADL assistance) and b (IADL assistance)?

- A. Row a – 0 (No assistance needed in this area), row b – 1 (Caregiver(s) currently provides assistance)
- B. Row a – 1 (Caregiver(s) currently provides assistance), row b – 1 (Caregiver(s) currently provides assistance)
- C. Row a – 0 (No assistance needed in this area), row b – 3 (Caregiver(s) not likely to provide assistance)
- D. Row a – 0 (No assistance needed in this area), row b – 4 (Unclear if caregiver(s) will provide assistance)

That is correct! In this scenario, the patient needs no assistance with ADLs but requires assistance with IADLs. Doubt is raised regarding the caregiver's ability to provide care during and following her upcoming knee surgery.

 67

[Submit](#)

The correct answer is response D. Row a – 0 (No assistance needed in this area), row b – 4 (Unclear if caregiver(s) will provide assistance)

In this scenario, the patient needs no assistance with ADLs but requires assistance with IADLs. Doubt is raised regarding the caregiver's ability to provide care during and following her upcoming knee surgery.

---

---

---

---

---

**Post-Test Question #2**

At the time of the Resumption of Care assessment, your patient is ordered oxygen per nasal cannula and an IV antibiotic which is administered via an external pump. The patient needs help managing both the oxygen and IV equipment. The caregiver demonstrates she is skilled with all aspects of managing the oxygen equipment. When questioned if she is willing to learn how to administer the IV antibiotic, she states she is "scared to death of the IV pump" and unwilling to even attempt to learn how to use it. How would you score M2100 Row e (Management of equipment) at Resumption of Care?

- A. 1 – Caregiver(s) currently provides assistance
- B. 2 – Caregiver(s) needs training/supportive services to provide assistance
- C. 3 – Caregiver(s) not likely to provide assistance
- D. 4 – Unclear if Caregiver(s) will provide assistance

That is correct! The patient requires help with two types of equipment, the IV and the oxygen. The caregiver is currently providing assistance with the oxygen but is unwilling to help with the IV equipment. Response-specific instructions state if more than one response in a row applies, select the response that represents the greatest need.

[Submit](#)



68

The correct answer is response C. 3 – Caregiver(s) not likely to provide assistance.

The patient requires help with two types of equipment, the IV and the oxygen. The caregiver is currently providing assistance with the oxygen but is unwilling to help with the IV equipment. Response-specific instructions state if more than one response in a row applies, select the response that represents the greatest need.

---

---

---

---

---

**Post-Test Question #3**

The RN begins data collection for the Start of Care assessment on Monday. She communicates on Wednesday with all ordered disciplines to obtain their frequency and duration orders for the payment episode. She finds out the PT plans to perform 6 visits, the OT plans 4 visits, the ST plans 2 visits, and the MSW plans 2 visits. What is the most accurate response for M2200 Therapy Need?

A. 0 1 2 visits  
B. 1 2 \_ visits  
C. 1 4 \_ visits  
D. Leave blank since the RN did not obtain this information on the Start of Care date.

That is correct! The planned therapy visits for the Medicare payment episode total 12 – 6 PT, 4 OT, and 2 ST. The MSW does not deliver therapy services. For M2200, numbers are zero filled and right justified.

Submit  69

The correct answer is response A. 012 visits.

The planned therapy visits for the Medicare payment episode total 12 – 6 PT, 4 OT, and 2 ST. The MSW does not deliver therapy services. For M2200, numbers are zero filled and right justified.

---

---

---

---

---

**Post-Test Question #4**

You are completing a Transfer OASIS. Since the last OASIS assessment time point, your patient was seen in the emergency department (ED) three times. The first time was for an exacerbation of congestive heart failure (CHF). He was treated and released back home. The second time was for a shoulder injury following a fall, and the x-ray of his shoulder was negative for fracture, but he received pain medication and was sent home. The third time was for symptoms of a possible myocardial infarction (MI), which was ruled out. He was diagnosed, however, with pneumonia and admitted to the hospital for three days of IV antibiotics. What is the correct response for M2300 Emergent Care?

- A. Response 0 – No
- B. Response 1 – Yes, used hospital emergency department WITHOUT hospital admission
- C. Response 2 – Yes, used hospital emergency department WITH hospital admission
- D. Response UK – Unknown

That is correct! If a patient utilized a hospital ED one or more times at or since the last OASIS assessment, select Response 2 if any ED visit during that time resulted in a hospital admission.

 70

[Submit](#)

The correct answer is response C. Response 2 – Yes, used a hospital emergency department WITH hospital admission

If a patient utilized a hospital emergency department (ED) one or more times at or since the last OASIS assessment, select Response 2 if any ED visit during that time resulted in a hospital admission.

---

---

---

---

---

**Post-Test Question #5**

You are completing a Transfer OASIS. Since the last OASIS assessment time point, your patient was seen in the emergency department (ED) three times. The first time was for an exacerbation of congestive heart failure (CHF). He was treated and released back home. The second time was for a shoulder injury following a fall, and the x-ray of his shoulder was negative for fracture, but he received pain medication and was sent home. The third time was for symptoms of a possible myocardial infarction (MI), which was ruled out. He was diagnosed, however, with pneumonia and admitted to the hospital for three days of IV antibiotics. What are the correct responses for M2310 Reason for Emergent Care?

- A. 5 – Heart failure, 3 – Respiratory infection
- B. 5 – Heart failure, 2 – Injury caused by a fall, 3 – Respiratory infection
- C. 5 – Heart failure, 2 – Injury caused by a fall, 7 – Myocardial infarction or chest pain
- D. 5 – Heart failure, 2 – Injury caused by a fall, 7 – Myocardial infarction or chest pain, 3 – Respiratory infection

That is correct! If a patient sought/received care in a hospital ED multiple times at or since the last OASIS assessment, include all the reasons for all visits, even if the condition was ruled out.

[Submit](#)



71

The correct answer is response D. 5 – Heart failure, 2 – Injury caused by a fall, 7 – Myocardial infarction or chest pain, 3 – Respiratory infection.

If a patient sought/received care in a hospital emergency department (ED) multiple times at or since the last OASIS assessment, include all the reasons for all visits, even if the condition was ruled out.

---

---

---

---

---