



Welcome to the Centers for Medicare & Medicaid Services' OASIS-C Online Training. This module will provide foundational education on the Living Arrangements and Sensory Status Domains of the OASIS data set. We will cover OASIS items M1100 through M1242.

Introduction

- This program will provide an introduction to OASIS-C items found in the Living Arrangements and Sensory Status Domains.
- Discussion will include relevant guidance found in Chapter 3 of the December 2011 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



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This program will provide an introduction to OASIS-C items related to the Living Arrangements and Sensory Status Domains. Discussion will include relevant guidance found in the December 2011 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 Living Arrangements and Sensory Status 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 Living Arrangements and Sensory Status Domains.

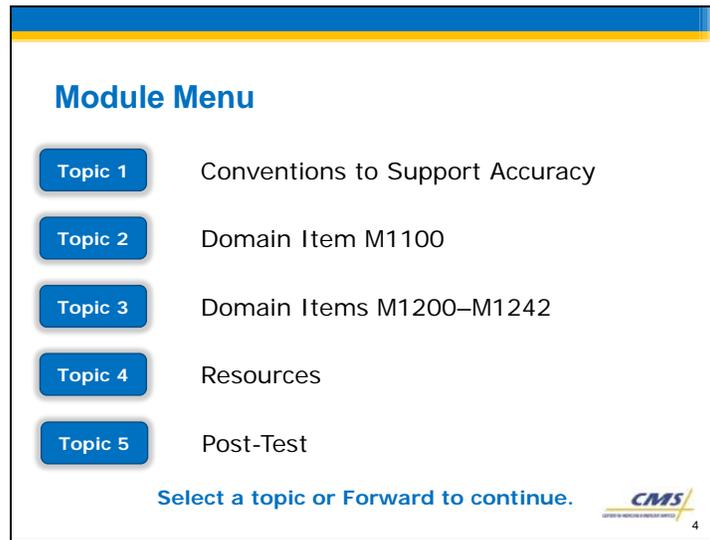
Module Objectives

- Identify four conventions that support accuracy in completing items in the Living Arrangements and Sensory Status domains.
- Identify the intent of each item.
- Specify the data collection time points for each item.
- Identify response-specific guidance for each item.
- Identify data sources and resources for each item.



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After completing this OASIS-C Online Training module, you will be able to identify four conventions that support accuracy in completing items in the Living Arrangements and Sensory Status 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 five topics listed in blue buttons. The topics are: Topic 1 (Conventions to Support Accuracy), Topic 2 (Domain Item M1100), Topic 3 (Domain Items M1200–M1242), Topic 4 (Resources), and Topic 5 (Post-Test). At the bottom, there is a prompt to 'Select a topic or Forward to continue.' and the CMS logo.

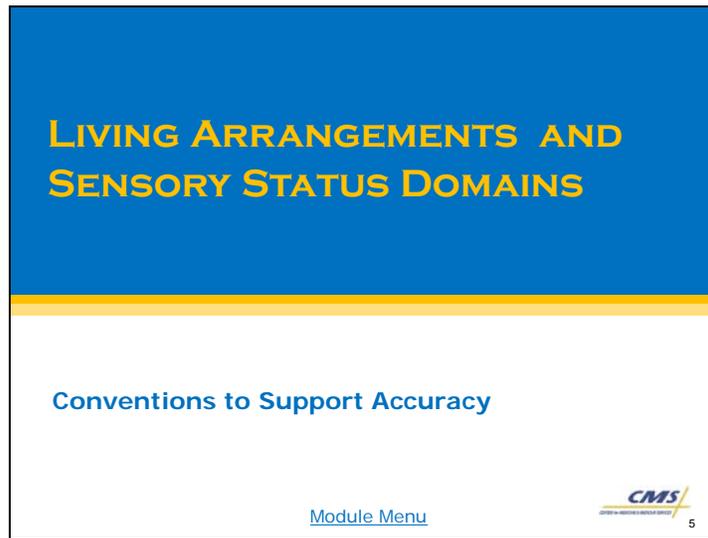
Topic	Description
Topic 1	Conventions to Support Accuracy
Topic 2	Domain Item M1100
Topic 3	Domain Items M1200–M1242
Topic 4	Resources
Topic 5	Post-Test

Select a topic or Forward to continue.

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Select the Forward button to review the entire module or select a topic from the Module Menu to review a specific topic.



This topic addresses conventions to support OASIS-C data accuracy.

Time Period Under Consideration

Refers to how far back into the past you should consider when assessing the following:

- Patient's living arrangements
- Vision
- Hearing
- Understanding of verbal content
- Expression of language
- Frequency of interfering pain



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The convention “understand the time period under consideration” refers to how far back into the past you should consider when assessing the patient’s living arrangements, vision, hearing, understanding of verbal content, expression of language, and frequency of interfering pain. Each item in this OASIS domain sets a time period to consider when collecting data and selecting a response. Pay careful attention to the specific time period for each item to ensure the accuracy of data collection.

Time Period Under Consideration, cont'd

- 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.



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. For example M1200 Vision, M1210 Ability to Hear, M1220 Understanding of Verbal Content, and M1230 Speech and Oral Expression of Language report what is true on the day of assessment. M1242 Frequency of Pain Interfering, however, includes a response option of “less often than daily,” which would indicate that we must look farther back into the patient’s past than just the day of assessment in order to answer this item.

Multiple Strategies

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



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The second convention that is important to remember for the Living Arrangements and Sensory Status 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 this domain, 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.

Tasks, Behaviors, and Symptoms

- Understand what tasks are included and excluded in each item.
- Ensure accurate responses based only on what is expected to be included.
- Pay attention to behaviors and symptoms specifically included in each item.

(M1230) Speech and Oral (Verbal) Expression of Language (in patient's own language)



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The third convention to utilize when collecting data for this domain is to understand what tasks, behaviors, or symptoms are included and excluded in each item. This will help ensure you select an accurate response based only on what is expected to be considered for that item. In other words, pay careful attention to the behaviors and symptoms that are specifically included in domain items. For example, M1230 Speech and Oral (Verbal) Expression of Language includes the patient's ability to speak and express verbally in his or her own language. It excludes communication in sign language, in writing, or by any nonverbal means.

Definitions

- Understand the definitions of words or terms used in the OASIS-C.
- For example, “normal vision” is defined as “sees adequately in most situations; can see medication labels, newsprint.”



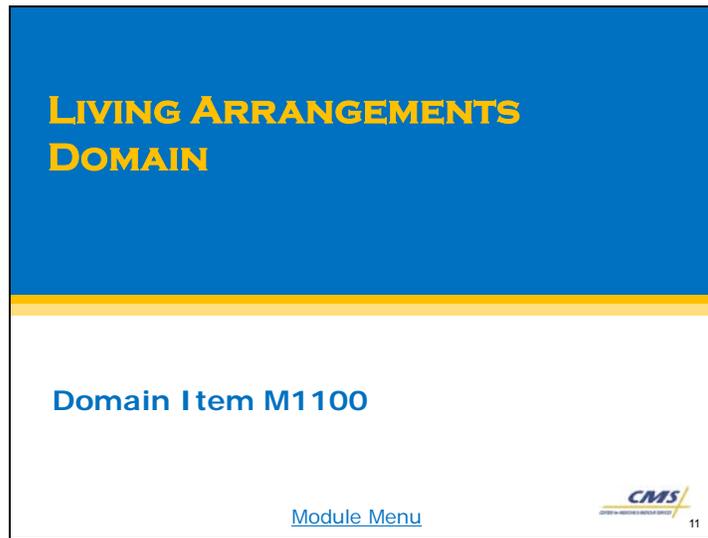


[Module Menu](#)



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The fourth convention to utilize when collecting data for this domain is to understand how words or terms are defined in the OASIS-C. For example, in M1200 Vision, a response option defines normal vision as “sees adequately in most situations; can see medication labels, newsprint.” This might be different from a clinical definition in a clinical textbook.



In this topic, we will review Living Arrangements Domain item M1100.

Summary of M- Items

M1100 Patient Living Situation



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The Living Arrangements Domain has one OASIS item: M1100 Patient Living Situation.

M1100 Patient Living Situation Item Intent & Time Points

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? **(Check one box only.)**

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional/short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (e.g. assisted living)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Collected at SOC & ROC

Item Intent _____ Time Points _____
Response-Specific Instructions _____
Data Sources/
Resources 13

The intent of M1100 is for the assessing clinician to identify two aspects of the patient’s living situation. Using professional judgment, first determine whether the patient lives alone or with others, then determine the availability of the caregiver or caregivers to provide in-person assistance. Do not include home health agency staff when considering the availability of assistance. This item is collected at the Start of Care Assessment and the Resumption of Care Assessment time points.

M1100 Patient Living Situation Response-Specific Instructions

(M1100) Patient Living Situation: Which of the following best describes the patient's **residential circumstance** and availability of assistance? **(Check one box only.)**

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional/short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (e.g. assisted living)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources
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Response-specific instructions provide guidance to assist you in selecting the correct response for M1100. Let's first look at the patient's residential circumstance, or living arrangement. Does the patient live alone? Or does the patient live in a home with others or in a congregate setting? To help you answer this item accurately, let's define the types of living arrangements.

M1100 Patient Living Situation Types of Living Arrangements

First determine the patient's living arrangement

Living Arrangement	Examples
a. Patient lives alone	Alone in a home
	Alone in an apartment
	Alone in own room at a boarding house
	Alone with live-in paid help
	Normally alone but has temporary caregiver
	Alone but can obtain emergency help by phone or life-line

Item Intent _____ Time Points _____
**Response-Specific
Instructions**
Data Sources/
Resources 15

You would select a response from row a. **Patient lives alone** if the patient lives alone in an independent non-assisted setting. You would also select this response if the patient lives alone in a home, in his or her own apartment, or in his or her own room at a boarding house. A patient with only live-in paid help is considered to be living alone. A patient who normally lives alone but temporarily has a caregiver staying in the home to provide assistance is considered to be living alone. Finally, a patient who lives alone but can obtain emergency help by phone or life-line is still considered to be living alone.

**M1100 Patient Living Situation
Types of Living Arrangements, cont'd**

First determine the patient's living arrangement

Living Arrangement	Examples
b. Patient lives with other person(s) in the home	Patient lives with spouse, family member, or another significant other
	Patient normally lives with others but is occasionally alone because caregiver out of town

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  16

You would select a response from row b. **Patient lives with other person or persons in the home** if the patient lives with others in an independent (non-assisted) setting. For example, select this response if the patient lives with a spouse, a family member, or another significant other in an independent (non-assisted) setting. A patient who normally lives with others but is occasionally alone because caregivers are traveling out of town is still considered to be living with others.

**M1100 Patient Living Situation
Types of Living Arrangements, cont'd**

First determine the patient's living arrangement.

Living Arrangement	Examples
c. Patient lives in congregate situation	<p>Patient lives in an "assisted living" setting.</p> <p>Patient lives alone or with spouse or partner in an apartment or room that is part of an assisted living facility, residential care home, or personal care home.</p> <p>"Congregate" means assistance, supervision, and/or oversight are provided as part of the living arrangement.</p>

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

You would select a response from row c. **Patient lives in congregate situation** if the patient lives in an assisted living setting where assistance, supervision, and/or oversight are provided as part of the living arrangement. For example, select this response if the patient lives alone or with a spouse or partner in an apartment or room that is part of an assisted living facility, residential care home, or personal care home.

For patients who have recently changed their living arrangements due to their condition, report the usual living arrangement prior to the illness, injury, or exacerbation for which the patient is receiving care, unless the new living arrangement is expected to be permanent. For example, if the patient lived alone prior to his stroke but has now moved in with his daughter and will sell his house, this new living arrangement will be permanent.

M1100 Patient Living Situation
Definition: Availability of Assistance

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and **availability of assistance?** (Check one box only.)

Availability of Assistance

- Refers to in-person assistance provided in the home.
- A call bell in a congregate setting is considered a form of assistance.
- Caregivers do not need to live in the home.
- Assistance by telephone is not included.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  18

After you have determined the patient’s living arrangement, the next step is to determine the frequency with which any in-person assistance is available. To select the correct response for this item, you must first understand what is meant by the term “availability of assistance.” The availability of assistance refers to in-person assistance provided in the home of the patient. In-person assistance includes, but is not limited to, Activities of Daily Living and Instrumental Activities of Daily Living. If a person is living in an assisted or congregate setting with a call-bell to summon help, this is considered in-person assistance. The caregivers do not need to live in the home with the patient, but assistance via telephone is not included in this item. For example, you would not consider the availability of the caregiver if the only assistance the patient received was telephone reminders to take his or her daily oral medications or someone who only received caregiver assistance when they called and asked for it.

M1100 Patient Living Situation
Definition: Availability of Assistance, cont'd

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and **availability of assistance?** (Check one box only.)

Availability of Assistance	Availability of Assistance
<ul style="list-style-type: none">Refers to in-person assistance provided in the home.A call bell in a congregate setting is considered a form of assistance.Caregivers do not need to live in the home.Assistance by telephone is not included.	<ul style="list-style-type: none">Consider the time caregivers are in the home, not types or amounts of assistance required.Do not consider persons living in the home who are completely unable or unwilling to provide any assistance as caregivers.Consider the availability of assistance for the upcoming episode of care.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____ 19

It is also important to note that this item documents the time the caregiver or caregivers are in the home and available to provide assistance to the patient without regard to the amount or types of assistance the patient requires or whether the caregivers are able to meet all or only some of the patient's needs. This will be captured in item M2100 Types and Sources of Assistance. You will need to use your professional judgment to determine if someone will be available to provide any assistance to the patient. If a person is living in the patient's home but is completely unable to or unwilling to provide any assistance to the patient, do not count that person as a caregiver. Finally, when determining the availability of assistance, consider the expected availability and willingness of the caregiver or caregivers for this upcoming care episode.

**M1100 Patient Living Situation
Response-Specific Instructions, cont'd**

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and **availability of assistance**? (Check one box only.)

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional/short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (e.g. assisted living)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Center Access Resources _____  20

To report the availability of assistance, select only one response from the options listed. **Around the clock** means someone is available in the home to provide assistance to the patient 24 hours a day. **Regular daytime** means someone is in the home and available to provide assistance during daytime hours, every day, with infrequent exceptions.

**M1100 Patient Living Situation
Response-Specific Instructions, cont'd**

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and **availability of assistance**? (Check one box only.)

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional/short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (e.g. assisted living)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Other Access Resources _____  21

Regular nighttime means someone is in the home and available to provide assistance during nighttime hours, every night, with infrequent exceptions.

Your clinical judgment will be required to determine which hours constitute “regular daytime” and “regular nighttime” based upon the patient’s specific activities and routines. No hours are specifically designated as daytime or nighttime. **Occasional/short-term assistance** means someone is available to provide in-person assistance only for a few hours a day, or on an irregular basis, or occasionally. **No assistance available** means there is no one available to provide any in-person assistance.

**M1100 Patient Living Situation
Data Sources / Resources**

Gather information from several sources:

- o Interview the patient and caregiver.
- o Observe the patient directly.
- o Conduct a physical assessment of the patient.
- o Review information gathered during the referral process.
- o Review the Assisted Living Facility agreement or contract

Refer to [Chapter 5 of the OASIS-C Guidance Manual](#)

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  22

When assessing your patient’s living situation, gather information from several sources. This will help you select an appropriate response. Interview the patient and caregiver. Observe the patient directly and conduct a physical assessment of the patient. Review information gathered during the referral process and review the Assisted Living Facility agreement or contract.

M1100 Review Question #1

A patient has a 24-hour paid caregiver, 7 days a week. The appropriate living arrangement would be row b. Lives with other persons in the home.

True
 False

That is correct! A patient with only live-in paid help is considered to be living alone, even if the paid caregiver is there 24 hours a day, 7 days a week.

Select the correct answer for this scenario.



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Let's review what we have learned about M1100 Patient Living Situation. A patient has a 24-hour paid caregiver, 7 days a week. The appropriate living arrangement would be **row b. Lives with other persons in the home.** True or false?

M1100 Review Question #2

A patient lives in assisted living and has a call bell. The availability of assistance for M1100 would be considered Around the clock.

True
 False

That is correct! The availability of assistance for a person in an assisted living or congregate setting who uses a call bell to summon help is considered In-person assistance.

Select the correct answer for this scenario.



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A patient lives in assisted living and has a call bell. The availability of assistance for M1100 would be considered **Around the Clock**. True or false?

M1100 Review Question #3

A patient lives in his own home with his son who provides no assistance. No other assistance is provided. The availability of assistance would be considered No assistance available.

True
 False

That is correct! If a person is living in the patient's home but is completely unable or unwilling to provide any assistance to the patient, do not count that person as a caregiver.

Select the correct answer for this scenario 

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A patient lives in his own home with his son who provides no assistance. No other assistance is provided. The availability of assistance would be considered **No assistance available**. True or false?

M1100 Scenario

A patient lives alone in her own apartment. Since her discharge from the hospital, her two daughters alternate staying with her during the day and night so that one of them is always there, except for the times when one goes out to run an errand or pick up a child at day care.

The daughters plan to help this way until their mother is discharged from home care.



Now let's analyze a scenario and determine the patient's living arrangement and availability of assistance. A patient lives alone in her own apartment. Since her discharge from the hospital, her two daughters alternate staying with her during the day and night so that one of them is always there, except for the times when one goes out to run an errand or pick up a child at day care. The daughters plan to help this way until their mother is discharged from home care.

M1100 Scenario Question

What is the correct response for M1100 Patient Living Situation?

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? **(Check one box only.)**

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional/short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (e.g. assisted living)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Select the correct answer for this scenario.



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What is the correct response for M1100 Patient Living Situation?

M1100 Scenario Answer

What is the correct response for M1100 Patient Living Situation?

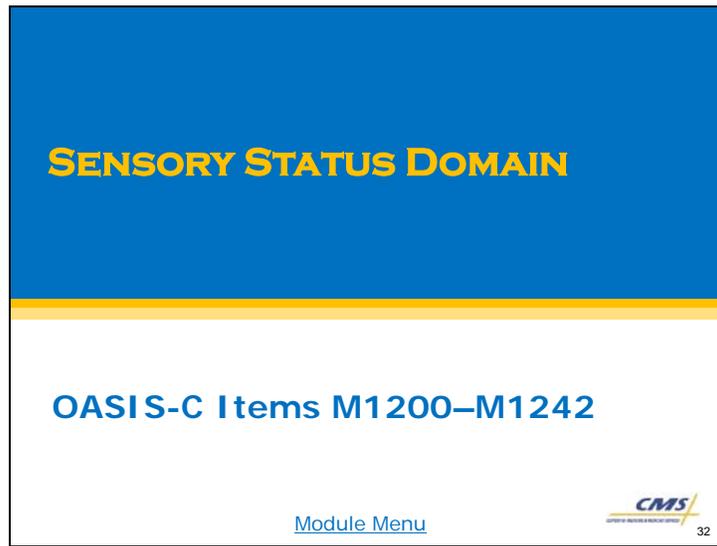
(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? **(Check one box only.)**

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional/short-term assistance	No assistance available
a. Patient lives alone	<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (e.g. assisted living)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

The patient is still considered to live alone because the daughters are only staying with her temporarily. Select the appropriate living arrangement response from **row a. Patient lives alone**. The daughters provide **Around the clock** care, even though one occasionally needs to be out of the house for brief periods. Therefore, box **01** is the appropriate response for this scenario.



To determine the correct response, we must first identify the patient's living arrangement before we select the availability of assistance for the upcoming episode of care. In this scenario, the patient is still considered to live alone because the daughters are only staying with her temporarily. Select the appropriate living arrangement response from **row a. Patient lives alone**. The daughters provide **Around the clock** care, even though one occasionally needs to be out of the house for brief periods. Therefore, box **01** is the appropriate response for this scenario.



In this topic, we will review Sensory Status Domain items M1200 through M1242.

Summary of M- Items

<ul style="list-style-type: none">• M1200 Vision• M1210 Ability to Hear• M1220 Understanding of Verbal Content	<ul style="list-style-type: none">• M1230 Speech and Oral (Verbal) Expression of Language• M1240 Pain Assessment• M1242 Frequency of Pain Interfering
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There are six OASIS items in the Sensory Status Domain. This topic addresses all of these items: M1200 Vision, M1210 Ability to Hear, M1220 Understanding of Verbal Content, M1230 Speech and Oral (Verbal) Expression of Language, M1240 Pain Assessment, and M1242 Frequency of Pain Interfering.

M1200 Vision

Item Intent & Time Points

(M1200) Vision (with corrective lenses if the patient usually wears them):

- 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- 1 - 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.
- 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

Collected at SOC, ROC, & FU

Item IntentTime PointsResponse-Specific InstructionsData Sources/
Resources 34

The intent of M1200 Vision is to identify the patient’s ability to see and visually manage or function safely within his or her environment. The patient should be wearing corrective lenses if these are usually worn. When selecting the correct response for M1200 vision, read all the response options to identify which one best fits your patient’s status on the day of assessment. This item is collected at the Start of Care Assessment, Resumption of Care Assessment, and the Follow up Assessment time points.

M1200 Vision
Definition: Corrective Lenses

(M1200) Vision (with **corrective lenses** if the patient usually wears them):



Examples of Corrective Lenses

- Prescription glasses
- Nonprescription reading glasses
- **Not** magnifying glasses

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To assist you in selecting the correct response, let's define some terms found in M1200. First, what are examples of **corrective lenses**? Prescription glasses, as well as nonprescription reading glasses, are considered corrective lenses. A magnifying glass, such as one used to read a newspaper, is not an example of corrective lenses.

M1200 Vision
Response-Specific Instructions

(M1200) Vision (with corrective lenses if the patient usually wears them):

- 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- 1 - 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.
- 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

- Only assess functional vision with corrective lenses if the patient usually wears them.
- Assess ability to visually manage safely within the environment without wearing corrective lenses if they are not worn routinely.



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Other Assessment Tools _____ Resources _____ 33

Notice how “Normal vision” is defined as **sees adequately in most situations; can see medication labels, newsprint**. Do not confuse normal vision in this item with visual acuity. Per the response-specific instructions, we are to only assess functional vision with corrective lenses if the patient usually wears them. If the patient has corrective lenses, such as prescription glasses, but does not routinely wear them, then assess the patient’s ability to visually manage safely within his or her environment without wearing corrective lenses.

M1200 Vision
Response-Specific Instructions, cont'd

(M1200) Vision (with corrective lenses if the patient usually wears them):

- 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- 1 - 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.
- 2 - Severely impaired: cannot locate objects without hearing or touching them or patient **nonresponsive**.

- The term nonresponsive in Response Option 2 means that the patient is not able to respond.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ _____ CMS _____ 34
Resources

The term **nonresponsive** found in response option 2 means that the patient is not able to respond.

M1200 Vision
Data Sources / Resources

Gather information from several sources:

- o Patient and caregiver interviews
- o Direct observation of the patient
- o Physical assessment findings
- o Referral information received from a referring facility

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  38

When assessing your patient for vision, gather data from various sources. For example, to obtain the patient’s health history, interview the patient and the caregiver. Ask the patient about vision problems, such as cataracts. Also ask whether or not the patient uses glasses. During your physical assessment, directly observe the patient performing tasks. For example, can the patient locate the signature line on the consent form? Ask the patient to count fingers at arm’s length and observe for ability to differentiate between medications, especially if medications are self-administered. Be sensitive to requests to read, as the patient might have adequate vision but not be able to read. You can also obtain data from referral information received from a referring facility.

M1200 Review Question #1

A magnifying glass is an example of a corrective lens and is considered for M1200 Vision.

True
 False

That is correct! Per the OASIS-C response-specific instructions, a magnifying glass is not considered a corrective lens for M1200 Vision.

Select an answer.



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Let's review what we have learned about M1200 Vision.

A magnifying glass is an example of a corrective lens and is considered for M1200 vision. True or false?

M1200 Review Question #2

Reading glasses from the drug store are an example of corrective lenses and would be considered for M1200 Vision.

True
 False

That is correct! Reading glasses are considered an example of corrective lenses for M1200 Vision.

Select an answer.



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Reading glasses from the drug store are an example of corrective lenses and would be considered for M1200 Vision. True or false?

M1200 Review Question #3

Normal vision means the patient has 20/20 visual acuity.

True
 False

That is correct! As stated in response option 0, normal vision for this item means that the patient sees adequately in most situations; can see medication labels, newsprint. Normal vision for this item is not defined by visual acuity parameters.

Select an answer.



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Normal vision means the patient has 20/20 visual acuity. True or false?

M1210 Ability to Hear Item Intent & Time Points

(M1210) Ability to hear (with hearing aid or hearing appliance if normally used):

- 0 - Adequate: hears normal conversation without difficulty.
- 1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.
- 2 - Severely Impaired: absence of useful hearing.
- UK - Unable to assess hearing.

Collected at SOC & ROC

Item IntentTime PointsResponse-Specific InstructionsData Sources/
Resources 45

M1210 Ability to hear identifies the patient’s ability to hear spoken language and other sounds, such as alarms. This item is collected at the Start of Care Assessment and the Resumption of Care Assessment time points.

M1210 Ability to Hear Response-Specific Instructions

(M1210) Ability to hear (with hearing aid or hearing appliance if normally used):

- 0 - Adequate: hears normal conversation without difficulty.
- 1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.
- 2 - Severely Impaired: absence of useful hearing.
- UK - Unable to assess hearing.

- Evaluate the patient wearing hearing aids or devices if he or she usually uses them.
- Be sure that the devices are in place, turned on, and work properly.
- Select UK if the patient is not able to respond or if it is impossible to assess hearing.

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

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When selecting the correct response for M1210 Ability to hear, read all the response options to identify which one best fits your patient’s status on the day of assessment. Notice how the response options progress from **Adequate**, which is defined as hears normal conversation without difficulty, to **Unable to assess hearing**. Hearing is evaluated with the patient wearing hearing aids or devices if he or she usually uses them. Be sure that the devices are in place, turned on, and work properly.

Select the “UK” response if the patient is not able to respond or if it is otherwise impossible to assess hearing. For example, you would select “UK” if the patient is unconscious or has severe dementia or schizophrenia.

M1210 Ability to Hear
Data Sources / Resources

Gather information from several sources:

- Patient and caregiver interviews
- Direct observation of the patient
- Physical assessment findings
- Referral information received from a referring facility



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  41

When assessing your patient for hearing, gather data from various sources. For example, to obtain the patient’s health history, interview the patient and the caregiver. Ask the patient about hearing problems, such as hearing loss and degree of loss. Also ask whether or not the patient uses a hearing aid or hearing device. Directly observe the patient during your physical assessment. Do you have to repeat yourself to be heard? Or do you need to increase your speaking volume or speak distinctly to be heard? You can also obtain data from referral information received from a referring facility.

M1220 Understanding of Verbal Content Item Intent & Time Points

(M1220) Understanding of Verbal Content in patient's own language (with hearing aid or device if used):

- 0 - Understands: clear comprehension without cues or repetitions.
- 1 - Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.
- 2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.
- 3 - Rarely/Never Understands
- UK - Unable to assess understanding.

Collected at SOC & ROC

Item IntentTime PointsResponse-Specific InstructionsData Sources/
Resources

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The intent of M1220 Understanding of Verbal Content is for the assessing clinician to identify the patient's functional ability to comprehend spoken words and instructions in the patient's primary language. When assessing this item, be aware that both hearing and cognitive abilities may impact a patient's ability to understand verbal content. This item is collected at the Start of Care Assessment and Resumption of Care Assessment time points.

**M1220 Understanding of Verbal Content
Response-Specific Instructions**

(M1220) Understanding of Verbal Content in patient's own language (with hearing aid or device if used):

- 0 - Understands: clear comprehension without cues or repetitions.
- 1 - Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.
- 2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.
- 3 - Rarely/Never Understands
- UK - Unable to assess understanding.

- An interpreter may be necessary for patients whose primary language differs from the clinician's.
- Score based on a patient's ability to understand verbal content if the patient is deaf but can comprehend lip reading.



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

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When selecting the correct response for M1220 Understanding of Verbal Content, read all the response options to identify which one best fits your patient's status on the day of assessment. Notice how the response options provide examples and progress from **Understands** to **Unable to assess understanding**. For patients whose primary language differs from the clinician's, an interpreter may be necessary to determine the patient's ability to understand verbal content. For patients who can comprehend lip reading, score this item based upon the patient's ability to understand verbal content even if the patient is deaf. As with the other items in this domain, select the response "UK" if the patient is not able to respond or if it is otherwise impossible to assess understanding of spoken words or instructions.

**M1220 Understanding of Verbal Content
Data Sources / Resources**

Gather information from several sources:

- o Patient and caregiver interviews
- o Direct observation of the patient
- o Physical assessment findings
- o Referral information received from a referring facility
- o Interpreter

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  50

When assessing for understanding of verbal content, gather data from various sources. For example, to obtain the patient’s health history, interview the patient and the caregiver. Evaluate the patient’s ability to understand verbal content. Ask the patient and/or caregiver about the patient’s ability to comprehend information during verbal discussions. Directly observe the patient during your physical assessment. Do you have to provide cues or repeat your statements? Do you have to speak in simple or direct phrases? This data will assist you in determining the correct scoring decision. You can also obtain data from referral information received from a referring facility. Finally, if your patient speaks another language, an interpreter may be required to provide this information.

M1210 / M1220 Scenario

Your patient has been deaf since birth and is proficient in reading lips.

During your assessment, you find that he was able to understand almost everything that was communicated to him.

You only had to repeat yourself 2-3 times for him to understand completely.



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Now let's analyze a scenario and determine the patient's ability to hear and understanding of verbal content. Your patient has been deaf since birth and is proficient in reading lips. During your assessment, you find that he was able to understand almost everything that was communicated to him. You only had to repeat yourself 2-3 times for him to understand completely.

M1210 Scenario Question

How would you score M1210 Ability to hear?

(M1210) Ability to hear (with hearing aid or hearing appliance if normally used):

- 0 - Adequate: hears normal conversation without difficulty.
- 1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.
- 2 - Severely Impaired: absence of useful hearing.
- UK - Unable to assess hearing.

Select the correct response for this scenario.



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First, how would you score M1210 Ability to hear?

M1210 Scenario Answer

How would you score M1210 Ability to hear?

(M1210) Ability to hear (with hearing aid or hearing appliance if normally used):

- 0 - Adequate: hears normal conversation without difficulty.
- 1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.
- 2 - Severely Impaired: absence of useful hearing.**
- UK - Unable to assess hearing.

The patient is deaf, which would be scored as Severely Impaired.



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The correct response for M1210 Ability to hear is response **2- Severely impaired: absence of useful hearing**. The reason is that our scenario identifies the patient as deaf.

M1220 Scenario Question

How would you score M1220 Understanding of Verbal Content?

(M1220) Understanding of Verbal Content in patient's own language (with hearing aid or device if used):

- 0 - Understands: clear comprehension without cues or repetitions.
- 1 - Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.
- 2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.
- 3 - Rarely/Never Understands
- UK - Unable to assess understanding.

Select the correct response for this scenario.



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Now, how would you score M1220 Understanding of Verbal Content?

M1220 Scenario Answer

How would you score M1220 Understanding of Verbal Content?

(M1220) Understanding of Verbal Content in patient's own language (with hearing aid or device if used):

- 0 - Understands: clear comprehension without cues or repetitions.
- 1 - Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.
- 2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.
- 3 - Rarely/Never Understands
- UK - Unable to assess understanding.

If a patient can comprehend lip reading, the patient has the ability to understand verbal content, even if the patient is deaf. Additionally, the scenario states that you only had to repeat your statements 2-3 times in order for the patient to understand completely.



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The correct response for M1220 Understanding of Verbal Content is response 1- Usually Understands. The response-specific instructions for this item state if a patient can comprehend lip reading, the patient has the ability to understand verbal content, even if the patient is deaf. Additionally, the scenario states that you only had to repeat your statements 2-3 times in order for the patient to understand completely. Therefore, the correct response is option 1- Usually understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.

**M1230 Speech and Oral Expression
Item Intent & Time Points**

(M1230) Speech and Oral (Verbal) Expression of Language (in patient's own language):

- 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- 1 - 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).
- 2 - 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.
- 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- 5 - Patient nonresponsive or unable to speak.

Collected at SOC, ROC, & DC Not to Inpatient

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/
Resources  56

The intent of M1230 Speech and Oral (Verbal) Expression of Language is to identify the patient's physical and cognitive ability to communicate with words in the patient's primary language. This item does not address communicating via sign language, by writing, or by any other nonverbal means. This item is collected at the Start of Care Assessment, Resumption of Care Assessment, and at Discharge from the Agency not to an Inpatient Facility.

M1230 Speech and Oral Expression Response-Specific Instructions

(M1230) Speech and Oral (Verbal) Expression of Language (in patient's own language):

- 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- 1 - 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).
- 2 - 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.
- 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- 5 - Patient nonresponsive or unable to speak.

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

The following response-specific instructions may guide your scoring decision. Notice how the response options provide examples and progress from **Expresses complex ideas, feelings, and needs clearly, completely, and easily** to **Patient nonresponsive or unable to speak**. If the patient uses augmented speech, such as a trained esophageal speaker or electrolarynx, this type of speech is considered verbal expression of language for this item. If the patient has a tracheostomy present, further evaluation will be required to determine if the patient has the ability to speak. You will need to assess if the tracheostomy can be covered to speak, and if so, what is the extent that the patient can express himself or herself?

**M1230 Speech and Oral Expression
Response-Specific Instructions, cont'd**

(M1230) **Speech and Oral (Verbal) Expression of Language** (in patient's own language):

- 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- 1 - 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).
- 2 - 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.
- 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- 5 - Patient nonresponsive or unable to speak.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources  58

Response **5 - Patient nonresponsive or unable to speak** would be an appropriate response to select for the patient who communicates entirely by nonverbal means, is unable to speak, or is not able to respond.

**M1230 Speech and Oral Expression
Data Sources / Resources**

Gather information from several sources:

- Patient and caregiver interviews
- Direct observation of the patient
- Physical assessment findings
- Referral information received from a referring facility
- Interpreter

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  59

When assessing your patient for speech and oral expression of language, gather data from various sources. For example, to obtain the patient’s health history, interview the patient and the caregiver. Evaluate the patient’s ability to express himself or herself. Can the patient express complex ideas? Or does the patient have difficulty expressing ideas? Ask the patient and/or caregiver about the patient’s ability to verbally express. Directly observe the patient during your physical assessment. Is the patient clear in expressing ideas, feelings, and needs? Or does the patient need prompting or assistance? Does the patient speak in short phrases or single words? Does the patient make errors in word choice? Is the patient’s speech intelligible? This data will help you determine the correct score. You can also obtain data from referral information received from a referring facility. Finally, if your patient speaks another language, an interpreter may be required to provide this information.

M1240 Pain Assessment Item Intent & Time Points

(M1240) Has this patient had a formal **Pain Assessment** using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?

- 0 - No standardized assessment conducted
- 1 - Yes, and it does not indicate severe pain
- 2 - Yes, and it indicates severe pain

Collected at SOC & ROC

Item IntentTime PointsResponse-Specific InstructionsData Sources/
Resources

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The intent of M1240 Pain Assessment is to identify whether a standardized pain assessment was conducted by the agency and whether a clinically significant level of pain was identified as determined by the assessment tool used. This item is used to calculate process measures to capture the agency's use of best practices. The best practices stated in the item are not necessarily required in the Conditions of Participation. This item is collected at the Start of Care Assessment and at the Resumption of Care Assessment.

M1240 Pain Assessment: Criteria for Standardized Pain Assessment Tool

- Determine if the patient was screened using a standardized pain assessment tool.
- Must meet the following criteria:
 - Scientifically tested on a population with characteristics similar to that of the patient
 - Include a standardized response scale (e.g., 0-10)



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When responding to this item, first determine if the patient was screened using a standardized pain assessment tool. A standardized pain assessment tool must meet specific criteria. First, the tool has to have been scientifically tested on a population with characteristics similar to that of the patient being assessed; for example, community-dwelling elderly or non-institutionalized adults with disabilities. Second, the tool must include a standard response scale; for example, a scale where patients rate pain from 0-10.

M1240 Pain Assessment: Criteria for Standardized Pain Assessment Tool, cont'd

- Determine if the patient was screened using a standardized pain assessment tool.
- Must meet the following criteria:
 - Scientifically tested on a population with characteristics similar to that of the patient
 - Include a standard response scale (e.g., 0-10)
- Must be appropriately administered.
- Must be relevant to patient's ability to respond.



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The standardized tool must be appropriately administered, as indicated in the tool instructions. The tool must also be relevant for the patient's ability to respond. For example, you would not use the Wong Baker FACES tool for patients who are blind because they would not be able to see the faces to pick the most accurate depiction of their pain. In this case, a more appropriate tool would be a numerical rating tool that asks blind patients to rate their pain on a numeric scale. The Centers for Medicare & Medicaid Services does not endorse a specific tool for use.

**M1240 Pain Assessment
Response-Specific Instructions**

(M1240) Has this patient had a formal **Pain Assessment** using a standardized pain assessment tool (appropriate to the patient's ability to communicate the **severity of pain**)?

- "Severe pain" is defined according to the scoring system for the standardized tool.
- If no defined level of "severe pain" in standardized tool, then use the level of pain that best reflects the concept of "severe."

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



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Look to the standardized tool for a definition of severe pain included in the scoring system for the tool. If there is no defined level of severe pain in the standardized tool, then the agency or care provider should use the level of pain identified in the standardized tool that best reflects the concept of "severe."

**M1240 Pain Assessment
Response-Specific Instructions, cont'd**

(M1240) Has this patient had a formal **Pain Assessment** using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?

0 - No standardized assessment conducted
 1 - Yes, and it does not indicate severe pain
 2 - Yes, and it indicates severe pain

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources  64

Select response 0 if a standardized pain assessment tool was not utilized.

M1240 Pain Assessment
Response-Specific Instructions, cont'd

(M1240) Has this patient had a formal **Pain Assessment** using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?

0 - No standardized assessment conducted

1 - Yes, and it does not indicate severe pain

2 - Yes, and it indicates severe pain

The pain assessment must be conducted by the clinician responsible for completing the comprehensive assessment during the allowed time frame.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources  65

Select Response 1 or 2 based on the pain reported at the time the standardized tool was administered, per the tool's instructions. For example, select Response 1 if the patient did not indicate severe pain, or select Response 2 if the patient did indicate severe pain. In order to select Response 1 or 2, however, the pain assessment must be conducted by the clinician responsible for completing the comprehensive assessment during the allowed time frame. The time frame for completion for a Start of Care assessment would be within five days of the start of care or within two days of a Resumption of Care.

**M1240 Pain Assessment
Data Sources / Resources**

- Gather information from various sources as required by the tool used:
 - Interview the patient
 - Interview a caregiver
 - Clinical record
- Standardized pain assessment approaches tested and available for provider use in the patient assessment:
 - Visual Analog, Wong-Baker FACES Pain Rating Scale, Numerical Scales, Memorial Pain Assessment Card
- Links to information about pain assessment tools are available in [Chapter 5 of the OASIS-C Guidance Manual](#).

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  66

When performing standardized pain assessments, gather data from various sources according to the administration protocols for the screening tool used. For example, the screening tool may require the patient self-report, in which case you would collect information through patient interview. Or the screening tool may allow information to be collected from a caregiver or clinical record review. It is critical to be familiar with the administration protocols for any standardized pain assessment tools you wish to use as part of your patient assessments.

A variety of standardized pain assessment approaches have been tested and are available for provider use in patient assessment. These approaches include visual analog scales, the Wong-Baker FACES Pain Rating Scale, numerical scales, and the Memorial Pain Assessment Card. Links to these and other assessment tools can be found in Chapter 5 of the OASIS-C Guidance Manual.

**M1242 Frequency of Pain Interfering
Item Intent & Time Points**

(M1242) Frequency of Pain Interfering with patient's activity or movement:

- 0 - Patient has no pain
- 1 - Patient has pain that does not interfere with activity or movement
- 2 - Less often than daily
- 3 - Daily, but not constantly
- 4 - All of the time

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

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  67

The intent of M1242 is for the assessing clinician to identify the frequency with which pain interferes with patient’s activities, with treatments if prescribed. This item is collected at the Start of Care Assessment, Resumption of Care Assessment, Follow- up Assessments, Discharge from agency-not to an inpatient facility.

M1242 Frequency of Pain Interfering Response-Specific Instructions

(M1242) Frequency of Pain Interfering with patient's activity or movement:

- 0 - Patient has no pain
- 1 - Patient has pain that does not interfere with activity or movement
- 2 - Less often than daily
- 3 - Daily, but not constantly
- 4 - All of the time

- Results in the activity being performed less often than otherwise desired,
- OR
- Requires the patient to have additional assistance in performing the activity,
- OR
- Causes the patient activity to take longer to complete.
- Include all activities, not just ADLs (e.g., sleeping, recreational activities, watching TV).

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources  62

The responses for this item are arranged in order of least to most interference with activity or movement. When assessing your patient, consider pain to interfere with activity or movement when the pain results in the activity being performed less often than otherwise desired, requires the patient to have additional assistance in performing the activity, or causes the activity to take longer to complete. Consider all activities, such as sleeping, recreational activities or watching TV, not just Activities of Daily Living.

**M1242 Frequency of Pain Interfering
Response-Specific Instructions, cont'd**

- Review medications ordered for pain to further explore if pain interferes with activity or movement.
- Evaluate for pain while observing patient performing ADLs and IADLs.
- Observe for presence of pain in nonverbal patients:
 - Observe facial expressions.
 - Monitor heart rate, perspiration, pallor, pupil size, and irritability.
 - Use visual pain scales.
- Pain that is well controlled may not interfere with activity or movement at all.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  69

When reviewing the patient’s medications, the presence of medication for pain or joint disease provides an opportunity to explore the presence of pain. You can ask questions to identify when the pain is the most severe, any activities with which the pain interferes, and the frequency of this interference with activity or movement. Be careful not to overlook seemingly unimportant activities like the patient who says he or she sits in a chair all day and delays going to the bathroom because it hurts so much to get up from the chair to walk. Evaluating patients’ ability to perform Activities of Daily Living or Instrumental Activities of Daily Living can provide additional information about such pain.

Assessing pain in a nonverbal patient involves observing facial expressions, such as frowning or gritting teeth; monitoring heart rate, respiratory rate, perspiration, pallor, pupil size, and irritability; or using visual pain scales such as FACES. The patient’s treatment for pain, whether pharmacologic or nonpharmacologic, must be considered when evaluating whether pain interferes with activity or movement. For patients whose pain is well controlled with treatment, it is possible that pain does not interfere with activity or movement at all.

**M1242 Frequency of Pain Interfering
Data Sources / Resources**

- Gather information from several sources:
 - Patient and caregiver interviews
 - Direct observation of the patient
 - Physical assessment findings
 - Referral information (e.g., history and physical)

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  70

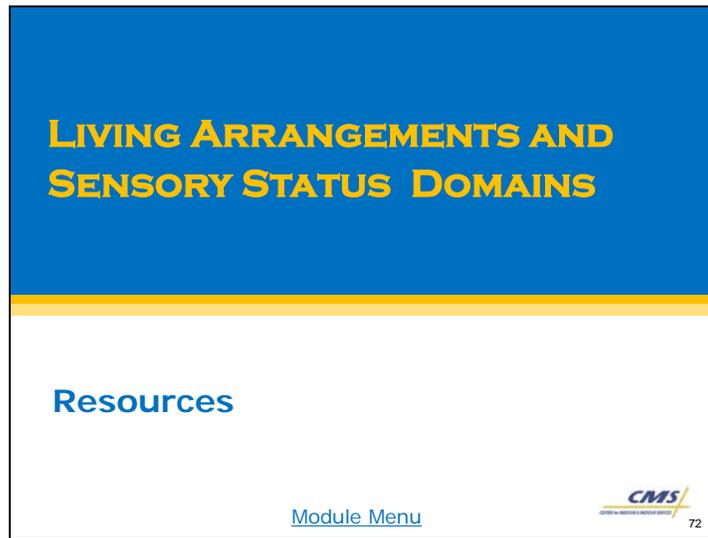
When assessing your patient’s pain that interferes with activity or movement, gather information from several sources. You can interview the patient and caregiver regarding how pain impacts the patient’s ability to move and perform activities. During the physical assessment, you can directly observe the patient performing activities. Does pain interfere with the patient’s activity or movement? You can also review history and physical information obtained from the physician or referral source. Finally, you can take into consideration the results of standardized pain assessment tools when discussing or observing how the patient’s pain might interfere with activity or movement.

**M1242 Frequency of Pain Interfering
Data Sources / Resources**

- Gather information from several sources:
 - Patient and caregiver interviews
 - Direct observation of the patient
 - Physical assessment findings
 - Referral information (e.g., history and physical)
- Standardized pain assessment tools
- Links to information about pain assessment tools is available in [Chapter 5 of the OASIS-C Guidance Manual](#).

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____  71

A variety of standardized pain assessment approaches have been tested and are available for provider use in patient assessment. These approaches include visual analog scales, the Wong-Baker FACES Pain Rating Scale, numerical scales, and the Memorial Pain Assessment Card. Links to these and other assessment tools can be found in Chapter 5 of the OASIS-C Guidance Manual.



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

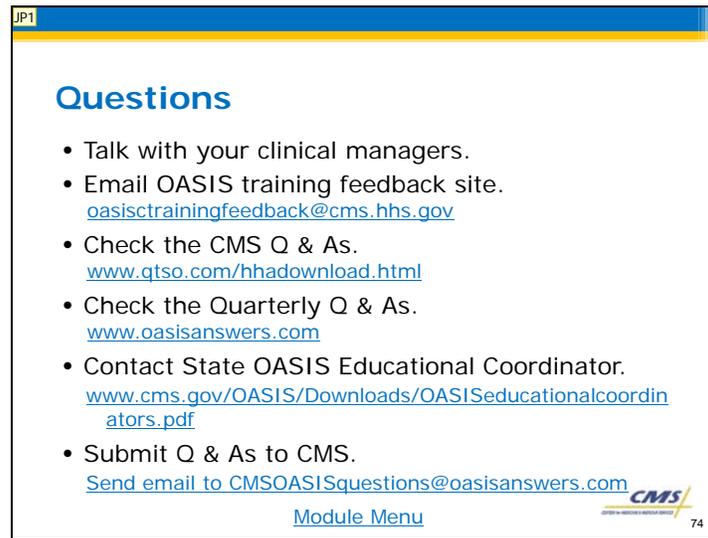
Resources / References

- OASIS-C Guidance Manual
 - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html
 - Chapter 3 provides guidance on OASIS-C questions
 - Chapter 5 provides resources on medication management
- CHAMP Program
<http://www.champ-program.org/>
- Home Health Quality Improvement (HHQI) National Campaign
<http://www.homehealthquality.org>
- OASIS Answers, Inc.
www.oasisanswers.com



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You can access additional resources and references 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.



JP1

Questions

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

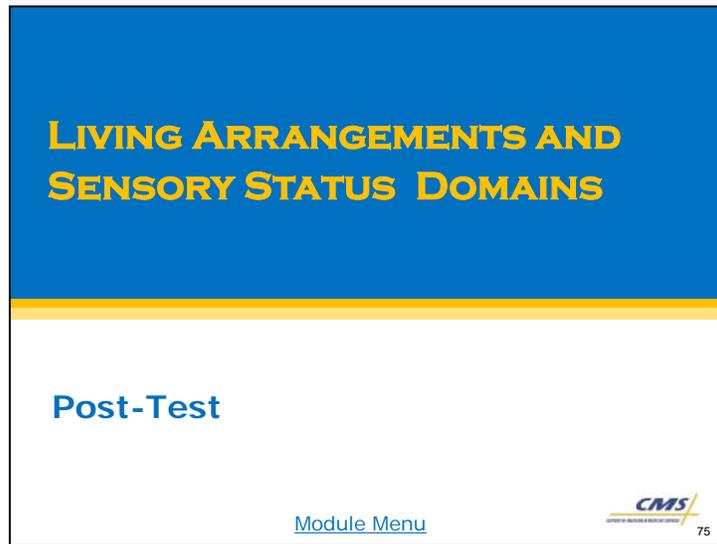
[Module Menu](#)  74

If you have questions, consider talking with your clinical managers. If you have comments related to this web module, please consider providing feedback to the OASIS training feedback mailbox at oasisctrainingfeedback@cms.hhs.gov.

Also, download and review additional guidance included in the CMS Q&As and the Quarterly Q&A updates, available at the links provided here.

If you still have an unanswered data collection question after consulting the guidance contained in Chapter 3 of the OASIS-C Guidance Manual and the OASIS Q&As, contact your State OASIS Education Coordinator (OEC), 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 and CMSOASISquestions@oasisanswers.com
Thank you for your commitment to OASIS accuracy.



This post-test contains five scenarios. Read each scenario and select the correct OASIS response.

Post-Test Question #1

Your patient lives alone in her home. Her son and daughter-in-law live across the street. They both work during the day but bring dinner to her every night and are available around the clock by telephone. What is the correct response for M1100 Patient Living Situation?

- A. Response 01 Patient lives alone and receives Around the clock availability of assistance
- B. Response 02 Patient lives alone and receives Regular daytime availability of assistance
- C. Response 03 Patient lives alone and receives Regular nighttime availability of assistance
- D. Response 04 Patient lives alone and receives Occasional/short-term availability of assistance

The correct answer is D. Response 04 Patient lives alone and receives Occasional/short-term availability of assistance. In this scenario, the son and daughter-in-law are not available to provide in-person assistance consistently, all the daytime or nighttime hours, even though they live across the street and are available by phone. Because the patient lives alone and she receives some on-site assistance, her situation would meet the definition of occasional/short-term assistance, which means someone is available to provide in-person assistance only for a few hours a day or on an irregular basis, or only occasionally.

[Submit](#)

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The correct answer is D. Response 04 Patient lives alone and receives Occasional/short-term availability of assistance. In this scenario, the son and daughter-in-law are not available to provide in-person assistance consistently, all the daytime or nighttime hours, even though they live across the street and are available by phone. Because the patient lives alone and she receives some on-site assistance, her situation would meet the definition of occasional/short-term assistance, which means someone is available to provide in-person assistance only for a few hours a day or on an irregular basis, or only occasionally.

Post-Test Question #2

You identify your patient is legally blind in her right eye secondary to trauma sustained in a car accident 20 years ago. She states the left eye has 20/30 visual acuity. When asked to read the labels on her prescription bottles, she is able to do so appropriately while wearing her reading glasses. You also notice that she negotiates her home environment without any difficulties. What is the correct response for M1200 Vision?

- A. Skip this item because the patient is legally blind in one eye
- B. Response 0 - Normal vision
- C. Response 1 - Partially impaired
- D. Response 2 - Severely impaired

The correct answer is B. Response 0 – Normal vision. Although the patient is legally blind in one eye, she is able to meet the definition of normal vision by demonstrating that she can read medication labels appropriately while wearing her reading glasses, and she has the ability to see well enough to manage functionally in her environment.

[Submit](#)



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The correct answer is B. Response 0 – Normal vision. Although the patient is legally blind in one eye, she is able to meet the definition of normal vision by demonstrating that she can read medication labels appropriately while wearing her reading glasses and she has the ability to see well enough to manage functionally in her environment.

Post-Test Question #3

Your patient had a CVA 2 months ago that affected his ability to speak. Since that time, he has been unable to speak clearly enough to have any words understood by others. He can, however, express simple needs using sign language and a communication board. What is the correct response for M1230 Speech and Oral Expression of Language?

- A. Response 1 - Minimal difficulty in expressing ideas and needs
- B. Response 2 - Expresses simple ideas or needs with moderate difficulty
- C. Response 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by the listener
- D. Response 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive

The correct answer is D. Response 4 – Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive. The intent of this item is to identify the patient's physical and cognitive ability to communicate with words in the patient's primary language. The item does not address communicating with sign language, in writing, or by any nonverbal means. The patient in this scenario is not able to express himself verbally and must communicate using nonverbal means.

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The correct answer is D. Response 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive. The intent of this item is to identify the patient's physical and cognitive ability to communicate with words in the patient's primary language. The item does not address communicating with sign language, in writing, or by any nonverbal means. The patient in this scenario is not able to express himself verbally and must communicate using nonverbal means.

Post-Test Question #4

During your assessment, you realize your patient has a notable hearing deficit because you must shout and speak distinctly to be heard. The patient's wife sees your dilemma and gets the patient's hearing aids and places them in his ears. With the hearing aids in place, he is able to hear and understand your conversation without difficulty. When asked if he normally wears his hearing aids, the patient states that they are uncomfortable and he does not like the sound that he hears with them on, so he doesn't wear them very often. What is the correct response for M1210 Ability to hear?

- A. Response 0 - Adequate
- B. Response 1 - Mildly to Moderately Impaired
- C. Response 2 - Severely Impaired
- D. Response UK - Unable to assess hearing

The correct answer is B. Response 1 – Mildly to Moderately Impaired. This item identifies the patient's ability to hear spoken language and other sounds with a hearing aid or hearing appliance if normally used. Although the patient could hear normal conversation with his hearing aids in place, he stated that he didn't normally wear them; thus, his ability to hear is based upon his hearing ability without his hearing aids in place. In the scenario, without his hearing aids in place, it was identified that he required you to speak loudly and distinctly to be heard.

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The correct answer is B. Response 1- Mildly to Moderately Impaired. This item identifies the patient's ability to hear spoken language and other sounds with a hearing aid or hearing appliance if normally used. Although the patient could hear normal conversation with his hearing aids in place, he stated that he didn't normally wear them; thus, his ability to hear is based upon his hearing ability without his hearing aids in place. In the scenario, without his hearing aids in place, it was identified that he required you to speak loudly and distinctly to be heard.

Post-Test Question #5

You assess that your patient takes three medications a day prescribed both routinely and as needed for back pain throughout the day. When asked about her pain, she states that she has minimal pain to her back, but as long as she takes her pain medications as ordered, her pain does not interfere with any activities or movement. If she doesn't follow her pain management treatment regimen, however, she finds herself with significant pain that prevents her from doing most ADLs and IADLs independently. She states it has been about a month since she has had pain that interfered with her activity or movement. What is the correct response to M1242 Frequency of Pain Interfering?

- A. Response 1 - Patient has pain that does not interfere with activity or movement
- B. Response 2 - Less often than daily
- C. Response 3 - Daily, but not constantly
- D. Response 4 - All of the time

The correct answer is A. Response 1 – Patient has pain that does not interfere with activity or movement. The scenario states that the patient reports only minimal pain that does not interfere with activities or movement while she follows her pain management regimen. The response-specific instructions state that pain that is well controlled with treatment may not interfere with activity or movement at all.

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The correct answer is A. Response 1 – Patient has pain that does not interfere with activity or movement. The scenario states that the patient reports only minimal pain that does not interfere with activities or movement while she follows her pain management regime. The response-specific instructions state that pain that is well controlled with treatment may not interfere with activity or movement at all.
