Items to Consider in Creating a Rapid Patient Assessment

1. **Conditions of Participation**

   a. Patient Rights- Consents/Advance Directives/Payment for care/Complaints

   b. Comprehensive assessment- Utilize abbreviated systems review
   - Demographics/patient identifiers
   - Verify eligibility for home care/homebound status
   - Determine immediate care needs
   - Determine support care needs
   - Drug regimen review

   c. Plan of Care/orders for care
   - physician/hospital info diagnoses
   - mental status
   - services
   - equipment/supplies
   - visit frequency/duration
   - prognosis
   - rehab potential
   - functional limitations
   - activities permitted
   - nutritional requirements
   - meds and treatments/allergies
   - safety
   - treatment/modality orders

   d. OASIS- patient tracking sheet items and the "M00" items required for payment

   e. Coordination of care-document contacts/referrals

   2. Accepted Standards of Care/ State Licensing Regulations
   a. Vital Signs-assessment
   b. system review
   c. care plan
   d. treatment
   e. pain
   f. meds administered
   g. transfer info/referral as needed
   h. infection control considerations- including appropriate measures when dealing with "high risk bodies"(i.e. communicable diseases)

Source: The Home Care Association of New Jersey

AGENCY NAME

Abbreviated Assessment

(M0040) Patient Name: _____
Date:_____

(M0064) SS# _____

Address: _____

(M0066) D.O.B: _____ **(M0069) Gender:** _____

Primary Physician:_____

Primary Problem/Reason for Admission: _____
_____

Significant Medical History: _____
_____
_____

Assessment:
Temp: _____ HR: _____ Rhythm _____ BP_____ Resp: _____

Lung Sounds:_____ SOB_____ Edema_____ Pain:_____

Location: _____

Infection control precautions: MRSA____ C-dif_____ VRE _____ Other _____

Type of precautions:
Standard _____ Airborne_____ Contact _____

Other Pertinent Finding:
_____
_____
_____

Mental Status:_____ **Functional Status/Activities**: _____
_____

Clinician Signature/Title/Date: _____

Diet/Nutritional Status/Hydration: _____

Support System/Assistance: _____

Home Environment: _____

Safety Concerns: _____

Equipment: _____ **Homebound Status:** _____

Emergency contact name /phone: _____

Treatments and Visit Frequency: _____

_____

Goals: _____

Advanced Directives: _____

Allergies: _____

Drug	Dosage	Frequency	Route

Clinician Signature/Title/Date: _____

Home Health Patient Tracking Sheet

(M0010) C M S Certification Number: __ __ __ __ __ __

(M0014) Branch State: __ __

(M0016) Branch I D Number: __ __ __ __ __ __ __ __ __ __

(M0018) National Provider Identifier (N P I) for the attending physician who has signed the plan of care**:**

__ __ __ __ __ __ __ __ __ __ ☐ **UK – Unknown or Not Available**

(M0020) Patient I D Number: __

(M0030) Start of Care Date: __ __ /__ __ /__ __ __ __
month / day / year

(M0032) Resumption of Care Date: __ __ /__ __ /__ __ __ __ ☐ **NA - Not Applicable**
month / day / year

(M0040) Patient Name:

__ __
(First) (M I) (Last) (Suffix)

(M0050) Patient State of Residence: __ __

(M0060) Patient Zip Code: __ __ __ __ __ __ __ __ __

(M0063) Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __ ☐ **NA – No Medicare**
(including suffix)

(**M0064) Social Security Number: __ __ __ - __ __ - __ __ __ __** ☐ **UK – Unknown or Not Available**

(M0065) Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ ☐ **NA – No Medicaid**

(M0066) Birth Date: __ __ /__ __ /__ __ __ __
month / day / year

(M0069) Gender:

☐ 1 - Male

☐ 2 - Female

(M0140) Race/Ethnicity: (Mark all that apply.)

☐ 1 - American Indian or Alaska Native

☐ 2 - Asian

☐ 3 - Black or African-American

☐ 4 - Hispanic or Latino

☐ 5 - Native Hawaiian or Pacific Islander

☐ 6 - White

Clinician's Signature/Date ______________________________________

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

- ☐ 0 - None; no charge for current services
- ☐ 1 - Medicare (traditional fee-for-service)
- ☐ 2 - Medicare (HMO/managed care/Advantage plan)
- ☐ 3 - Medicaid (traditional fee-for-service)
- ☐ 4 - Medicaid (HMO/managed care)
- ☐ 5 - Workers' compensation
- ☐ 6 - Title programs (e.g., Title III, V, or XX)
- ☐ 7 - Other government (e.g., TriCare, VA, etc.)
- ☐ 8 - Private insurance
- ☐ 9 - Private HMO/managed care
- ☐ 10 - Self-pay
- ☐ 11 - Other (specify)
- ☐ UK - Unknown

Clinician's Signature/Date _____

OASIS-C Assessment Items Required for Payment

(M0110) Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes?

□ 1 - Early
□ 2 - Later
□ UK - Unknown
□ NA - Not Applicable: No Medicare case mix group to be defined by this assessment.

(M1020) Primary Diagnosis & (M1022) Other Diagnoses		**(M1024) Payment Diagnoses (OPTIONAL)**	
Column 1	Column 2	Column 3	Column 4
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.)	ICD-9-C M and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses	Complete if a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis.	Complete **only if** the V-code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g., a manifestation code).
Description	ICD-9-C M / Symptom Control Rating	Description/ ICD-9-CM	Description/ ICD-9-C M
(M1020) Primary Diagnosis a.	**(V-codes are allowed)** a. (__ __ __ . __ __) □0 □1 □2 □3 □4	**(V- or E-codes NOT allowed)** a. (__ __ __ . __ __)	**(V- or E-codes NOT allowed)** a. (__ __ __ . __ __)
(M1022) Other Diagnoses b.	**(V- or E-codes are allowed)** b. (__ __ __ __ . __ __) □0 □1 □2 □3 □4	**(V- or E-codes NOT allowed)** b. (__ __ __ . __ __)	**(V- or E-codes NOT allowed)** b. (__ __ __ . __ __)
c.	c. (__ __ __ __ . __ __) □0 □1 □2 □3 □4	c. (__ __ __ . __ __)	c. (__ __ __ . __ __)
d.	d. (__ __ __ __ . __ __) □0 □1 □2 □3 □4	d. (__ __ __ . __ __)	d. (__ __ __ . __ __)
e.	e. (__ __ __ __ . __ __) □0 □1 □2 □3 □4	e. (__ __ __ . __ __)	e. (__ __ __ . __ __)
f.	f. (__ __ __ __ . __ __) □0 □1 □2 □3 □4	f. (__ __ __ . __ __)	f. (__ __ __ . __ __)

(M1030) Therapies the patient receives at home: **(Mark all that apply.)**

□ 1 - Intravenous or infusion therapy (excludes TPN)
□ 2 - Parenteral nutrition (TPN or lipids)
□ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
□ 4 - None of the above

Clinician's Signature/Date _____

(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.

(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

(M1308) Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage: (Enter "0" if none; excludes Stage I pressure ulcers) Column 1 Complete at SOC/ROC/FU & D/C		Column 2 Complete at FU & D/C
Stage description – unhealed pressure ulcers	Number Currently Present	Number of those listed in Column 1 that were present on admission (most recent SOC / ROC)
Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.	___	___
Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	___	___
Stage IV: Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	___	___
Unstageable: Known or likely but unstageable due to non-removable dressing or device	___	___
Unstageable: Known or likely but unstageable due to coverage of wound bed by slough and/or eschar.	___	___
Unstageable: Suspected deep tissue injury in evolution.	___	___

(M1322) Current Number of Stage I Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.

□ 0 □ 1 □ 2 □ 3 □ 4 or more

(M1324) Stage of Most Problematic Unhealed (Observable) Pressure Ulcer:

- □ 1 - Stage I
- □ 2 - Stage II
- □ 3 - Stage III
- □ 4 - Stage IV
- □ NA - No observable pressure ulcer or unhealed pressure ulcer

Clinician's Signature/Date _____

(M1330) Does this patient have a **Stasis Ulcer**?

- 0 - No [***Go to M1340***]
- 1 - Yes, patient has BOTH observable and unobservable stasis ulcers
- 2 - Yes, patient has observable stasis ulcers ONLY
- 3 - Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing) ***[Go to M1340***]

(M1332) Current Number of (Observable) Stasis Ulcer(s):

- 1 - One
- 2 - Two
- 3 - Three
- 4 - Four or more

(M1334) Status of Most Problematic (Observable) Stasis Ulcer:

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing

(M1342) Status of Most Problematic (Observable) Surgical Wound:

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing

(M1400) When is the patient dyspneic or noticeably Short of Breath?

- 0 - Patient is not short of breath
- 1 - When walking more than 20 feet, climbing stairs
- 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- 4 - At rest (during day or night)

Clinician's Signature/Date _____

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage)
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic)

(M1620) Bowel Incontinence Frequency:

- 0 - Very rarely or never has bowel incontinence
- 1 - Less than once weekly
- 2 - One to three times weekly
- 3 - Four to six times weekly
- 4 - On a daily basis
- 5 - More often than once daily
- NA - Patient has ostomy for bowel elimination
- UK - Unknown **[Omit "UK" option on FU, DC]**

(M1630) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- 0 - Patient does not have an ostomy for bowel elimination.
- 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
- 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

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

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

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

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

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

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

Clinician's signature/Date _____