

OASIS-C Item #	OASIS-C Version 12.2 (3-4-2009) Item Text	OASIS-C Version 12.3 (6-15-2009a) CORRECTIONS	Explanation for Correction	Impact on Burden
M0100	This Assessment is Currently Being Completed for the Following Reason: 8 – Death at home [Go to M0906] 9 – Discharge from agency [Go to M1032]	This Assessment is Currently Being Completed for the Following Reason: 8 – Death at home [Go to M0903] 9 – Discharge from agency [Go to M1040]	SKIP PATTERN FIX Corrected invalid “Go To” directions in response 8.and 9	NONE
M0102	Date of Physician-ordered Start of Care (Resumption of Care): If the physician (or physician designee) indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified. ____/____/_____ month / day / year (Go to M0110, if date entered) NA –No specific SOC date ordered by physician (or physician designee)	Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified. ____/____/_____ month / day / year (Go to M0110, if date entered) NA –No specific SOC date ordered by physician	CLARIFICATION Deleted phrase “or physician designee” as this phrase was confusing since it implied home care orders can come from non-physician	NONE
M0104	Date of Referral: Indicate the date that the written or documented orders from the physician or physician designee for initiation or resumption of care were received by the HHA.	Date of Referral: Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.	CLARIFICATION Added clarification that verbal orders are acceptable and deleted phrase “or physician designee” to improve clarity/provide correct guidance	NONE
M1000	From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.) 1 - Long-term nursing facility 2 - Skilled nursing facility (SNF / TCU) 3 - Hospital emergency department 4 - Short-stay acute hospital (IPPS) 5 - Long-term care hospital (LTCH) 6 - Inpatient rehabilitation hospital or unit (IRF) 7 - Psychiatric hospital or unit 8 - Other (specify) NA - Patient was not discharged from an inpatient facility [Go to M1016]	From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.) 1 - Long-term nursing facility (NF) 2 - Skilled nursing facility (SNF / TCU) 3 - Short-stay acute hospital (IPPS) 4 - Long-term care hospital (LTCH) 5 - Inpatient rehabilitation hospital or unit (IRF) 6 - Psychiatric hospital or unit 7 - Other (specify) NA - Patient was not discharged from an inpatient facility [Go to M1016]	TYPO FIX Added abbreviation (NF) to response 1. Deleted response 3 -“Hospital emergency department”, (this item asks about inpatient facilities). Renumbered responses.	NONE

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M1032	Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)	No longer collected at Discharge, No change at other collection timepoints.	DELETION Data from Discharge timepoint not needed for calculation of payment, quality or risk adjustment	DECREASE Decreases number of items reported at DC by 1.
M1034	Overall Status: Which description best fits the patient's overall status? (Check one)	No longer collected at Discharge, No change at other collection timepoints.	DELETION Data from Discharge timepoint not needed for calculation of payment, quality or risk adjustment	DECREASE Decreases number of items reported at DC by 1.
M1036	Risk Factors, either present or past, likely to affect current health status and/or outcome: (Mark all that apply.)	No longer collected at Discharge. No change at other collection timepoints.	DELETION Data from Discharge timepoint not needed for calculation of payment, quality or risk adjustment	DECREASE Decreases number of items reported at DC by 1.
M1050	Pneumococcal Vaccine: Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)? 0 - No 1 - Yes [Go to M1304 at TRN; Go to M1100 at DC]	Pneumococcal Vaccine: Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)? 0 - No 1 - Yes [Go to M1500 at TRN; Go to M1230 at DC]	SKIP PATTERN FIX Corrected invalid "Go To" directions for response 1.	NONE
M1100	Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only).	No longer collected at Discharge. No change at other data collection timepoints.	DELETION Data from Discharge timepoint not needed for calculation of payment, quality or risk adjustment	DECREASE Decreases number of items reported at DC by 1.
M1306	Does this patient have at least one unhealed (non-epithelialized) Pressure Ulcer at Stage II or higher or designated as "not stageable"?	Does this patient have at least one unhealed Pressure Ulcer at Stage II or higher or designated as "unstageable" ?	CLARIFICATION Replaced "non-stageable" with "unstageable" per WOCN guidance. Clarified definition of healed – deleted term "non-epithelialized" so that newly epithelialized ulcers are not excluded, as this item acts as a gateway to further items that include newly-epithelialized ulcers.	NONE

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M1307	Date of Onset of Oldest Unhealed Stage II Pressure Ulcer identified since most recent SOC/ROC assessment: ___ / ___ / _____ month / day / year UK - Present at most recent SOC/ROC assessment NA - No new Stage II pressure ulcer identified since most recent SOC/ROC assessment	(M1307) The Oldest Non-epithelialized Stage II Pressure Ulcer that is present at discharge 1-Was present at the most recent SOC/ROC assessment 2-Developed since the most recent SOC/ROC assessment: record date pressure ulcer first identified: ___ / ___ / _____ month / day / year NA - No non-epithelialized Stage II pressure ulcers are present at discharge	CLARIFICATION Responded to comments that instructions for completing item were unclear by rewording /re-ordering responses.	NONE
M1308	Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage (2 – 4 (Enter “0” if none; enter “4” if “4 or more”; enter “UK” for rows d.1 – d.3 if “Unknown”) COLUMN 1: Number Present COLUMN 2: Number of these that were present on admission (most recent SOC / ROC)	Current Number of Unhealed Pressure Ulcers at Each Stage: (Enter “0” if none; excludes Stage I pressure ulcers and Stage II, III or IV pressure ulcers that have been newly-epithelialized for more than 30 days) COLUMN 1: Complete at SOC/ROC/FU & DC, Number Currently Present COLUMN 2: Complete at FU and DC – Number of those listed in column 1 that were present on admission (most recent SOC/ROC)	CLARIFICATION/ DELETION Clarified definition of healed – deleted term “non-epithelialized” so that newly epithelialized ulcers are not excluded, and changed instruction so that ulcers epithelialized for more than 30 days) do not have to be reported. Changed instructions so that Column 2 does not have to be reported at SOC/ ROC. If recording number of pressure ulcers greater than 4 at any stage, actual number of ulcers is reported rather than 4,	DECREASE Eliminates reporting of Column 2 at SOC/ROC.
M1310	Directions for M1310 and M1312: If the patient has one or more unhealed (non-epithelialized) Stage III or IV pressure ulcers, identify the pressure ulcer with the largest surface dimension (length x width) and record in centimeters:	Directions for M1310, M1312 and M1314 : If the patient has one or more unhealed Stage III or IV pressure ulcers , identify the pressure ulcer with the largest surface dimension (length x width) and record in centimeters:	CLARIFICATION Clarified definition of healed– deleted term “non-epithelialized” so that newly epithelialized ulcers are not unintentionally excluded. Corrected directions to include M1314.	NONE
M1324	Stage of Most Problematic (Observable) Pressure Ulcer: • 1 - Stage I [Go to M1330 at SOC/ROC/FU]	Stage of Most Problematic (Observable) Pressure Ulcer: • 1 - Stage I	SKIP PATTERN FIX Deleted invalid “Go To” directions for response 1	NONE

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M1334	Status of Most Problematic (Observable) Stasis Ulcer: <ul style="list-style-type: none"> • 1 - Fully granulating • 2 - Early/partial granulation • 3 - Not healing 	Status of Most Problematic (Observable) Stasis Ulcer: <ul style="list-style-type: none"> • 0 -Newly epithelialized • 1 - Fully granulating • 2 - Early/partial granulation • 3 - Not healing 	CLARIFICATION Added "newly epithelialized" in response to request for clarification and consistency in Integumentary items.	NONE.
M1342	Status of Most Problematic (Observable) Surgical Wound: 0 - Re-epithelialized	Status of Most Problematic (Observable) Surgical Wound: 0 - Newly-epithelialized	CLARIFICATION Replaced re-epithelialized with newly epithelialized due to request for clarification and consistency.	NONE
M1500	Symptoms in Heart Failure Patients: NA - Patient does not have diagnosis of heart failure [Go to M1732 at TRN; Go to M1600 at DC]	Symptoms in Heart Failure Patients: NA - Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to M1600 at DC]	SKIP PATTERN FIX Corrected "Go To" directions for response NA	NONE
M1510	Heart Failure Follow-up: 3 - Implemented physician-ordered patient-specific established parameters for treatment	Heart Failure Follow-up: 3 - Implement ed physician-ordered patient-specific established parameters for treatment	TYPO FIX Corrected grammatical error in response 3.	NONE
M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days? UK - Unknown	Has this patient been treated for a Urinary Tract Infection in the past 14 days? UK – Unknown [Omit UK option at DC]	TYPO FIX Modified directions to omit UK response at time of discharge, since this item would be known at this time.	NONE
M1620	Bowel Incontinence Frequency: UK - Unknown	Bowel Incontinence Frequency: UK – Unknown [Omit UK option at FU and DC]	TYPO FIX Modified directions to omit UK response at time of follow up and discharge, since this item would be known at this time.	NONE
M1750	Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse?	No longer collected at Discharge. No change at other collection timepoints.	DELETION Data from Discharge timepoint not needed for calculation of payment, quality or risk adjustment	DECREASE Decreases number of items reported at DC by 1.

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M1830	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face and hands only)	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands and shampooing hair)	CLARIFICATION Clarified guidance to include shampooing in definition of grooming, to be consistent with M1800 Grooming.	NONE
M2100	Types and Sources of Assistance: ROWS - Needing assistance = patient needs assistance on any item on the "e.g." list: Column 3 - Caregiver(s) currently provides assistance	Types and Sources of Assistance: ROWS - Type of Assistance Column 3 - Caregiver(s) currently provide assistance	CLARIFICATION / TYPO FIX Clarified guidance by deleting the confusing language from Row Instructions, "Needing assistance = patient needs assistance on any item on the e.g. list:" and replacing with "Type of Assistance". Corrected grammatical error in Column 3 Heading	NONE
M2410	To which Inpatient Facility has the patient been admitted? NA - No inpatient facility admission	To which Inpatient Facility has the patient been admitted? NA - No inpatient facility admission [OMIT NA AT TRANSFER]	TYPO FIX Modified directions to omit response NA at the Transfer timepoint. NA is not an appropriate response at the Transfer time point.	NONE