

## Combined HH QRP Change Table - Effective Date: January 1, 2021

### Abbreviations

DAH	Death at home	IRF-PAI	Inpatient Rehabilitation Facility-Patient Assessment Instrument	OMH	Office of Minority Health	SDOH	Social Determinants of Health
DC	Discharge from Agency	LCDS	Long-term Care Data Set	QM	Quality Measure	TRN	Transfer to an Inpatient Facility
FU	Follow-up	MDS	Minimum Data Set	ROC	Resumption of Care	(v)	Voluntary
HH	Home Health	OASIS	Outcome and Assessment Information Set	SOC	Start of Care		

#	Time Points	Item / Text Affected	OASIS-D	OASIS-E	Rationale for Change / Comments
1.	All	N/A	Version D	Version E	Updated version number.
2.	DC	A2121A	N/A – new item	<p><b>A2121A Provision of Current Reconciled Medication List to Subsequent Provider at Discharge</b> At the time of discharge to another provider, did your agency provide the patient’s current reconciled medication list to the subsequent provider?</p> <p>0. No – Current reconciled medication list not provided to the subsequent provider                      1. Yes – Current reconciled medication list provided to the subsequent provider</p>	Transfer of health measure, A2121-A is version used on Discharge assessment
3.	TRN	A2121B	N/A- new item	<p><b>A2121B Provision of Current Reconciled Medication List to Subsequent Provider at Transfer</b> At the time of transfer to another provider, did your agency provide the patient’s current reconciled medication list to the subsequent provider</p>	Transfer of health measure, A2121-B is version used on Transfer assessment  Note: HH is the only setting with two versions of this item.

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				<p>0. No– Current reconciled medication list not provided to the subsequent provider. → Skip to J1800, Any Falls Since SOC/ROC</p> <p>1. Yes – Current reconciled medication list provided to the subsequent provider</p> <p>2. NA – The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC</p>	Providers may not be aware of transfer timely, thus a NA response is required.
4.	DC	A2122	N/A-new item	<p><b>A2122 Route of Current Reconciled Medication List Transmission</b> At the time of discharge, did your agency provide the patient’s current reconciled medication list to the patient, family and/or caregiver?</p> <p>0. No– Current reconciled medication list not provided to the patient, family and/or caregiver</p> <p>1. Yes – Current reconciled medication list provided to the patient, family and/or caregiver</p>	
5.	TRN (v) DC(v)	A2123	N/A-new item	<p><b>Route of Current Reconciled Medication List Transmission</b> Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider and/or patient/family/caregiver. (Leave blank if current reconciled medication list is not provided to subsequent provider or patient</p>	HH specific instruction added because both A2121A and A2122 are on the discharge assessment.
6.	SOC	B0200	N/A – new item	<p><b>B0200. Hearing Ability to hear</b> (with hearing aid or hearing appliances if normally used)</p> <p>0. <b>Adequate</b> - no difficulty in normal conversation, social interaction, listening to TV</p> <p>1. <b>Minimal difficulty</b> - difficulty in some</p>	Added to assess Hearing in Section B – Speech, Hearing, and Vision. MDS currently assesses this but it is missing from previous versions of OASIS. National Beta Test data

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				<p>environments (e.g., when person speaks softly or setting is noisy)</p> <p>2. <b>Moderate difficulty</b> - speaker has to increase volume and speak distinctly</p> <p>3. <b>Highly impaired</b> - absence of useful hearing</p>	supports cross-setting reliability and feasibility.
7.	SOC,FU (v)	B1000	<p><b>M1200 Vision</b> (with corrective lenses if the patient usually wears them):</p> <p>0 Normal vision: sees adequately in most situations; can see medication labels, newsprint.</p> <p>1 Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length.</p> <p>2 Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.</p>	<p><b>B1000. Vision</b> <b>Ability to see in adequate light</b> (with glasses or other visual appliances)</p> <p>0. <b>Adequate</b> - sees fine detail, such as regular print in newspapers/books</p> <p>1. <b>Impaired</b> - sees large print, but not regular print in newspapers/books</p> <p>2. <b>Moderately impaired</b> - limited vision; not able to see newspaper headlines but can identify objects</p> <p>3. <b>Highly impaired</b> - object identification in question, but eyes appear to follow objects</p> <p>4. <b>Severely impaired</b> - no vision or sees only light, colors or shapes; eyes do not appear to follow objects</p>	<p>New SPADE, B1000 replaces legacy OASIS M1200 Vision item, and is only collected at SOC/ROC.</p> <p>M1200 Vision at FU was made voluntary effective 1/1/2020 and is removed from FU for 1/1/2021</p>
8.	SOC, ROC, DC	C0100	N/A – new item	<p><b>C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?</b> (3-day assessment period)</p> <p>Attempt to conduct interview with all patients.</p> <p>0. <b>No</b> (patient is rarely/never understood) → <i>Skip to C1310, Signs and Symptoms of Delirium (from CAM®)</i></p> <p>1. <b>Yes</b> → <i>Continue to C0200, Repetition of Three Words</i></p>	Added BIMS to Cognitive Patterns section on discharge of the OASIS to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.
9.	SOC, ROC, DC	C0200	N/A – new item	<b>C0200. Repetition of Three Words</b>	Added BIMS to Cognitive Patterns section on discharge of the OASIS to assess mental

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				<p>Ask patient: <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: <b>sock, blue and bed.</b> Now tell me the three words."</i></p> <p><b>Number of words repeated after first attempt</b></p> <ol style="list-style-type: none"> <li>0. <b>None</b></li> <li>1. <b>One</b></li> <li>2. <b>Two</b></li> <li>3. <b>Three</b></li> </ol> <p>After the patient's first attempt, repeat the words using cues (<i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.</p>	<p>status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.</p>
10.	SOC ROC, DC	C0300 C0300A C0300B C0300C	N/A – new item	<p><b>C0300. Temporal Orientation</b> (orientation to year, month, and day)</p> <p>Ask patient: <i>"Please tell me what year it is right now."</i></p> <p><b>A. Able to report correct year</b></p> <ol style="list-style-type: none"> <li>0. <b>Missed by &gt; 5 years</b> or no answer</li> <li>1. <b>Missed by 2 - 5 years</b></li> <li>2. <b>Missed by 1 year</b></li> <li>3. <b>Correct</b></li> </ol> <p>Ask patient: <i>"What month are we in right now?"</i></p> <p><b>B. Able to report correct month</b></p> <ol style="list-style-type: none"> <li>0. <b>Missed by &gt; 1 month</b> or no answer</li> <li>1. <b>Missed by 6 days to 1 month</b></li> <li>2. <b>Accurate within 5 days</b></li> </ol>	<p>Added BIMS to Cognitive Patterns section on discharge of the OASIS to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.</p>

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				<p>Ask patient: <i>"What day of the week is today?"</i></p> <p><b>C. Able to report correct day of the week</b>  <b>0. Incorrect or no answer</b>  <b>1. Correct</b></p>	
11.	SOC, ROC, DC	C0400 C0400A C0400B C0400C	N/A – new item	<p><b>C0400. Recall</b></p> <p>Ask patient: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.</p> <p><b>A. Able to recall "sock"</b>  <b>0. No</b> - could not recall  <b>1. Yes, after cueing</b> ("something to wear")  <b>2. Yes, no cue required</b></p> <p><b>B. Able to recall "blue"</b>  <b>0. No</b> - could not recall  <b>1. Yes, after cueing</b> ("a color")  <b>2. Yes, no cue required</b></p> <p><b>C. Able to recall "bed"</b>  <b>0. No</b> - could not recall  <b>1. Yes, after cueing</b> ("a piece of furniture")  <b>2. Yes, no cue required</b></p>	<p>Added BIMS to Cognitive Patterns section on discharge of the OASIS to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.</p>

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12.	SOC, ROC, DC	C0500	N/A – new item	<p><b>C0500. BIMS Summary Score</b></p> <p><b>Add scores</b> for questions C0200-C0400 and fill in total score (00-15)</p> <p><b>Enter 99 if the patient was unable to complete the interview</b></p>	Added BIMS to Cognitive Patterns section on discharge of the OASIS to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.
13.	SOC, ROC, DC	C1310A C1310B C1310C C1310D	N/A – new item	<p><b>C1310. Signs and Symptoms of Delirium (from CAM©)</b></p> <p>Code <b>after completing</b> Brief Interview for Mental Status and reviewing medical record.</p> <p><b>A. Acute Onset Mental Status Change</b>  <b>Is there evidence of an acute change in mental status</b> from the patient's baseline?                      0. No                      1. Yes</p> <p><b>Enter Codes in Boxes</b></p> <p><b>B. Inattention</b> - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?</p> <p><b>C. Disorganized thinking</b> - Was the patient 's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject).</p> <p><b>D. Altered level of consciousness</b> - Did the patient have altered level of consciousness as indicated by any of the following criteria?</p>	TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.

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				<ul style="list-style-type: none"> <li>• <b>vigilant</b> – startled easily to any sound or touch</li> <li>• <b>lethargic</b> – repeatedly dozed off when being asked questions, but responded to voice or touch</li> <li>• <b>stuporous</b> – very difficult to arouse and keep aroused for the interview</li> <li>• <b>comatose</b> – could not be aroused</li> </ul> <p><b>Coding:</b></p> <ul style="list-style-type: none"> <li>0. <b>Behavior not present</b></li> <li>1. <b>Behavior continuously present, does not fluctuate</b></li> <li>2. <b>Behavior present, fluctuates</b> (comes and goes, changes in severity)</li> </ul>	
14.	SOC ROC, DC	CAM © Footnote	N/A – new item	<i>Confusion Assessment Method. ©1988, 2003, Hospital Elder Life Program. All rights reserved. Adopted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.</i>	TEP supportive of CAM use.
15.	SOC, ROC, DC	D0150 D0150A1 D0150A2 D0150B1 D0150B2 D0150C1 D0150C2 D0150D1 D0150D2 D0150E1 D0150E2 D0150F1 D0150F2 D0150G1	<p>M1730 Depression Screening: Has the patient been screened for depression, using a standardized, validated depression screening tool?</p> <p>0 No 1 Yes, patient was screened using the PHQ-2©* scale.</p> <hr/> <p>Instructions for this two-question tool: Ask patient: "Over the last two weeks, how often have you been bothered by any of the following problems?"</p> <hr/> <p>A. Little interest or pleasure in doing things</p>	<p><b>D0150. Patient Mood Interview (PHQ-2 to 9)</b> <b>Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"</b></p> <p>If symptom is present, enter 1 (yes) in column 1, Symptom Presence.</p> <p>If yes in column 1, then ask the patient: "About <b>how often</b> have you been bothered by this?"</p> <p>Read and show the patient a card with the</p>	Adding PHQ-2 to 9 to OASIS. Stakeholder and expert input, including public comments and the TEP, supportive of using PHQ-2 as gateway to full PHQ-9 depression screening. This approach reduces burden while ensuring that patients with some depressive symptoms are screening with full PHQ-9. Results of the National Beta Test support the PHQ-2 to 9 as feasible and reliable across PAC settings.

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		D0150G2 D0150H1 D0150H2 D0150I1 D0150I2	<p>B. Feeling down, depressed or hopeless</p> <hr/> <p>0 Not at all, 0 - 1 day 1 Several days, 2-6 days 2 More than half of the days, 7-11 days 3 Nearly every day, 12-14 days NA Unable to respond</p> <hr/> <p>2 Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.</p> <p>3 Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.</p> <p><i>*Copyright© Pfizer Inc. All rights reserved. Reproduced with permission.</i></p>	<p>symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <p><b>1. Symptom Presence</b> 0. <b>No</b> (enter 0 in column 2) 1. <b>Yes</b> (enter 0-3 in column 2) 9. <b>No response</b> (leave column 2 blank)</p> <p><b>2. Symptom Frequency</b> 0. <b>Never or 1 day</b> 1. <b>2-6 days</b> (several days) 2. <b>7-11 days</b> (half or more of the days) 3. <b>12-14 days</b> (nearly every day)</p> <p><b>Enter scores in boxes.</b> <b>A. Little interest or pleasure in doing things</b> <b>B. Feeling down, depressed, or hopeless</b> <b>If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview and SKIP to D0700 Social Isolation.</b> C. Trouble falling or staying asleep, or sleeping too much D. Feeling tired or having little energy E. Poor appetite or overeating F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down G. Trouble concentrating on things, such as reading the newspaper or watching television H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving</p>	<p>New SPADE replaces M1730 response 1, PHQ-2. Remainder of M1730 (responses 0, 2 and 3) are removed.</p> <p>PHQ-2 to 9 is collected at Admission and DC whereas M1730 was only collected at SOC and ROC</p>



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				around a lot more than usual I. Thoughts that you would be better off dead, or of hurting yourself in some way	
16.	SOC, ROC, DC	D0160	N/A – new item	<b>D0160. Total Severity Score</b>  <b>Add scores for all frequency responses in Column 2, Symptom Frequency.</b> Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).	Adding PHQ-2 to 9 to OASIS.
17.	SOC, ROC FU (v), DC	M1242	M1242 Frequency of pain interfering with patient’s activity or movement	Item removed	This item was made voluntary at FU effective 01/01/2020, and it is being removed completely for OASIS-E
18.	SOC, ROC, DC	J0510	N/A – new item	<b>J0510. Pain Effect on Sleep</b>  Ask patient: <i>“Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”</i>  0. Does not apply – I have not had any pain or hurting in the past 5 days → <i>Skip to M1400 Shortness of Breath</i> 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost Constantly 9. Unable to answer	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
19.	SOC, ROC, DC	J0520	N/A – new item	<b>J0520. Pain Interference with Therapy Activities</b>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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				<p>Ask patient: <i>“Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”</i></p> <p>0. Does not apply – I have not received rehabilitation therapy in the past 5 days</p> <p>1. Rarely or not at all</p> <p>2. Occasionally</p> <p>3. Frequently</p> <p>4. Almost Constantly</p> <p>9. Unable to answer</p>	
20.	SOC, ROC, DC	J0530	N/A – new item	<p><b>J0530. Pain Interference with Day-to-Day Activities</b></p> <p>Ask patient: <i>“Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”</i></p> <p>1. Rarely or not at all</p> <p>2. Occasionally</p> <p>3. Frequently</p> <p>4. Almost Constantly</p> <p>9. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
21.	SOC, ROC	K0520 K0520A K0520B K0520C K0520D K0520Z	<p><b>M1030</b> Therapies the patient receives <u>at home</u>: (Mark all that apply.)</p> <p>1 Intravenous or infusion therapy (excludes TPN)</p> <p>2 Parenteral nutrition (TPN or lipids)</p> <p>3 Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)</p> <p>4 None of the above</p>	<p><b>K0520. Nutritional Approaches</b> Check all of the following nutritional approaches that apply on admission.</p> <p>↓<b>Check all that apply</b></p> <p><b>A. Parenteral/IV feeding</b></p> <p><b>B. Feeding tube</b> (e.g., nasogastric or abdominal (PEG))</p> <p><b>C. Mechanically altered diet</b> – require change in texture of food or liquids</p>	<p>Included to align with MDS’ assessment of nutritional status. Item K0520 will mirror the MDS.</p> <p>K0520 response A Parenteral/IV feeding replaces M1030 response 2 Parenteral nutrition</p>

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				(e.g., pureed food, thickened liquids) <b>D. Therapeutic diet</b> (e.g., low salt, diabetic, low cholesterol) <b>Z. None of the above</b>	K0520 response B Feed Tube replaces M1030 response 3 Enteral nutrition
22.	DC	K0520 K0520A1 K0520A2 K0520B1 K0520B2 K0520C1 K0520C2 K0520D1 K0520D2 K0520Z1 K0520Z2	N/A – new item	<b>K0520. Nutritional Approaches</b>  <b>1. Last 7 days</b> Check all of the nutritional approaches that were received in the last 7 days  <b>2. At discharge</b> Check all of the nutritional approaches that were being received at discharge  <b>Check all that apply</b> ↓ <b>A. Parenteral/IV feeding</b> <b>B. Feeding tube</b> (e.g., nasogastric or abdominal (PEG)) <b>C. Mechanically altered diet</b> – require change in texture of food or liquids (e.g., pureed food, thickened liquids) <b>D. Therapeutic diet</b> (e.g., low salt, diabetic, low cholesterol) <b>Z. None of the above</b>	Included to align with MDS' assessment of nutritional status. Item K0520 will mirror the MDS.
23.	SOC, ROC	N0415 N0415A1 N0415A2 N0415E1 N0415E2 N0415F1 N0415F2 N0415H1 N0415H2 N0415I1 N0415I2	N/A – new item	<b>N0415. High-Risk Drug Classes: Use and Indication</b>  <b>1. Is taking</b> Check if the patient is taking any medications in the following drug classes  <b>2. Indication noted</b> If Column 1 is checked, check if there is an indication noted for all medications in the drug class  ↓ <b>Check all that apply</b>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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		N0415J1 N0415J2		<b>A. Antipsychotic</b> <b>E. Anticoagulant</b> <b>F. Antibiotic</b> <b>H. Opioid</b> <b>I. Antiplatelet</b> <b>J. Hypoglycemic (including insulin)</b>	
24.	DC	N0420A1 N0420A2 N0420E1 N0420E2 N0420F1 N0420F2 N0420H1 N0420H2 N0420I1 N0420I2 N0420J1 N0420J2	N/A – new item	<b>N0420. High-Risk Drug Classes: Use and Indication</b> <b>1. Is taking</b> Check if the patient is taking any medication in the following drug classes <b>2. Indication noted</b> If Column 1 is checked, check if there is an indication noted for all medications in the drug class  ↓ <b>Check all that apply</b> <b>A. Antipsychotic</b> <b>E. Anticoagulant</b> <b>F. Antibiotic</b> <b>H. Opioid</b> <b>I. Antiplatelet</b> <b>J. Hypoglycemic (including insulin)</b>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
25.	SOC, ROC	O0110	N/A – new item	<b>O0110. Special Treatments, Procedures, and Programs</b> Check all of the following treatments, procedures, and programs that apply on admission  <b>a. On Admission</b>  ↓ <b>Check all that apply</b>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
26.	DC	O0110	N/A – new item	<b>O0110. Special Treatments, Procedures, and Programs</b>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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				<p>Check all of the following treatments, procedures, and programs that apply at discharge</p> <p align="center"><b>c. At Discharge</b></p> <p>↓ <b>Check all that apply</b></p>	
27.	SOC, ROC, DC	O0110A1a O0110A2a O0110A3a O0110A10a O0110B1a  O0110A1c O0110A2c O0110A3c O0110A10c O0110B1c	N/A – mostly new items	<p><b>Check all that apply</b></p> <p><b>Cancer Treatments</b></p> <p><b>A1. Chemotherapy</b>  <b>A2. IV</b>  <b>A3. Oral</b>  <b>A10. Other</b></p> <p><b>B1. Radiation</b></p>	Included to align with the MDS, and public comment and subject matter experts support breaking the parent item “chemotherapy” into type of chemotherapy to distinguish patient complexity/burden of care.
28.	SOC, ROC, DC	O0110C1a O0110C2a O0110C3a O0110C4a O0110D1a O0110D2a O0110D3a O0110E1a O0110F1a O0110G1a O0110G2a O0110G3a  O0110C1c O0110C2c O0110C3c	N/A – new item	<p><b>Respiratory Therapies</b></p> <p><b>C1. Oxygen Therapy</b>  <b>C2. Continuous</b>  <b>C3. Intermittent</b>  <b>C4. High-concentration</b></p> <p><b>D1. Suctioning</b>  <b>D2. Scheduled</b>  <b>D3. As needed</b></p> <p><b>E1. Tracheostomy Care</b></p> <p><b>F1. Invasive Mechanical Ventilator</b>                      (ventilator or respirator)</p>	Included to align with the MDS, and public comment and subject matter experts support: breaking the parent item “oxygen therapy” into continuous vs. intermittent to distinguish patient complexity/burden of care; breaking the parent item “suctioning” into frequency of suctioning to distinguish patient complexity/burden of care. In public comment, there was support for breaking the parent item into 2 response options (CPAP and BiPAP).

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		O0110C4c O0110D1c O0110D2c O0110D3c O0110E1c O0110F1c O0110G1c O0110G2c O0110G3c		<b>G1. Non-invasive Mechanical Ventilator</b> <b>G2. BiPAP</b> <b>G3. CPAP</b>	
29.	SOC, ROC, DC	O0110AH1a O0110AH2a O0110H3a O0110H4a O0110H10a O0110I1a O0110J1a O0110J2a O0110J3a O0110O1a O0110O2a O0110O3a O0110O4a O0110Z1a	<b>M1030</b> Therapies the patient receives <u>at home</u> : (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	<b>Other</b> <b>H1. IV Medications</b> <b>H2. Vasoactive medications</b> <b>H3. Antibiotics</b> <b>H4. Anticoagulation</b> <b>H10. Other</b> <b>I1. Transfusions</b> <b>J1. Dialysis</b> <b>J2. Hemodialysis</b> <b>J3. Peritoneal dialysis</b> <b>O1. IV Access</b>	In public comment, there was support for: further delineating types of IV medications (and the new vasoactive medication item, O0110H2, is included in the LTCH ventilator liberation quality measures); breaking out the dialysis parent item into type of dialysis; breaking out the IV access parent item (which appears on the MDS) into types of IV access.  IV Access replaces M1030 response 1 Infusion therapy

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#	Time Points	Item / Text Affected	OASIS-D	OASIS-E	Rationale for Change / Comments
		O0110H1c O0110H2c O0110H3c O0110H4c O0110H10c O0110I1c O0110J1c O0110J2c O0110J3c O0110O1c O0110O2c O0110O3c O0110O4c O0110Z1c		<b>O2. Peripheral IV</b> <b>O3. Midline</b> <b>O4. Central line</b> (e.g., PICC, tunneled, port)  <b>None of the Above</b>  <b>Z1. None of the above</b>	
30.	SOC	A1005	<b>M0140 Race/Ethnicity</b> 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	<b>A1005 Ethnicity</b> Are you Hispanic, Latino/a, or Spanish origin? <b>↓ Check all that apply</b> <b>A.</b> No, not of Hispanic, Latino/a, or Spanish origin <b>B.</b> Yes, Mexican, Mexican American, Chicano/a	Item M0140. Race/Ethnicity is deleted and replaced with A1005. Ethnicity. Proposed as SPADE in the FY 2020 HH PPS proposed rule. Aligns with 2011 HHS race and ethnicity data standards for person-level data

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				<p>C. Yes, Puerto Rican                      D. Yes, Cuban                      E. Yes, Another Hispanic, Latino, or Spanish origin                      X. Patient unable to respond</p>	collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.
31.	SOC	A1010		<p><b>A1010. Race</b>                      What is your race?                      ↓ <b>Check all that apply</b>                      A. White                      B. Black or African American                      C. American Indian or Alaska Native                      D. Asian Indian                      E. Chinese                      F. Filipino                      G. Japanese                      H. Korean                      I. Vietnamese                      J. Other Asian                      K. Native Hawaiian                      L. Guamanian or Chamorro                      M. Samoan                      N. Other Pacific Islander                      X. Patient unable to respond</p>	Item M0140. Race/Ethnicity is deleted and replaced with A1010. Race. Proposed as SPADE in the FY 2020 HH PPS proposed rule. Aligns with 2011 HHS race and ethnicity data standards for person-level data collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.
32.	SOC, ROC, DC	A1110 A1110A A1110B	N/A – new item	<p>A. What is your preferred language?  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Do you need or want an interpreter to communicate with a doctor or health care staff?                      0. <b>No</b>                      1. <b>Yes</b>                      9. <b>Unable to determine</b></p>	Proposed as SPADE in the FY 2020 HH PPS proposed rule.
33.	SOC, ROC, DC	A1250	N/A-new item	<p><b>A1250. Transportation</b>                      Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?</p>	Proposed as SPADE in the FY 2020 HH PPS proposed rule. Consistent with Healthy People 2020 priority to address



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				<p>↓ <b>Check all that apply</b></p> <p>A. <b>Yes</b>, it has kept me from medical appointments or from getting my medications</p> <p>B. <b>Yes</b>, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</p> <p>C. <b>No</b></p> <p>D. <b>I choose not to answer this question</b></p>	<p>patients' social determinants of health.</p>
34.	SOC, ROC, DC	B1300	N/A – new items	<p><b>B1300. Health Literacy</b></p> <p>How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p>0. <b>Never</b></p> <p>1. <b>Rarely</b></p> <p>2. <b>Sometimes</b></p> <p>3. <b>Often</b></p> <p>4. <b>Always</b></p> <p>9. <b>Patient unable to respond</b></p>	<p>Proposed as SPADE in the FY 2020 HH PPS proposed rule. Consistent with Healthy People 2020 priority to address patients' social determinants of health.</p>
35.	SOC, ROC, DC	D0700	N/A – new item	<p><b>D0700. Social Isolation</b></p> <p>How often do you feel lonely or isolated from those around you?</p> <p>0. <b>Never</b></p> <p>1. <b>Rarely</b></p> <p>2. <b>Sometimes</b></p> <p>3. <b>Often</b></p> <p>4. <b>Always</b></p> <p>9. <b>Patient unable to respond</b></p>	<p>Proposed as SPADE in the FY 2020 HH PPS proposed rule. Recommended for inclusion in Medicare data by HHS and the NASEM.</p>