Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

The purpose of this document is to provide agencies and vendors an easy way to update their forms and/or software to accommodate these changes.

The following is a generic description of those changes:

1. Some changes in format.

2. Changes in response options, for example, a few responses have been added or dropped.

3. One item - M0170 – has been modified significantly and renumbered as M0175.

4. One new item has been added – M0825.

5. Some items have been added to additional timepoints.

OASIS-B1: Items to be Used at Specific Time Points		OASIS B1 8/2000: Items to be Used at Specific Time Points	
Start or Resumption of Care Start of care-further visits planned Start of care-no further visits planned Resumption of care (after inpatient stay)	M01010-M0820	**Start or Resumption of Care** Start of care-further visits planned Start of care-no further visits planned Resumption of care (after inpatient stay)	M0010-M0825
Follow-Up Recertification (follow-up) reassessment Other follow-up	M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0840	**Follow-Up** Recertification (follow-up) reassessment Other follow-up	M0010-M0100, M0150, M0175, M0200-M0250, M0280-M0390, M0410-M0840
Transfer to an Inpatient Facility Transferred to an inpatient facility-patient not discharged from agency Transferred to an inpatient facility-patient discharged from agency	M0010-M0100, M0830-M0855, M0890-M0906	**Transfer to an Inpatient Facility** Transferred to an inpatient facility-patient not discharged from agency Transferred to an inpatient facility-patient discharged from agency	M0010-M0100, M0150, M0830-M0855, M0890-M0906
Discharge from Agency – Not to an Inpatient Facility Death at home	M0010-M0100, M0906	**Discharge from Agency – Not to an Inpatient Facility** Death at home	M0010-M0100, M0150, M0906
Discharge from agency	M0010-M0100, M0150-M0200, M0220, M0250, M0280-M0380, M0410-M0880, M0903-M0906	Discharge from agency	M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0820, M0830-M0880, M0903-M0906
Discharge from agency – no visits completed after start/resumption of care assessment	M0010-M0100, M0906	Discharge from agency – no visits completed after start/resumption of care assessment	M0010-M0100, M0150, M0906

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

`START OF CARE`

1)	M0100 – Change skip patterns – responses 6, 7, 8, 10.

<table>
<tr><td colspan="2" align="center">OASIS B1</td><td colspan="2" align="center">OASIS B1 (8/2000)</td></tr>
<tr><td colspan="2">

Start/Resumption of Care
- ☐ **1 – Start of care—further visits planned**
- ☐ **2 – Start of care—no further visits planned**
- ☐ **3 – Resumption of care (after inpatient stay)**

Follow-Up
- ☐ 4 – Recertification (follow-up) reassessment **[Go to *M0150*]**
- ☐ 5 – Other follow-up **[Go to *M0150*]**

Transfer to an Inpatient Facility
- ☐ 6 – Transferred to an inpatient facility—patient not discharged from agency **[Go to *M0830*]**
- ☐ 7 – Transferred to an inpatient facility—patient discharged from agency **[Go to *M0830*]**

Discharge from Agency — Not to an Inpatient Facility
- ☐ 8 – Death at home **[Go to *M0906*]**
- ☐ 9 – Discharge from agency **[Go to *M0150*]**
- ☐ 10 – Discharge from agency—no visits completed after start/resumption of care assessment **[Go to *M0906*]**

</td><td colspan="2">

Start/Resumption of Care
- ☐ **1 – Start of care—further visits planned**
- ☐ **2 – Start of care—no further visits planned**
- ☐ **3 – Resumption of care (after inpatient stay)**

Follow-Up
- ☐ 4 – Recertification (follow-up) reassessment **[Go to *M0150*]**
- ☐ 5 – Other follow-up **[Go to *M0150*]**

Transfer to an Inpatient Facility
- ☐ 6 – Transferred to an inpatient facility—patient not discharged from agency **[Go to *M0150*]**
- ☐ 7 – Transferred to an inpatient facility—patient discharged from agency **[Go to *M0150*]**

Discharge from Agency — Not to an Inpatient Facility
- ☐ 8 – Death at home **[Go to *M0150*]**
- ☐ 9 – Discharge from agency **[Go to *M0150*]**
- ☐ 10 – Discharge from agency—no visits completed after start/resumption of care assessment **[Go to *M0150*]**

</td></tr>
</table>

2)	Delete M0170 – Substitute new item M0175.

<table>
<tr><td colspan="2" align="center">OASIS B1</td><td colspan="2" align="center">OASIS B1 (8/2000)</td></tr>
<tr><td colspan="2">

(M0170) From which of the following **Inpatient Facilities** was the patient discharged <u>during the past 14 days</u>? **(Mark all that apply.)**

- ☐ 1 - Hospital
- ☐ 2 - Rehabilitation facility
- ☐ 3 - Nursing home
- ☐ 4 - Other (specify) _____
- ☐ NA - Patient was not discharged from an inpatient facility **[If NA, go to *M0200*]**

</td><td colspan="2">

(M0175) From which of the following **Inpatient Facilities** was the patient discharged <u>during the past 14 days</u>? **(Mark all that apply.)**

- ☐ 1 - Hospital
- ☐ 2 - Rehabilitation facility
- ☐ 3 - Skilled nursing facility
- ☐ 4 - Other nursing home
- ☐ 5 - Other (specify) _____
- ☐ NA - Patient was not discharged from an inpatient facility **[If NA, go to *M0200*]**

</td></tr>
</table>

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

3) M0810 – Change wording and skip pattern in "NA" responses.	

OASIS B1	**OASIS B1 (8/2000)**
(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**	**(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):** <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**
☐ 0 - Patient manages all tasks related to equipment completely independently.	☐ 0 - Patient manages all tasks related to equipment completely independently.
☐ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.	☐ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.
☐ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.	☐ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
☐ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.	☐ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.
☐ 4 - Patient is completely dependent on someone else to manage all equipment.	☐ 4 - Patient is completely dependent on someone else to manage all equipment.
☐ NA - No equipment of this type used in care **[If NA, skip M0820]**	☐ NA - No equipment of this type used in care **[If NA, go to *M0825*]**

4) M0825 – Add new item.	

OASIS B1	**OASIS B1 (8/2000)**
Not present.	**(M0825) Therapy Need:** Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?
	☐ 0 - No
	☐ 1 - Yes
	☐ NA - Not applicable

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

FOLLOW-UP

<table>
<tr><td colspan="2">1)   M0100 – Change skip patterns – responses 6, 7, 8, 10.</td></tr>
<tr>
<td>

OASIS B1

<u>Start/Resumption of Care</u>
☐   1 –   Start of care—further visits planned
☐   2 –   Start of care—no further visits planned
☐   3 –   Resumption of care (after inpatient stay)

<u>Follow-Up</u>
☐   **4 – Recertification (follow-up) reassessment [Go to *M0150*]**
☐   **5 – Other follow-up [Go to *M0150*]**

<u>Transfer to an Inpatient Facility</u>
☐   6 –   Transferred to an inpatient facility—patient not discharged from agency **[Go to *M0830*]**
☐   7 –   Transferred to an inpatient facility—patient discharged from agency **[Go to *M0830*]**

<u>Discharge from Agency — Not to an Inpatient Facility</u>
☐   8 –   Death at home **[Go to *M0906*]**
☐   9 –   Discharge from agency **[Go to *M0150*]**
☐   10 – Discharge from agency—no visits completed after start/resumption of care assessment **[Go to *M0906*]**

</td>
<td>

OASIS B1 (8/2000)

<u>Start/Resumption of Care</u>
☐   1 –   Start of care—further visits planned
☐   2 –   Start of care—no further visits planned
☐   3 –   Resumption of care (after inpatient stay)

<u>Follow-Up</u>
☐   **4 – Recertification (follow-up) reassessment [Go to *M0150*]**
☐   **5 – Other follow-up [Go to *M0150*]**

<u>Transfer to an Inpatient Facility</u>
☐   6 –   Transferred to an inpatient facility—patient not discharged from agency **[Go to *M0150*]**
☐   7 –   Transferred to an inpatient facility—patient discharged from agency **[Go to *M0150*]**

<u>Discharge from Agency — Not to an Inpatient Facility</u>
☐   8 –   Death at home **[Go to *M0150*]**
☐   9 –   Discharge from agency **[Go to *M0150*]**
☐   10 – Discharge from agency—no visits completed after start/resumption of care assessment **[Go to *M0150*]**

</td>
</tr>
<tr><td colspan="2">2)   M0175 – Add new item.</td></tr>
<tr>
<td>

OASIS B1

Not present.

</td>
<td>

OASIS B1 (8/2000)

(M0175) From which of the following **Inpatient Facilities** was the patient discharged <u>during the past 14 days</u>? **(Mark all that apply.)**

☐   1 -   Hospital
☐   2 -   Rehabilitation facility
☐   3 -   Skilled nursing facility
☐   4 -   Other nursing home
☐   5 -   Other (specify) _____
☐   NA -   Patient was not discharged from an inpatient facility **[If NA, go to *M0200*]**

</td>
</tr>
</table>

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

3) M0200 – Change skip pattern – response 0.

OASIS B1	OASIS B1 (8/2000)
(M0200) Medical or Treatment Regimen Change Within Past 14 Days: Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days? ☐ 0 - No **[If No, go to *M0250*]** ☐ 1 - Yes	**(M0200) Medical or Treatment Regimen Change Within Past 14 Days:** Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days? ☐ 0 - No **[If No, go to *M0220*]** ☐ 1 - Yes

4) M0220 – Add references to inpatient stay. Add "NA" and "Unknown" as response options.

OASIS B1	OASIS B1 (8/2000)
(M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days: If this patient experienced a change in medical or treatment regimen within the past 14 days, indicate any conditions which existed <u>prior to</u> the change in medical or treatment regimen. **(Mark all that apply.)** ☐ 1 - Urinary incontinence ☐ 2 - Indwelling/suprapubic catheter ☐ 3 - Intractable pain ☐ 4 - Impaired decision-making ☐ 5 - Disruptive or socially inappropriate behavior ☐ 6 - Memory loss to the extent that supervision required ☐ 7 - None of the above	**(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days**: If this patient experienced an inpatient facility discharge or a change in medical or treatment regimen within the past 14 days, indicate any conditions which existed <u>prior to</u> the inpatient stay or change in medical or treatment regimen. **(Mark all that apply.)** ☐ 1 - Urinary incontinence ☐ 2 - Indwelling/suprapubic catheter ☐ 3 - Intractable pain ☐ 4 - Impaired decision-making ☐ 5 - Disruptive or socially inappropriate behavior ☐ 6 - Memory loss to the extent that supervision required ☐ 7 - None of the above ☐ NA - No inpatient facility discharge <u>and</u> no change in medical or treatment regimen in past 14 days ☐ UK - Unknown

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

FOLLOW-UP (Cont'd)

5)	M0230/M0240 – Add item.

OASIS B1	**OASIS B1 (8/2000)**
Not present.	**(M0230/M0240) Diagnoses and Severity Index**: List each medical diagnosis or problem for which the patient is receiving home care and ICD code category (three digits required; five digits optional – no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)

    0 - Asymptomatic, no treatment needed at this time

    1 - Symptoms well controlled with current therapy

    2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring

    3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring

    4 - Symptoms poorly controlled, history of rehospitalizations

(M0230) Primary Diagnosis	ICD	Severity Rating
a. _____	(___ ___ ___ . ___ ___)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

(M0240) Other Diagnoses	ICD	Severity Rating
b. _____	(___ ___ ___ . ___ ___)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
c. _____	(___ ___ ___ . ___ ___)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
d. _____	(___ ___ ___ . ___ ___)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
e. _____	(___ ___ ___ . ___ ___)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
f. _____	(___ ___ ___ . ___ ___)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

6)	M0350 – Change skip pattern for response 4.

OASIS B1	**OASIS B1 (8/2000)**
(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)	**(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)**
☐ 1 - Relatives, friends, or neighbors living outside the home	☐ 1 - Relatives, friends, or neighbors living outside the home
☐ 2 - Person residing in the home (EXCLUDING paid help)	☐ 2 - Person residing in the home (EXCLUDING paid help)
☐ 3 - Paid help	☐ 3 - Paid help
☐ 4 - None of the above **[If None of the above, go to *M0410*]**	☐ 4 - None of the above **[If None of the above, go to *M0390*]**

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

FOLLOW-UP (Cont'd)

7)   M0360 – Change skip pattern for response 0.

OASIS B1	OASIS B1 (8/2000)
(M0360) **Primary Caregiver** taking <u>lead</u> responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):	**(M0360)** **Primary Caregiver** taking <u>lead</u> responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):
☐ 0 - No one person **[If No one person, go to *M0410*]** ☐ 1 - Spouse or significant other ☐ 2 - Daughter or son ☐ 3 - Other family member ☐ 4 - Friend or neighbor or community or church member ☐ 5 - Paid help	☐ 0 - No one person **[If No one person, go to *M0390*]** ☐ 1 - Spouse or significant other ☐ 2 - Daughter or son ☐ 3 - Other family member ☐ 4 - Friend or neighbor or community or church member ☐ 5 - Paid help

8)   M0390 – Add item.

OASIS B1	OASIS B1 (8/2000)
Not present.	**(M0390)** **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 <u>can</u> 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 <u>or</u> patient nonresponsive.

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

9)   M0550 – Add references to inpatient stay.

OASIS B1	OASIS B1 (8/2000)
(M0550) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days) necessitated a change in medical or treatment regimen?	**(M0550) 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, <u>or</u> b) necessitated a change in medical or treatment regimen?
☐ 0 - Patient does <u>not</u> have an ostomy for bowel elimination.	☐ 0 - Patient does <u>not</u> have an ostomy for bowel elimination.
☐ 1 - Patient's ostomy did <u>not</u> necessitate change in medical or treatment regimen.	☐ 1 - Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen.
☐ 2 - The ostomy <u>did</u> necessitate change in medical or treatment regimen.	☐ 2 - The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.

10)   M0810 – Change skip pattern for response NA.

OASIS B1	OASIS B1 (8/2000)
(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**	**(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):** <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**
☐ 0 - Patient manages all tasks related to equipment completely independently.	☐ 0 - Patient manages all tasks related to equipment completely independently.
☐ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.	☐ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.
☐ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.	☐ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
☐ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.	☐ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.
☐ 4 - Patient is completely dependent on someone else to manage all equipment.	☐ 4 - Patient is completely dependent on someone else to manage all equipment.
☐ NA - No equipment of this type used in care **[If NA, go to *M0830*]**	☐ NA - No equipment of this type used in care **[If NA, go to *M0825*]**

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

FOLLOW-UP (Cont'd)

11) M0825 – Add new item.	
OASIS B1	**OASIS B1 (8/2000)**
Not present.	**(M0825)** **Therapy Need:** Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group? ☐ 0 - No ☐ 1 - Yes ☐ NA - Not applicable

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

DISCHARGE

1)	M0100 – Change skip patterns – responses 6, 7, 8, 10.

<table>
<tr>
<td align="center">OASIS B1</td>
<td align="center">OASIS B1 (8/2000)</td>
</tr>
<tr>
<td valign="top">

<u>**Start/Resumption of Care**</u>
☐ 1 – Start of care—further visits planned
☐ 2 – Start of care—no further visits planned
☐ 3 – Resumption of care (after inpatient stay)

<u>**Follow-Up**</u>
☐ 4 – Recertification (follow-up) reassessment **[Go to _M0150_]**
☐ 5 – Other follow-up **[Go to _M0150_]**

<u>**Transfer to an Inpatient Facility**</u>
☐ 6 – Transferred to an inpatient facility—patient not discharged from agency **[Go to _M0830_]**
☐ 7 – Transferred to an inpatient facility—patient discharged from agency **[Go to _M0830_]**

<u>**Discharge from Agency — Not to an Inpatient Facility**</u>
☐ 8 – **Death at home [Go to _M0906_]**
☐ 9 – **Discharge from agency [Go to _M0150_]**
☐ 10 – **Discharge from agency—no visits completed after start/resumption of care assessment [Go to _M0906_]**

</td>
<td valign="top">

<u>**Start/Resumption of Care**</u>
☐ 1 – Start of care—further visits planned
☐ 2 – Start of care—no further visits planned
☐ 3 – Resumption of care (after inpatient stay)

<u>**Follow-Up**</u>
☐ 4 – Recertification (follow-up) reassessment **[Go to _M0150_]**
☐ 5 – Other follow-up **[Go to _M0150_]**

<u>**Transfer to an Inpatient Facility**</u>
☐ 6 – Transferred to an inpatient facility—patient not discharged from agency **[Go to _M0150_]**
☐ 7 – Transferred to an inpatient facility—patient discharged from agency **[Go to _M0150_]**

<u>**Discharge from Agency — Not to an Inpatient Facility**</u>
☐ 8 – **Death at home [Go to _M0150_]**
☐ 9 – **Discharge from agency [Go to _M0150_]**
☐ 10 – **Discharge from agency—no visits completed after start/resumption of care assessment [Go to _M0150_]**

</td>
</tr>
</table>

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

`DISCHARGE (Cont'd)`

---

2)   M0150 - Add new instructions.

OASIS B1	**OASIS B1 (8/2000)**
(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) ☐ 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., CHAMPUS, VA, etc.) ☐ 8 - Private insurance ☐ 9 - Private HMO/managed care ☐ 10 - Self-pay ☐ 11 - Other (specify) _____	**(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) ☐ 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., CHAMPUS, VA, etc.) ☐ 8 - Private insurance ☐ 9 - Private HMO/managed care ☐ 10 - Self-pay ☐ 11 - Other (specify) _____
	If reason for assessment (RFA) for M0100 is 6 or 7, go to *M0830*. **If RFA for M0100 is 8 or 10, go to** *M0906*. **If RFA for M0100 is 9, go to** *M0200*.

Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

TRANSFER

1) M0100 – Change skip patterns – responses 6, 7, 8, 10.	
OASIS B1	**OASIS B1 (8/2000)**
Start/Resumption of Care ☐ 1 – Start of care—further visits planned ☐ 2 – Start of care—no further visits planned ☐ 3 – Resumption of care (after inpatient stay) **Follow-Up** ☐ 4 – Recertification (follow-up) reassessment **[Go to *M0150*]** ☐ 5 – Other follow-up **[Go to *M0150*]**	**Start/Resumption of Care** ☐ 1 – Start of care—further visits planned ☐ 2 – Start of care—no further visits planned ☐ 3 – Resumption of care (after inpatient stay) **Follow-Up** ☐ 4 – Recertification (follow-up) reassessment **[Go to *M0150*]** ☐ 5 – Other follow-up **[Go to *M0150*]**
Transfer to an Inpatient Facility ☐ **6 – Transferred to an inpatient facility— patient not discharged from agency [Go to *M0830*]** ☐ **7 – Transferred to an inpatient facility— patient discharged from agency [Go to *M0830*]**	**Transfer to an Inpatient Facility** ☐ **6 – Transferred to an inpatient facility— patient not discharged from agency [Go to *M0150*]** ☐ **7 – Transferred to an inpatient facility— patient discharged from agency [Go to *M0150*]**
Discharge from Agency — Not to an Inpatient Facility ☐ 8 – Death at home **[Go to *M0906*]** ☐ 9 – Discharge from agency **[Go to *M0150*]** ☐ 10 – Discharge from agency—no visits completed after start/resumption of care assessment **[Go to *M0906*]**	**Discharge from Agency — Not to an Inpatient Facility** ☐ 8 – Death at home **[Go to *M0150*]** ☐ 9 – Discharge from agency **[Go to *M0150*]** ☐ 10 – Discharge from agency—no visits completed after start/resumption of care assessment **[Go to *M0150*]**
2) M0150 – Add item.	
OASIS B1	**OASIS B1 (8/2000)**
Not present.	**(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) ☐ 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., CHAMPUS, VA, etc.) ☐ 8 - Private insurance ☐ 9 - Private HMO/managed care ☐ 10 - Self-pay ☐ 11 - Other (specify) _____