

OASIS ITEM

(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

This item identifies, using the care provider's professional judgment, a) whether the patient is living alone or with other(s) and b) the availability of caregiver(s) (other than home health agency staff) to provide in-person assistance.

TIME POINTS ITEM(S) COMPLETED

Start of care

Resumption of care

RESPONSE—SPECIFIC INSTRUCTIONS

- To answer this question:
 - **First, determine living arrangement** – whether the patient lives alone, in a home with others, or in a congregate setting.
 - **Second, determine availability of assistance** – how frequently caregiver(s) are in the home and available to provide assistance if needed.
 - **Only one response should be marked.** Select the appropriate row (a, b, or c) to reflect the patient's living situation, then select the one response in the column that best describes the availability of in-person assistance at the time of the OASIS assessment.
- **Living Arrangement**
 - Select a response from **Row a** if the patient lives alone in an independent (non-assisted) setting. For example, the patient lives alone in a home, in their own apartment, or in their 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. A patient who lives alone but can obtain emergency help by phone or life-line, is still living alone.
 - Select a response from **Row b** if the patient lives with others in an independent (non-assisted) setting. For example, the patient lives with a spouse, family member or another significant other in an independent (non-assisted) setting. A patient who normally lives with others but is occasionally alone because caregiver(s) are traveling out of town is still considered to be living with others.

Guidance for this item updated 12/18/2009

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1100)

- Select a response from **Row c** if the patient lives in an “assisted living” setting (assistance, supervision and/or oversight are provided as part of the living arrangement). For example, 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.
- If the patient has recently changed their living arrangement 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.
- **Availability of Assistance**
 - Identify the frequency with which any in-person assistance is available:
 - **Around the clock** means there is someone 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.
 - **Regular nighttime** means someone is in the home and available to provide assistance during nighttime hours every night with infrequent exceptions.
 - **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 may be only able to help occasionally.
 - **No assistance available** means there is no one available to provide any in-person assistance.
 - Availability of assistance refers to in-person assistance provided in the home of the patient. It includes any type of in-person assistance, including but not limited to ADLs and IADLs. If a person is in a assisted living or congregate setting with a call-bell that summons help, this is considered in-person assistance.
 - The caregiver(s) need not live in the home with the patient, but assistance via telephone is not included in this question.
 - This item documents the time caregiver(s) are in the home and available without regard to the amount or types of assistance the patient requires, or whether the caregiver(s) are able to meet all or only some of the patient’s needs. Adequacy of caregiver assistance for different types of needs is captured in M2100.
 - 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 them as a caregiver.
- **Examples:**
 - 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. Response = 01 (*Patient still considered to be living alone, since daughters are only staying there temporarily. Daughters are providing round-the-clock care, even if one occasionally needs to be out of the house for brief periods.*)
 - Patient lives alone in her home but her son and daughter-in-law live across the street. They bring the patient dinner every night and are available around the clock by telephone. Response = 04 (*Son and daughter-in-law are not there to provide in-person assistance consistently, day or evening, even if they live across the street and are available by phone.*)
 - Patient lives with her daughter who works during the day but is home every evening and sleeps there every night. A paid aide comes in 3 days a week to assist with ADLs. Daughter has back problems that prevent her from lifting patient, but she assists the patient with dressing every morning and takes the patient to doctor’s appointments. Response = 08 (*Patient lives in a home with others who are available every night to offer in-person assistance. Even if the daughter can’t meet all of patient’s needs, she is available all night.*)

Guidance for this item updated 12/18/2009

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1100)

- Patient lives with her husband who has significant cognitive and functional impairments, is wheel chair bound, and is unable to provide the patient with any assistance. A member of the church comes by one evening a week and brings groceries. Response = 09 (*Patient lives in a home with another person who is there 24 hours but is unavailable to provide assistance. Caregiver from church provides occasional assistance.*)
- Patient lives alone in an apartment that is part of an ALF. The apartment does not have a call-bell but her contract with the ALF includes having a home health aide assist her with ADLs 2 hours every morning. Her son also comes over occasionally to assist with bills, groceries, and errands. Response = 14 (*Patient is living in a congregate setting, One caregiver is available to assist for some part of every day on a regular basis, but not all day, Another caregiver offers occasional assistance.*)

DATA SOURCES / RESOURCES

- Patient/caregiver interview
- Physical assessment
- Observation
- Referral information
- Assisted Living Facility agreement or contract

Guidance for this item updated 12/18/2009