

PRA Disclosure Statement

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**Outcome and Assessment Information Set
Items to be Used at Specific Time Points**

<u>Time Point</u>	<u>Items Used</u>
<u>Discharge from Agency – Not to an Inpatient Facility</u>	
Death at home -----	M0080-M0100, M2005, M0906, J1800-J1900

CLINICAL RECORD ITEMS

(M0080) Discipline of Person Completing Assessment	
Enter Code <input type="checkbox"/>	1 RN 2 PT 3 SLP/ST 4 OT

(M0090) Date Assessment Completed:

/ /
 month day year

(M0100) This Assessment is Currently Being Completed for the Following Reason:	
Enter Code <input type="checkbox"/>	<u>Start/Resumption of Care</u> 1 Start of care – further visits planned 3 Resumption of care (after inpatient stay) <u>Follow-Up</u> 4 Recertification (follow-up) reassessment [Go to M0110] 5 Other follow-up [Go to M0110] <u>Transfer to an Inpatient Facility</u> 6 Transferred to an inpatient facility – patient not discharged from agency [Go to M1041] 7 Transferred to an inpatient facility – patient discharged from agency [Go to M1041] <u>Discharge from Agency – Not to an Inpatient Facility</u> 8 Death at home [Go to M2005] 9 Discharge from agency [Go to M1041]

MEDICATIONS

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

/ /
 month day year

Section J: Health Conditions

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code <input type="checkbox"/>	Has the patient had any falls since SOC/ROC , whichever is more recent? 0. No → Skip J1900 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent
J1900. Number of Falls Since SOC/ROC, whichever is more recent	
CODING: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
<input type="checkbox"/>	A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
<input type="checkbox"/>	B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
<input type="checkbox"/>	C. Major injury: Bone fractures , joint dislocations, closed head injuries with altered consciousness, subdural hematoma