

Change Table for Final OASIS New and Modified Items – Effective Date: January 1, 2021

#	Admission/ Discharge	Item / Text Affected	OASIS-D	OASIS-E	Rationale for Change / Comments
1.	All	N/A	Version D	Version E	Updated version number.
2.	DC	A2121	N/A-new item	<p>A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge</p> <p>At the time of discharge to another provider, did your facility 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→ Skip to A2123, Provision of Current Medication List to Patient at Discharge</p> <p>1. Yes-Current reconciled medication list provided to the subsequent provider→ Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider</p>	New SPADE item for TOH measure
3.	TRN	A2120	N/A-new item	<p>A2120 Provision Of Current Reconciled Medication List to Subsequent Provider at Transfer</p> <p>At the time of transfer to another provider, did your agency provide the</p>	New SPADE item for TOH measure

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				<p>patient’s current reconciled medication list to the subsequent provider?</p> <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→Continue to A2122, Route of Current Reconciled Medication List Transmission to 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>	
4.	TRN (V) DC (V)	A2122	N/A-new item	<p>A2122. the route(s) of transmission of the current reconciled medication list to the subsequent provider</p> <p style="text-align: center;">↓Check all that apply↓</p> <p>A. Electronic Health Record</p> <p>B. Health Information Exchange Organization</p> <p>C. Verbal (e.g., in-person, telephone, video conferencing)</p> <p>D. Paper-based (e.g., fax, copies, printouts)</p> <p>E. Other Methods (e.g., texting, email, CDs)</p>	New SPADE item for TOH measure

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5.	DC	A2123	N/A-new item	<p>A2123. Provision of Current Reconciled Medication List to Patient at Discharge</p> <p>At 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→ Skip to B1300 Health Literacy</p> <p>1. Yes-Current reconciled medication list provided to patient, family and/or caregiver→ Continue to A2124, Route of Current Reconciled Medication Transmission to Patient</p>	New SPADE item for TOH measure
6.	DC	A2124	N/A-new item	<p>A2124. Route of Current Reconciled Medication List Transmission to Patient</p> <p>Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver</p> <p style="text-align: center;">↓Check all that apply↓</p> <p>A. Electronic Health Record</p> <p>B. Health Information Exchange Organization</p> <p>C. Verbal (e.g., in-person, telephone, video conferencing)</p> <p>D. Paper-based (e.g., fax, copies, printouts)</p>	New SPADE item for TOH measure

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				E. Other Methods (e.g., texting, email, CDs)	
7.	SOC	B0200	N/A – new item	Ability to hear (with hearing aid or hearing appliance if normally used) <ol style="list-style-type: none"> 0. Adequate – no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty – difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2. Moderate difficulty – speaker has to increase volume and speak distinctly 3. Highly impaired – absence of useful hearing 	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 supports cross-setting reliability and feasibility.
8.	SOC	B1000	M1200	B1000. Vision Ability to see in adequate light (with glasses or other visual appliances). <ol style="list-style-type: none"> 0. Adequate - sees fine detail, such as regular print in newspapers/books 1. Impaired - sees large print, but not regular print in newspapers/books 2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired - object identification in question, but eyes appear to follow 	Added to assess Vision in Section B – Speech, Hearing, and Vision. MDS currently assesses this but it is missing from previous versions of OASIS. National Beta Test data supports cross-setting reliability and feasibility.

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				<p>objects</p> <p>4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects</p>	
9.	SOC ROC DC	C0100	N/A – new item	<p>C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? (3-day assessment period) Attempt to conduct interview with all patients.</p> <p><i>Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.</i></p> <p>0. No (patient is rarely/never understood) → <i>Skip to C1310, Signs and Symptoms of Delirium</i></p> <p>1. Yes → <i>Continue to C0200, Repetition of Three Words</i></p>	<p>Gateway question for the BIMS</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>
10.	SOC ROC DC	C0200	N/A – new item	<p>C0200. Repetition of Three Words</p> <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: sock, blue and bed. Now tell me the three words.”</i></p> <p>Number of words repeated after first attempt</p> <p>0. None</p> <p>1. One</p> <p>2. Two</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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				<p style="text-align: center;">3. Three</p> <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>	
11.	SOC ROC DC	C0300 C0300A C0300B C0300C	N/A – new item	<p>C0300. Temporal Orientation (orientation to year, month, and day)</p> <p>Ask patient: <i>"Please tell me what year it is right now."</i></p> <p>A. Able to report correct year</p> <p>0. Missed by > 5 years or no answer</p> <p>1. Missed by 2 - 5 years</p> <p>2. Missed by 1 year</p> <p>3. Correct</p> <p>Ask patient: <i>"What month are we in right now?"</i></p> <p>B. Able to report correct month</p> <p>0. Missed by > 1 month or no answer</p> <p>1. Missed by 6 days to 1 month</p> <p>2. Accurate within 5 days</p> <p>Ask patient: <i>"What day of the week is today?"</i></p> <p>C. Able to report correct day of the week</p> <p>0. Incorrect or no answer</p> <p>1. Correct</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	C0400 C0400A C0400B C0400C	N/A – new item	<p>C0400. Recall</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>A. Able to recall “sock” 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required</p> <p>B. Able to recall “blue” 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required</p> <p>C. Able to recall “bed” 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required</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	C0500	N/A – new item	<p>C0500. BIMS Summary Score</p> <p>Add scores for questions C0200-C0400 and fill in total score (00-15)</p>	Added BIMS to Cognitive Patterns section on discharge of the OASIS to assess mental status. Most

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				Enter 99 if the patient was unable to complete the interview	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.
14.	SOC ROC DC	C1310A C1310B C1310C C1310D	N/A – new item	<p>C1310. Signs and Symptoms of Delirium (from CAM©) Code after completing Brief Interview for Mental Status and reviewing medical record.</p> <p>A. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes</p> <p>Enter Codes in Boxes</p> <p>B. Inattention - Did the patient have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said?</p> <p>C. Disorganized thinking - 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>	TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.

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				<p>D. Altered level of consciousness - Did the patient have altered level of consciousness as indicated by any of the following criteria?</p> <ul style="list-style-type: none"> • vigilant – startled easily to any sound or touch • lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch • stuporous – very difficult to arouse and keep aroused for the interview • comatose – could not be aroused <p>Coding:</p> <p>0. Behavior not present</p> <p>1. Behavior continuously present, does not fluctuate</p> <p>2. Behavior present, fluctuates (comes and goes, changes in severity)</p>	
15.	SOC ROC DC	CAM © Footnote	N/A – new item	<i>Confusion Assessment Method. ©1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.</i>	TEP supportive of CAM use.
16.	SOC ROC DC	D0150 D0150A1 D0150A2 D0150B1 D0150B2 D0150C1	M1730	<p>D0150. Patient Mood Interview (PHQ-2 to 9)</p> <p>Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"</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

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		D0150C2 D0150D1 D0150D2 D0150E1 D0150E2 D0150F1 D0150F2 D0150G1 D0150G2 D0150H1 D0150H2 D0150I1 D0150I2		<p style="text-align: center;"><i>Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.</i></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: <i>"About how often have you been bothered by this?"</i></p> <p>Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <p>1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)</p> <p>2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)</p> <p>Enter scores in boxes. A. Little interest or pleasure in doing things B. Feeling down, depressed, or hopeless</p>	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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				<p>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.</p> <p><i>C. Trouble falling or staying asleep, or sleeping too much</i></p> <p><i>D. Feeling tired or having little energy</i></p> <p><i>E. Poor appetite or overeating</i></p> <p><i>F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i></p> <p><i>G. Trouble concentrating on things, such as reading the newspaper or watching television</i></p> <p><i>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 around a lot more than usual</i></p> <p><i>I. Thoughts that you would be better off dead, or of hurting yourself in some way</i></p>	
17.	SOC ROC DC	D0160	N/A – new item	<p>D0160. Total Severity Score</p> <p>Add scores for all frequency responses in column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).</p>	Adding PHQ-2 to 9 to OASIS.

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18.	SOC ROC DC	J0510	N/A – new item	<p>J0510. Pain Effect on Sleep</p> <p>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></p> <p>0. Does not apply – I have not had any pain or hurting in the past 5 days → Skip to XXXX</p> <p>1. Rarely or not at all</p> <p>2. Occasionally</p> <p>3. Frequently</p> <p>4. Almost Constantly</p> <p>8. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
19.	SOC ROC DC	J0520	N/A – new item	<p>J0520. Pain Interference with Therapy Activities</p> <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>8. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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20.	SOC ROC DC	J0530	N/A – new item	<p>J0530. Pain Interference with Day-to-Day Activities</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 2. Occasionally 3. Frequently 4. Almost Constantly 8. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
21.	SOC ROC	M1030 K0520 K0520A1 K0520B1 K0520C1 K0520D1 K0520Z1	M1030 (response option - Parenteral nutrition (TPN or lipids))	<p>K0520. Nutritional Approaches Check all of the following nutritional approaches that apply on admission.</p> <p style="text-align: center;">1. On Admission</p> <p>↓ Check all that apply</p> <p>A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG)) C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Z. None of the above</p>	Included to align with MDS’ assessment of nutritional status. Item K0520 will mirror the MDS.
22.	DC	K0520 K0520A4 K0520A5	N/A – new item	<p>K0520. Nutritional Approaches</p> <p>4. Last 7 days</p>	Included to align with MDS’ assessment of nutritional

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		K0520B4 K0520B5 K0520C4 K0520C5 K0520D4 K0520D5 K0520Z4 K0520Z5		<p>Check all of the nutritional approaches that were received in the last 7 days</p> <p>5. At discharge Check all of the nutritional approaches that were being received at discharge</p> <p>↓ Check all that apply</p> <p>A. Parenteral/IV feeding</p> <p>B. Feeding tube (e.g., nasogastric or abdominal (PEG))</p> <p>C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)</p> <p>D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)</p> <p>Z. None of the above</p>	status. Item K0520 will mirror the MDS.
23.	SOC ROC DC	N0415 N0415A1 N0415A2 N0415E1 N0415E2 N0415F1 N0415F2 N0415H1 N0415H2 N0415I1 N0415I2 N0415J1 N0415J2 N0415Z1	N/A – new item	<p>N0415. High-Risk Drug Classes: Use and Indication</p> <p>1. Is taking Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes</p> <p>2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class</p> <p>↓ Check all that apply</p> <p>A. Antipsychotic</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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				E. Anticoagulant F. Antibiotic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin) Z. None of the above	
24.	SOC ROC	O0110	N/A – new item	O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission a. On Admission ↓ Check all that apply	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
25.	DC	O0110	N/A – new item	O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge c. At Discharge ↓ Check all that apply	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
26.	SOC ROC DC	O0110A1a O0110A2a O0110A3a O0110A10a O0110B1a O0110A1c O0110A2c O0110A3c	N/A – mostly new items IV Access is proposed as a replacement of “Intravenous or Infusion Therapy” response option of M1030	Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation	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.

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		O0110A10c O0110B1c			
27.	SOC ROC DC	O0110C1a O0110C2a O0110C3a O0110C4a O0110D1a O0110D2a O0110D3a O0110E1a O0110F1a O0110G1a O0110G2a O0110G3a O0110C1c O0110C2c O0110C3c O0110C4c O0110D1c O0110D2c O0110D3c O0110E1c O0110F1c O0110G1c O0110G2c O0110G3c	N/A – new item	Respiratory Therapies C1. Oxygen Therapy C2. Continuous C3. Intermittent C4. High-concentration D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy Care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator G2. BiPAP G3. CPAP	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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28.	SOC ROC DC	O0110H1a O0110H2a O0110H3a O0110H4a O0110H10a O0110I1a O0110J1a O0110J2a O0110J3a O0110O1a O0110O2a O0110O3a O0110O4a O0110Z1a O0110H1c O0110H2c O0110H3c O0110H4c O0110H10c O0110I1c O0110J1c O0110J2c O0110J3c O0110O1c	N/A – new item	Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulation H10. Other I1. Transfusions J1. Dialysis J2. Hemodialysis J3. Peritoneal dialysis O1. IV Access O2. Peripheral IV O3. Midline O4. Central line (e.g., PICC, tunneled, port) None of the Above Z1. None of the above	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.

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		O011002c O011003c O011004c O0110Z1c			
29.	SOC	A1005	M0140 Race/Ethnicity 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	A1005 Ethnicity Are you of Hispanic, Latino/a, or Spanish origin? ↓ Check all that apply A. No, not of Hispanic, Latino/a, or Spanish origin B. Yes, Mexican, Mexican American, Chicano/a C. Yes, Puerto Rican D. Yes, Cuban E. Yes, Another Hispanic, Latino, or Spanish origin	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 collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.

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30.	SOC	A1010	N/A-new item	<p>X. Patient unable to respond</p> <p>A1010. Race What is your race? ↓ Check all that apply</p> <ul style="list-style-type: none"> 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 	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.
31.	SOC	A1110 A1110A A1110B	N/A-new item	<p>A1110. Language</p> <ul style="list-style-type: none"> A. What is your preferred language? B. Do you need or want an interpreter to communicate with a doctor or health care staff? <ul style="list-style-type: none"> 0. No 1. Yes 9. Unable to determine 	Proposed as SPADE in the FY 2020 HH PPS proposed rule.
32.	SOC ROC DC	A1250	N/A-new item	<p>A1250. Transportation</p> <p><i>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE</i></p>	Proposed as SPADE in the FY 2020 HH PPS proposed rule. Consistent with Healthy People 2020 priority to

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				<p><i>and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</i></p> <p>Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?</p> <p>↓ Check all that apply</p> <p>A. Yes, it has kept me from medical appointments or from getting my medications</p> <p>B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</p> <p>C. No</p> <p>D. I choose not to answer this question</p>	<p>address patients' social determinants of health.</p>
33.	SOC ROC DC	B1300	N/A-new item	<p>B1300. Health Literacy</p> <p><i>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</i></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>

Change Table for Final OASIS New and Modified Items – Effective Date: January 1, 2021

#	Admission/ Discharge	Item / Text Affected	OASIS-D	OASIS-E	Rationale for Change / Comments
				How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Patient unable to respond	
34.	SOC ROC DC	D0700	N/A-new item	D0700. Social Isolation How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Patient unable to respond	Proposed as SPADE in the FY 2020 HH PPS proposed rule. Recommended for inclusion in Medicare data by HHS and the NASEM.