OASIS ITEM

SOC/ROC

(M2102)	**Types and Sources of Assistance:** Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.
Enter Code ☐	f. **Supervision and safety** (for example, due to cognitive impairment) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available

Discharge

(M2102)	**Types and Sources of Assistance:** Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.
Enter Code ☐	a. **ADL assistance** (for example, transfer/ ambulation, bathing, dressing, toileting, eating/feeding) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available
Enter Code ☐	c. **Medication administration** (for example, oral, inhaled or injectable) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available
Enter Code ☐	d. **Medical procedures/ treatments** (for example, changing wound dressing, home exercise program) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available
Enter Code ☐	f. **Supervision and safety** (for example, due to cognitive impairment) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available

ITEM INTENT

- Identifies ability and willingness of the caregiver(s) (other than home health agency staff) to provide categories of assistance needed by the patient.

TIME POINTS ITEM(S) COMPLETED

- Start of care
- Resumption of care
- Discharge from agency – not to an inpatient facility

RESPONSE-SPECIFIC INSTRUCTIONS

- At SOC/ROC, report what is known on the day of assessment regarding ability and willingness of non-agency caregivers to provide help in the various categories of assistance for the upcoming episode of care. At Discharge, report what is known on the day of the discharge assessment regarding the ability and willingness of non-agency caregivers to provide assistance to the patient at the time of the discharge.

RESPONSE-SPECIFIC INSTRUCTIONS (cont'd for OASIS ITEM M2102)

- For each row, enter one description of caregiver assistance.
- If patient needs assistance with any aspect of a category of assistance (such as needs assistance with some IADLs but not others), consider the aspect that represents the most need.
- If more than one response represents the non-agency caregiver's ability to provide assistance, select the response that represents the caregiver's greatest barrier to meet the need. For example, the caregiver provides assistance but also needs training or support. In this example, report that the caregiver needs training/supportive services to provide assistance, because it represents the caregiver's greatest barrier to meeting the patient's need.
- Enter Response 3 if:
    - Non-agency Caregiver(s) are not likely to provide care due to an unwillingness and/or inability on the part of the non-agency caregiver(s); and/or if there is a reluctance on the part of the non-agency caregiver(s) to provide care.
- Row a – ADLs include basic self-care activities such as the examples listed.
- Row c – Medication administration refers to any type of medication (prescribed or OTC) and any route of administration including oral, inhalant, injectable, topical, or administration via g-tube/j-tube, etc.
- Row d – Medical procedures/treatments include procedures/treatments that the physician or physician-designee has ordered for the purpose of improving health status. Some examples of these procedures/treatments include wound care and dressing changes, range of motion exercises, intermittent urinary catheterization, postural drainage, electromodalities, etc.
- Devices such as anti-embolism stockings, prosthetic devices, orthotic devices, or other supports that have a medical and/or therapeutic impact should be considered medical procedures/treatments, not as ADL/dressing items in Row a.
- Row f – Supervision and safety includes needs related to the ability of the patient to safely remain in the home. This category of assistance needs should focus on supervision and safety necessary due to cognitive or mental health issues. Such assistance may range from calls to remind the forgetful patient to take medications, to in-person visits to ensure that a patient with impaired decision making is safe, to the need for the physical presence of another person in the home to ensure that the patient doesn't wander, harm themselves or others or to monitor other safety risks related to cognitive/mental health concerns.

DATA SOURCES/RESOURCES

- Patient/caregiver interview
- Review of previous health history