

<b>OASIS ITEM:</b>
<p><b>(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)</b></p> <p><input type="checkbox"/> 1 - Relatives, friends, or neighbors living outside the home</p> <p><input type="checkbox"/> 2 - Person residing in the home (EXCLUDING paid help)</p> <p><input type="checkbox"/> 3 - Paid help</p> <p><input type="checkbox"/> 4 - None of the above [ If None of the above, go to <i>M0390</i> ] *</p> <p><input type="checkbox"/> UK - Unknown [ If Unknown, go to <i>M0390</i> ] **</p> <p>* At discharge, change M0390 to M0410.</p> <p>** At discharge, omit "UK - Unknown."</p>
<b>DEFINITION:</b>
Identifies the individuals who provide assistance to the patient (EXCLUDING the home care agency).
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Start of care Resumption of care Discharge from agency – not to an inpatient facility
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Response 3 – Paid help includes all individuals who are paid to provide assistance to the patient, whether paid by the patient, family, or a specific program (e.g., a non-agency community program). An agency other than the home care agency doing the assessment who provides assistance to the patient would be classified as paid help. A patient living in an assisted living facility receives assistance from paid help.</li> <li>• If patient does not receive assistance from others, mark Response 4 – None of the above.</li> <li>• If "None of the above" is selected at discharge, clinician should be directed to skip to M0410.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
If the patient mentions a friend or relative helping or coming to visit, interview to find out more about who helps patient, how often, what helpers do, etc. (applies to M0360, M0370, M0380). In obtaining the health history, interview to determine whether ADL/IADL assistance is needed. If it is, request information on whether patient receives such assistance and from whom.