

# Draft Personal and Skilled Care Outcomes (PESO) Data Set

## PATIENT TRACKING FORM

The Patient Tracking Form should be completed at Reassessment, Discharge, and Transfer/Death at Home.

1. (PS010) Agency NYS License Number:

\_\_\_\_\_ L \_\_\_\_\_

2. (PS020) Patient ID:

Agency clinical record ID

3. (PS030) Patient Name:

(First)

(MI)

(Last)

(Suffix)

4. (PS070) Date Assessment Visit Completed:

\_\_\_/\_\_\_/\_\_\_  
month day year

5. (PS080) This Assessment is Being Completed for the Following Reason:

- 1 - Start of care
- 2 - Resumption of care
- 3 - Reassessment
- 4 - Transferred to an inpatient facility
- 5 - Death at home
- 6 - Discharge from agency

6. (PS000) Changes Since Last Assessment: Since the last PESO assessment, have changes occurred to the information reported in the items in the Patient Description section (Items PS040, PS120, PS130, PS140, PS150)? If no changes have occurred, check "No" and go to PS160 on assessment form. If changes have occurred, check "Yes," complete any item for which updated information is available, and then go to PS 160 on assessment form.

- 0 - No [ Go to Item PS160 on assessment form]
- 1 - Yes [ Complete Items that Have Changed, then Go to Item PS160 on assessment form]

7. (PS040) Medicaid Number:

NA - No Medicaid

8. (PS120) Birth Date:

\_\_\_/\_\_\_/\_\_\_  
month day year

9. (PS130) Gender:

- 1 - Male
- 2 - Female

10. (PS140) Race/Ethnicity (as identified by patient): (Mark all that apply.)

- 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
- 7 - Other (specify) \_\_\_\_\_
- UK - Unknown

11. (PS150) Current Payment Sources for Home Care: (Mark all that apply.)

- 0 - None; no charge for current services
- 1 - Medicaid (traditional fee-for-service)
- 2 - Medicaid (HMO/managed care)
- 3 - Workers' compensation
- 4 - Title programs (for example, Title III, V, or XX)
- 5 - Other government (for example, TRICARE, VA, EISEP)
- 6 - Private insurance
- 7 - Private HMO/managed care
- 8 - Self-pay
- 9 - Other (specify) \_\_\_\_\_
- UK - Unknown

Payment sources for the care your agency is providing.