

AGENCY AND PATIENT INFORMATION

Assessment Strategy

7. **Reason for Assessment**
Why is the assessment being completed? What has happened to the patient that indicates there is a need for an assessment?
8. **Discharge/Transfer/Death Date**
This item identifies the actual date of discharge, transfer, or death at home. Agency policy or physician order may establish discharge date. Telephone contact with the family or medical service provider may be required to verify the date of transfer to an inpatient facility or death at home. The transfer date is the actual date the patient was transferred to an inpatient facility. The death date is the actual date of the patient's death at home.

Data Item

7. **(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 [**Complete PS090, Then Skip Remainder of Form**]
 - 6 - Discharge from agency
8. **(PS090) Discharge/Transfer/Death Date:** Enter the date of the discharge, transfer, or death (at home) of the patient.
- ___/___/____
month day year

PATIENT DESCRIPTION

Assessment Strategy

9. **Changes Since Last Assessment**
Check "No" if no changes have occurred to the information reported in the items in the Patient Description section (Items PS040, PS120, PS130, PS140, PS150). If changes have occurred to any of these items, check "Yes" and complete the items for which new or updated information is available. Patient Description items for which no changes have occurred can be left blank. If this is the patient's first assessment using the PESO data set, complete all of the items in the Patient Description section, regardless of whether changes have occurred since the patient's last clinical assessment.
10. **Medicaid Number**
If the patient has Medicaid, ask to see the patient's Medicaid card or other verifying documentation. Be sure that the coverage is still in effect. If the patient does not have Medicaid coverage, mark "NA - No Medicaid."

Data Item

9. **(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 Item PS810. If changes have occurred, check "Yes," complete any item for which updated information is available, and then go to Item PS810.
- 0 - No [**Go to Item PS810**]
 - 1 - Yes [**Complete Items that Have Changed, then Go to Item PS810**]
10. **(PS040) Medicaid Number:**
- _____ NA – No Medicaid

PATIENT DESCRIPTION

Assessment Strategy	Data Item
<p>11. Birth Date If the patient is unable to respond to this item, ask a family member or the physician's staff. The date also might be available from other legal documents (for example, driver's license, state-issued ID card). Enter dashes for any unknown information (for example, if a patient was born in December 1954, but the precise date is not known, enter 12/ -- /1954).</p>	<p>11. (PS120) Birth Date: ___/___/____ month day year</p>
<p>12. Gender Patient gender as determined through observation or interview.</p>	<p>12. (PS130) Gender:</p> <p><input type="checkbox"/> 1 - Male <input type="checkbox"/> 2 - Female</p>
<p>13. Race/Ethnicity Determine through interview of patient or caregiver. These categories are those used by the US Census Bureau. The patient may self-identify with more than one group. Mark all categories that are mentioned. If you choose "UK - Unknown," no other options should be marked.</p>	<p>13. (PS140) Race/Ethnicity (as identified by patient): (Mark all that apply.)</p> <p><input type="checkbox"/> 1 - American Indian or Alaska Native <input type="checkbox"/> 2 - Asian <input type="checkbox"/> 3 - Black or African-American <input type="checkbox"/> 4 - Hispanic or Latino <input type="checkbox"/> 5 - Native Hawaiian or Pacific Islander <input type="checkbox"/> 6 - White <input type="checkbox"/> 7 - Other (specify) _____ <input type="checkbox"/> UK - Unknown</p>
<p>14. Current Payment Sources for Home Care Referral source may provide information regarding payment, which can be verified with the patient or caregiver. Agency billing office also may have this information.</p>	<p>14. (PS150) Current Payment Sources for Home Care: (Mark all that apply.)</p> <p><input type="checkbox"/> 0 - None; no charge for current services <input type="checkbox"/> 1 - Medicaid (traditional fee-for-service) <input type="checkbox"/> 2 - Medicaid (HMO/managed care) <input type="checkbox"/> 3 - Workers' compensation <input type="checkbox"/> 4 - Title programs (for example, Title III, V, or XX) <input type="checkbox"/> 5 - Other government (for example, TRICARE, VA, EISEP) <input type="checkbox"/> 6 - Private insurance <input type="checkbox"/> 7 - Private HMO/managed care <input type="checkbox"/> 8 - Self-pay <input type="checkbox"/> 9 - Other (specify) _____ <input type="checkbox"/> UK - Unknown</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 720px;"> Payment sources for the care your agency is providing. </div>

UTILIZATION OF SERVICES

Assessment Strategy

15. Emergent Care
Ask the patient or caregiver if the patient has had any services for emergent care since the last assessment. Reviewing the patient's medical record also may provide the information needed to answer this item. Emergent care reflects all unscheduled visits for medical care as well as medical appointments that occur within 24 hours of scheduling. Care could have been received in settings other than an emergency room. Services provided by the home care agency are not considered emergent.

16. Emergent Care Reason
Ask the patient or caregiver to state all the symptoms and reasons for which he/she sought emergent care. A phone call to the doctor's office or emergency room may be required to clarify the reason(s) for emergent care.

17. Inpatient Facility
Often the family or medical service provider informs the agency that the patient has been admitted to an inpatient facility. Clarify with this informant as to which type of facility the patient has been admitted. You may have to contact the facility to determine how it is licensed.

Data Item

15. (PS810) Emergent Care: Since the last time assessment data were collected, has the patient utilized any emergency services?

- 0 - No [**Go to Item PS830**]
- 1 - Yes

Emergency services are defined as unscheduled medical visits or services provided within 24 hours of scheduling.

16. (PS820) Emergent Care Reason: For what reason(s) did the patient or family seek emergent care? (**Mark all that apply.**)

- 1 - Acute mental/behavioral health problem
- 2 - Hypo/hyperglycemia, diabetes out of control
- 3 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 4 - Injury caused by fall or accident at home
- 5 - Injury while straying unsupervised from a protective environment
- 6 - Nausea, dehydration, malnutrition, constipation, impaction
- 7 - Pneumonia
- 8 - Pressure ulcer (new or deterioration)
- 9 - Respiratory problems (for example, shortness of breath, respiratory infection other than pneumonia, obstruction)
- 10 - Uncontrolled pain
- 11 - Urinary tract infection
- 12 - Wound or tube site infection, deteriorating wound status, new wound (other than pressure ulcer)
- 13 - Other (specify) _____
- UK - Reason unknown

17. (PS830) To which Inpatient Facility has the patient been admitted?

- 1 - Hospital
- 2 - Rehabilitation facility
- 3 - Nursing home
- 4 - Hospice

UTILIZATION OF SERVICES

Assessment Strategy

- 18. Reason(s) for Hospitalization**
Interview the patient, family, or medical service provider to determine the conditions requiring acute hospital admission.

Data Item

- 18. (PS840) Reason(s) for Hospitalization: (Mark all that apply.)**
- NA - Patient has not been hospitalized
 - 1 - Acute mental/behavioral health problem
 - 2 - Bowel/intestinal obstruction
 - 3 - Hypo/hyperglycemia, diabetes out of control
 - 4 - Improper medication administration, medication side effects, toxicity, anaphylaxis
 - 5 - Injury caused by fall or accident at home
 - 6 - Injury while straying unsupervised from a protective environment
 - 7 - Pneumonia
 - 8 - Pressure ulcer (new or deterioration)
 - 9 - Respiratory problems (for example, shortness of breath, respiratory infection other than pneumonia, obstruction)
 - 10 - Scheduled surgical procedure
 - 11 - Unscheduled or emergency surgery
 - 12 - Scheduled non-surgical procedure (for example, chemotherapy, diagnostic tests)
 - 13 - Uncontrolled pain
 - 14 - Urinary tract infection
 - 15 - Wound or tube site infection, deteriorating wound status, new wound (other than pressure ulcer)
 - 16 - Other (specify) _____
 - UK - Reason unknown