

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Survey & Certification Group

January 10, 2015

Linda Krulish, PT, MHS, COS-C
President
OASIS Answers, Inc.
PO Box 2768
Redmond, WA 98073

Dear Ms. Krulish:

Thank you for your letter of October 1, 2014, in which you requested review of a number of questions and scenarios related to data collection and accurate scoring of Outcome and Assessment Information Set (OASIS) items. The accompanying questions and answers have been reviewed by CMS staff, selected content experts and contractors, and consensus on the responses has been achieved.

As deemed valuable for providers, OASIS Education Coordinators and others, CMS will consider incorporating these questions and answers into current OASIS-C preparation and education activities, and may include them in future updates to the CMS Q&As posted at <https://www.gtso.com/hhatrain.html>, and/or in future releases of item-by-item tips.

In the meantime, you are free and encouraged to distribute these responses through educational offerings sponsored by OASIS Answers, Inc. (OAI) or general posting for access by all interested parties. Thank you for your interest in and support for enhancing OASIS accuracy.

Sincerely,

Patricia A. Sevast, BSN, RN
Nurse Consultant
Survey and Certification Group
Centers for Medicare & Medicaid Services

cc: Cheryl A. Wiseman, MS, MPH
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Centers for Medicare & Medicaid Services



January 2015 CMS Quarterly Q&As

Category 2

QUESTION 1: CMS has provided multiple resources and conventions (for example, OASIS Guidance Manual, Q and A's, WOCN Wound Guidance document) for guiding the assessing clinician in selecting OASIS responses that most accurately represent his/her assessment findings. These sources cover many but not all circumstances encountered in patient situations. For instance, is a hospital bed an assistive device? How do I score lower body dressing when my patient needs help dressing with 2 of the 4 articles of clothing routinely worn on his lower body? Is it ever appropriate to rely on clinical judgment when selecting a response for OASIS data items?

ANSWER 1: Yes, in situations where a definitive answer to an assessing clinician's question is not contained in published CMS OASIS guidance (OASIS Guidance Manual, Q&As, etc.), the clinician may have to rely on clinical judgment to determine what response to select, taking into consideration all the guidance that is available, and ensuring that the response selected does not conflict with current guidance.

QUESTION 2: When we learn that a patient is home from a qualifying stay, but we have not received orders to resume care, do we still see the patient within the 48-hour timeframe? Or should we wait to complete the ROC assessment until after we have resume orders, even if it causes the assessment to be late?

ANSWER 2: Physician orders are required to provide care. The resumption of care comprehensive assessment must be completed by a qualified clinician (RN, PT, OT, SLP) within two (2) days of the patient's return home from the inpatient facility or within two (2) days of the agency's knowledge of the patient's return home.

In the circumstance where an agency does not have orders within the two days from inpatient facility discharge or agency knowledge of discharge for a recently discharged patient, the agency should document the details of the efforts to obtain orders, and complete the ROC visit and assessment as soon as orders are received. The time frame to complete the ROC assessment does not vary based on the date the agency obtains the physician orders to provide care, so note that the ROC assessment that is completed greater than two days after inpatient facility discharge or agency's knowledge of the patient's return home would demonstrate noncompliance with the ROC timeframe.

QUESTION 3: Are Social Workers permitted to review and/or audit OASIS documents and provide guidance to the qualified assessing clinician/agency?

ANSWER 3: CMS defines a qualified clinician for the purpose of collecting and documenting accurate OASIS data as a Registered Nurse, Physical Therapist, Speech-Language Pathologist, or Occupational Therapist. The qualifications of individuals doing a quality review of the comprehensive assessment, including OASIS items, and/or providing education and instruction related to OASIS data collection should be defined by agency policy.

Category 4b

M0102

QUESTION 4: We have a very large referral base send referrals via fax. The physician ordered SOC date indicated on the referral is often 2-3 days before the date we even receive the fax (time stamp on fax is January 6th for a physician ordered SOC date of January 4th). We have been completing M0102 Date of Physician Ordered SOC date with the date specified by the physician (January 4th), which has penalized our agency on the Timeliness of Care measure. We have attempted to obtain a verbal order to update the SOC date, however the physician group have become irritated with our calls. Please advise.

ANSWER 4: The agency should contact the physician to state that a patient referral was received after the physician ordered SOC date and to confirm that patient is still in need of home care services. If the need still exists, a valid SOC order, with updated referral or physician's ordered SOC date can be obtained.

M01046, M1051, M1056

QUESTION 5: When the patient and caregiver can not remember if flu or pneumococcal vaccinations had been received, what response should be selected for M1046 – Influenza Vaccine Received, M1051 – Pneumococcal Vaccine, and M1056 – Reason Pneumococcal Vaccine not Received?

ANSWER 5: OASIS data are collected using a variety of strategies, including observation, interview, review of pertinent documentation (for example, hospital discharge summaries), discussions with other care team members where relevant (for example, phone calls to the physician to verify diagnoses), and measurement (for example, intensity of pain). In the scenarios provided, the patient and caregiver do not remember if the patient received the vaccination, the assessing clinician should employ other assessment strategies to obtain the needed information, such as, review of the medical record for history and physical information and communication with the physician.

If the assessing clinician is unable to determine whether the patient received the influenza and/or pneumococcal vaccination, the OASIS items would reflect the following negative responses:

- M1046 Influenza Vaccine Received: Response 8 – No, patient did not receive the vaccine due to reasons other than those listed in Responses 4-7
- M1051 Pneumococcal Vaccine: Response 0 – No
- M1056 Reason Pneumococcal Vaccine not received: Response 4 – None of the above

M1340

QUESTION 6: A patient with acute cholecystitis underwent gallbladder decompression with a resulting JP drain left sutured in place. A cholecystectomy was not performed. Is this reported as a surgical wound?

ANSWER 6: Unless associated with an ostomy (which this scenario is not), a wound with a drain is reported as a surgical wound on M1340. It remains a surgical wound after the drain is pulled until re-epithelialization has been present for approximately 30 days at which time it becomes a scar, and no longer a reportable surgical wound.

M1740

QUESTION 7: Would "hoarding" be considered disruptive behavior triggering a "yes" response on M1740 – Cognitive, behavioral, and psychiatric symptoms?

ANSWER 7: M1740 identifies specific behaviors associated with significant neurological, developmental, behavioral, or psychiatric disorders that are demonstrated at least once a week. If a patient had a diagnosis, such as hoarding disorder, and the clinician determined the associated behaviors resulted in concern for the patient and/or caregiver's safety or wellbeing, then it would meet the intent of M1740. In such a case, the assessing clinician may determine that the hoarding behaviors meet the intent of Response 2 – Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions and/or Response 5 – Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions).

M1900

QUESTION 8: M1900 Prior Functioning ADLs and IADLs identifies the patient's functional ability prior to the onset of the current illness, exacerbation of a chronic condition, or injury (whichever is most recent) that initiated this episode of care.

Sometimes a surgical procedure is what initiated the home health episode. For example, a patient was actively employed, exercising, and completely independent with ADLs/IADLs, then had decreased activity tolerance as a result of degenerative hip pain, which lasted several months until the patient underwent joint replacement surgery. Home health is now admitting. At the SOC, should the time period to consider for Prior Functioning ADL/IADL status be the period prior to the onset of joint pain, or the period just prior to the hip replacement surgery?

ANSWER 8: M1900 reports the patient's ability prior to the most recent illness, exacerbation or injury. In your example, the timeframe to consider would be just prior to the hip surgery.

M2102

QUESTION 9: Guidance is clear that for M2102 –Types and Sources of Assistance that "caregiver" refers to non-agency caregivers and excludes care by agency staff. What if the agency has two provider numbers, one for Medicare Skilled Home Health and one as a Medicaid In-Home provider? Does this item also exclude staff from the Medicaid In-Home side?

ANSWER 9: If the agency has a different provider identification number for each provider type, Medicare Skilled Home Health and Medicaid In-Home, the care provided by the staff employed by the Medicaid In-Home provider would be considered non-agency caregivers for the purpose of responding to M2102. The entities must be separate and distinct agencies.