WellSky

OASIS Updates:

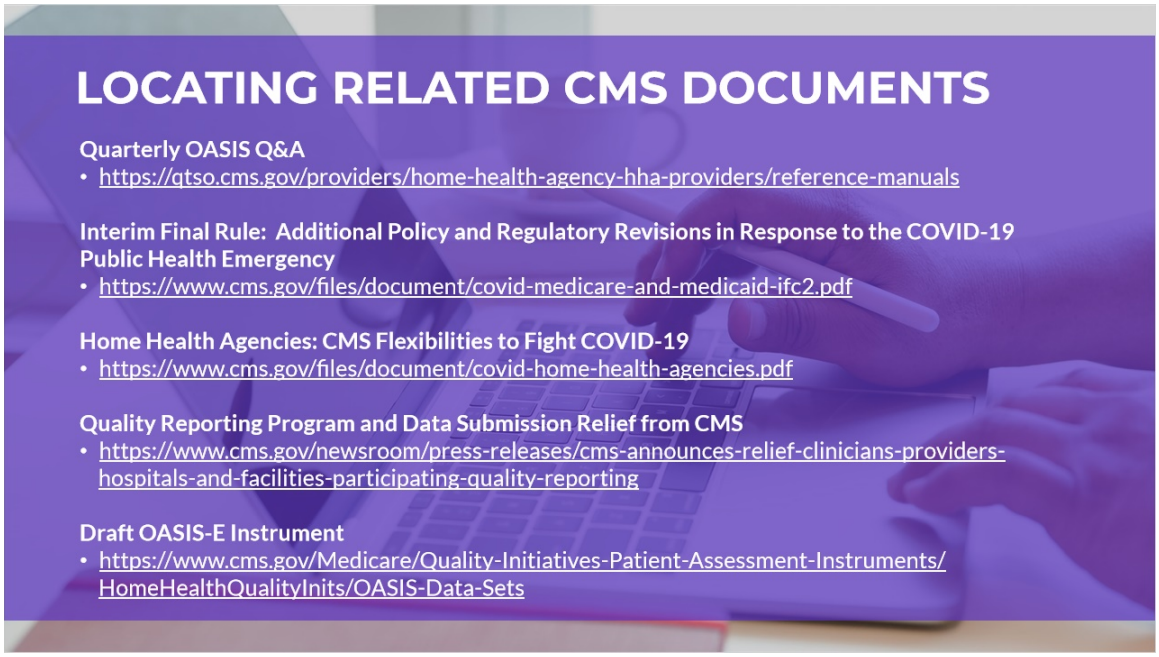
Get Guidance on the Recent Q&As
Spring 2020

OASIS Updates - Spring 2020 Presentation Materials

1.1 WellSky

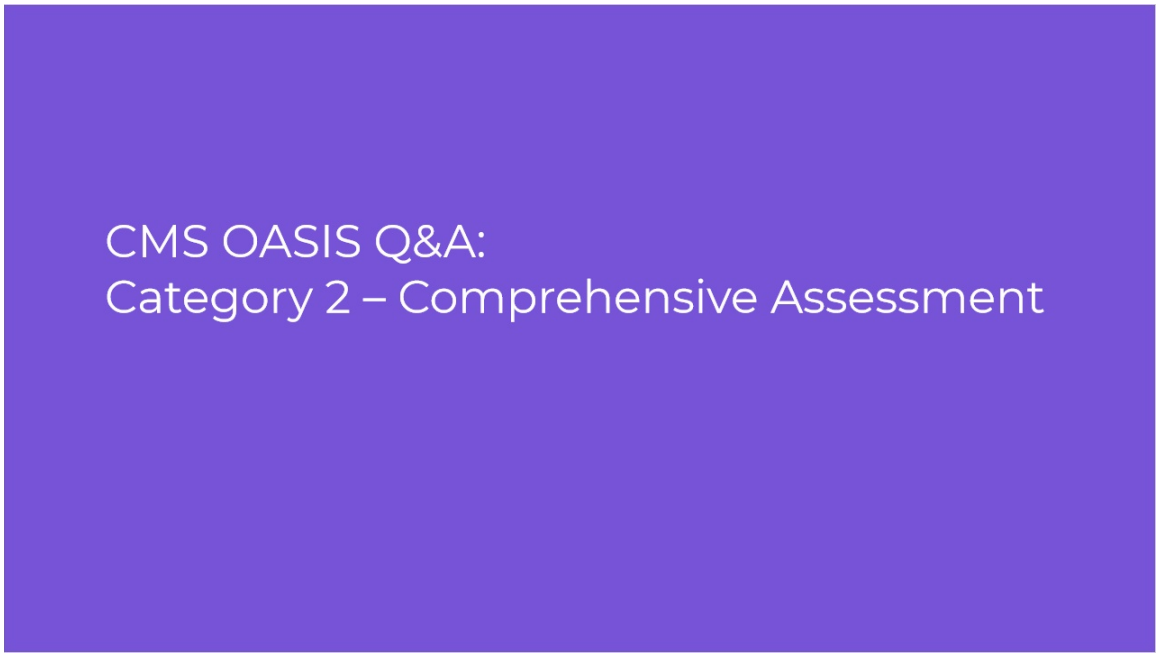
1.2 Welcome

1.3 Locating Related CMS Documents



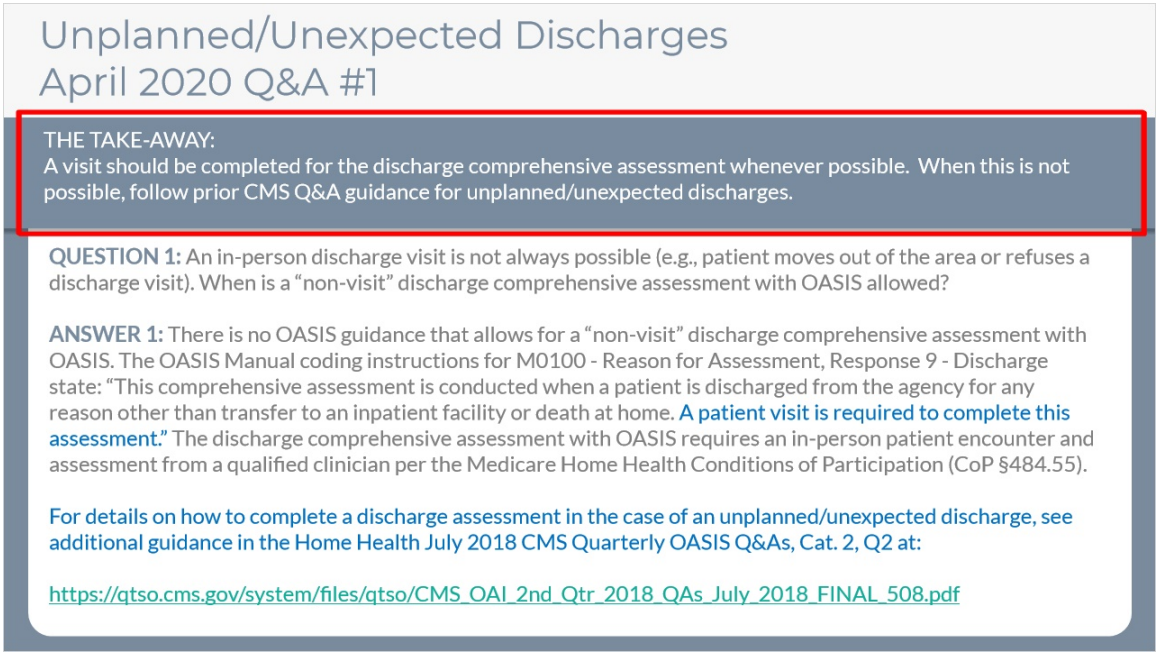
1.4 CMS OASIS Q&A:

Category 2 – Comprehensive Assessment



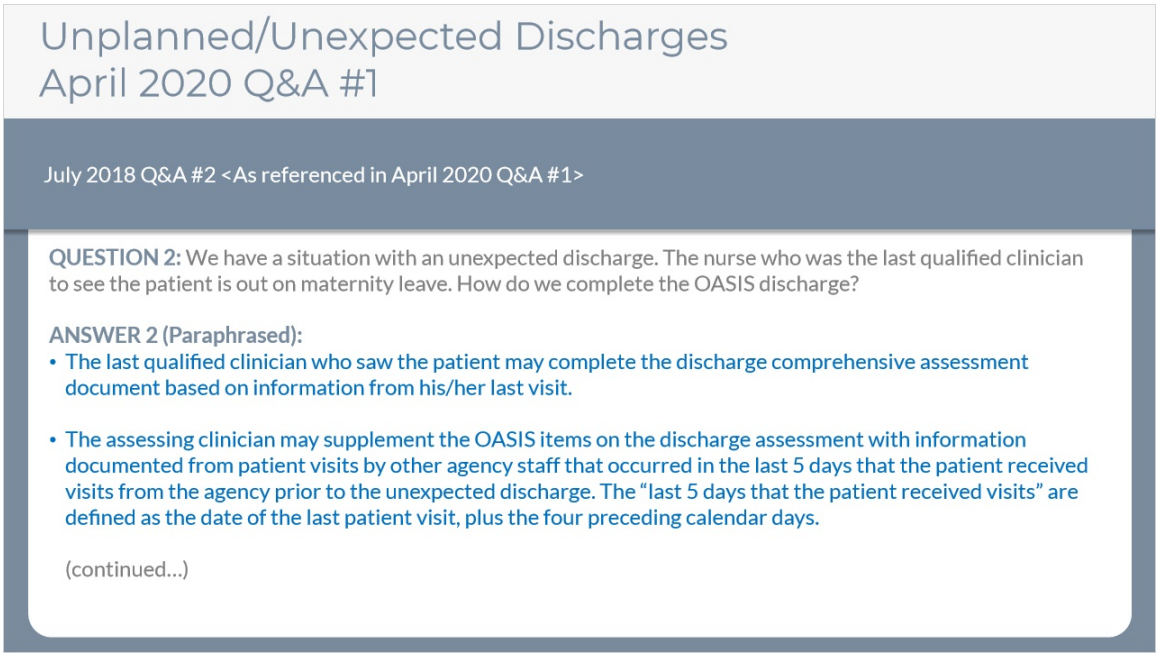
1.5 Unplanned/Unexpected Discharges

April 2020 Q&A #1



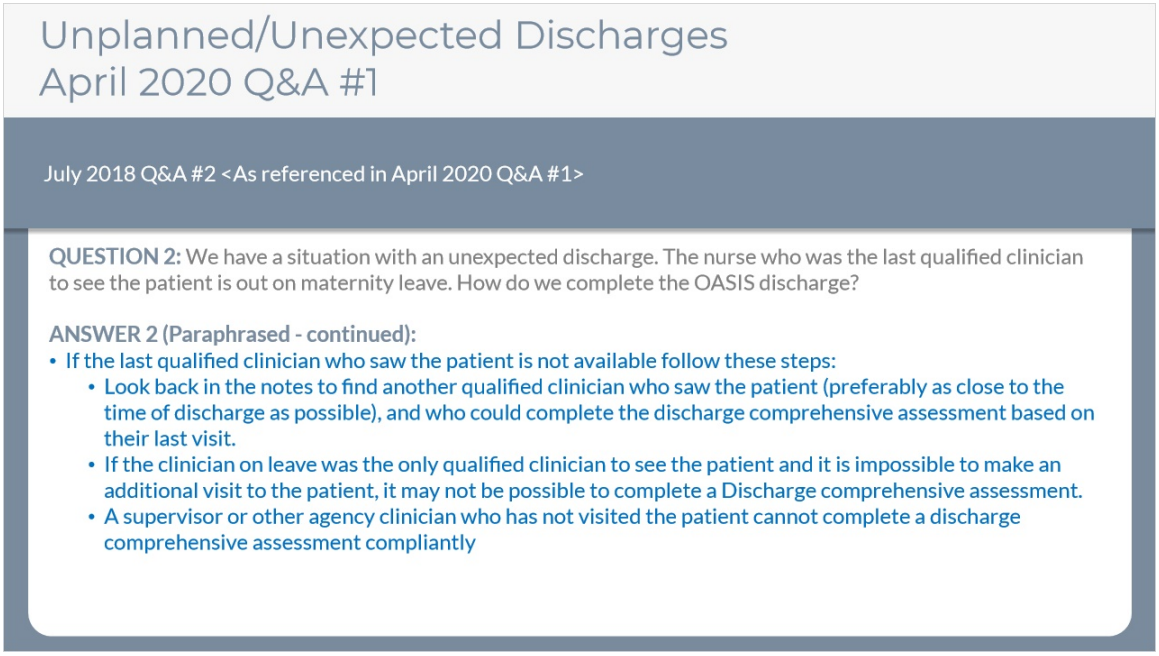
1.6 Unplanned/Unexpected Discharges

Pt. 2



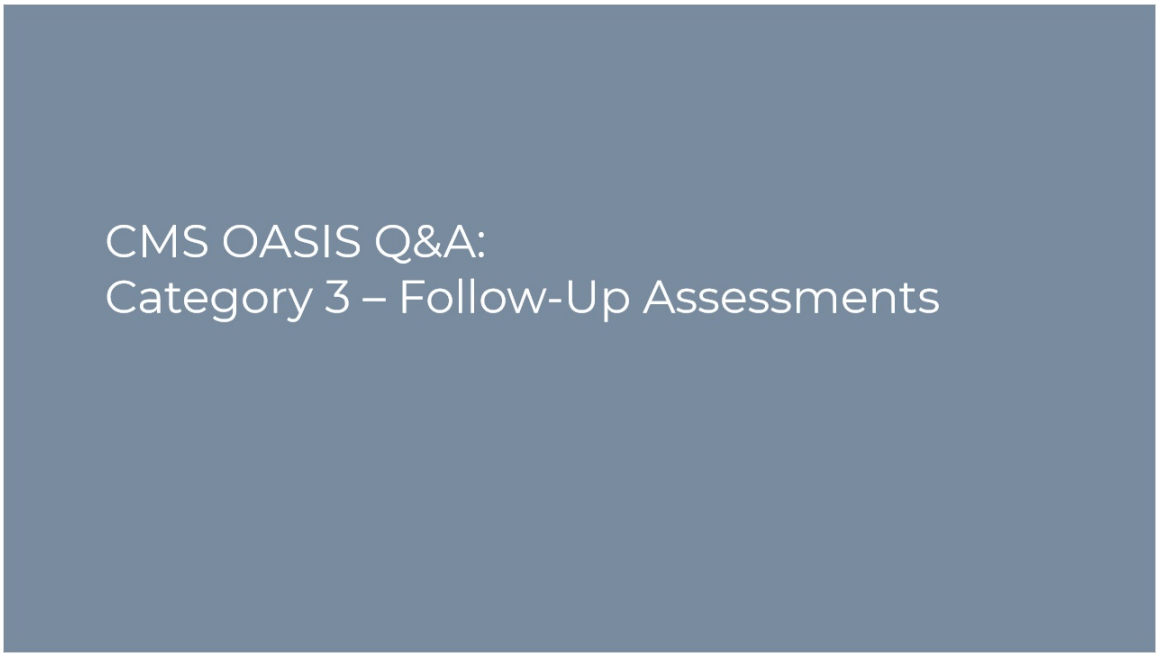
1.7 Unplanned/Unexpected Discharges

Pt. 3

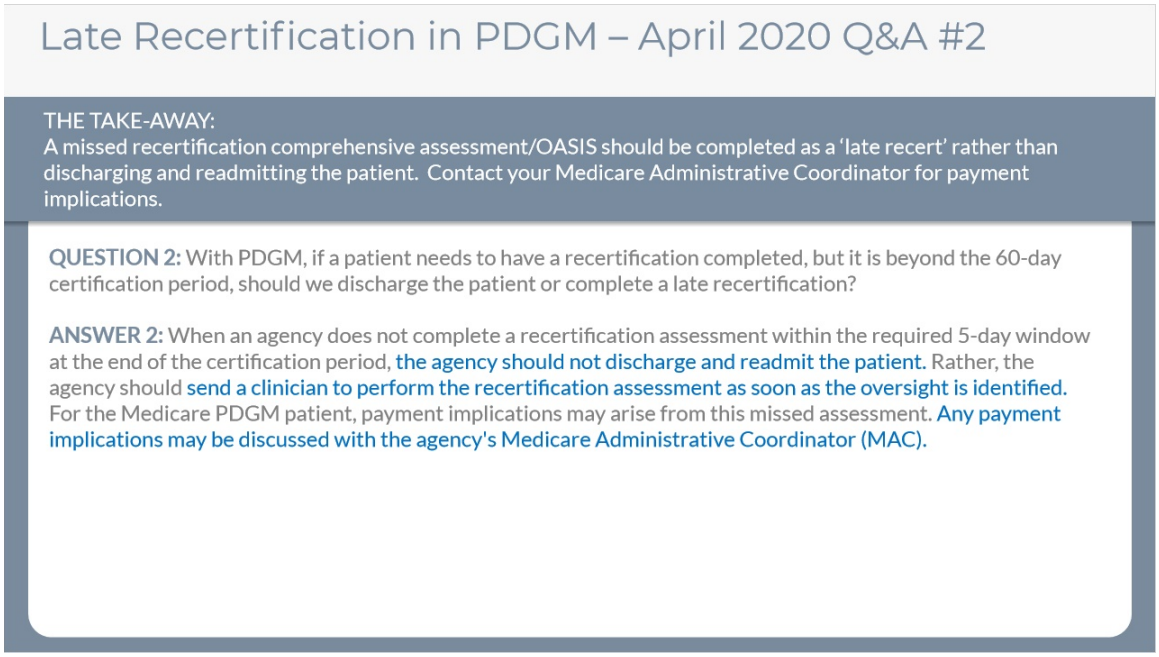


1.8 CMS OASIS Q&A:

Category 3 – Follow-Up Assessments

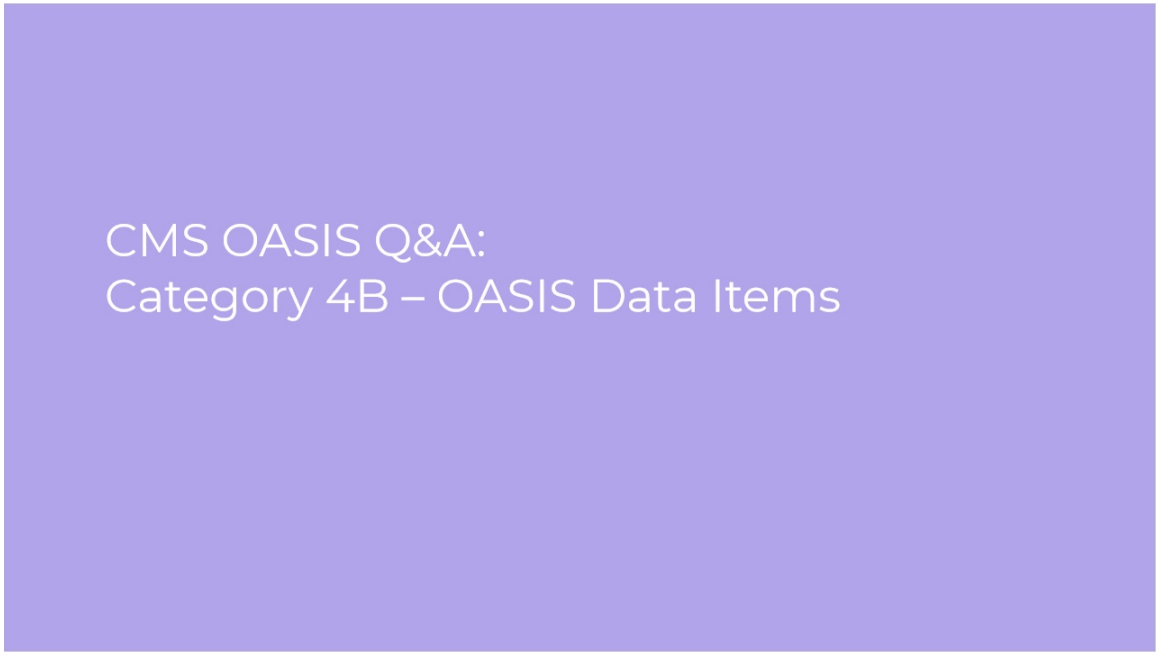


1.9 Late Recertification in PDGM – April 2020 Q&A #2



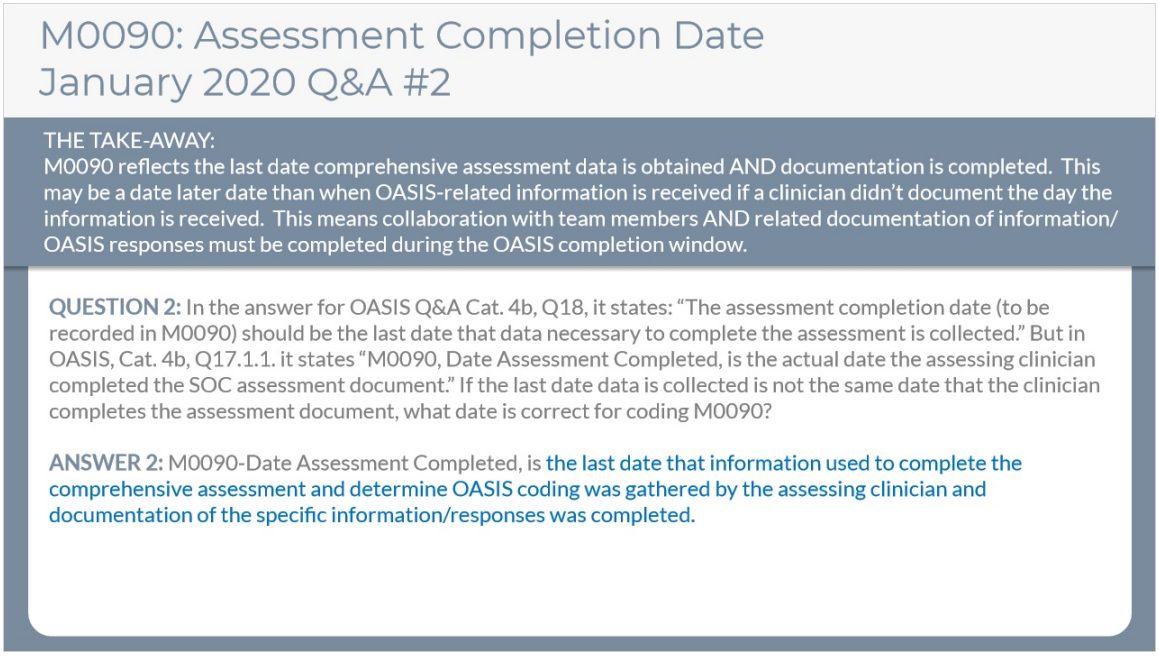
1.10 CMS OASIS Q&A:

Category 4B – OASIS Data Items



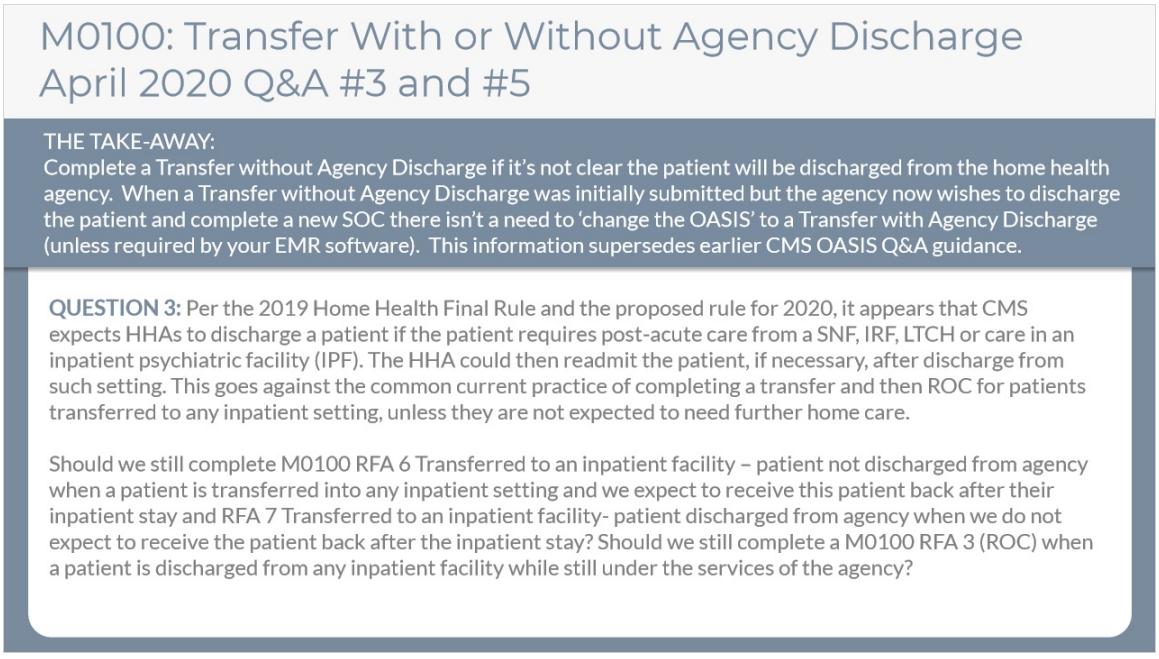
1.11 M0090: Assessment Completion Date

January 2020 Q&A #2



1.12 M0100: Transfer With or Without Agency Discharge

April 2020 Q&A #3 and #5



1.13 M0100: Pt. 2

M0100: Transfer With or Without Agency Discharge April 2020 Q&A #3 and #5

ANSWER 3: There is no change in the OASIS guidance in how agencies may use M0100 RFA 6 and 7 when a home health patient is admitted for an inpatient stay. In the event that a patient had a qualifying hospital admission and was expected to return to your agency, you would complete RFA 6 – Transferred to an inpatient facility – not discharged from agency. If the patient was not expected to return to your agency after this inpatient hospital stay, you would compete RFA 7- Transfer to an inpatient facility- patient discharged from agency.

However, if the patient requires post-acute care in a SNF, IRF, LTCH or IPF during the 30-day period of home health care, CMS expects and recommends (but does not require) the home health agency to discharge the patient by completing the RFA-7 (Transfer to an inpatient facility- patient discharged from agency) and then to readmit the patient with a new Start of Care upon return to home care. If the home health agency decides to complete an RFA-6 (Transfer to an inpatient facility- patient not discharged from agency), the home health agency will need to complete an RFA-3 (Resumption of Care) upon return to home care. <see Q&A #5 for clearer guidance>

1.14 M0100: Pt. 3

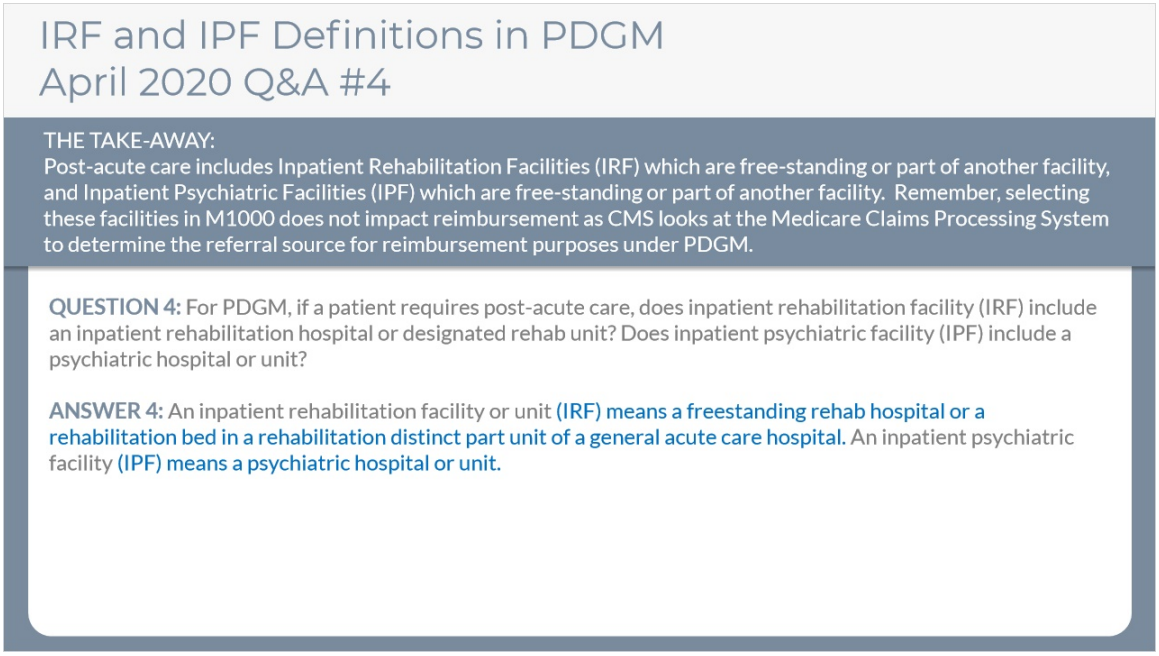
M0100: Transfer With or Without Agency Discharge April 2020 Q&A #3 and #5

QUESTION 5: When a patient transfers to a short stay acute care hospital and we do a transfer without discharge (RFA 6), then we later discover that the patient has subsequently transferred to a SNF or IRF, etc., and we now discharge the patient, do we correct the transfer OASIS previously submitted to indicate it was a transfer with discharge (RFA 7).

ANSWER 5: There is no need to update or change the RFA 6 transfer OASIS to an RFA 7 transfer OASIS to reflect this discharge.

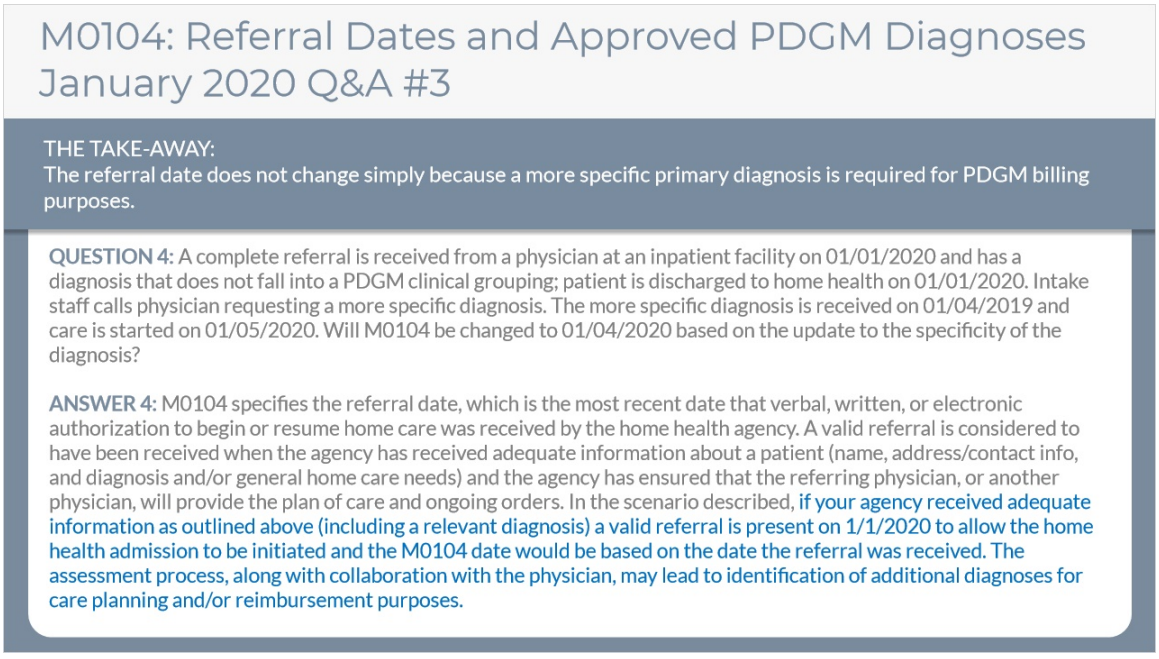
1.15 IRF and IPF Definitions in PDGM

April 2020 Q&A #4



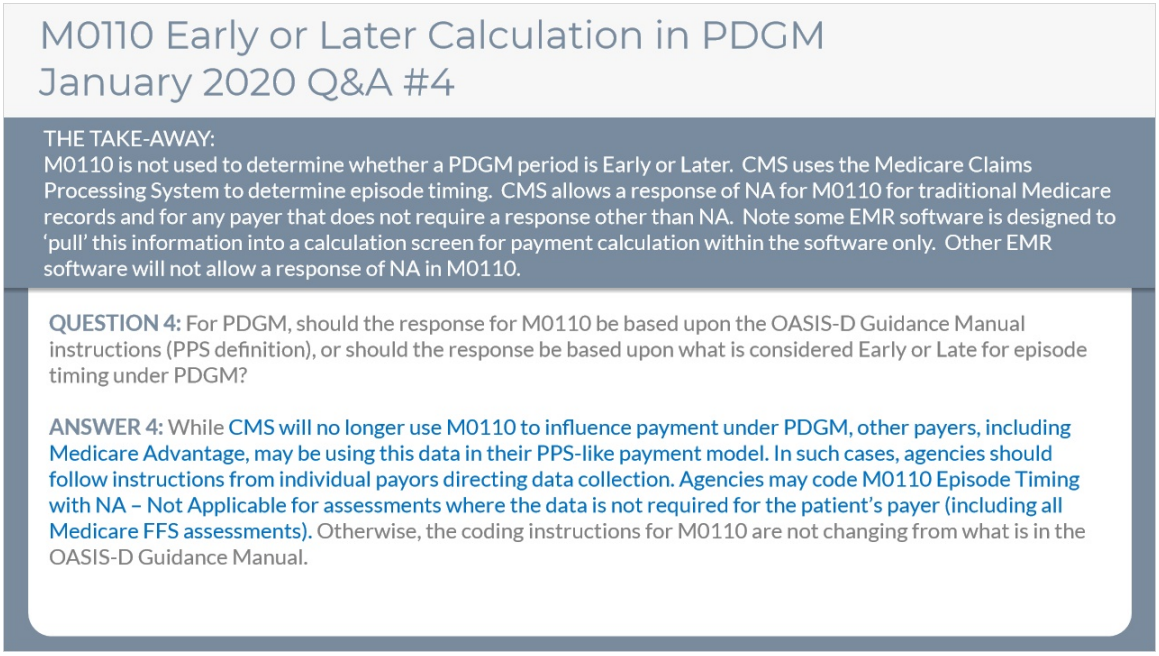
1.16 M0104: Referral Dates and Approved PDGM Diagnoses

January 2020 Q&A #3

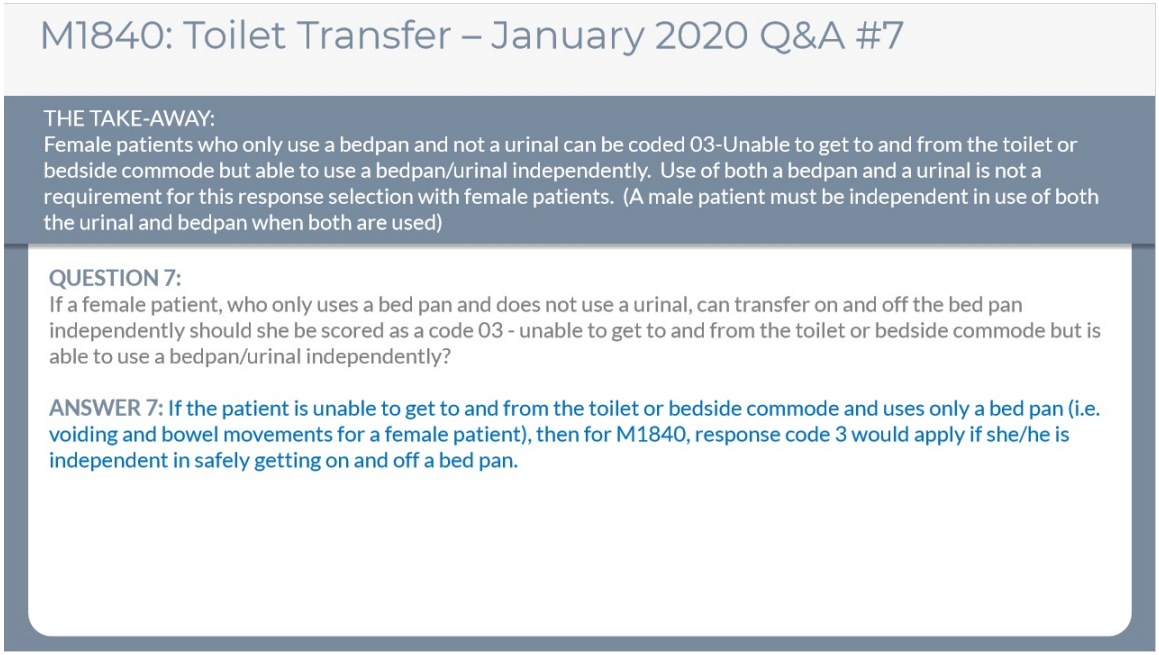


1.17 M0110 Early or Later Calculation in PDGM

January 2020 Q&A #4



1.18 M1840: Toilet Transfer – January 2020 Q&A #7



1.19 M2001/M2003/M2005: Medication Review

January 2020 Q&A #8

M2001/M2003/M2005: Medication Review January 2020 Q&A #8

THE TAKE-AWAY:
An RN, not an LPN, must review the patient medication list for home health rehabilitation therapy only cases.

QUESTION 8: The new CoPs indicate it is mandatory that an office nurse does the medication review. Our agency is letting the LPNs do this. Is this compliant with OASIS guidelines and the COPs?

ANSWER 8: While the new CoPs continue to allow an RN, PT, OT, or SLP to complete a comprehensive assessment and collect OASIS, the new Interpretive Guidelines §484.55(c)(5) do state that in rehabilitation therapy only cases, the therapist must submit a list of patient medications to an HHA nurse for review. According to the Home Health Survey Mailbox Team, in therapy only cases, an agency RN should review the medication list.

Further questions related to the Interpretive Guidelines may be directed to the home health regulations and compliance team via the Home Health Survey Mailbox at hhasurveyprotocols@cms.hhs.gov.

1.20 M2200: Therapy Need– January 2020 Q&A #5

M2200: Therapy Need– January 2020 Q&A #5

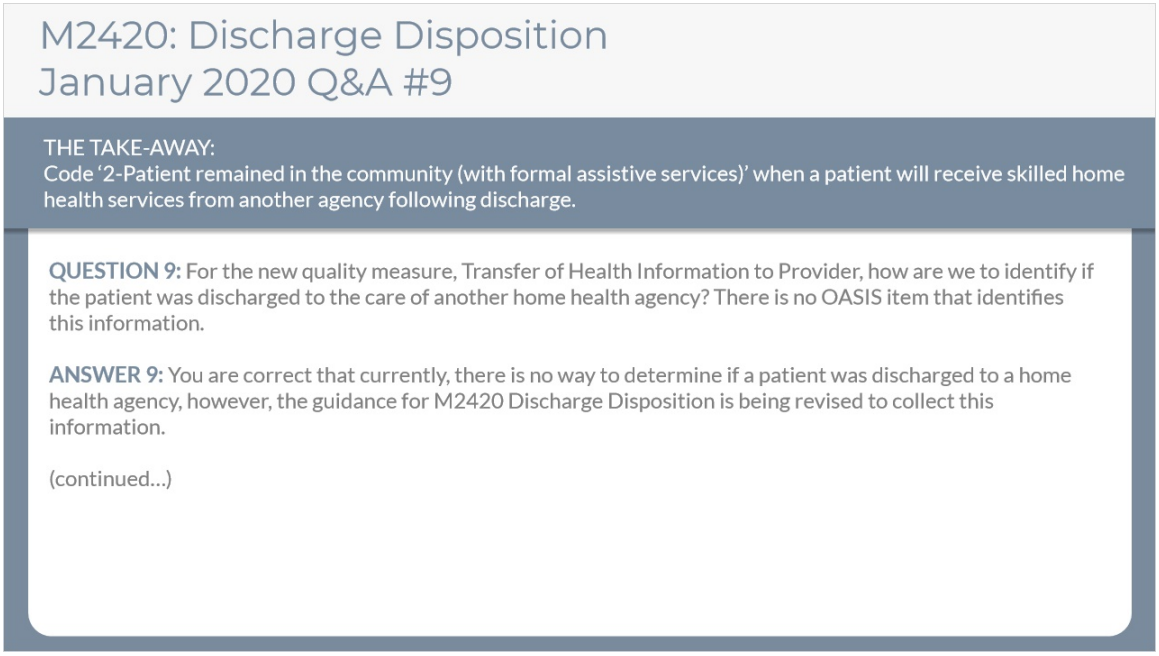
THE TAKE-AWAY:
A response of NA may be entered in M2200 unless a payer requires a numeric response. M2200 is used for risk adjustment, therefore an agency can choose to enter a numeric response.

QUESTION 5: I understand that for Medicare payment episodes that began before January 1, 2020, CMS would automatically adjust claims up or down to correct for episode timing (early or later, from M0110) and for therapy need (M2200) when submitted information was found to be incorrect. With PDGM, will CMS continue to make corrections if values submitted by HHA for M0110 and M2200 are not correct?

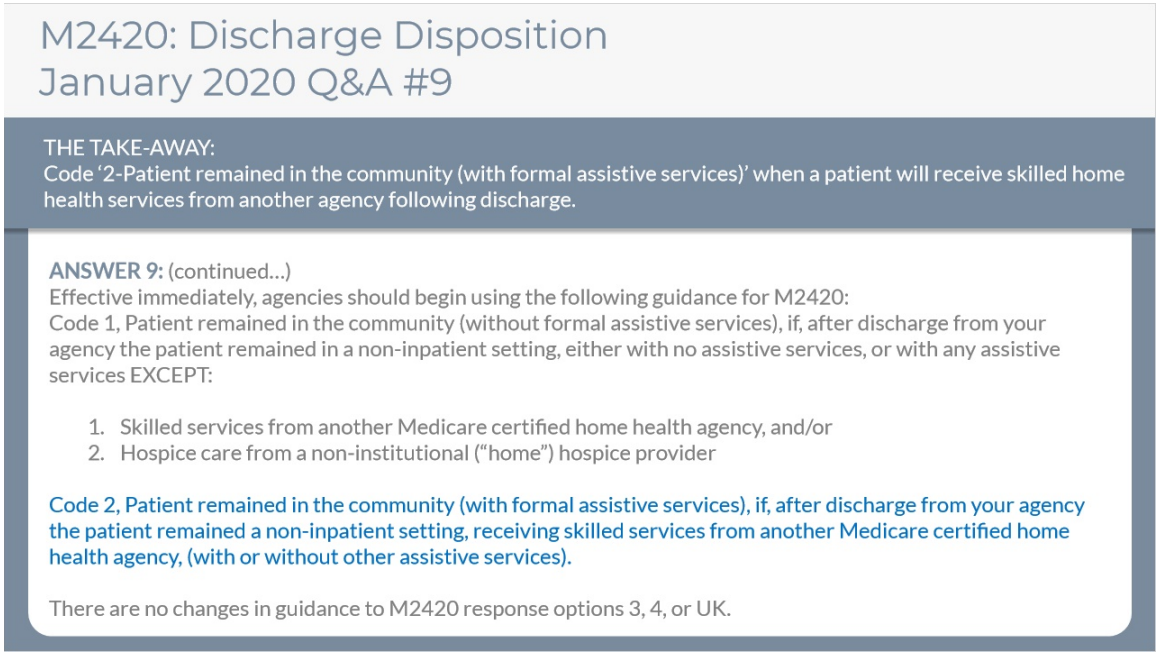
ANSWER 5: CMS will no longer use M2200 to influence payment under PDGM and agencies may code M2200 Therapy Need with NA – Not Applicable for assessments where the data is not required for the patient's payer (including all Medicare FFS assessments). However, since M2200 is used for risk adjustment for OASIS-based functional outcomes, agencies may elect to enter the estimated number of therapy visits planned for the 60-day certification period, even for assessments where the data is not required to establish case-mix for payment. Only enter "000" if no therapy services are needed. A dash (–) is not a valid response for M2200. For assessments with a M0090 Date Assessment Completed of January 1, 2020 or later, agencies may enter an equal sign (=) for M2200 at the Follow-up time point only. Because CMS is no longer using the data from M2200 for payment, this information will not be on the Medicare FFS claims and therefore will no longer be corrected by the Medicare Claims Processing System. This is effective for processing claims related to a payment period with a M0090 date on or after January 1, 2020.

1.21 M2420: Discharge Disposition

January 2020 Q&A #9



1.22 M2420: Pt. 2



1.23 GG0130/GG0170 Functional Items – April 2020 Q&A #9

GG0130/GG0170 Functional Items – April 2020 Q&A #9

THE TAKE-AWAY:
Code 03-Partial/moderate assistance when patients provide exactly half the effort to complete a task (as opposed to contributing more than half or less than half of the effort).

QUESTION 9: The OASIS Guidance Manual for section GG clarifies that Code 03- Partial/moderate assistance indicates the helper is providing less than half the effort and Code 02 – Substantial/maximal assistance indicates the helper is providing more than half the effort. If a helper provides exactly half the effort, how would the item be coded?

ANSWER 9: In the situation you describe, the helper and patient each are providing exactly half of the effort to complete a GG activity. If the patient performs exactly half of the effort, code the item 03 - Partial/moderate assistance.

1.24 GG0100c: Prior Functioning/Stairs

January 2020 Q&A #10

GG0100c: Prior Functioning/Stairs
January 2020 Q&A #10

THE TAKE-AWAY:
GG0100c reports ability to go up and down stairs prior to the current illness, exacerbation, or injury without requiring a certain number of steps or internal vs. external stairs.

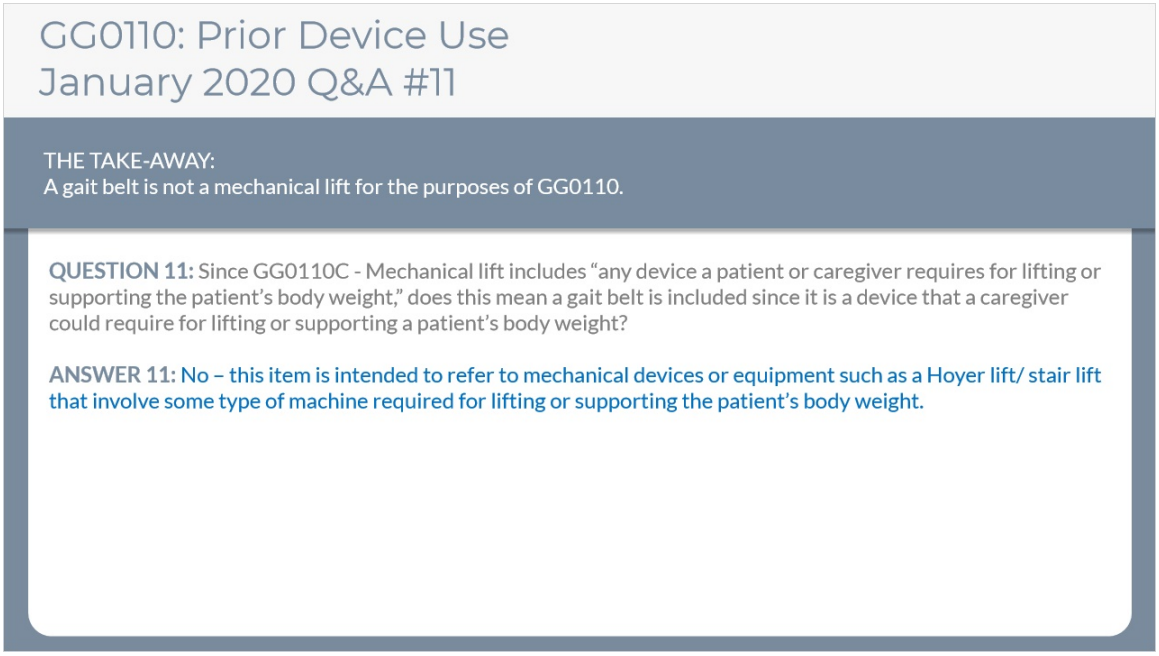
QUESTION 10: Prior to injury, the patient was able to climb and descend 3 stairs to enter her home independently. She was unable to manage the full flight of stairs to the 2nd floor of her home, therefore stayed on the first floor. She reports that she did not use stairs in the community. Could you please advise as to the appropriate response for item GG0100C. Prior level of function on Stairs?

ANSWER 10: GG0100c identifies the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury. CMS guidance includes "internal or external stairs," and does not further define the number of steps for GG0100C Stairs.

In the scenario you describe, the patient does go and up down 3 stairs to get into and out of her home independently. Code GG0100C Prior Functioning - Stairs 3 – Independent.

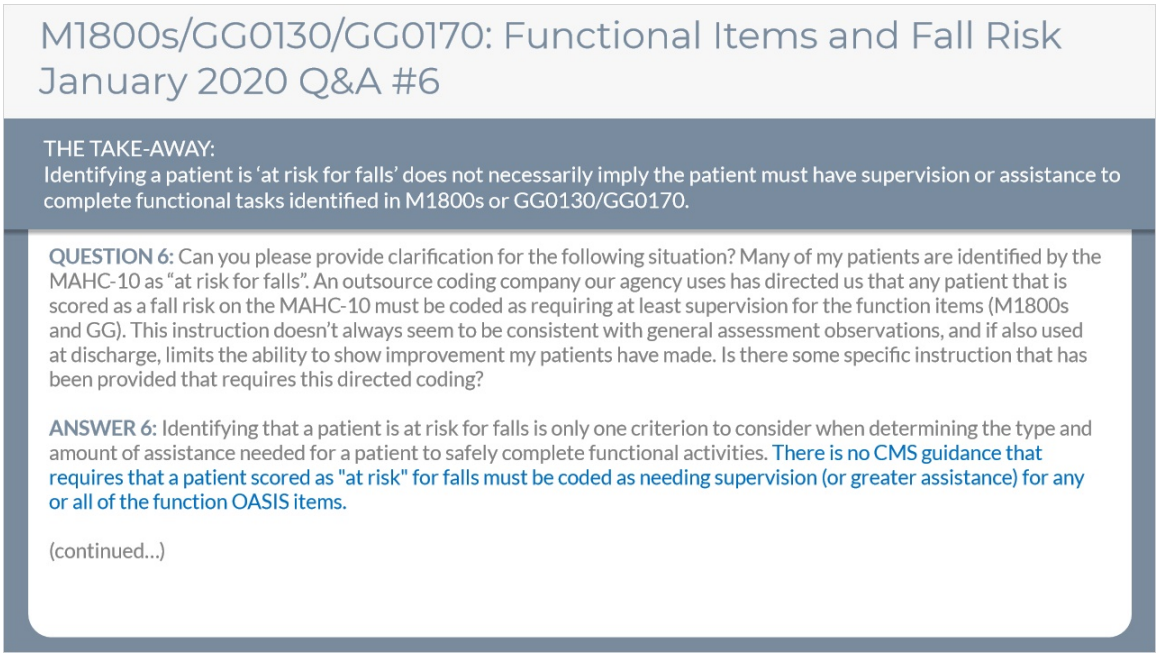
1.25 GG0110: Prior Device Use

January 2020 Q&A #11



1.26 M1800s/GG0130/GG0170: Functional Items and Fall Risk

January 2020 Q&A #6



1.27 M1800s/GG0130/GG0170: Pt. 2

M1800s/GG0130/GG0170: Functional Items and Fall Risk January 2020 Q&A #6

THE TAKE-AWAY:
Identifying a patient is 'at risk for falls' does not necessarily imply the patient must have supervision or assistance to complete functional tasks identified in M1800s or GG0130/GG0170.

ANSWER 6: (continued…)
Although a patient may meet the MAHC-10's "at risk for falls" threshold, (e.g., due to age, 3+ diagnoses, age-related vision impairment, and poly-pharmacy), additional assessment findings (like the patient wears glasses to correct vision impairment, and sits while completing dressing activities) may allow the patient to safely complete some activities without supervision or assistance.

Even if a patient is determined to be at risk for falls, each OASIS item should be considered individually and coded based on the item specific guidance and OASIS conventions that apply to each item.

1.28 GG0130/GG0170 Functional Items

April 2020 Q&A #10

GG0130/GG0170 Functional Items April 2020 Q&A #10

THE TAKE-AWAY:
Code 05-Setup or Clean Up Assistance if verbal cueing is required only before or after and activity and not during the activity.

QUESTION 10: For the GG functional items, I understand that verbal cueing during an activity would be coded a 04 – Supervision or touching assistance. Can a verbal cue provided prior to the initiation of the task be considered as 05 – Setup or clean-up assistance, as long as no further cues were provided during the actual activity? For example, prior to the "Picking up an item from the floor" activity, the therapist needed to cue the patient on where to place their hand for stability; then the patient completed all of the activity safely and without any assistance or additional cues. Would this be 05 - Setup or 04 - Supervision? Additionally, the OASIS Guidance Manual indicates via an example for bed to chair transfers, that "locking chair brakes" prior to the transfer is 05 – Setup, as long as no further assistance was required during the activity. Could a verbal cue reminding a patient to lock wheelchair brakes prior to the initiation of the transfer be considered 05 - Setup as well, as long as no further cueing or touching was provided during the activity?

ANSWER 10: When assessing self-care and mobility activities, allow the patient to complete each activity as independently as possible, as long as he/she is safe.

(continued…)

1.29 GG0130/GG0170 Pt. 2

GG0130/GG0170 Functional Items
April 2020 Q&A #10

THE TAKE-AWAY:
Code 05-Setup or Clean Up Assistance if verbal cueing is required only before or after and activity and not during the activity.

ANSWER 10: At admission, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity prior to benefit of services provided by your agency staff. This may be achieved by having the patient attempt the activity prior to providing any instruction that could result in a more independent code, and then coding based on the type and amount of assistance that was required prior to the benefit of services provided by your agency staff.
Communicating the activity request (e.g., "Can you stand up from the toilet?") would not be considered verbal cueing. If additional prompts are required in order for the patient to safely complete the activity (e.g., "Push down on the grab bar", etc.), the assessing clinician may need to use clinical judgment to determine the most appropriate code, utilizing the Coding Section GG Activities Decision Tree found at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual

In the scenarios described, assuming the verbal cues were only required prior to the activity, were provided prior to the benefit of services, and no other assistance was needed in order for the patient to complete the activity safely, then the verbal cues fit the definition for 05 – Setup or clean-up assistance.

1.30 GG0130/GG0170 Pt. 3

GG0130/GG0170 Functional Items
April 2020 Q&A #11

THE TAKE-AWAY:
Goals in GG0130/GG0170 do not need to be updated once the OASIS completion timeframe has ended.

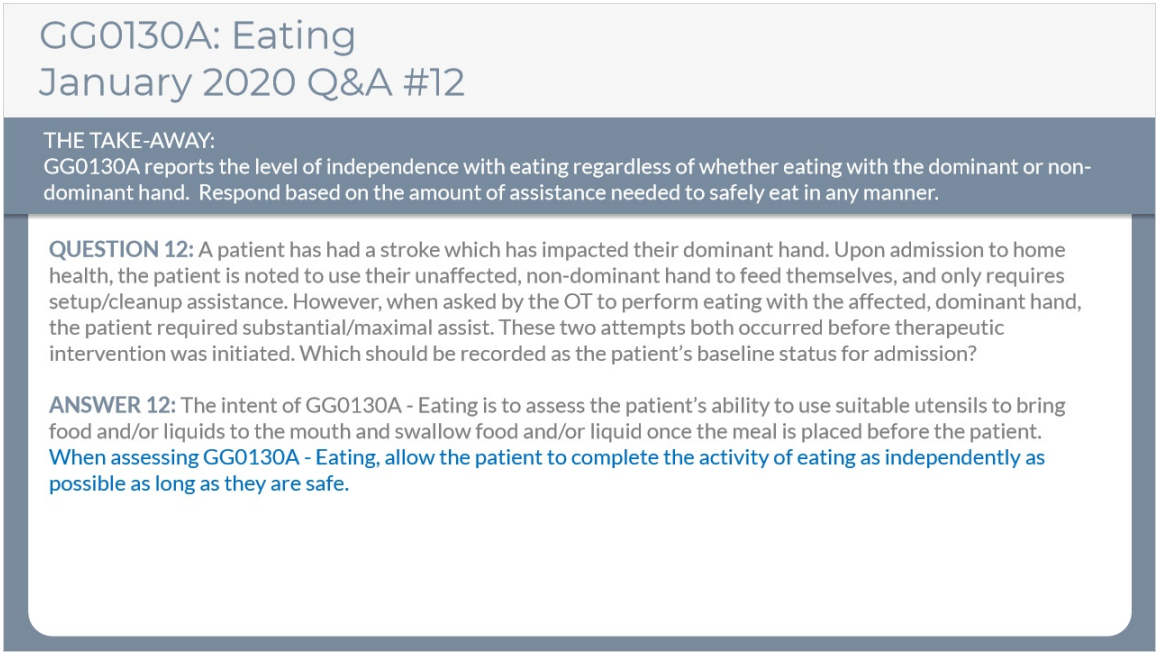
QUESTION 11: Can goals be changed for the GG Self-Care (GG0130) and Mobility (GG0170) items after the admission assessment timeframe?

ANSWER 11: The GG Self-Care and Mobility Discharge Goals are used in the calculation of the Process measure – Percentage of Patients with an Admission and Discharge Function Assessment and a Care Plan that Addresses Function. The measure reports, in part, that discharge goals were established, and does not take into consideration whether or not the goals were met.

Once a goal is established, there is no need to update it on OASIS if circumstances change or additional information becomes available either within or after the SOC/ROC assessment timeframe.

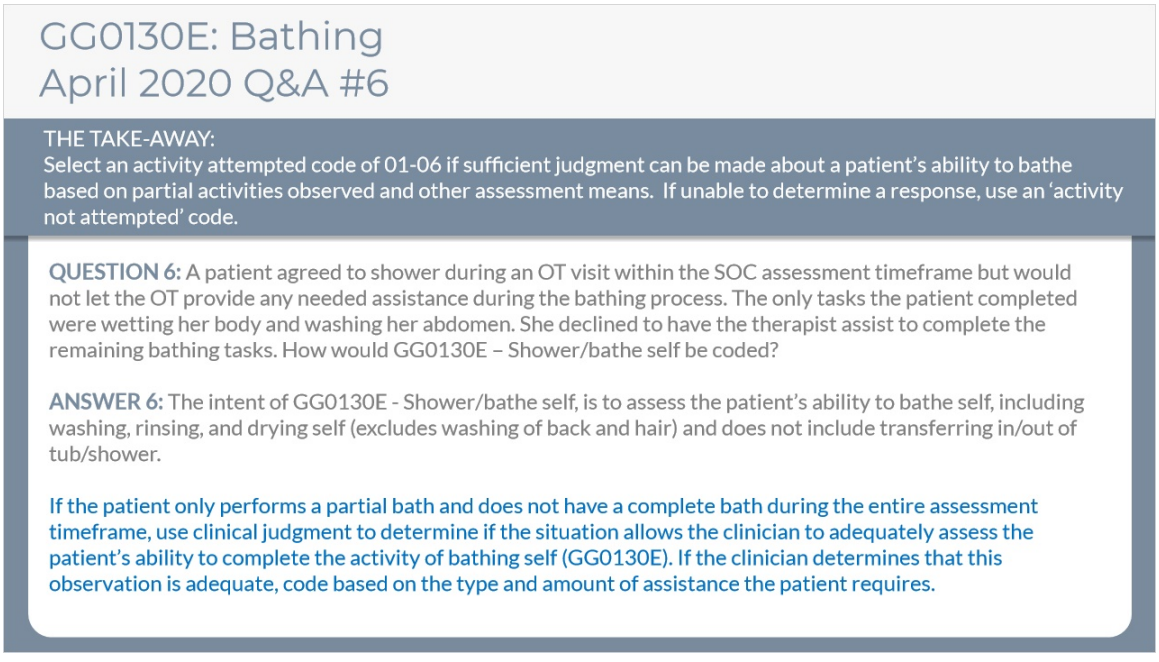
1.31 GG0130A: Eating

January 2020 Q&A #12



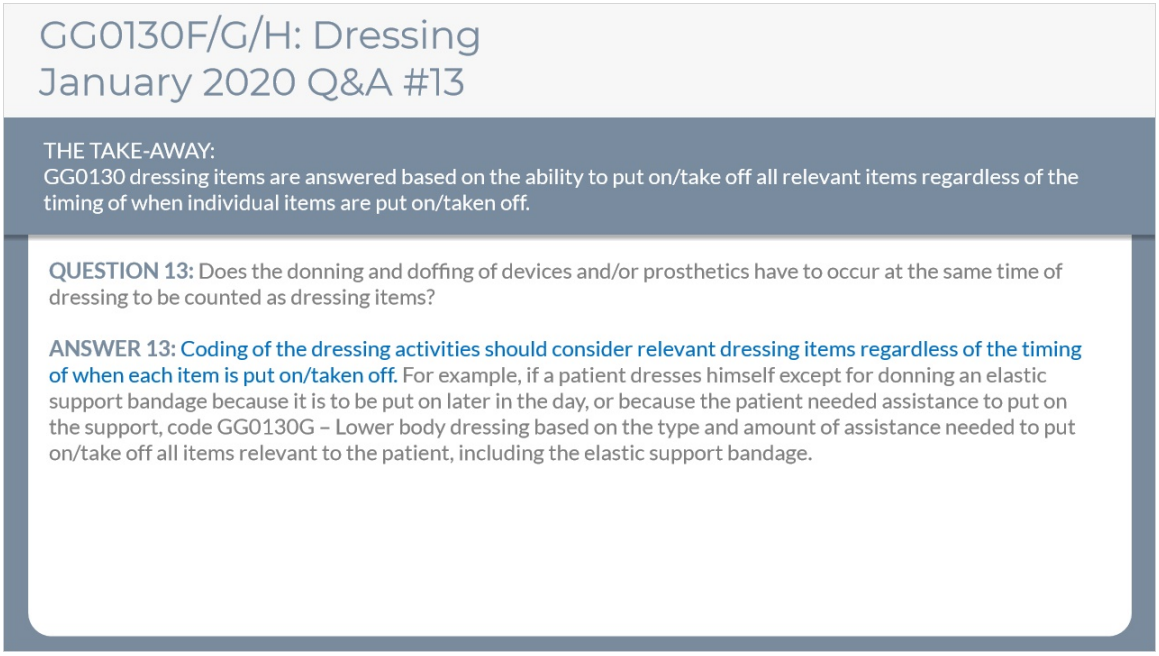
1.32 GG0130E: Bathing

April 2020 Q&A #6



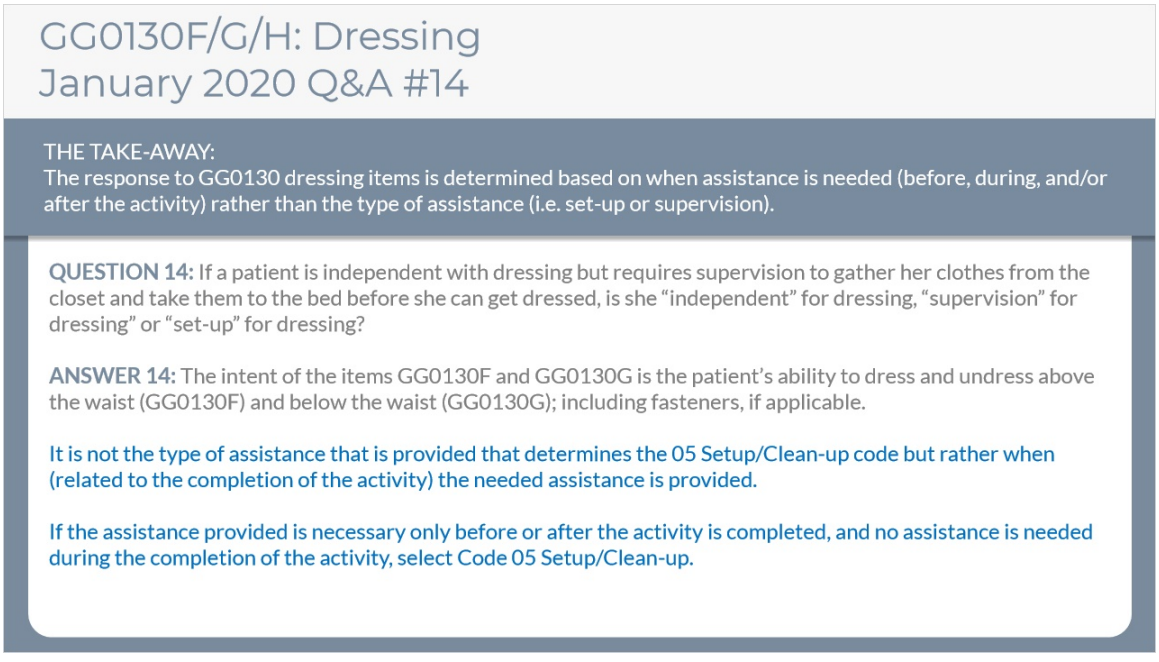
1.33 GG0130F/G/H: Dressing

January 2020 Q&A #13



1.34 GG0130F/G/H: Dressing

January 2020 Q&A #14



1.35 GG0130G: Lower Body Dressing

April 2020 Q&A #7

GG0130G: Lower Body Dressing
April 2020 Q&A #7

THE TAKE-AWAY:
Code GG0130G based on the ability to put on/take off all routinely worn lower body clothing. When a correct response can be determined through observation of a portion of the task select 06-01. Otherwise, consider observing when more of the task is completed at a future visit or respond through other means of assessment such as interview or observing other similar tasks.

QUESTION 7: If For GG0130G - Lower body dressing, if a patient is wearing a dressing gown and underwear during the first assessment, is this scenario acceptable to code lower body dressing? Or, at a visit the following day within the assessment timeframe, if the patient is wearing more items including underwear and shorts/pants, should we use this later scenario instead as a true baseline of their lower body dressing ability?

ANSWER 7: The intent of GG0130G - Lower body dressing is to assess the patient's ability to dress and undress below the waist, including fasteners, if applicable, in clothing routinely worn by the patient. At admission, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity, prior to the benefit of services provided by your agency staff.

Clinicians should use clinical judgment to determine if observing the patient dress and undress in the lower body clothing (i.e. underwear) worn during the first assessment allows the clinician to adequately determine the patient's ability to complete the activity of lower body dressing (GG0130G) in clothing routinely worn by the patient. If the clinician determines that this observation is adequate, code based on the type and amount of assistance the patient requires.

1.36 GG0130H: Footwear

April 2020 Q&A #8

GG0130H: Footwear
April 2020 Q&A #8

THE TAKE-AWAY:
Code GG0130H based on whatever footwear is routinely worn that allows for safe mobility. Both socks and shoes are not required if the footwear allows for safe mobility. Use an 'activity not attempted' code if safe footwear isn't available to assess the patient's ability.

QUESTION 8: As the definition of "footwear" states that it "includes the ability to put on and take off socks and shoes", how should GG0130H - Putting on/taking off footwear be coded when only one of these items is present?

ANSWER 8: The intent of GG0130H - Putting on/taking off footwear is to assess a patient's ability to put on and take off socks and shoes or other footwear.

GG0130H - Putting on/taking off footwear is assessed with footwear that is appropriate for safe transfer and/or ambulation (mobility). If the patient wears footwear that is safe for mobility (e.g., grip socks), then GG0130H - Putting on/taking off footwear, may be coded. If the patient's socks are not considered safe for mobility, and the patient does not have shoes available, and the performance code cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities, then code using the appropriate "activity not attempted" code.

If the patient wears shoes that are safe for mobility, but does not wear socks, then GG0170H - Putting on/taking off footwear, may be coded.

1.37 GG0170G: Car Transfer

April 2020 Q&A #12

GG0170G: Car Transfer
April 2020 Q&A #12

THE TAKE-AWAY:
Coding of GG0170G can be based on observation, patient/caregiver report, collaboration, and/or assessment of similar items. The correct response can be entered if observing only the transfer into a vehicle gives sufficient information to accurately respond for both entering and exiting the vehicle.

QUESTION 12: At discharge, if I assess my patient getting into their car to go to a doctor's appointment, can I code GG0170G - Car Transfer, OR do I have to observe the patient getting both into and out of a car to code this item?

ANSWER 12: The intent of GG0170G - Car Transfer is to assess the patient's ability to transfer in and out of a car seat on the passenger side.

Code the patient's functional status based on a functional assessment that occurs at discharge. At discharge, the self-care and mobility function scores are to reflect the patient's discharge status, and are to be based on observation of activities, to the extent possible. The assessing clinician may combine general observation, assessment of similar activities, patient/caregiver(s) report, collaboration with other agency staff, and other relevant strategies to complete any and all GG items, as needed. Clinicians should use clinical judgment to determine if the situation (getting in the car) allows the clinician to adequately assess the patient's ability to complete the entire GG0170G – Car Transfer activity (transferring in and out of a car). If the clinician determines that this observation is adequate, code based on the type and amount of assistance the patient requires.

1.38 GG0170G: Pt. 2

GG0170G: Car Transfer
April 2020 Q&A #13

THE TAKE-AWAY:
Coding of GG0170G can be reported for a car, van, sports utility vehicle, or similar vehicle where the patient enters/exits a passenger side seat.

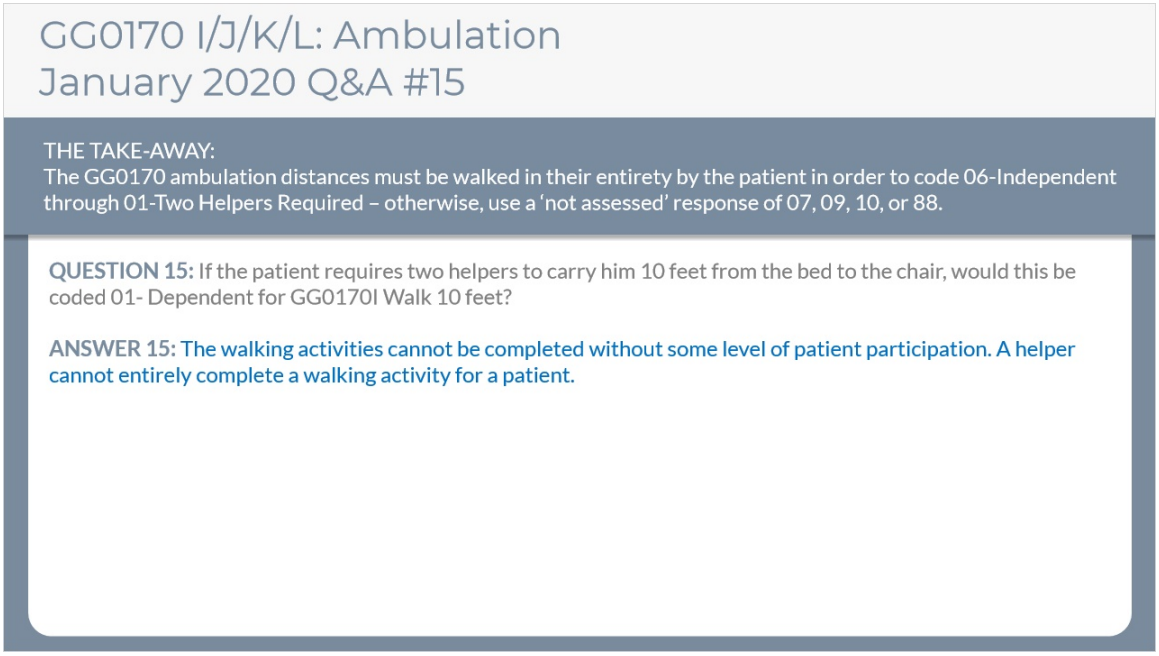
QUESTION 13: For GG0170G - Car Transfer, can the patient be assessed transferring in and out of a Sport Utility Vehicle (SUV)?

ANSWER 13: The intent of the GG0170G - Car Transfer is to assess the patient's ability to transfer in and out of a car or van seat on the passenger side.

Any vehicle model available may be used for the assessment. In the scenario presented, if in the clinician's professional judgment, the patient can transfer in/out of an SUV safely, code based on the type and amount of assistance required to complete the activity.

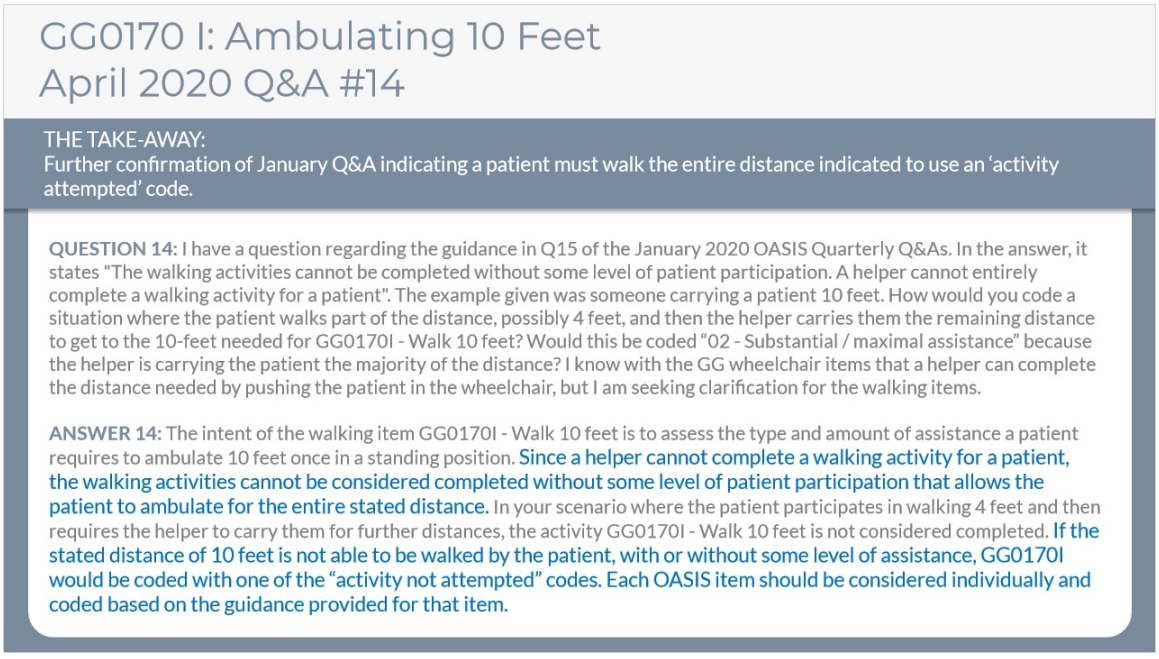
1.39 GG0170 I/J/K/L: Ambulation

January 2020 Q&A #15



1.40 GG0170 I: Ambulating 10 Feet

April 2020 Q&A #14



1.41 GG0170 I/J/K/L: Ambulation

January 2020 Q&A #16

GG0170 I/J/K/L: Ambulation
January 2020 Q&A #16

THE TAKE-AWAY:
The GG0170 Ambulation is coded 01-Dependent when two helpers are required to assist a patient, even if one is only managing equipment.

QUESTION 16: When the therapist must provide contact guard assist to the patient during ambulation and there is a second person helping to manage an Oxygen tank (or IV pump tubing), how are the GG walking items scored?

ANSWER 16: If two helpers are required to assist the patient to safely walk, (one to provide support to the patient and a second to manage necessary equipment to allow the safe walk), code 01 – Dependent, as two helpers are required for the patient to safely complete the activity.

1.42 GG0170 I/J/K/L: Pt. 2

GG0170 I/J/K/L: Ambulation
January 2020 Q&A #17

THE TAKE-AWAY:
Assistance solely to manage equipment during a walking item is coded to 04-Supervision/touching assistance.

QUESTION 17: Have some questions about coding GG0170K – walk 150 feet:

a) Patient ambulates 155 feet with the use of oxygen. The oxygen tank is needed to be pushed throughout the entire walking distance by a therapist. The therapist does not cue or physically assist the patient. Truly, only there to push the tank. What would the code be for this scenario? It is not only as set-up, but throughout the entire walking episode.
b) Patient ambulates 155 feet with the use of oxygen. The therapist obtains a longer nasal cannula tubing and only sets up/ removes the tank and tubing. The patient ambulates the distance without any assistance of others except for the tank set up/ "clean up". What is the code for such mobility?
c) Patient is educated on the ability for themselves to modify the tank to allow for longer tubing during ambulation. The patient ambulates the distance of 155 feet and is able to set up and "clean up" the tubing and tank independently. Would this allow for a code of 06 - Independent?

1.43 GG0170 I/J/K/L: Pt. 3

GG0170 I/J/K/L: Ambulation
January 2020 Q&A #17

THE TAKE-AWAY:
Assistance to manage equipment only during a walking item is coded as 04-Supervision/touching assistance.

ANSWER 17: Intent of the GG0170 walking items is to collect information about the patient's ability to ambulate safely.

a) If the helper is only required to manage the oxygen tank, pushing it to allow the patient to safely walk without additional assistance from the helper, code 04 – Supervision/touching assistance.
b) If the patient can complete the walking activity safely only after a helper retrieves and/or sets up oxygen equipment necessary to perform the included tasks, code 05 – Setup or clean-up assistance.
c) If the patient is able to set-up the oxygen and is able to safely complete the walking activity without requiring the assistance of a helper, the activity would be coded 06- Independent.

1.44 GG0170 I/J/K/L: Pt. 4

GG0170 I/J/K/L: Ambulation
January 2020 Q&A #16

THE TAKE-AWAY:
At SOC, GG0170 stair items are answered based on patient ability prior to intervention by agency staff such as education by a therapist during their evaluation.

QUESTION 18: For GG0170M, 1 step (curb), on admission a patient was not able to go up and down steps secondary to safety deficits. The PT completed their evaluation 2 days later and after providing education regarding the safety deficits and how to correctly ascend/descend the stairs the patient was then able to ascend and descend some steps. Do we code 88 – not attempted due to medical conditions or safety concerns for GG0170M, 1 step (curb) since patient was unsafe on admission? Or do we code based on how the patient performed on steps at the PT evaluation even though the patient had received interventions by agency staff in order to complete the activity?

ANSWER 18: The intent of the GG0170 stair items is to determine the amount of assistance required by a patient to go up and down the stairs, by any safe means. At Admission, the mobility performance code is to reflect the patient's baseline ability to complete the activity, prior to the benefit of services provided by your agency staff. "Prior to the benefit of services" means prior to provision of any care by your agency staff that would result in more independent coding.
In your scenario if the patient was not able to go up and down the stairs prior to the benefit of services provided by the agency, and the performance code cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities, use the appropriate activity not attempted code.

1.45 GG0170 Q/R/S: Wheelchair/Scooter Use

January 2020 Q&A #19

GG0170 Q/R/S: Wheelchair/Scooter Use
January 2020 Q&A #19

THE TAKE-AWAY:
Code GG0170Q '0-No' only if the patient doesn't use a wheelchair or scooter under any condition at the time of assessment. Take into consideration the use of a wheelchair or scooter outside of the standard assessment timeframe. Select one of the 'activity not attempted' codes for GG0170R and GG0170S if a wheelchair/scooter isn't available and a response can't be determined by other means.

QUESTION 19: On admission, my patient reported that he only uses a wheelchair when he visits his cardiologist because of the distance from the car to the office. He shared that because of hospital policies, they also had an aide push him in a wheelchair as he was being discharged from the hospital two days ago. Because GG0170Q reports if a patient uses a wheelchair or scooter at the time of the assessment, would the answer be 1- Yes? If so, then how do I answer GG0170R and GG0170S if he doesn't own a wheelchair?

ANSWER 19: The intent of the item GG0170Q Does the patient use a wheelchair/scooter? is to document whether a patient uses a wheelchair or scooter at the time of the assessment. The code 0 – No would only be used if at the time of the assessment, the patient does not use a wheelchair or scooter under any condition.
Although it is under infrequent conditions, in your scenario, the patient uses a wheelchair, therefore, GG0170Q would be coded 1 -Yes. Regarding GG0170R and GG0170S, if a patient does not complete the wheelchair activities during home visit, determine the patient's abilities based on the patient's performance of similar activities during the assessment, or on patient and/or caregiver report. If you are unable to observe the activity, and usual status cannot be determined based on patient and/or caregiver report or on assessment of similar activities, then select the appropriate activity not attempted code.

1.46 GG0170Q: Wheelchair/Scooter Use

April 2020 Q&A #15

GG0170Q: Wheelchair/Scooter Use
April 2020 Q&A #15

THE TAKE-AWAY:
Further clarification that 0-No is coded only if the patient doesn't use a wheelchair or scooter under any condition at the time of assessment as the January 2020 guidance supersedes older OASIS guidance.

QUESTION 15: According to the guidance manual, the intent of GG0170Q – Does the patient use wheelchair and/or scooter is to assess the ability of patients who SELF-mobilize with a wheelchair/scooter or those who are learning to SELF-mobilize. The answer from the January 2020 Quarterly Q&As makes it sound like the item's intent is to code based on whether or not the patient is using a wheelchair or scooter at all, regardless if they self-mobilize. Please clarify.

ANSWER 15: At times, CMS provides new or refined instruction that supersedes previously published guidance. In such cases, use the most recent guidance. The January 2020 Quarterly OASIS Q&As represent more recent OASIS guidance than the OASIS Guidance Manual dated January 2, 2019, therefore, utilize the more recent guidance presented in January 2020, Question #20. Only code GG0170Q - Does the patient use a wheelchair and/or scooter? as "0 – No" if at the time of the assessment the patient does not use a wheelchair or scooter under any condition.

1.47 GG0170Q: Pt. 2

GG0170Q: Wheelchair/Scooter Use
January 2020 Q&A #20

THE TAKE-AWAY:
GG0170Q is answered 1-Yes if a patient is using a wheelchair or scooter at the time of assessment whether or not the patient also ambulates. At discharge, respond to the ambulation questions when a wheelchair is no longer in use and answer GG0170Q 0-No.

QUESTION 20: For GG0170Q, the patient was coded at admission as yes for wheelchair use but was also ambulating. In the instances where a patient is both ambulating and using a wheelchair should both the walking activities and the wheelchair activities be coded? At discharge, if the same patient is ambulating and no longer using a wheelchair, can GG0170Q be coded "no"?

ANSWER 20: The intent of the item GG0170Q - Does the patient use a wheelchair/scooter? is to document whether a patient uses a wheelchair or scooter at the time of the assessment. The responses for the gateway wheelchair item (GG0170Q1 and GG0170Q3) do not have to be the same on SOC/ROC and discharge assessments.
If at the time of the SOC assessment, the patient is using a wheelchair, GG0170Q would be coded 1 – Yes. If at SOC the patient is both walking and using a wheelchair, then code both the walking and the wheelchair activities based on the type and amount of assistance required for the patient to safely complete each activity.
If at discharge, the patient does not use a wheelchair, then GG0170Q would be coded 0 -No. If at discharge, the patient is both walking and using a wheelchair, then code both the walking and the wheelchair activities based on the type and amount of assistance required for the patient to safely complete each activity.

1.48 Additional OASIS Information

Additional OASIS Information

1.49 CMS Flexibilities to Fight COVID-19

CMS Flexibilities to Fight COVID-19
https://www.cms.gov/files/document/covid-home-health-agencies.pdf

THE TAKE-AWAYS:
- The initial assessment and determination of patients' homebound status can be completed remotely or by record review. <NOTE: this is the Initial assessment, not the Comprehensive assessment>
- The timeframe requirement for completion of the comprehensive assessment is extended from five to thirty days.
- The 30-day OASIS submission requirement is waived. The OASIS must be submitted prior to submitting the final claim.
- Home Health Quality Reporting Program data submission is not required for the period of October 1, 2019 through June 30, 2020, and the annual market basket adjustment will not be impacted if data is not submitted.
- https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

Updated document 5/11/2020 (see page 19 of document)

- Any therapist (PT, OT, SLP) may perform the Initial and Comprehensive Assessment. This temporary blanket modification allows therapists to perform the initial and comprehensive assessment for all patients receiving therapy services as part of the plan of care, to the extent permitted under state law, regardless of whether the service that establishes eligibility. The existing regulations continue to apply that therapists would not be permitted to perform assessments in nursing only cases. Therapists must act within their state scope of practice laws when performing initial and comprehensive assessments, and access a registered nurse or other professional to complete sections of the assessment that are beyond their scope of practice.

1.50 Interim Final Rule: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency

Interim Final Rule: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency
https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf

THE TAKE-AWAYS:
- The use of OASIS-E for Home Health data collection has been delayed and will not being on January 1, 2021.
- HHAs will be required to use OASIS-E to begin collecting data on the two Transfer of Health Information Measures beginning with discharges and transfers on January 1st of the year that is at least one full calendar year after the end of the COVID-19 public health emergency.
- For example, if the COVID-19 public health emergency ends on September 20, 2020, home health agencies will be required to begin collecting data on those measures beginning with patients discharged or transferred on January 1, 2022.
- We will also require HHAs to begin collecting data on the SPADEs (standardized patient assessment data elements) beginning with the start of care, resumption of care, and discharges (except for the hearing, vision, race, and ethnicity SPADEs, which would be collected at the start of care only) on January 1st of the year that is at least one full calendar year after the end of the COVID-19 public health emergency.

1.51 Thank You