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CMS OASIS Updates

October 2021

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Locating Related CMS Documents

- Quarterly OASIS Q&A -
  - https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals
- Medicare and Medicaid Program CY 2022 home health Final Rule
  - https://www.federalregister.gov/public-inspection/2021-23993/medicare-and-medicaid-programs-cy-2022-home-health-prospective-payment-system-rate-update-home
- OASIS D Manual
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-D-Guidance-Manual-final.pdf
- OASIS D-1 Update Memorandum
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-D1-Update-Memorandum_Revised_May-2019.pdf
- Draft OASIS-E Instrument -
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets

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CMS UPDATES- Final Rule

Released November 2, 2021

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Final Rule CY 2022- OASIS E to begin Jan1, 2023

"Final Decision: After consideration of the public comments, we are finalizing our proposal that HHAs will collect the Transfer of Health Information to Provider Post-Acute Care measure, the Transfer of Health Information to Patient-PAC measure, and certain Standardized Patient Assessment Data Elements beginning January 1, 2023. ***We are finalizing that HHAs will begin collecting data on the two TOH measures beginning with discharges and transfers on January 1, 2023 on the OASIS-E. We are also finalizing that HHAs will collect data on the six categories of Standardized Patient Assessment Data Elements on the OASIS-E, with the start of care, resumption of care, and discharges*** *(except for the hearing, vision, race, and ethnicity Standardized Patient Assessment Data Elements, which would be collected at the start of care only) beginning on January 1, 2023."*

Medicare and Medicaid Program CY 2022 home health Final Rule

https://www.federalregister.gov/public-inspection/2021-23993/medicare-and-medicaid-programs-cy-2022-home-health-prospective-payment-system-rate-update-home

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Final Rule CY 2022- Permanent changes to CoPs from COVID-19 Waivers

- Allow OT to complete the comprehensive assessment when OT is ordered with another therapy service (PT, SLP) and when skilled nursing is not a part of the initial anticipated Plan of Care
  - Eligibility requirements continue to include a need for intermittent Skilled Nursing, PT or SLP
  - If nursing is ordered as part of the Plan of Care, OT cannot do the comprehensive assessment
- Agencies will be allowed to use interactive telecommunications systems for purposes of aide supervision, on occasion, not to exceed 1 virtual supervisory assessment per patient in a 60-day period
  - Continue requirement at least every 14 days
  - Expectation that most supervision will still occur in person
    - Documentation explaining why

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Final Rule CY 2022- OASIS HHQRP Updates

TABLE 33: MEASURES CURRENTLY ADOPTED FOR THE CY 2022 HH QRP

Short Name	Measure Name & Data Source
	OASIS-based
Ambulation	Improvement in Ambulation/Locomotion (NQF #0167).
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
Application of Functional Assessment	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
Bathing	Improvement in Bathing (NQF #0174).
Bed Transferring	Improvement in Bed Transferring (NQF # 0175).
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) HH QRP.
Drug Education	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care.
Dyspnea	Improvement in Dyspnea.
Influenza	Influenza Immunization Received for Current Flu Season
Oral Medications	Improvement in Management of Oral Medications (NQF #0176).
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care
Timely Care	Timely Initiation Of Care (NQF #0526).
TOH - Provider	Transfer of Health Information to Provider-Post-Acute Care[48]
TOH - Patient	Transfer of Health Information to Patient-Post-Acute Care[49]

+ April 2022

- Jan 2023

Care Compare thru 10/23

+ Jan 2023

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CMS OASIS Q&A

Category 2

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Discharge
October 2021 Q &A #1

The Take-Away

May this clinician still complete the discharge OASIS in collaboration with other disciplines that have seen this patient within the past 5 days prior to the date of this visit?

YES

- Question 1: An RN goes to a patient home for an anticipated discharge visit. The patient agrees to discontinuing home care services but declines going through the full assessment of items on the OASIS. May this clinician still complete the discharge OASIS in collaboration with other disciplines that have seen this patient within the past 5 days prior to the date of this visit?
- Answer 1: The Discharge comprehensive assessment requires a patient encounter and assessment from a qualified clinician per the Medicare CoP §484.55. The RN may complete the discharge comprehensive assessment including OASIS document based on information from their last visit. The assessing clinician may supplement the discharge assessment with information documented from patient visits by other agency staff that occurred in the last 5 days that the patient received visits from the agency. The "last 5 days that the patient received visits" are defined as the date of the last patient visit, plus the four preceding days

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TOH Measure: Transfer OASIS Changes
October 2021 Q &A #2

The Take-Away

Use Death at Home OASIS instead of a Transfer OASIS if the patient expires:

- Hospital <24 hours after admission
- In ER
- In the outpatient surgery center- during surgery or in recovery

- Question 2: Historic OASIS guidance directs agencies to complete a transfer OASIS (RFA 7 - Transferred to an inpatient facility - patient discharged from agency) under the following unique circumstances: • A patient dies less than 24 hours after being admitted to an inpatient facility, or, • A patient dies in the emergency room (ER), or, • A patient dies in outpatient surgery. This means that to meet the new quality measure, Transfer of Health Information to Provider, an agency must send a medication list to the subsequent provider, even for a patient that had died in one of these unique circumstances. Please clarify if this guidance will be modified to accommodate the intent of the Transfer of Health Information to Provider quality measure.
- Answer 2: Yes, to satisfy the intent of the Transfer of Health Information to Provider quality measure, the guidance related to use of RFA 7 in the unique circumstances referenced is being modified. Effective immediately, do not use RFA 7 - Transferred to an inpatient facility - patient discharged from your agency when a patient dies less than 24 hours after being admitted to an inpatient facility, or when a patient dies in the emergency room (ER), or when a patient dies in outpatient surgery or in the care of the recovery room after outpatient surgery. Effectively immediately, use RFA 8 - Death at home for these circumstances. Continue to use RFA 7 - Transferred to an inpatient facility - patient discharged from your agency when a patient is transferred from your agency for a qualifying inpatient stay and return to your agency is not expected. A qualifying inpatient stay is defined as a patient being admitted to an inpatient facility for 24 hours or more for reasons other than diagnostic testing.

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Discharge- TOH
January 2020 #9

The Take-Away

The only formal assistive services noted upon D/C are

- Another Medicare Certified HHA and/ or
- Hospice care (non-institutional)

Assisted living facilities= Code 1 (without formal services)

- QUESTION 9: For the new quality measure, Transfer of Health Information to Provider, how are we to identify if the patient was discharged to the care of another home health agency? There is no OASIS item that identifies this information
- ANSWER 9: You are correct that currently, there is no way to determine if a patient was discharged to a home health agency, however, the guidance for M2420 Discharge Disposition is being revised to collect this information. Effective immediately, agencies should begin using the following guidance for M2420
- • Code 1, Patient remained in the community (without formal assistive services), if, after discharge from your agency the patient remained in a non-inpatient setting, either with no assistive services, or with any assistive services EXCEPT: 1. Skilled services from another Medicare certified home health agency, and/or 2. Hospice care from a non-institutional ("home") hospice provider. • Code 2, Patient remained in the community (with formal assistive services), if, after discharge from your agency the patient remained a non-inpatient setting, receiving skilled services from another Medicare certified home health agency, (with or without other assistive services). There are no changes in guidance to M2420 response options 3, 4, or UK.

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OT SOC and eligibility
October 2021 Q &A #3

The Take-Away

- No change to eligibility
- OT may complete the SOC however still requires
  - Therapy only- NO Nursing orders AND
  - PT or SLP orders

- Question 3: Please provide clarification on what it means that occupational therapists (OTs) can complete the Start of Care (SOC) OASIS for rehab cases. Does this mean that OT's establish eligibility for home care services? Are they allowed to be a stand-alone service from the SOC?
- Answer 3: The Medicare Home Health Flexibility Act (H.R.3127/S.1725), effective January 1, 2022 does not alter Medicare's criteria for establishing eligibility for the home health benefit as it relates to occupational therapy (OT). The expanded OT role only applies to rehabilitation cases. Specifically, an occupational therapist may conduct the initial assessment and SOC Comprehensive Assessment if the physician's referral order does not include skilled nursing care but does include (1) occupational therapy, and (2) physical therapy or speech language pathology.

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CMS OASIS Q&A

Category 4b- OASIS Data Items

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M1306 and M1311- Pressure Ulcer/ Injury

October 2021 Q&A #4

The Take-Away

IF, New pressure ulcer same anatomical position as a previously surgically closed pressure ulcer that has been 100% healed >30 days

THEN, Stage at highest stage prior to closure, unless presenting at higher stage during first assessment

Question 4: I have a question about the current guidance that states: If a pressure ulcer/injury is surgically closed with a flap or graft, it should be considered a surgical wound and not a pressure ulcer/injury. If the flap or graft fails, it should still be considered a surgical wound until healed. Is this in reference to ANY point in time that the flap/graft fails? For example, if the area of flap/graft heals and has been 100% re-epithelized for greater than 30 days and a patient subsequently develops a wound at the site of the original flap/graft, would it be considered failed surgical site or would it be considered a pressure ulcer/injury?

Answer 4: If a pressure ulcer/injury was closed with a skin graft or flap, the surgical wound healed, and another pressure ulcer/injury forms in the same anatomical location due to pressure, then this would be considered a pressure ulcer/injury. Note it should be staged at the highest stage the pressure ulcer/injury was prior to closure, unless currently presenting at a higher stage or unstageable.

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M1340: Presence of a Surgical Wound
October 2021 Q&A #5

The Take-Away

A healed incision from a pacemaker or loop recording device is considered a scar after being healed x 30 days

Question 5: Would a pacemaker or an implantable loop recording device be considered a surgical wound once the initial insertion site has been fully epithelialized for at least 30 days?

Answer 5: The incisions created to implant a pacemaker or loop recording device are surgical wounds until re-epithelialization has been present for approximately 30 days at which time they become scars. At that point they would no longer be considered current surgical wounds, as neither the pacemaker nor the loop recording device, are a venous access device nor an infusion device.

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M1710/ M1720- When Confused/ When Anxious
July 2021 Q&A #6

The Take-Away

"constantly" means for the entirety of the 14-day lookback period; not just constantly for a period of time within the 14-day lookback period

Question 6: I am looking for clarification on when to code response 4 for M1710 - When Confused and response 3 for M1720 - When Anxious. I know the look back period is the last 14 days however there is no definition for "4 - Constantly" (for M1710) or "3 - All of the time" (for M1720). For "4- Constantly" (M1710) or "3- All the time" (M1720) to be marked, would the patient have to have been confused or anxious for the entire 14 day look back? Or would Constantly or All of the time apply if the patient was confused or anxious for a period of time shorter than the 14 day look back such as for an entire 24-hour period (constantly for at least one day)?

Answer 6: The intent of M1710 - When Confused (Reported or Observed Within the Last 14 Days) is to identify the time of day or situations when the patient experienced confusion, if at all. M1710 response 4 - Constantly is indicated if a patient was confused at all times during the entire look back period of 14 days. The intent of M1720 - When Anxious (Reported or Observed Within the Last 14 Days) is to identify the frequency with which the patient has felt anxious within the past 14 days. M1720 response 3 - All of the time is indicated if a patient felt anxious at all times during the entire look back period of 14 days

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M2010: Patient/ Caregiver High Risk Drug Education
October 2021 Q&A #7

The Take-Away

All the patient's high-risk medications, not just those taken in the home, should be listed on the medication profile and education should have been completed to decrease risk.

Question 7: If a patient is not taking any high-risk medications at home, but goes to an outpatient oncology clinic for chemotherapy infusions how is M2010 - Patient/Caregiver High-Risk Drug Education answered?

Answer 7: M2010 - Patient/Caregiver High-Risk Drug Education identifies if clinicians instructed the patient and/or caregiver about all of the patient's high-risk medications. High-risk medications should be identified based on one or more authoritative sources and would be identified from medications included on the patient's reconciled medication profile.

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Thank you

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