





CMS OASIS Updates July 2022

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Locating Related CMS Documents

- Quarterly OASIS Q&A -
 - <https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>
- OASIS-E Static Q&A
 - <https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>
- Draft OASIS-E Instrument -
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets>
- Draft OASIS-E Manual
 - <https://www.cms.gov/files/document/oasis-e-guidance-manual51622.pdf>
- CY 2023 Home Health Proposed Rule
 - <https://www.federalregister.gov/documents/2022/06/23/2022-13376/medicare-program-calendar-year-cy-2023-home-health-prospective-payment-system-rate-update-home>
- Home Health Agencies: CMS Flexibilities to Fight COVID-19
 - <https://www.cms.gov/files/document/covid-home-health-agencies.pdf>

UPDATES

Updates

- CY 2023 Home Health Proposed Rule

- <https://www.federalregister.gov/documents/2022/06/23/2022-13376/medicare-program-calendar-year-cy-2023-home-health-prospective-payment-system-rate-update-home>

- Solicit commentary deadline **8.16.22**

Medicare Program; Calendar Year (CY) 2023 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements; Home Health Value-Based Purchasing Expanded Model Requirements; and Home Infusion Therapy Services Requirements

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/23/2022

This document has a comment period that ends in 7 days. (08/16/2022)

SUBMIT A FORMAL COMMENT

Read the **161** public comments

- Covid Public Health Emergency Flexibilities and Waivers extended 90 days on 7.15.22- 10.13.22

- <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

- <https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>

- Expanded HHVBP information

- <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>

OASIS E IS STARTING Jan 2023 (PHE extension no longer a factor)

- HHVBP- 2023 first performance year
- Target and FOCUS on OASIS D1 High Impact Items
- Layer in OASIS E new elements
- Adopt an OASIS EXCELLENCE Mindset- LAYER, LAYER, LAYER!!
- Focus on using OASIS items to determine Care Planning!! (VALUE AND EFFICIENCY)
- SHIFT from “visits” mindset to Episode management!!
- GO where the work is done!

DON'T PANIC! Strategically Prepare.

CMS OASIS Q&A

Category 4a

OASIS-E

July 2022 Q &A #1

The Take-Away

Yes, the copyright information must remain intact. The formatting may change as long as the language is not modified and the formatting variances do not impact scoring.

Question 1: In the draft version of the OASIS-E instrument, copyright information for specific items is being displayed as footers. Is it required to include the copyright reference when developing electronic or paper-based documentation?

Answer 1: **The copyright information is considered part of the OASIS item.** The OASIS hard copy information for the chart printed out by a point of care system must use the exact language of the items from the current data set, including the copyright attribution. Due to the size and complexity of some of the items the formatting may be modified to fit the device monitor/screen as long as the data set language is not modified, and any format variances in no way impact the accuracy of the item scoring.

CMS OASIS Q&A

Category 4b- OASIS Data Items

D0150/D0160 PHQ-2- PHQ-9

July 2022 Q&A #2

The Take-Away

A dash can be used (expected to be RARE) in column 1 if an agency misses or does not assess symptom presence.

A dash is NOT a valid response for column 2. A dash is NOT a valid response for D0160

QUERY sent to CMS regarding this situation: If the patient describes the presence of a symptom, but cannot quantify a frequency, code the presence of the symptom as "1: Yes" in Column 1 and enter a dash in Column 2.

Question 2: My agency forgot to complete the Patient Mood Interview when completing the patient's Discharge assessment. How should D0150 - Patient Mood Interview (PHQ-2 to 9) and D0160 - Total Severity Score be coded? What if the agency only missed asking 1 of the symptom presence (Column 1 of D0150) questions?

Answer 2: When the agency misses asking the patient one or more of the symptom presence questions from D0150 - Patient Mood Interview (PHQ-2 to 9) code Column 1: Symptom Presence with a dash (-) and leave Column 2: Symptom Frequency blank. If no assessment is conducted for Symptom Presence, enter a dash (-) in Column 1 and skip Column 2 in each row of D0150A-I, then code 99 for D0160 - Total Severity Score. A dash (-) is a valid response for D0150 Column 1: Symptom Presence. A dash (-) is not a valid response for D0150 Column 2: Symptom Frequency or D0160 - Total Severity Score. At times, CMS provides new or refined instruction that supersedes previously published guidance. In such cases, use the most recent guidance. Note that this guidance supersedes instruction provided in the draft OASIS-E Guidance Manual, posted May 2022. Use this more recent guidance when implementing OASIS-E in January 2023.

D0150: (PHQ-2-PHQ-9)

July 2022 Q&A #3 continued

The Take-Away

Determine whether to complete the PHQ-9 -Whether or not further evaluation of a patient's mood is needed depends on the patient's responses to the PHQ-2 (D0150A and D0150B).

- If both D0150A2 and D0150B2 are less than 2 there is no need to continue to the PHQ-9. End the PHQ-2 and enter the total score from D0150A2 and D0150B2 in D0160 – Total Severity Score. (0 or 1)
- If both D0150A2 and D0150B2 are blank, then end the PHQ-2 and skip D0160.
- If either D0150A2 or D0150B2 are 2 or 3, then you must complete the PHQ-9. Proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9 and complete D0160 – Total Severity Score.

Question 3: Please clarify under which conditions D0150 - Patient Mood Interview (PHQ-2 to 9) should be stopped after completing D0150A and D0150B?

Answer 3: Please use the following guidance to determine whether to complete the PHQ-9 (i.e., by assessing the presence of the remaining seven symptoms: D0150C to D0150I). **Whether or not the full PHQ-9 (D0150A-D0150I) is to be completed depends on the coding responses to the PHQ-2 (D0150A and D0150B). If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise continue.** • If both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2 and skip D0160 - Total Severity Score. • If both D0150A2 and D0150B2 are coded 0 or 1, then end the PHQ-2 and enter the sum of D0150A2 and D0150B2 in D0160 - Total Severity Score. For all other scenarios, proceed to ask the remaining seven questions (D0150C through D0150I) of the PHQ-9 and complete D0160 - Total Severity Score.

GG0130/ GG0170 Self- Care and Mobility

July 2022 Q&A #4

The Take-Away

Base on ability with assistance of a helper, regardless of the consistent presence of the helper.

BE CAREFUL- pre-intervention – CLINICAL JUDGEMENT

Question 4: The guidance for GG0130 - Self Care and GG0170 - Mobility states “the assessing clinician would code each activity based on the type and amount of assistance required to complete the activity safely, not based on the availability of such assistance”. Can you provide an example of “not based on the availability of such assistance?”

Answer 4: When assessing and coding GG activities allow the patient to perform the activity as independently as possible, as long as they are safe. As stated, **code based on the type and amount of assistance required to complete the activity, not based on the availability of assistance.** For example, a patient requires a physical therapist to provide assistance to ambulate 10 feet safely. However, when the therapist is not available, the patient is unable to ambulate 10 feet safely. The walking activity would be coded based on the type and amount of assistance required (assistance to walk 10 feet), even though a physical therapist may not always be available to provide the needed assistance

GG0170- Mobility

July 2022 Q&A #5

The Take-Away

Complete as independent as possible, helper as required, not attempted code if still unsafe with assistance

Question 5: CMS guidance for the GG0170 walking activities and wheelchair activities state: “The 90- degree turn should occur at the patient’s ability level.” What does “at the patient’s ability level” mean? Can you please provide an example?

Answer 5: When assessing and coding the GG0170 - Mobility activities allow the patient to complete each activity as independently as possible, as long as they are safe. For example, if the added difficulty of making two 90-degree turns while walking 150 feet affects the patient’s safety, then a helper(s) should provide assistance as needed to allow safe completion of the activity. If completing a 90-degree turn is unsafe even with assistance of 1 or more helpers, then consider the walking 150 feet with 2 turns activity to not have been completed and use the appropriate “activity not attempted” code

GG0170M,N &O- Mobility

July 2022 Q&A #6

The Take-Away

When using a stair lift to ascend/descend stairs code based on the type and amount of assistance the patient requires to ascend/descend stairs beginning once the patient is seated and ending when the patient is ready to transfer out of the seat.

Question 6: What is specifically assessed when a patient uses a stair lift to ascend/descend stairs for GG0170 - Mobility? Should the GG activities be coded based on the type and amount of assistance required to get on and off the stair lift? Or is it the type and amount of assistance required to use the stair lift itself?

Answer 6: The **intent** of the GG0170 stair activities is to assess the patient's ability to go up and down 1 step/curb, 4 steps, and 12 steps. Clinicians should code based on the type and amount of assistance required for the patient to complete the stair activities as independently and safely as possible. Completing the stair activities indicates that a patient goes up and down the stairs, by any safe means, with or without any assistive devices (including cane, walker, railing, or stair lift) and with or without some level of assistance. Going up and down stairs by any safe means includes the patient walking up and down stairs on their feet or bumping/scooting up and down stairs on their buttocks. **When using a stair lift to ascend/descend stairs code based on the type and amount of assistance the patient requires to ascend/descend stairs beginning once the patient is seated and ending when the patient is ready to transfer out of the seat.**

M2020/ M2030- Oral and Injectable Medication management

April 2022 Q&A #7

The Take-Away :For a patient who resides in a facility, such as an assisted living facility (ALF), where the facility holds or locks up the patient's medications:

- Report the patient's ability to take the correct oral medication(s) including proper dosage(s) reliably and safely at the correct times.
- Determine ability based on observation and assessment of the complexity of the patient's drug regimen, as well as patient characteristics, including cognitive status, vision, strength, manual dexterity and general mobility.
- Assessment includes consideration of whether a patient:
 - can get to the location where the medications are routinely stored at the correct times, - recognize the correct medication dose(s) and take their oral medications,
 - recognizing that someone would need to make the medication available to the patient once they are at the location (e.g., nursing office or medication cart)

Question 7: When assessing M2020 - Management of Oral Medications and M2030 - Management of Injectable Medications, please explain what is meant by "routinely stored". Would this mean where a facility normally stores patient medications, or where the patient would store them if they were at home? For example, a patient with normal cognitive abilities living in an assisted living facility may routinely store their medications in their apartment where they can safely and correctly take their medications. However, because of the patient's living situation and the Assisted Living Facility (ALF) policy, the medications are stored in a medication room down the hall which is kept locked.

Answer 7: In the situation where the medications are locked up in the assisted living facility (ALF) nursing office, code based on the patient's physical and cognitive ability to access the medication from where it is routinely stored, and to take their medications at the right time and in the right dose. Assess the patient's ability to access medications based on where the medications are routinely stored. If the routine location has been temporarily modified, continue to code based on an assessment of the patient's ability to access from the location where the medications are routinely stored.

N0415- High Risk Drug Classes and Indication

July 2022 Q&A #8

The Take-Away

Patient-specific documentation in the patient record

N0415 Question 8: For N0415 - High Risk Drug Classes: Use and Indication; how specific does the documented indication need to be? When patients receive their medications from the pharmacy, **the pamphlets** include reasons why the medications are taken. Is this enough or does it need to be more specific than that?

Answer 8: The intent of N0415 - High-Risk Drug Classes: Use and Indication is to record whether the patient is taking any medications in specified drug classes and whether the indication was noted for taking each prescribed medication. **Review patient documentation to determine if there is a patient-specific indication noted for all medications in the drug class.**



Thank you

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