

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

April 17, 2013

Linda Krulish, PT, MHS, COS-C
President
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Dear Ms. Krulish:

Thank you for your letter of April 4, 2013 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.qtso.com/hhdownload.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,

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April 2013 CMS Quarterly Q&As

Category 4a – OASIS Data Set: Forms and Items

Question 1. When completing a comprehensive assessment, is it acceptable for providers to utilize separate paper-based standardized assessment tools or must all assessment tools be embedded into the agency's paper or electronic comprehensive assessment?

Answer 1. There is no Medicare requirement that standardized assessment tools be embedded in the agency's comprehensive assessment with the exception of the PHQ-2 which is included in M1730, the depression screening item. It is acceptable for a clinician to supplement the agency's comprehensive assessment with additional standardized assessment forms to meet the criteria for the OASIS best practice items.

Category 4b

M1055

Question 2. How do we answer M1055, Reason PPV not Received, when the physician ordered us not to administer it for reasons not included in the CDC's list of medical contraindications?

Answer 2. If the assessing clinician confirmed the fact that the physician medically restricted the patient from receiving the vaccine for any reason, the appropriate response for M1055 would be "3 - Assessed and determined to have medical contraindications".

M1242

Question 3. How does a physician order to immobilize a surgical extremity impact the scoring of M1242, Frequency of Pain Interfering with patient's activity or movement?

Answer 3. If a patient has stopped performing an activity due to a medical restriction, not due to pain, the pain is not considered to be interfering with activity or movement. If, however, the patient is experiencing other pain that interferes with activity or movement or restricting other activity due to pain, it would be reported in M1242.

M1308

Question 4. My patient had a closed Stage IV pressure ulcer at SOC. Two weeks later, it appeared to be a shallow open ulcer. Can I report it as a Stage II or do I have to say it is a non-observable Stage IV because I can't visualize bone, muscle or tendon?

Answer 4. A previously closed Stage III or Stage IV pressure ulcer that opens again should be reported at its worst stage. As long as the wound bed is free of slough and eschar, it may be reported as a Stage IV. If slough or eschar is present, obscuring the wound bed, it may not be staged and is reported in M1308 as d.2: Known or likely but unstageable due to coverage of wound bed by slough and/or eschar.

M1830

Question 5. My patient is allowed to bathe in the tub, but is medically restricted from getting the cast on his lower leg and foot wet. He is unable to put the water protection sleeve on, but once someone applies the protective sleeve for him, he can get into and out of the bathtub using a transfer bench and wash all of his body with a handheld shower. Does this medical restriction impact the patient's ability when scoring M1830, Bathing?

Answer 5. Medical restrictions that impact the OASIS-included bathing tasks are considered when determining the score for 1830, Bathing. Therefore, the tasks required to allow compliance with medically prescribed precautions for bathing could impact the patient's ability. In the scenario above, Response 2 is appropriate since the patient needs intermittent human assistance.

M1850

Question 6. How do we score M1850, Transferring, when the patient is temporarily sleeping in the recliner because there is a physician's order not to climb stairs and the patient's bed is located on the second floor?

Answer 6. In the situation described, the medical restriction against climbing stairs does not impact the patient's ability. The assessing clinician will report the patient's ability to move from the supine position on the current sleeping surface to a sitting position at the side of the sleeping surface, then some type of standing, stand-pivot, or sliding board transfer to a sitting surface at the side of the sleeping surface.

Certain medical restrictions could impact ability, e.g. an order to maintain strict bed rest means the patient is scored as bedfast. Other medical restrictions that may prevent access to the usual sleeping surface DO NOT impact ability as M1850 reports the patient's ability to move from the bed or current sleeping surface, e.g. an order not to climb stairs or an order to sleep in hospital bed.

M1830, M1845, M1870, M1880, M1890

Question 7. My staff are confused about when a patient's ability to access the location and/or implements needed to complete the ADL/IADL tasks should be considered when scoring the OASIS items. For instance, should I include a patient's ability to get to the tub for M1830 bathing, or to get to the kitchen to prepare a meal for M1880, or to get to the phone for phone use in M1890?

Answer 7. The OASIS ADL/IADL items consider the patient's ability to access the needed items and/or location where the task is performed unless item guidance specifically excludes these from consideration. The 5 ADL/IADL items where there are exclusions are:

M1830, Bathing - The focus is on the patient's ability to access the tub/shower, transfer in and out, and bathe the entire body once the needed items are within reach. The ability to access bathing supplies and prepare the water in the tub/shower are excluded from consideration when assessing the patient's bathing ability.

M1845, Toileting Hygiene - The focus is on the patient's ability to access needed supplies and implements, and manage hygiene and clothing once at the location where toileting occurs. The ability to access the toilet or bedside commode, transfer on and off the bedpan and to use the urinal are excluded from consideration when assessing the patient's toileting hygiene ability.

M1870, Feeding/Eating - The focus is on the patient's ability to eat, chew and swallow once the meal is placed in front of the patient and needed items are within reach. The ability to access the location where the meal is prepared and consumed, and transporting food to the table are excluded from consideration when assessing the patient's feeding/eating ability.

M1880, Planning & Preparing Light Meals - The focus is on the patient's ability to plan and prepare meals once the patient is in the meal preparation location. The ability to access the location where meals are prepared is excluded from consideration when assessing the patient's meal planning and preparation ability.

M1890, Telephone Use - The focus is on the patient's ability to use a phone once it is within the patient's reach. The ability to access the location where the telephone is stored is excluded from consideration when assessing the patient's ability to use the telephone.

M2030

Question 8. On my SOC visit, the patient did not have their insulin due to a problem at the pharmacy. How can I answer M2030, Management of Injectable Medications, when I was not able to assess my patient's ability to prepare and take the SQ medication?

Answer 8. When completing M2030, Management of Injectable Medications, you report the patient's ability to administer all injectable medications reliably and safely at all times, including safe needle and syringe disposal. If injectables are not in the home (whether currently due, due at a future point during the episode or prn) Response 3 - Unable to take injectable medication unless administered by another person is appropriate.

If the injectable medication is in the home, but just not needed (prn) or due today, observe simulation/ask patient to describe steps, etc. and use clinical judgment to make an inference regarding the patient's ability.

Question 9. Does the need for assistance to walk to the refrigerator to obtain an injectable medication impact the score of M2030, Management of Injectable Medications?

Answer 9. Yes. M2030, Management of Injectable Medications, reports the patient's ability to prepare and take (inject) all prescribed injectable medications that the patient is receiving in the home while under the home health plan of care and would include the tasks of accessing the medications from the location where they are routinely stored in the home. If the medications are routinely stored in the refrigerator and the patient requires someone to assist them at medication administration time to walk to the location where the medications are routinely stored, or someone must retrieve the medications and bring them to the patient; Response "3-Unable to take injectable medication unless administered by another person" would apply.

M2250

Question 10. How does it impact M2250 or other related process measures at ROC if the agency does not have knowledge of the inpatient discharge until 3 or more days after it occurs? Ch. 3 of the OASIS-C Guidance manual states "Select "No" when orders for interventions have been requested but not authorized by the end of the comprehensive assessment time period, unless otherwise indicated in row g." but other CMS guidance states I have up to 2 days to complete the comprehensive assessment after I gain knowledge of a qualifying inpatient stay.

Answer 10. If the agency was not aware that the patient had a qualifying stay in an inpatient facility, the ROC comprehensive assessment must be completed within 2 days of gaining knowledge of the inpatient discharge. If the relevant orders for the best practices were obtained within 2 days after becoming aware of an inpatient facility discharge, the M2250 response would be "Yes". The OASIS-C Guidance Manual M2250 Response-specific instructions will be changed to reflect this at the time of the next manual update.