DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

October 23, 2013

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 September 26, 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/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: Robin Dowell, RN, BSN Nurse Consultant and Kim Roche, RN, BSN, MA Nurse Consultant, Quality Measurement and Health Assessment Group, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services
Tara McMullen, MPH, PHD (C), Health Insurance Specialist, Quality Measurement and Health Assessment Group, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services

October 2013 CMS Quarterly Q&As

Category 1

Question 1. Many states now have care/case management programs trying to reduce re-hospitalizations and decrease state spending. Some of these organizations contract HHAs to provide some nursing visits and care. The HHA then bills this third party care management program which is paid with federal and state funds, but the HHA is not billing Medicaid directly. Is OASIS mandated?

Answer 1. The care is not provided under the home health benefit and the agency is not billing Medicare or Medicaid directly, so OASIS data collection would not be required under the Conditions of Participation.

Category 2

Question 2. If the ROC comprehensive assessment with OASIS was completed after the CMS-allowed 48 hour time frame, do all the best practice questions need to be answered "NA"?

Answer 2. The ROC comprehensive assessment must be completed within 48 hours of discharge following a qualifying inpatient stay or within 48 hours of knowledge of a qualifying stay in an inpatient facility. If the ROC assessment is late, "Yes" may still be selected for the best practices in M2250, Plan of Care Synopsis, if the relevant orders were present within the 48 hour ROC time frame. Likewise, M1240, Pain Assessment, M1300, Pressure Ulcer Risk Assessment, M1730, Depression Screening, and/or M1910, Falls Risk Assessment may also be reported with "Yes" responses, if the relevant standardized assessments were conducted by the assessing clinician within the 48 hour time frame, even if the ROC comprehensive assessment was completed after the 48 hour time frame. When the assessing clinician takes credit on M1240, M1300, M1730 and/or M1910 for standardized assessments completed within the 48 hour time frame and the M0090 date indicates that the ROC comprehensive assessment was completed late (beyond the 48 hour time frame), clarifying documentation to support the reported OASIS responses is expected.

If the relevant standardized assessment was completed greater than 48 hours after inpatient facility discharge or greater than 48 hours after gaining knowledge of a qualifying stay in an inpatient facility, M1240, M1300, M1730 and M1910 must be answered "No".

If orders are not present by the end of the allowed 48 hour ROC time frame, M2250, Plan of Care Synopsis responses would be answered "No" unless the best practice is not applicable to the patient, in which case the response would be "NA". Refer to Ch. 3 of the OASIS-C Guidance Manual for qualifiers that indicate when the best practices are not applicable, (e.g. Row b, diabetes best practice, the patient must be free of the diagnosis of diabetes mellitus or have no lower extremities.)

Note this Q&A replaces July 2013 CMS OASIS Quarterly Q&As #1, which effective immediately should be considered retracted.

Category 4a

Question 3. Are the 60-day public comments submitted to CMS regarding the proposed OASIS-C1 posted in June 2013 publicly available?

Answer 3. Yes, the comments received during the 60-day comment period, which ended on August 20, 2013, are posted at www.regulations.gov . Enter CMS-2013-0181 into the search box to view the 10 comments received on this docket.

Category 4b

M1240

Question 4. The clinician assesses the patient and determines there is no pain medication and no pain present and documents that pain is assessed as "0" on the pain scale of 0-10. Is this a valid use of a standardized pain assessment tool? Or, because there is no pain issue and no pain medication, would the clinician mark M1240 Response "0 - No standardized assessment conducted", because there is no pain to assess?

Answer 4. If the assessing clinician utilized a validated and standardized pain assessment tool, such as the numeric scale, M1240, Pain Assessment is answered either 1 or 2 based on whether or not the patient had severe pain. This is true even if the patient is not taking pain medication. In the scenario provided, the patient stated he was free of pain. The assessing clinician then administered the numeric scale confirming it was rated as a "0" by the patient. M1240 is then appropriately answered "1-Yes, and it does not indicate severe pain."

Question 5. The clinician utilized a standardized 0-10 numeric pain scale. No other parameters regarding pain are assessed (e.g., location, onset, exacerbating/relieving factors). Is it legitimate to say that a standardized pain assessment has been conducted and select Response 1 or 2 for M1240? Or, should Response "0 - No standardized assessment conducted" be selected?

Answer 5. If the assessing clinician administered a standardized and validated tool, such as the numeric scale, according to the tool's administration protocols, M1240, Pain Assessment may be answered "Yes", even if a more comprehensive pain assessment was not completed.

M1308; M1320

Question 6. If a patient had a Stage II pressure ulcer at SOC, but at ROC, the same wound developed a "scab" (not eschar/slough), how would M1308 and M1320 be answered at ROC?

Answer 6. If, at the ROC assessment, the wound bed is obscured and cannot be visualized, the assessing clinician cannot know the exact depth of damage, therefore the pressure ulcer cannot be staged. In the situation of an unstageable scabbed pressure ulcer, when completing M1308, Current Number of Unhealed Pressure Ulcers at Each Stage, report the pressure ulcer in row d.2, Unstageable: Known or likely but unstageable due to coverage of wound bed by slough and/or eschar. **Note that a scab is not slough or eschar, but due to the constraints of the data set, the unstageable scabbed pressure ulcer must be reported in this manner**. Documentation in the patient's medical record will describe the clinical findings.

When completing M1320, Status of Most Problematic (Observable) Pressure Ulcer, the healing status options available are determined by whether the pressure ulcer had partial or full thickness tissue loss. If the assessing clinician identifies a scab is present and appears to have developed over part of a partial thickness wound, without granulation, the M1320 healing status is “3-Not healing”, since partial thickness ulcers do not heal by granulation and a wound with a scab adhering to the wound base could not be considered newly epithelialized.

When a scab has formed over part of a pressure ulcer with full thickness tissue loss, refer to the WOCN Guidance on OASIS-C Integumentary Items for the definitions of the healing status of pressure ulcers. If a scab is obscuring the wound bed, you would not be able to assign the status of "0-Newly epithelialized" because the wound bed is not completely covered by new epithelium. If you identify that the scab is raised and appears to be covering a wound that has filled with granulation to the same level as the surrounding skin surface, you would report "1-Fully granulating". You might not be able to assign the status of "Fully granulating" if the scab prevents you from visualizing if the wound bed is filled with granulation tissue to the level of the surrounding skin. If the scab is present in a wound bed which is sunken below the level of the surrounding skin, then you could not select “0-Newly epithelialized” or “1-Fully granulating”. If there are no s/s of infection and you can visualize that at least 25% of the wound bed is covered with granulation tissue, then select “2-Early/partial granulation”. Note that a scab is NOT avascular tissue (eschar or slough), so the “<25% of the wound bed is covered with avascular tissue” criteria for the “Early/partial granulation” healing status does not apply to a scab. If the scab covered wound could be observed to meet ANY of the criteria for “3-Not Healing”, Response 3 should be reported. (See July 2013 CMS OASIS Quarterly Q&As #10).

When a scab has formed over a pressure ulcer and COMPLETELY covers the pressure ulcer preventing the clinician from determining the presence or amount of granulation tissue, or even if the underlying wound was partial or full thickness, then the clinician may have no choice but to consider the scab similar to avascular tissue, and use their best judgment in applying the WOCN Guidance to determine whether the pressure ulcer is 1- Fully Granulating, 2- Early/Partial Granulation, or 3- Not Healing.

M1830

Question 7. At SOC, the patient was not taking a shower due to a fear of falling. The patient was safely sponge bathing at the sink without assistance. She had fallen in the shower and is fearful of falling again. The RN, at SOC, had the patient get into the shower using her tub/bench and after cues for proper technique, determined the patient needed contact guard for the transfer. Once sitting, she was able to bathe herself using a long-handled sponge. How should M1830, Bathing be answered?

Answer 7. Response 4 - Unable to bathe in tub/shower but independent in bathing at sink, would be selected if, on the day of the assessment, the patient's usual status was that she was unable to bathe in the tub/shower due to fear, even with assistance, but was independent in bathing at the sink. In your scenario the patient’s ability changed after clinical intervention. After the nurse’s instruction, the patient could bathe herself in the tub/shower with the intermittent assistance of another person for the tub transfer only, but the new changed ability was not the patient's usual status (more than 50% of the time) on the day of assessment. At the next OASIS data collection time point, if the patient remained at that new functional level it would be appropriate to select M1830 Response 2 - Able to bathe in tub/shower with intermittent assistance.

M1910

Question 8. Per OASIS guidelines, M1910 should be assessed at SOC and ROC. Per tool instructions, the MAHC-10 Fall Risk Assessment Tool is to be assessed at SOC and Re-certification. Which set of time periods is correct?

Answer 8. CMS requires OASIS item M1910, Fall Risk Assessment, to be completed at the SOC and ROC time points. You, as an assessing clinician or agency, will decide if you want to carry out the best practice of performing a fall risk assessment as part of your comprehensive assessment. If you elect to perform a multi-factor fall risk assessment using a standardized and validated tool at the CMS required time points of SOC and ROC, you may answer M1910 "Yes" on the relevant assessments. You may decide not to perform the fall risk assessment and answer the item "No". Based on the tool's administration protocols, or on changes in patient condition, you, as an assessing clinician or agency, may decide to perform a fall risk assessment at time points other than the SOC/ROC assessments. However, it should be noted that fall risk assessments conducted outside of the SOC or ROC assessment time frames should not be considered when selecting a response for M1910.
For questions related to how and why MAHC-10 administration time frames of SOC and Recertification were determined, consider contacting the tool's developer.

M2000

Question 9. For therapy only cases, can we have our therapist complete the entire comprehensive assessment, except the Drug Regimen Review (DRR), and then have our agency send a nurse out to complete the entire DRR, including answering the medication related questions on the OASIS?

Answer 9. No. The comprehensive assessment must be completed by one clinician, the "assessing clinician". Collaboration, however, is allowed on the medication/DRR tasks and items. One example of collaboration allows the assessing clinician to visit the patient at home and conduct the actual patient assessment, compiling the medication list and evaluating the patient's status (e.g., presence of potential ineffective drug therapy, side effects or patient nonadherence). A "collaborating clinician" in the office might evaluate the medication list to identify possible duplicate drug therapy or omissions, dosage errors or potential drug-drug interactions.

In another example of collaboration, the "collaborating clinician" might contact the patient by phone, to discuss issues with the patient regarding side effects they may be experiencing, or effectiveness of the medication. In any case, it is the assessing clinician who is ultimately responsible for ensuring a complete DRR was performed and for reporting the appropriate responses for medication related OASIS items.

Note that collaboration options do NOT allow a second clinician to contribute to the drug regimen review by utilizing information gathered from a second clinician's in-home assessment.

Agency policy and practice will determine the agency's processes and documentation expectations. The M0090 date reports the date the assessment is completed and should include any time the assessing clinician took to collaborate with others in order to gather all needed assessment data and determine all relevant OASIS responses.

It should be noted that in situations where nursing is admitting for a therapy only patient, the nurse could not complete or even start the comprehensive assessment (including drug review tasks) prior to the SOC date.