Excellence in OASIS-C

COS-C Prep & OASIS Training

Webinar Series - Session
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Session 6 Agenda

1. Review of Chapter 3 OASIS M items/Functional
2. Explain ADL& IADL Questions
   - M1800s - M1900s
     - ADLs: dressing, bathing, transferring
     - IADLs: ability to use telephone
     - Prior Level of Functioning
     - Fall Risk Assessment

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ADLs/IADLs

M1800s + M1900s

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Ability

- The intent of the ADL items are to identify the patient's ABILITY, not necessarily actual performance
  - "Willingness" and "compliance" are not the focus of these items
  - To determine "ability" requires skilled interview strategies, combined with patient **demonstration** of task
- Ability can be temporarily or permanently limited by:
  - physical impairments
  - emotional/cognitive/behavioral impairments
  - sensory impairments
  - environmental barriers
- The patient must be viewed from a holistic perspective in assessing ability to perform ADLs

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Ability

- Responses should be based on the patient's CURRENT ABILITY not willingness…..to perform the tasks SAFELY.
  - Remember to consider any environmental barriers or MD restrictions which prevent the patient from completing the task.
  - Patients may perform task greater than their ability but not safe.
- The patient's ability may change as the patient's condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified.
- The clinician must consider what the patient is *able to do* on the day of the assessment.
  - When a patient's ability varies on the day of assessment, the clinician reports what was true for a majority of the time.
  - If ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration.

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M1800 Grooming

- **(M1800) Grooming:** Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

☐ 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.

☐ 1 - Grooming utensils must be placed within reach before able to complete grooming activities.

☐ 2 - Someone must assist the patient to groom self.

☐ 3 - Patient depends entirely upon someone else for grooming needs.

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M1800 Grooming Tips (QM)

- Personal hygiene needs.
- Except bathing, shampooing hair, toilet hygiene.
- Patient access to grooming supplies must be considered.
- Grooming includes several activities. The frequency with which selected activities are necessary (i.e., washing face and hands vs. fingernail care) must be considered in responding.
  - Patients able to do more frequently performed activities (e.g. washing hands and face) but unable to do less frequently performed activities (trimming fingernails) should be considered to have more ability in grooming.
- In cases where a patient's ability is different for various grooming tasks, select the response that best describes the patient's level of ability to perform the majority of grooming tasks.
- Response 2 includes standby assistance or verbal cueing.

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M1800 Grooming Test Your Knowledge

- **Mr. T will wash his face and comb his hair but he refuses to shave or put in his dentures in the morning. However, he is unable to bath and shampoo his hair independently.**

- **(M1800) Grooming:** Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

☐ 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.

☐ 1 - Grooming utensils must be placed within reach before able to complete grooming activities.

☐ 2 - Someone must assist the patient to groom self.

☐ 3 - Patient depends entirely upon someone else for grooming needs.

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M1800 Grooming
Test Your Knowledge

- **Mrs. B will comb her hair, wash her face, and she likes to wear her makeup every day. Due to right sided weakness from a CVA, her husband must lay things out within her reach and trim her nails.**

- **(M1800) Grooming:** Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

☐ 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.

☐ 1 - Grooming utensils must be placed within reach before able to complete grooming activities.

☐ 2 - Someone must assist the patient to groom self.

☐ 3 - Patient depends entirely upon someone else for grooming needs.

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Routine Clothing

- Determine what is considered routine clothing
- Defined as:
  - the clothing is what the patient usually wears and will continue to wear,
  - or because the patient is making a change in clothing options to styles that are expected to become the patient's new routine clothing
- If a patient modifies the clothing they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing
  - There is no specified timeframe at which the modified clothing style will become the routine clothing

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Devices

- Upper/Lower Body Dressing, includes all the dressing items the patient usually wears and additionally any device the patient is ordered to wear, e.g. prosthetic, splint, brace, corset, Teds, knee immobilizer, orthotic, AFO, even if they have not routinely worn/used them before.
- If they are wearing the device/support (or ordered to wear the device/support) on the day of assessment, it is to be included when assessing and scoring M1810 & M1820.

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M1810 Current Ability to Dress Upper Body

- **(M1810)** Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

☐ 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.

☐ 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.

☐ 2 - Someone must help the patient put on upper body clothing.

☐ 3 - Patient depends entirely upon another person to dress the upper body.

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M1810 Current Ability to Dress Upper Body Tips

- Assess ability to put on whatever clothing is routinely worn.
  - Includes the ability to manage zippers, buttons, and snaps (if routinely worn).
- Consider prosthetic, orthotic, or other support devices applied to the upper body.
  - e.g., upper extremity prosthesis, cervical collar, or arm sling
- If the patient requires standby assistance to dress safely or requires verbal cueing/reminders, select Response 2.
- There is no requirement that a patient dress within a specific amount of time in order to be independent in dressing.
  - A patient may take longer than “usual”, but as long as they can safely access their clothing from its usual storage location, put on and take off a majority of their routine clothing items safely, the patient is scored a "0" in Upper and Lower Body Dressing.

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M1810 ADL’s Test Your Knowledge

- **Mrs. B is unable to latch her bra so she wears a camisole instead and only wears pull on shirts as she can not do buttons. She will tell the aide what clothes she would like to have laid out to wear for the day as it is difficult for her to pull open the dresser drawers.**
- **(M1810)** Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

☐ 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.

☐ 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.

☐ 2 - Someone must help the patient put on upper body clothing.

☐ 3 - Patient depends entirely upon another person to dress the upper body.

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M1820 Current Ability to Dress Lower Body

- **(M1820)** Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:
  - ☐ 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
  - ☐ 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
  - ☐ 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
  - ☐ 3 - Patient depends entirely upon another person to dress lower body.

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M1820 Tips

- Lower body dressing items include:
  - Prosthetic, orthotic, or other support devices applied to the lower body (e.g., lower extremity prosthesis, ankle-foot orthosis [AFO], or TED hose)
- Select Response 2: If the patient requires standby assistance to dress safely or verbal cueing/reminders

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M1820 ADL's
Test Your Knowledge

- **Mr. T likes to stay in his pajamas most of the day. The aide must put out his t-shirt, shirt, and pants and remind him to get dressed.**

- **(M1820)** Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:
  - ☐ 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
  - ☐ 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
  - ☐ 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
  - ☐ 3 - Patient depends entirely upon another person to dress lower body.

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Test Your Knowledge

- If patient has SOB & dresses in stages, what is correct response for M1810, M1820?
- *Assessing ability to dress independently even if done in steps. SOB is assessed in M1400.*

- If a disabled person, has their home adapted for them to reach clothing etc, what is correct response for M1810, M1820?
- *If the patient is able to safely access clothes, and safely dress, then Response 0 would be appropriate even if the patient is using adaptive equipment and/or an adapted environment to promote independence.*

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M1830 Bathing

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- ☐ 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- ☐ 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- ☐ 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
  - (a) for intermittent supervision or encouragement or reminders, OR
  - (b) to get in and out of the shower or tub, OR
  - (c) for washing difficult to reach areas.
- ☐ 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- ☐ 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- ☐ 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- ☐ 6 - Unable to participate effectively in bathing and is bathed totally by another person.

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Bathing Devices

- Individuals with typical functional ability (e.g. functional range of motion, strength, balance, etc.) do not "require" special devices to wash their body.
  - An individual may choose to use a device (e.g., a long-handled brush or sponge) to make the task of washing the back or feet easier. If the patient's use of a device is optional (e.g., it is their preference, but not required to complete the task safely), then the score selected should represent the patient's ability to bathe without the device.
- If the patient requires the use of the device in order to safely bathe, then the need for the device should be considered.

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M1830 Bathing TIPS

- Includes transferring in & out of tub/shower
- Identifies patient's ability to bathe entire body and the assistance which may be required to safely bathe in shower or tub
- Excludes washing face and hands, and shampooing hair
- Assess for equipment: tub chair, grab rails
  - Don't assume patients would be able to bathe safely with equipment they do not have
- Identify clinical conditions that impair safe bathing ability:
  - Edema, decreased function/ROM, cognitive impairments

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M1830 Bathing TIPS

- Response 2 = does not need continuous help But requires help with either/all
  - For intermittent supervision/encouragement/reminders
  - To get in & out of tub/shower
  - For washing difficult areas
- Determine if there are reasons that create difficulty in bathing in shower/tub. Response 4,5,6
  - Medically restricted from stair climbing (bathroom requires climbing stairs)
  - Environmental Barriers
    - No tub or shower in home
    - No functioning tub or shower
- If totally unable to participate or totally bathed by another – Response 6 regardless of where bathing occurs or if functioning tub

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Test Your Knowledge

- What is the correct response for a patient who is able to bathe in the shower with assistance, but chooses to sponge bathe independently at the sink?
- What is the correct response if a patient can perform most of the bathing tasks (i.e. can wash most of his/her body) in the shower or tub, but needs help to reach a hard to reach place?

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M1840 Toilet Transferring

- **(M1840) Toilet Transferring:** Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.
  - ☐ 0 - Able to get to and from the toilet and transfer independently with or without a device.
  - ☐ 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
  - ☐ 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
  - ☐ 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
  - ☐ 4 - Is totally dependent in toileting.

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M1840 Toileting Transferring TIPS

- Toileting Hygiene captured in M1845
  - Excludes hygiene & management of clothing when toileting
  - Excludes emptying bed pan
- Identifies patient's ability to **safely** get to and from toilet or bedside commode
- Includes: ability to get to & from toilet; ability to use bedside commode; transfer on/off toilet, commode & bed pan
- Assess location of toilet, restrictions: medical (hip precautions) or activity (bedrest)
- Ask patient to demonstrate getting to toilet or commode
  - Even if pt has urinary catheter – assess ability whether able to transfer to toilet
- Assess cognitive level, physical function, safe completion of task
- Assess need for supervision (cues, prompting, reminders) or assistance (physical assist, guarding or active participation from other to complete task)
- Response 4 – for MS patient transported by Hoyer who can only hold on

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Test Your Knowledge

- What is the correct response, if the patient can get to and from the toilet during the day independently, but uses the commode at night for convenience?
- If my patient has a urinary catheter, does this mean he is totally dependent in toileting transferring?
  - M1840 does not differentiate between patients who have urinary catheters and those who do not. The item simply asks about the patient's ability to get to and from the toilet or bedside commode and their ability to transfer on and off toilet/commode. This ability can be assessed whether or not the patient uses the toilet for urinary elimination.

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M1845 Toileting Hygiene

- **(M1845) Toileting Hygiene:** Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

☐ 0 - Able to manage toileting hygiene and clothing management without assistance.

☐ 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.

☐ 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.

☐ 3 - Patient depends entirely upon another person to maintain toileting hygiene.

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M1845 Toileting Hygiene (QM):

- Toileting hygiene includes several activities, including pulling clothes up or down and adequately cleaning (wiping) the perineal area.
- Toileting hygiene includes the patient's ability to maintain hygiene related to catheter care and the ability to cleanse around all stomas that are used for urinary or bowel elimination (e.g., urostomy, colostomy, ileostomy).
- Response 2 includes standby assistance or verbal cueing.

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M1850 Transferring

- **(M1850) Transferring:** Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.
  - ☐ 0 - Able to independently transfer.
  - ☐ 1 - Able to transfer with minimal human assistance or with use of an assistive device.
  - ☐ 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
  - ☐ 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
  - ☐ 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
  - ☐ 5 - Bedfast, unable to transfer and is unable to turn and position self.

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M1850 Transferring TIPS

- M1850 reports the patient's ability to move from the supine position in bed (or the routine sleeping surface) to a sitting position at the bedside, then some type of standing, stand-pivot, or sliding board transfer to a sitting surface at the bedside.
- Consider bed to chair & chair to bed transfers
  - Including patients who sleep in recliners
  - Not included: car transfers, floor transfers
- Assistive device includes: walker, cane, grab bars, service animals
  - Excludes: chair arms

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M1850 Transferring TIPS

- Select response “1” if able to perform transfer with assistive device, requires standby assist from other, needs steadying hand of other, not actual lifting.
  - For response 1, “minimal human assistance” could include any combination of verbal cueing, environmental set-up, and/or actual hands-on assistance.
  - In order for the assistance to be considered minimal, it would mean the individual assisting the patient is contributing less than 25% of the total effort required to perform the transfer.
- Select response “2-3” when able to move from one surface to another, but other person fully participates in transfer
  - The patient must be able to both bear weight and pivot for Response 2 to apply.
  - If the patient is unable to do one or the other and is not bedfast, select Response 3.
- Select response “3” if transfers require Hoyer lift and patient can participate
- Select response “4” or “5” if patient does not get out of bed.

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Test Your Knowledge

- **Mr. T spends the majority of his time sitting in his chair looking out the window. He uses a walker and requires minimal assistance from the aide when transferring from his bed to the chair.**

- **(M1850) Transferring:** Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.
  - ☐ 0 - Able to independently transfer.
  - ☐ 1 - Able to transfer with minimal human assistance or with use of an assistive device.
  - ☐ 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
  - ☐ 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
  - ☐ 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
  - ☐ 5 - Bedfast, unable to transfer and is unable to turn and position self.

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M1860 Ambulation/Locomotion

- **(M1860) Ambulation/Locomotion:** Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
  - ☐ 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device).
  - ☐ 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
  - ☐ 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
  - ☐ 3 - Able to walk only with the supervision or assistance of another person at all times.
  - ☐ 4 - Chairfast, unable to ambulate but is able to wheel self independently.
  - ☐ 5 - Chairfast, unable to ambulate and is unable to wheel self.
  - ☐ 6 - Bedfast, unable to ambulate or be up in a chair.

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M1860 Ambulation/Locomotion TIPS

- Variety of surfaces refers to typical surfaces that the patient would routinely encounter in his/her environment, and may vary based on the individual residence e.g. rug, floor, tile, stairs.
- If patient uses more than one type of device, evaluate based on device that makes the patient safe in all settings.
- If the patient is safely able to ambulate without a device on a level surface, but requires minimal assistance on stairs, steps and uneven surfaces, then Response 2 is the best response.
- If a patient does not have a walking device but is clearly not safe walking alone, select Response 3, able to walk only with the supervision or assistance, unless the patient is chairfast.

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M1860 Ambulation/Locomotion TIPS

- Responses 4 and 5 refer to a patient who is unable to ambulate, even with the use of assistive devices and/or continuous assistance. A patient who demonstrates or reports ability to take one or two steps to complete a transfer, but is otherwise unable to ambulate should be considered chairfast.
  - Shuffling only one to two steps to complete a transfer = chairfast
  - Pt who is unsafe with device & human assist but does not have wheelchair – Response 5
- Pt who is blind & use cane – response 1 is appropriate.
- If uses scooter to ambulate patient can be scored as ambulatory.

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Test Your Knowledge

- **Mr. T does well when ambulating with his walker but requires occasional cueing from the Aide to remember to use his walker.**
- **(M1860) Ambulation/Locomotion:** Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

☐ 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device).

☐ 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.

☐ 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.

☐ 3 - Able to walk only with the supervision or assistance of another person at all times.

☐ 4 - Chairfast, unable to ambulate but is able to wheel self independently.

☐ 5 - Chairfast, unable to ambulate and is unable to wheel self.

☐ 6 - Bedfast, unable to ambulate or be up in a chair.

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M1870 Feeding or Eating (QM)

- **(M1870) Feeding or Eating:** Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.
  - ☐ 0 - Able to independently feed self.
  - ☐ 1 - Able to feed self independently but requires:
    - (a) meal set-up; OR
    - (b) intermittent assistance or supervision from another person; OR
    - (c) a liquid, pureed or ground meat diet.
  - ☐ 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack.
  - ☐ 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.
  - ☐ 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
  - ☐ 5 - Unable to take in nutrients orally or by tube feeding.

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M1870 Feeding or Eating Tips

- Excludes evaluation of the preparation of food items, and transport to the table.
- Assistance means human assistance by verbal cueing/reminders, supervision, and/or stand-by or hands-on assistance.
- Meal "set-up" (Response 1) includes activities such as mashing a potato, cutting up meat/vegetables when served, pouring milk on cereal, opening a milk carton, adding sugar to coffee or tea, arranging the food on the plate for ease of access, etc.
- Non-Oral Intake Responses 3, 4 and 5:
  - If a feeding tube is being used to provide all or some nutrition, select Responses 3 or 4, depending on the patient's ability to take in nutrients orally.
  - Response 5 is the best response for patients who are not able to take in nutrients orally or by tube feeding. This may be the case for patients who receive all nutrition intravenously (e.g. TPN) or for patients who are only receiving intravenous hydration.

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Test Your Knowledge

- **Mr. T is a stubborn man and feels that he is paying good money for his Aide so he has the Aide put cream & sugar in his coffee and do his meal set-up including cutting up his food.**
- **(M1870) Feeding or Eating:** Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

☐ 0 - Able to independently feed self.
☐ 1 - Able to feed self independently but requires:
(a) meal set-up; OR
(b) intermittent assistance or supervision from another person; OR
(c) a liquid, pureed or ground meat diet.
☐ 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack.
☐ 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.
☐ 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
☐ 5 - Unable to take in nutrients orally or by tube feeding.

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M1880 Ability to Plan and Prepare Light Meals (QM)

- (M1880) Current Ability to Plan and Prepare Light Meals (e.g., cereal, sandwich) or reheat delivered meals safely:

☐ 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR
(b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).
☐ 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
☐ 2 - Unable to prepare any light meals or reheat any delivered meals.

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M1880 Ability to Plan and Prepare Light Meals Tips

- Consider what the patient is *able to do* on the day of the assessment.
- Response 0 indicates that during the day of assessment, the patient has the consistent physical and cognitive ability to plan and prepare meals.
- Response 1 indicates that during the day of assessment, the patient has inconsistent ability to prepare light meals (e.g., can't prepare breakfast due to morning arthritic stiffness), but can prepare other meals throughout day.
- Response 2 indicates patient does not have the ability to prepare light meals at any point during the day of assessment.
- Any prescribed diet requirements (and related planning/preparation) should be considered when selecting a response.
  - Nutritional appropriateness of the patient's food selections is not the focus of this item.

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M1890 Ability to Use Telephone (QM)

- **(M1890) Ability to Use Telephone:** Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.

☐ 0 - Able to dial numbers and answer calls appropriately and as desired.
☐ 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
☐ 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
☐ 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
☐ 4 - Unable to answer the telephone at all but can listen if assisted with equipment.
☐ 5 - Totally unable to use the telephone.
☐ NA - Patient does not have a telephone.

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M1890 Ability to Use Telephone Tips

- Ability to use telephone identifies the patient's ability to:
  - safely answer the phone,
  - dial a number, and
  - effectively use the telephone to communicate
- If a speech impaired patient can only communicate using a phone equipped with texting functionality, Response "1" able to use a specially adapted telephone would be selected

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M1900 Prior ADL/ IADL Functioning (QM)

- Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only **one** box in each row.

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (e.g., grooming, dressing, and bathing)	☐0	☐1	☐2
b. Ambulation	☐0	☐1	☐2
c. Transfer	☐0	☐1	☐2
d. Household tasks (e.g., light meal preparation, laundry, shopping)	☐0	☐1	☐2

Collected at SOC/ROC Used for Risk Adjustment

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M1900 Tips

- “Independent” means that the patient had the ability to complete the activity by him/herself (with or without assistive devices) without physical or verbal assistance from a helper.
- “Needed some help” means that the patient contributed effort but required help from another person to accomplish the task/activity safely.
- “Dependent” means that the patient was physically and/or cognitively unable to contribute effort toward completion of the task, and the helper must contribute all of the effort.
- “Self-care” refers specifically to grooming, dressing, bathing, and toileting hygiene. Medication management is not included in the definition of self-care for M1900 as it is addressed in a separate question (M2040).

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M1900 Tips

- “Ambulation” refers to walking (with or without assistive device). Wheelchair mobility is not directly addressed in this item. A patient who is unable to ambulate safely (even with devices and/or assistance), but is able to use a wheelchair (with or without assistance) would be reported as “Dependent” in Ambulation for M1900.
- ”Transfer” refers specifically to tub, shower, commode, and bed to chair transfers.
- “Household tasks” refers specifically to light meal preparation, laundry, shopping, and phone use.

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M1910 Fall Risk Assessment

- **(M1910)** Has this patient had a multi-factor **Fall Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

☐ 0 - No multi-factor falls risk assessment conducted.

☐ 1 - Yes, and it does not indicate a risk for falls.

☐ 2 - Yes, and it indicates a risk for falls.

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M1910 Fall Risk Assessment Tips

- Screening must be done by individual completing the comprehensive assessment to answer response 1 or 2
- Must be multi-factor e.g. physical performance component, med review, history of falls, assessment to LE function, cognition, ambulation, transfers
  - Timed Up & Go (TUG) is a physical performance component
  - Tinetti validated for use with community dwelling elders
    - Still need at least one non-mobility factor such as vision, polypharmacy, environment
- Interventions include: environmental changes, strengthening exercises, consultation with MD re: meds

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M1910 Fall Risk Assessment Tips

- CMS does not mandate that clinicians conduct a falls risk screening for all patients, nor is there a mandate for the use of a specific tool
- Select “0” if falls risk assessment:
  - Was not done at all
  - Was not done using standardized validated multi-factor fall risk tool
  - Was not done in the assessment time frame
  - Was not done by the assessing clinician
- Corresponds with M2250 Plan of Care Synopsis (SOC/ROC) & M2400 Intervention Synopsis (TRN/DC)

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Missouri Alliance for Home Care’s Risk Assessment Tool MAHC-10

- If during the comprehensive assessment, I complete the MAHC-10 (reported by MAHC to be validated on 10/9/12) and a TUG test; one indicates the patient is at risk for falls and one does not, what is the appropriate response to M1910?
  - From January 2014 Q&As

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MAHC-10

- The response to M1910 should be based on whether a tool that meets the best practice criteria (validated, standardized, multifactor) was used to assess the patient. If more than one validated, standardized, multifactor tool was used and the findings differed, the clinician should err on the side of safety and report that the tool identified the patient as "at risk" for falls.
- Two validated tools were used to assess fall risk, a single factor assessment tool (TUGS) and a multi-factor assessment too (MAHC-10).
- In this case, the M1910 response is based on the multifactor tool's risk finding.
  - If the agency combines a single factor, validated assessment tool with another factor or nonvalidated tool in order to meet the CMS requirement of a multi-factor assessment, M1910 should be Response 1 or Response 2, depending on whether or not risk was identified by the validated assessment tool.
  - If NO validated, standardized, multifactor assessment tool were positive, (e.g., the MAHC-10 indicates the patient is NOT at fall risk, but some other factor (patient history, a mobility assessment tool, clinical observation, etc.) indicates the patient is AT risk, M1910 should be Response 1 indicating no risk,
    - *but* the clinician should document any concerns in the clinical record and use their judgment about the need for falls interventions. Care planning decisions to reduce fall risks should be based on clinical judgment.

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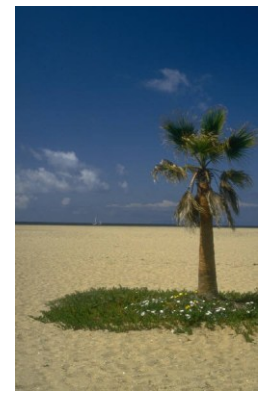
Last Session:

April 16, 2014
2:00 – 3:00 PM EST

Some Highlights:

- Chapter 3 OASIS Questions – Medications M2000s
- M2100 Care Management
- M2200 Therapy Need & Plan of Care
- Plan of Care interventions M2250 & M2400
- Emergent Care items M2300s
- Discharge items M2420, M0903, M0906



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- **Author, Online ICD Coding Courses in partnership with Libman Education 2012-2014 http://www.libmaneducation.com/healthcare-education-training/home-health-coding/**
- Author, ICD-10 for Home Health: A Guide to Medical Necessity & Payment www.beaconhealth.org © 2014
- Author/Editor Online E-Learning Coding Courses: Home Health Diagnostic Coding; Home Health Reimbursement Methods, Home Health Documentation & Health Record Requirements AHIMA www.ahimastore.org © 2011
- Author, ICD-9CM Coding for Home Health a Comprehensive Coders Guide www.beaconhealth.org © 2010 second edition
- Contributing editor, Schraffenberger/Keuhn, Effective Mgment of Coding Services, AHIMA, © 2009
- MaHIMA, Medicio- Legal Guide to Health Record Information, © 2004, editor & contributing author
- Massachusetts Health Information Management Association (MaHIMA), BOD 2004-2011
  - *President , 2006, under her leadership, MA received 4 national awards from AHIMA in Continuing Education Programs, Support for Accredited HIM Education Programs, Legislative Advocacy and Electronic Communications*
  - *Co-Chair ICD-10 Task Force 2014-2014*
- Professional Achievement Award Recipient, MaHIMA, 2008
- American Health Information Management Association (AHIMA) delegate 2002-2006
- Taught ICD-9 coding for over 20 years and has educated over 10,000 people nationwide
- Home Care Alliance of MA , Board of Director 2012-2014 member QI Committee, Facilitator ICD-10 Group 2014
- Hospice & Palliative Care Federation MA, Board of Director 2008-2015, member QAPI Committee

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