

OASIS Class 1

Home Health VNA
Merrimack Valley Hospice
HomeCare, Inc.



The Leaders in Home Health and Hospice Care

Syllabus Class 1

- ▶ Introduction
- ▶ Qualifying criteria
- ▶ Initial assessment
- ▶ Comprehensive assessment
- ▶ Who requires an Oasis
- ▶ General Oasis guidelines
- ▶ RFA'S (Reason for Admission)
- ▶ Episode timing
- ▶ Inpatient diagnosis
- ▶ Diagnosis requiring changed medical treatment
- ▶ Diagnosis code selection
- ▶ Symptom control rating

Why is Oasis Important

- ▶ Oasis helps us develop or care plans
- ▶ Oasis helps us determine pt needs for additional services
- ▶ Oasis paints a picture of how sick the pt is
- ▶ It determines payment for episode
- ▶ It provides outcome measures that are publically reported (our report card) through Home Health Compare and the new ***Star ratings***

Homebound and Qualifying Criteria

Pt is homebound if the following exists:

The individual has a condition due to an illness or injury that restricts his ability to leave their place of residence except with: the aid of supportive devices such as crutches, cane, wheelchair, and walkers OR if leaving the home is medically contraindicated.

AND

Both of these:

- ▶ The individual does not have to be bedridden to be considered confined to the home. However, the condition of the patient should be such that:
 1. There exists a normal inability to leave the home and consequently
 2. Leaving the home would require a considerable and taxing effort.
- ▶ Determining homebound is a clinical judgment and critical thinking applied to the patient's ability to leave the home setting
- ▶ Absences from the home are infrequent, of short duration, or needed to receive healthcare treatment
- ▶ A considerable and taxing effort to leave the home
- ▶ Condition precludes ability to receive healthcare services outside the home

Leaving the home includes ...

- ▶ Leaving the home
- ▶ Completing the task
- ▶ Returning home
- ▶ Being able to function after the trip

Allowable Destinations

- ▶ Medical appointment to receive healthcare
- ▶ Attendance at licensed or state certified or state accredited adult day centers
- ▶ For therapeutic psychosocial or medical treatment
- ▶ Senior center do not count

Non medical reasons

- ▶ Church beauticians/barber (part of well being)
- ▶ Walk around the block or a drive
- ▶ The ultimate test is the frequency and effort involved and absences “do not indicate the pt has the capacity to obtain health care outside the home rather than in the home “.

Qualifying Criteria cont.

Under the care of MD

- ▶ MD osteopathy or podiatric medicine
- ▶ F2F encounter
- ▶ 90 days prior to SOC or w/in the first 30 days after SOC

Plan of Care /485

- ▶ Services , interventions, goals, allergies, nutritional requirement ,
- ▶ functional limitations ,activity limitations ,medication, dx, interventions, goals
- ▶ Certifies that the pt is homebound and needs skilled care
- ▶ Periodically reviewed at least every 60 days

- ▶ Skilled nursing on an intermittent basis or PT or ST or a continues need for OT
- ▶ Confined to the home
- ▶ Under the care of a physician
- ▶ Receiving services under a POC established and periodically reviewed by a physician
- ▶ Once the qualifying criteria are met the pt may also receive the dependent services of an OT, MSW, dietician and or home health aide

▶ Intermittent skilled nursing care

- Provided or needed on fewer than 7 days a week less than 8 hours a day for 21 days or less
- Medically predictable recurring need for skilled nursing services
- Have an established plan for more than one visit
- If daily need to have a plan to reduce to less than daily in 21 day

▶ services must be reasonable and necessary

▶ EXCEPTION:

- for diabetics can see daily for insulin administration if no willing or able

OT is a dependent service not a qualifying service

- OT cannot open a case/ perform the SOC assessment
- OT can remain the qualifying service after the case is open and SN PT ST has d/c
- HHA and MSW cannot stand alone there must also be PT, OT SN, or ST in as well
- PT is allowed to do a onetime eval


Initial Assessment

- ▶ Initial=1st visit
- ▶ Determines immediate care needs
- ▶ Determines eligibility and homebound status (for Medicare pts)
- ▶ Must be within 48 hours of referral
- ▶ Or within 48 hours of return home from the hospital (or knowledge of return)
- ▶ On physician ordered SOC date

- ▶ We do the initial assessment and the comprehensive assessment on the same day most of the time in this agency
- ▶ Not done same day would be IV hook up late at night or pt too fatigued to complete comprehensive assessment

- ▶ If skilled nursing is ordered at SOC nursing **MUST** conduct the initial assessment/comprehensive assessment
- ▶ If PT ST only PT /ST can do the initial assessment & comprehensive assessment
- ▶ OT cannot do the initial assessment /comprehensive assessment

Components of the Comprehensive Assessment

- ▶ Oasis
 - ▶ Agency specific assessment
 - ▶ Discipline evaluation
 - ▶ Medication Reconciliation
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- The bottom of the slide features a decorative graphic consisting of several overlapping, wavy horizontal bands in various shades of blue and teal, creating a layered, water-like effect.

- ▶ If SN determines no need for skilled nursing during the initial assessment visit the SN can complete the comprehensive assessment that day if another skilled service is going that day then that would be considered the soc date. Because the other discipline would be providing a skilled billable visit that same day

Who requires an Oasis

- ▶ All pt w/ Medicare, Medicare products, Medicaid or Medicare as a secondary insurance

EXCEPT

- ▶ Pts receiving maternity services
- ▶ Under the age of 18
- ▶ Receiving housekeeping or chores only

Oasis must be completed by one person...

- ▶ Collaboration is allowed on M2000–M2004 , drug regime review, medication management
- ▶ Still only one person can complete the Oasis

- ▶ MOO90 is the date Oasis assessment completed
- ▶ it may not coincide w/ a visit as it may take more than one day to complete and gather all information
- ▶ May be waiting for the MD to call you back
- ▶ Oasis allows 5 days to complete the assessment but agency policy is that oasis needs to be signed by the next a.m. by 8 or by the next scheduled visit whichever comes first

Apply what you learned

- ▶ Mr. Morris was d/c for the hospital on 2/14 at 8pm. Home care and IV was ordered for that night. The SN arrived at 9pm performed the initial assessment determined eligibility and needs – SN started the SOC comprehensive assessment, educated pt regarding his IV, pt refused completion of assessment as he was tired. The SN decides the case manager could finish the SOC assessment the next day.

1. The SN that visits 2/15 may complete the SOC comprehensive assessment that was started by the admitting nurse on 2/14 , M0030 soc is 2/14 Moo90 +2/15
2. The admitting SN that visits on 2/14 must stay and complete the comprehensive assessment M0030 & Moo90= 2/14
3. The SN visits 2/15 would complete an entirely new soc comprehensive assessment and M0030 =2/14 M0090=2/15
4. The SN that visits 2/15 would complete an entirely new SOC comprehensive assessment MOO30=2/15 and MOO90=2/15

Oasis Conventions

- ▶ What is true on day of assessment unless different time period is indicated in the item or related guidance
- ▶ Day of assessment=24 hours immediately preceding the visit and the time spent in the pt home
- ▶ Within the last 14 days –day of assessment is day 0 then count back

- ▶ Payment episode (60 days)
- ▶ Usual status /most of the time
refers to the pts usual status most of the time during the day under consideration greater than 50 % of the time (sometimes status changes day to day)
- ▶ Assistance refers to another person unless otherwise specified in the item

- ▶ Hands on assist, verbal cues or reminders are assistance
- ▶ 1 clinician completes the Oasis
- ▶ Minimize N/A option
- ▶ Do not look back over previous Oasis for answers
- ▶ Direct observation preferred for functional as it provides the most accurate data
- ▶ Answer the questions from the bottom up

Episodes

Care Episode /Quality

- ▶ SOC to D/C or transfer
- ▶ ROC to D/C or transfer
- ▶ Maybe shorter or longer than a 60 day payment episode

PAYMENT EPISODE

- ▶ SOC– D/C Payment episode is a 60 day period of time
- ▶ F/U – D/C

Apply what you learned

How much time is considered for the day of assessment?

1. The time in the home to do the visit.
2. The 24 hours of the day of the visit (12:01 am – 12:midnight)
3. The hours of the day the pt is up and about.
4. The 24 hours that precedes the visit plus the time in the home to do the visit.

Types of Oasis

- ▶ SOC referral to agency from inpatient facility or MD office
- ▶ Recert/F/U– day 55–60 of the certification period
- ▶ Other– major decline or improvement in condition
- ▶ ROC– within 48 hours of return from inpatient stay
- ▶ D/C
- ▶ Transfer

Recertification–RFA 4

- ▶ Comprehensive assessment during the last 5 days of the certification period
- ▶ Requires a home visit–should be done by case manager
- ▶ May be completed over days 56–60 by the same clinician
- ▶ If F/U is late document why

Recertification cont.

- ▶ If a pt is returning from an inpt. stay w/in the last 5 days of the certification period only the ROC is required
- ▶ You will need to answer MO110 episode timing and M2200 therapy need

Other– RFA 5

- ▶ Due to a major change in status
- ▶ May indicate need for a change in poc
- ▶ Requires a home visit
- ▶ Must be completed within 2 days of identifying major improvement or decline in condition

ROC-RFA 3

- ▶ Following an inpt. Stay of >24 hours or longer
- ▶ For reasons other than diagnostic testing
- ▶ Requires a home visit
- ▶ Must be completed within 2 days of pt's returning home or knowledge of
- ▶ Must contact MD after ROC to confirm poc and do medication reconciliation the pt's return home

Transfer not d/c from agency–RFA 6

- ▶ Transferred admitted to an inpt. Facility > 24 hrs
- ▶ other than for diagnostic testing
- ▶ Must be completed within 2 days or transfer or knowledge of transfer
- ▶ If pt does not return to agency a d/c is not required

Transfer d/c from agency–RFA 7

- ▶ Criteria as above
- ▶ complete if pt passes away in the care of the E.D.

Death at home RFA 8

- ▶ Died at home , in the community or in ambulance on way to hospital
- ▶ DOA in E.D
- ▶ Must be completed within 2 days of death
- ▶ MO906 death date and date patient actually died (same date)

D/C RFA 9

- ▶ Not due to inpatient facility admission
- ▶ Not due to death
- ▶ Must be completed within 2 days of discharge or knowledge of need to d/c
- ▶ Visit is required to complete assessment
- ▶ **D/C planning must begin on SOC**—forms must be provided to Medicare pt's prior to last visit
- ▶ Limit telephone d/c

Episode timing

- ▶ 1st or 2nd = early
- ▶ 3rd or more = late episode
- ▶ If pt has prior episode with > 60 days in between it does not count

Inpatient Diagnosis M 1010

- ▶ Generated list from intake
- ▶ If anything is incorrect notify QA in the memo tab of the 485
- ▶ These are dx treated in in the last 14 days
- ▶ Actively treated =receiving more than regular scheduled medication

Diagnosis requiring medical/treatment change M1016

- ▶ Within the last 14 days
- ▶ Report when a change due to a new onset or exacerbation of existing condition or change made due lack of improvement or worsening of the condition
- ▶ i.e. new onset of CHF 12 days ago, improved with treatment

Diagnosis selection and coding

- ▶ M1020–primary diagnosis–chief reason pt is receiving homecare
- ▶ M1022 secondary diagnosis=coexisting conditions actively addressed in the poc

- ▶ Co morbidities with the potential to affect responsiveness to treatment and rehab progress even if not the focus of care need to be listed
- ▶ List secondary diagnosis in order that best reflects the degree they impact the patients health and need care (to support disciplines and services provided)

Rate degree symptom control

- 0– asymptomatic
- 1 –symptoms controlled well with current therapy
- 2 –symptoms controlled with difficulty, affecting daily functioning pt needs ongoing monitoring
- 3 –symptoms poorly controlled pt need frequent adjustment in treatment and dose monitoring
- 4– symptoms poorly controlled history of re-hospitalization