

Quality Reporting Program Provider Training



Overview of OASIS Changes

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Acronyms in This Presentation

- ADL – Activities of Daily Living
- CDC – Centers for Disease Control and Prevention
- CMS – Centers for Medicare & Medicaid Services
- DM – Diabetes Mellitus
- DRR – Drug Regimen Review
- HCBS CARE – Home and Community-Based Services Continuity Assessment Record and Evaluation
- HH – Home Health
- HHA – Home Health Agency
- IADL – Instrumental Activities of Daily Living
- IMPACT – Improving Medicare Post-Acute Care Transformation

HCBS CARE
HH HHA DRR
IADL DM
ADL CDC CMS
IMPACT

Acronyms in This Presentation (cont. 1)

- IRF – Inpatient Rehabilitation Facility
- IRF-PAI – Inpatient Rehabilitation Facility-Patient Assessment Instrument
- LTCH – Long-Term Care Hospital
- LCDS – Long-Term Care Hospital Continuity Assessment Record and Evaluation (CARE) Data Set
- MDS – Minimum Data Set
- NPUAP – National Pressure Ulcer Advisory Panel
- OASIS – Outcome and Assessment Information Set
- PAD – Peripheral Arterial Disease
- PVD – Peripheral Vascular Disease

IRF-PAI
LTCH
IRF
PAD
OASIS
LCDS
MDS
NPUAP
PVD

Acronyms in This Presentation (cont. 2)

- PAC – Post-Acute Care
- PAE – Potentially Avoidable Event
- PU – Pressure Ulcer
- PPS – Prospective Payment System
- QRP – Quality Reporting Program
- ROC – Resumption of Care
- SNF – Skilled Nursing Facility
- SOC – Start of Care
- SPADEs – Standardized Patient Assessment Data Elements
- VBP – Value-Based Purchasing

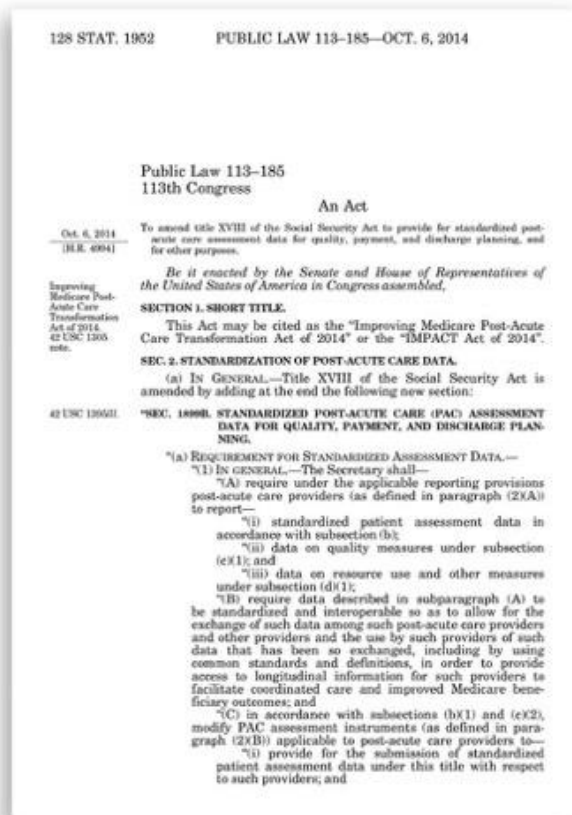


Objectives

- Discuss the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.
- Identify the relationship between data collected on the Outcome and Assessment Information Set (OASIS) and the IMPACT Act.
- Describe the changes from OASIS-C2 to OASIS-D.



IMPACT Act of 2014



- Bipartisan bill signed into law by President Obama on October 6, 2014.
- Requires post-acute care (PAC) providers to report standardized patient assessment data and quality measure data.

PAC Matters

LTCH, IRF, HHA, Nursing Homes

POST-ACUTE CARE (PAC)

Section 3004 of the Affordable Care Act mandates the establishment of PAC quality reporting programs (QRP) for long-term care hospitals (LTCH), inpatient rehabilitation facilities (IRF), and hospices.

The Improving Medicare Post-Acute Care Transformation Act of 2014 mandates the establishment of QRP for skilled nursing facilities (SNF).

Section 1895 of the Social Security Act mandates the establishment of home health agencies (HHA) QRP.

PAC Settings



HHA
Skilled nursing or therapy services provided to beneficiaries who are homebound.



IRF
Intensive rehabilitation services such as physical and occupational therapy, rehabilitation nursing, speech-language pathology, prosthetic and orthotic devices provided to patients after an illness, injury, or surgery.



HOSPICE
Palliative and support services, including pain management and spiritual counseling.



LTCH
Hospital level of care such as prolonged ventilator support and ventilator weaning, wound care management, pain management, treatment for septicemia, and post-traumatic and postoperative infections provided for extended periods to patients with chronic critical illness—those who exhibit metabolic, endocrine, physiologic, and immunologic abnormalities that result in profound debilitation and often ongoing respiratory failure.



SNF
Short-term skilled nursing and rehabilitation services to individuals whose health problems are too severe or complicated for home care or assisted living.

Quality reporting in PAC settings aligns with the CMS National Quality Strategy Goals:



Making Care Safer



Patient and Family Engagement



Effective Prevention & Treatment of Chronic Diseases



Communication & Care Coordination



Best Practice of Healthy Living



Making Care Affordable

HOW CAN YOU LEARN MORE? VISIT [WWW.CMS.GOV](http://www.cms.gov)

Data Sources:
1. Report to Congress Medicare Payment Policy. Medicare Payment Advisory Commission (MedPAC). Washington, D.C., MedPAC. March 2016. http://www.medpac.gov/documents/reports/mar14_entirereport.pdf#stvm=0
2. CMS. Division of Quality Systems for Assessments and Surveys (DQSAS)

Driving Forces of the IMPACT Act



Purpose:

- Improve Medicare beneficiary outcomes.
- Provide access to longitudinal data to facilitate coordinated care.
- Enable comparable data and quality across PAC settings.
- Improve hospital discharge planning.
- Research.

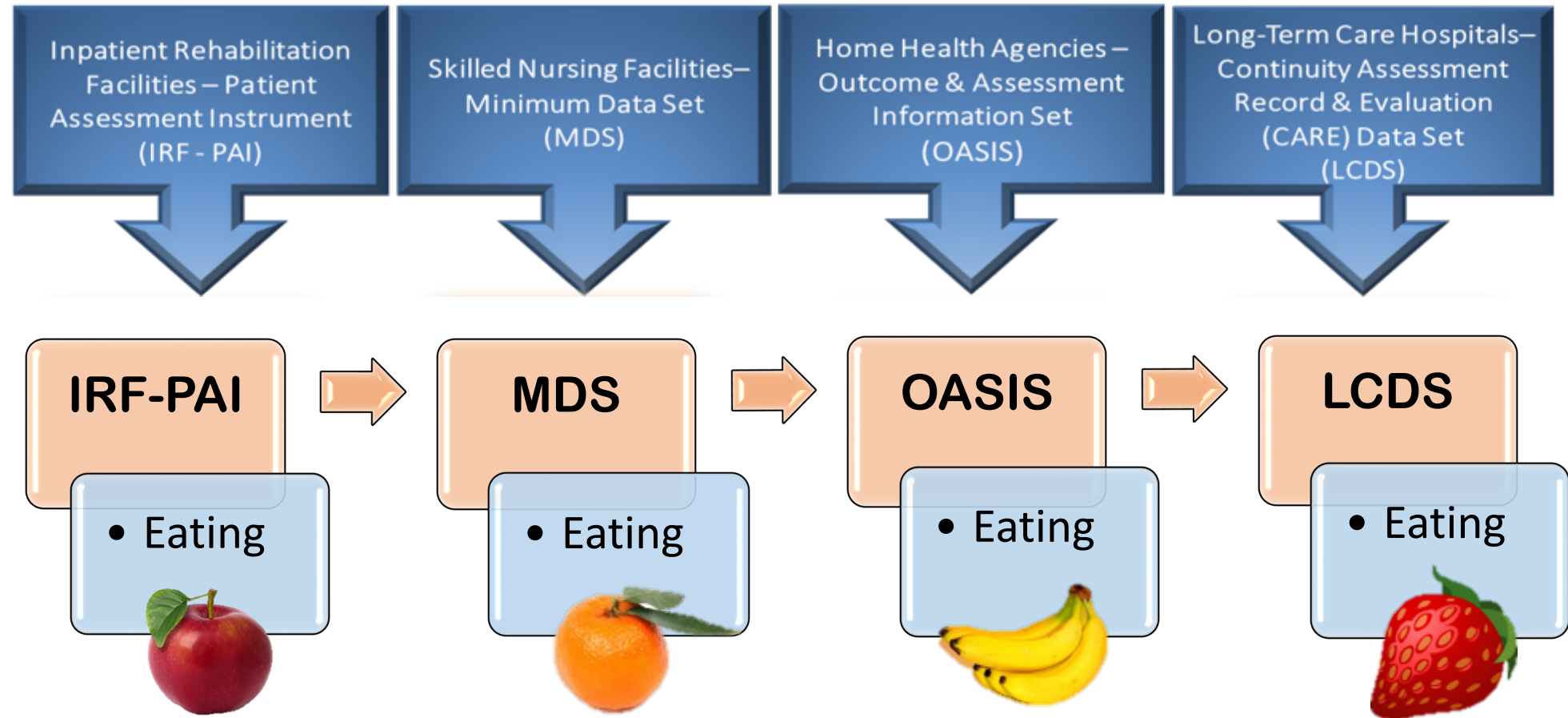
Why the attention on Post-Acute Care?

- Escalating costs associated with PAC.
- Lack of data standards/interoperability across PAC.
- Goal of establishing payment rates according to the individual characteristics of the patient, not the care setting.



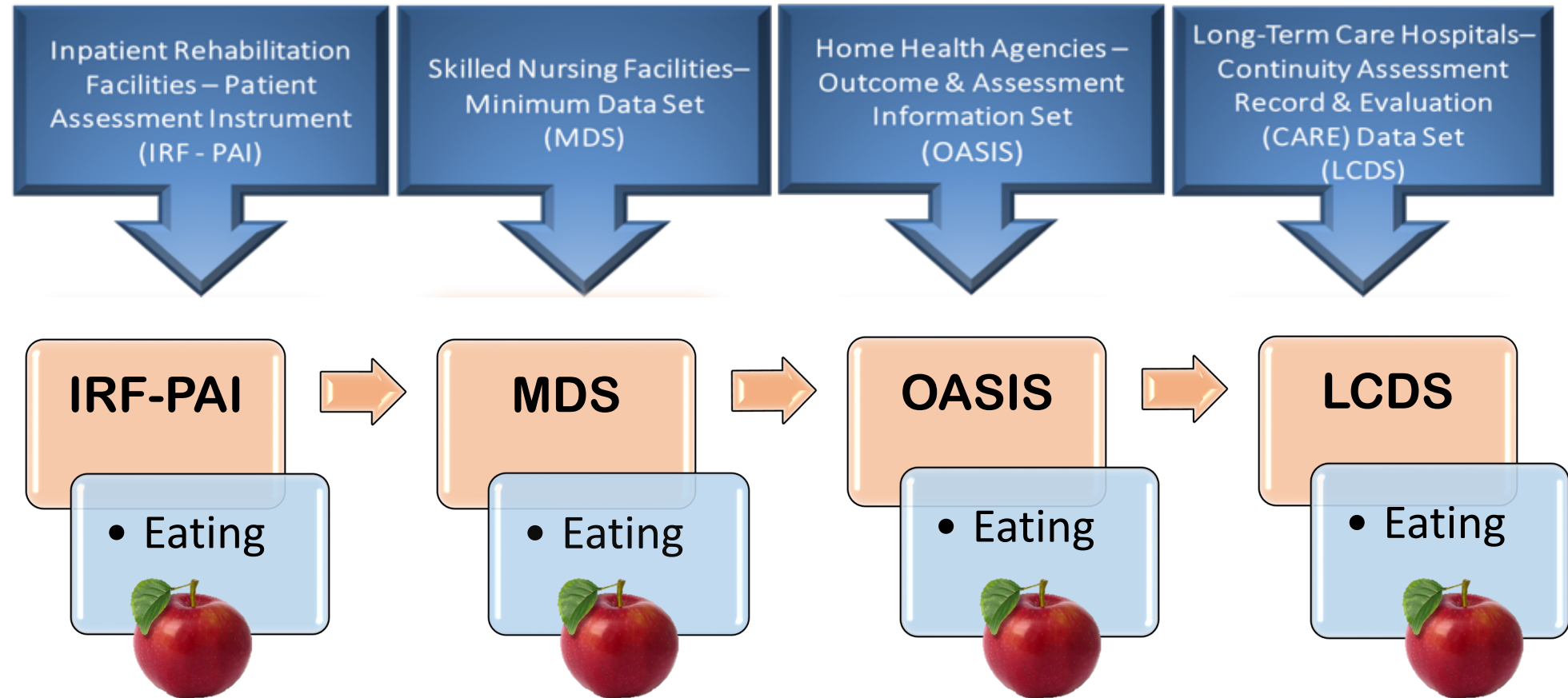
What Is Standardization?

Standardizing Function at the Item Level

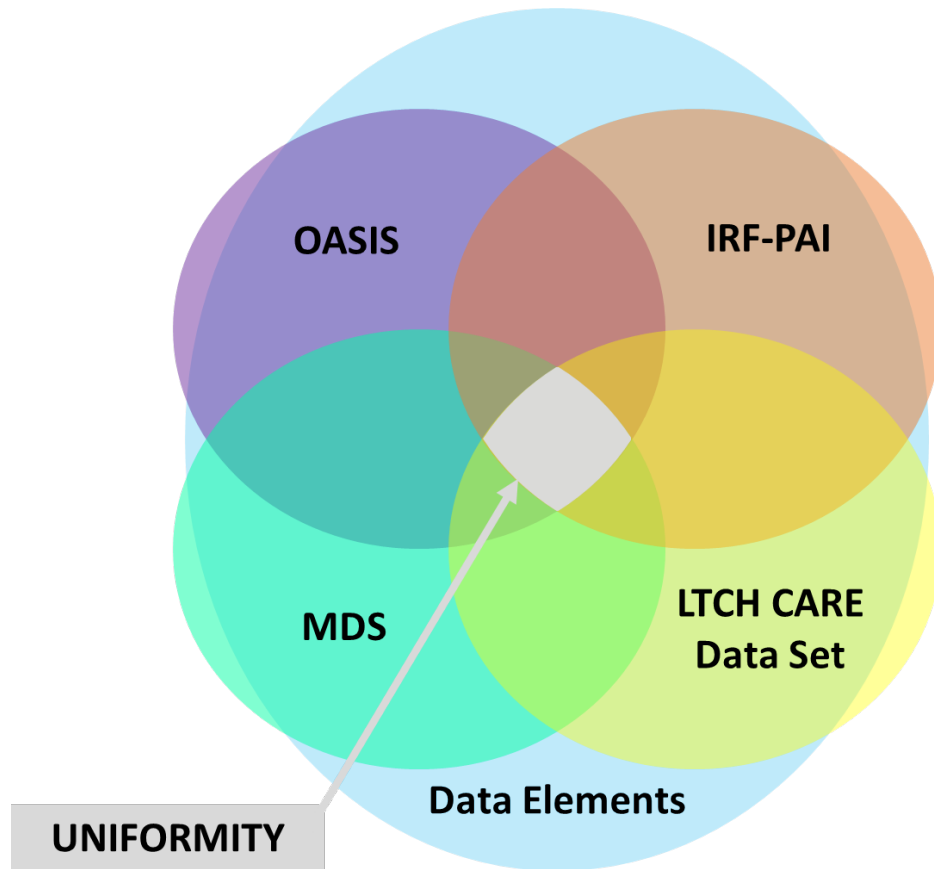


What Is Standardization?

Standardizing Function at the Item Level (cont.)



Standardized Patient Assessment Data Elements (SPADEs)



- **SPADEs:**
 - Question and response options that are identical in all four PAC assessment instruments.
 - Identical standards and definitions apply.
- The move toward standardized assessment data elements facilitates cross-setting data collection, quality measurement, outcome comparison, and interoperable data exchange.

CMS YouTube Channel

- **Overview of the IMPACT Act.**
 - This video from the November 2016 Home Health (HH) Quality Reporting Program (QRP) Provider Training held November 16 and 17, 2016, presents an overview of the IMPACT Act of 2014.



<https://www.youtube.com/watch?v=xyoC-ZnrZMw>

Overview of OASIS Changes, Effective January 1, 2019

6 New Items

- GG0100
- GG0110
- GG0130
- GG0170
- J1800
- J1900

7 Revised Items

- M1028
- M1306
- M1311
- M1322
- M1324
- M2102
- M2310

28 Removed Items

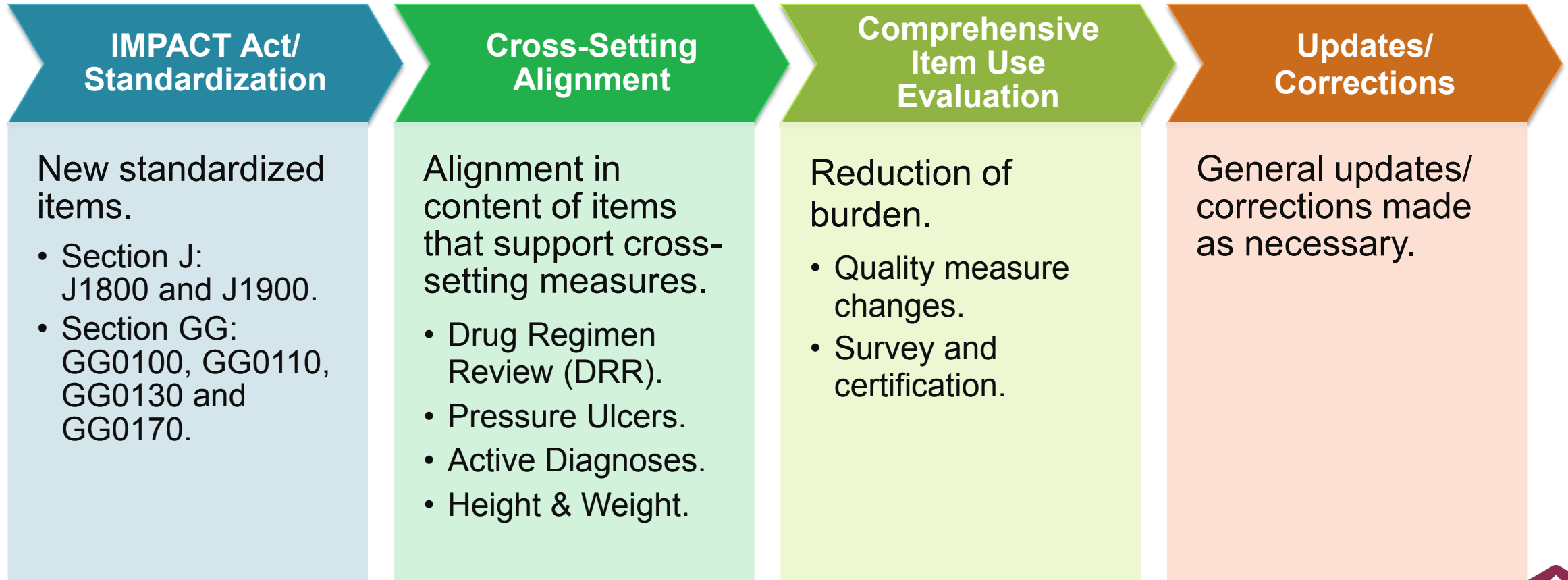
- M0903, M1011, M1017, M1018, M1025, M1034, M1036, M1210, M1220, M1230, M1240, M1300, M1302, M1313, M1320, M1350, M1410, M1501, M1511, M1615, M1750, M1880, M1890, M1900, M2040, M2110, M2250, M2430

Overview of Guidance Manual Changes

Guidance Manual
Changes for 33
Items.

M0080, M0090, M0102, M1021, M1023, M1046,
M1056, M1060, M1307, M1332, M1334, M1342,
M1610, M1730, M1800, M1810, M1820, M1830,
M1840, M1845, M1850, M1860, M1870, M1910,
M2001, M2003, M2005, M2010, M2016, M2020,
M2030, M2301, M2401

Why Is OASIS Being Changed?



OASIS-D: New Items



Section J: Health Conditions (Falls)

- J1800. Any Falls Since Start of Care (SOC)/Resumption of Care (ROC).
- J1900. Number of Falls Since SOC/ROC.



Section GG: Functional Abilities and Goals

- GG0100. Prior Functioning: Everyday Activities.
- GG0110. Prior Device Use.
- GG0130. Self-Care.
- GG0170. Mobility.

OASIS-D: New Items and Time Points

Section	Item	Time Points Completed
Section J: Health Conditions (Falls)	<ul style="list-style-type: none"> J1800. Any Falls Since SOC/ROC. J1900. Number of Falls Since SOC/ROC. 	<ul style="list-style-type: none"> Transfer. Discharge from Agency – Not to an inpatient facility. Death at home.
Section GG: Functional Abilities and Goals	<ul style="list-style-type: none"> GG0100. Prior Functioning: Everyday Activities. GG0110. Prior Device Use. 	<ul style="list-style-type: none"> SOC. ROC.
	<ul style="list-style-type: none"> GG0130. Self-Care. GG0170. Mobility. 	<ul style="list-style-type: none"> SOC. ROC. Follow-up. Discharge from Agency – Not to an inpatient facility.

OASIS-D: Revised Items

M1028	Active Diagnoses.
M1306	Unhealed Pressure Ulcer/Injury at Stage 2 or Higher?
M1311	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.
M1322	Current Number of Stage 1 Pressure Injuries.
M1324	Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable.
M2102	Types and Sources of Assistance.
M2310	Reason for Emergent Care.

Data Items Removed From OASIS

- In 2017, CMS undertook a comprehensive review of the OASIS.
- **28** OASIS items identified for removal to reduce data collection burden.



Why Were These Items Removed?

- OASIS items were removed if they were not used to support:
 - HH QRP measures.
 - HH Prospective Payment System (PPS).
 - Survey process for Medicare certification.
 - HH Value-Based Purchasing (VBP) demonstration measures.
 - Critical risk-adjustment factors.
 - Conditions of Participation.

OASIS-D: Removed Items

Item	Item Description	SOC	ROC	Follow-Up	Transfer to an Inpatient Facility	Death at Home	Discharge from Agency
M0903	Date of Last Home Visit				X	X	X
M1011	Inpatient Diagnosis	X	X	X			
M1017	Diagnoses, Treatment Regimen Change	X	X				
M1018	Conditions Prior	X	X				
M1025	Optional Diagnoses	X	X	X			
M1034	Overall Status	X	X				
M1036	Risk Factors	X	X				

OASIS-D: Removed Items (cont. 1)

Item	Item Description	SOC	ROC	Follow-Up	Transfer to an Inpatient Facility	Death at Home	Discharge from Agency
M1210	Ability to Hear	X	X				
M1220	Understanding Verbal Content	X	X				
M1230	Speech and Oral Expression	X	X				X
M1240	Pain Assessment	X	X				
M1300	Pressure Ulcer (PU) Assessment	X	X				
M1302	Risk of Developing PUs	X	X				
M1313	Worsening in PU Status						X
M1320	Status of Most Problematic PU	X	X				X
M1350	Skin Lesion or Open Wound	X	X				

OASIS-D: Removed Items (cont. 2)

Item	Item Description	SOC	ROC	Follow-Up	Transfer to an Inpatient Facility	Death at Home	Discharge from Agency
M1410	Respiratory Treatments	X	X				
M1501	Symptoms in Heart Failure Patients				X		X
M1511	Heart Failure Follow-up				X		X
M1615	When does Urinary Incontinence occur?	X	X				X
M1750	Psychiatric Nursing Services	X	X				
M1880	Ability to Plan and Prepare Light Meals	X	X				X
M1890	Ability to Use Telephone	X	X				X

OASIS-D: Removed Items (cont. 3)

Item	Item Description	SOC	ROC	Follow-Up	Transfer to an Inpatient Facility	Death at Home	Discharge from Agency
M1900	Prior Functioning	X	X				
M2040	Prior Medication Management	X	X				
M2110	How often does the patient receive ADL or IADL assistance?	X	X				
M2250	Plan of Care Synopsis	X	X				
M2430	Reason for Hospitalization				X		

OASIS-D: Removal From Discharge Time Point Only

Item	Item Description	SOC	ROC	Follow-Up	Transfer to an Inpatient Facility	Death at Home	Discharge from Agency
M1322	Current Number of Stage 1 Pressure Ulcers	✓	✓	✓			✗
M1332	Current Number of Stasis Ulcers that are Observable	✓	✓	✓			✗
M1610	Urinary Incontinence or Urinary Catheter Presence	✓	✓	✓			✗
M2030	Management of Injectable Medications	✓	✓	✓			✗

OASIS-D: Select Item Response Removals

Item	Item Description	SOC	ROC	Follow-Up	Transfer to an Inpatient Facility	Death at Home	Discharge from Agency
M2102	Types and Sources of Assistance	6* out of 7 response options removed	6* out of 7 response options removed				3** out of 7 response options removed
M2310	Reason for Emergent Care				15*** out of 19*** response options removed		15*** out of 19*** response options removed

* M2102 row f to remain collected at SOC, ROC, and Discharge from Agency as part of the HH VBP program

** M2102 rows a, c, and d to remain collected at Discharge from Agency for survey purposes

*** M2310 responses 1, 10, OTH, UK to remain collected at Transfer to an Inpatient Facility and Discharge From Agency for survey purposes

Revised Skip Patterns

Skip pattern changes resulting from item removals:

M1000	Inpatient Facility Discharge.
M1051	Pneumococcal Vaccine.
M1306	Unhealed Pressure Ulcer/Injury at Stage 2 or Higher.
M1311	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.
M1340	Does This Patient Have a Surgical Wound?
M1610	Urinary Incontinence or Urinary Catheter Presence.
M2001	Drug Regimen Review.
M2410	Which Inpatient Facility Has the Patient Been Admitted?
M2420	Discharge Disposition.

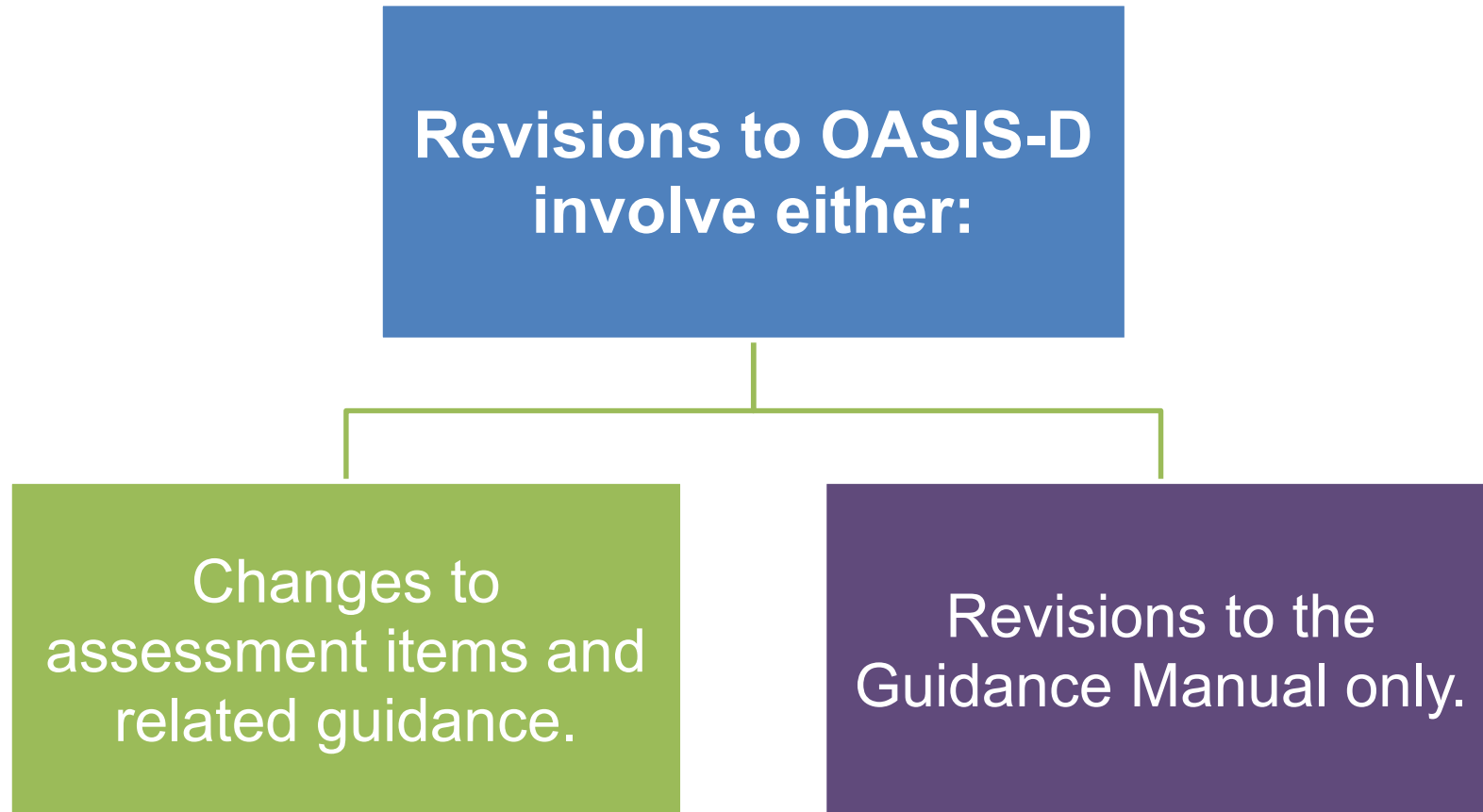
Revised OASIS-D Assessment Items

Overview: Revised Items



- Identify assessment items that have been revised in OASIS-D.
- Summarize the changes to each revised assessment item.

Overview of OASIS-D Revisions



OASIS-D: Seven Revised Assessment Items

M1028

- Active Diagnoses.

M1306

- Unhealed Pressure Ulcer/Injury at Stage 2 or Higher?

M1311

- Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.

M1322

- Current Number of Stage 1 Pressure Injuries.

M1324

- Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable.

M2102

- Types and Sources of Assistance.

M2310

- Reason for Emergent Care.

OASIS-D: Seven Revised Assessment Items (cont.)

- Revised assessment items may have changes in one or more of the following areas:

Time point versions.

Item text.

Response option(s).

Use of the dash (-) as a valid response.

Skip patterns.

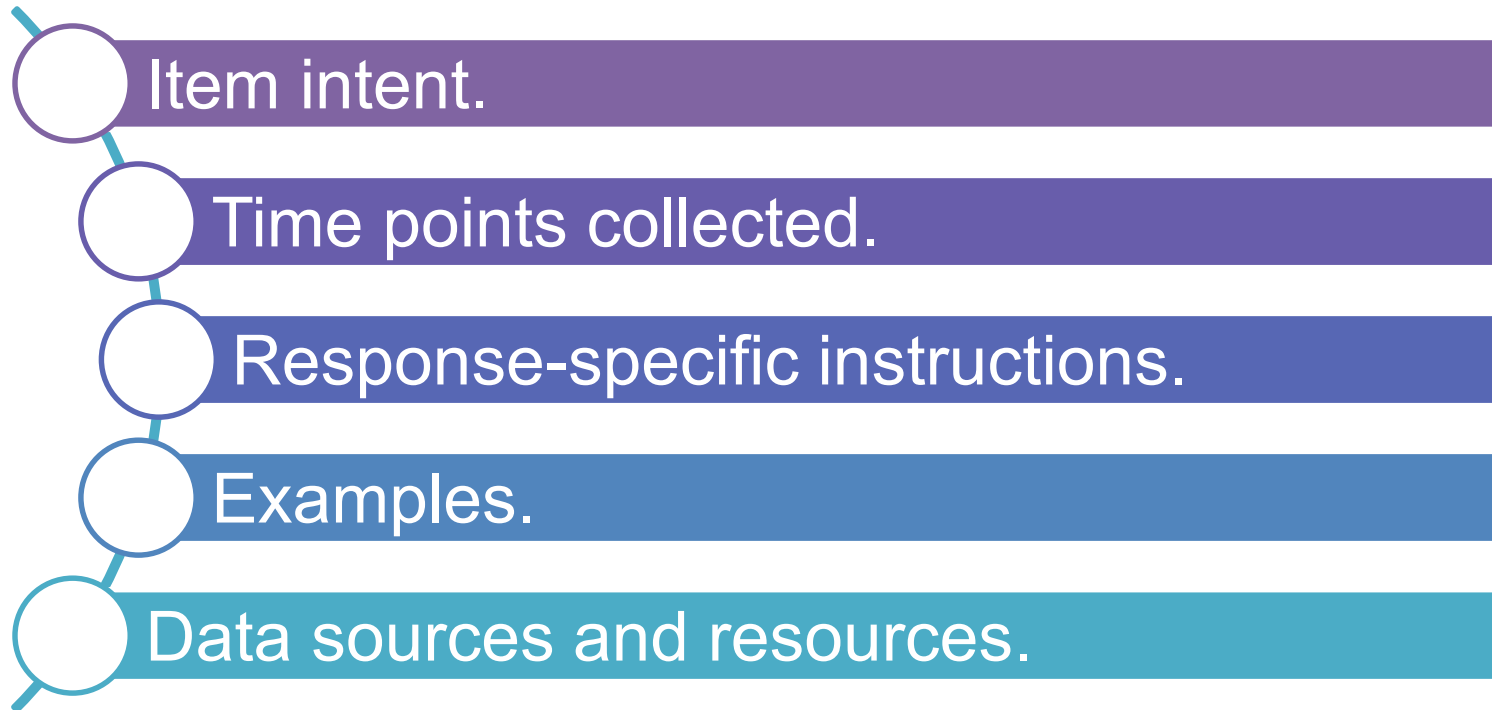
OASIS-D: Guidance Manual Changes

Guidance Manual
Changes for 33
Items.

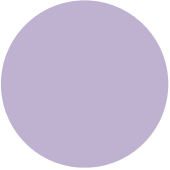
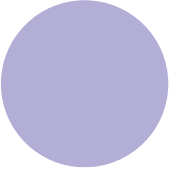
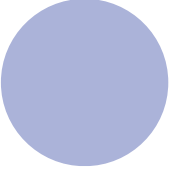
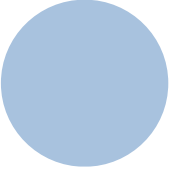
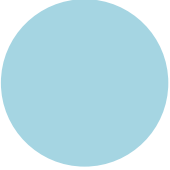
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M1056, M1060, M1307, M1332, M1334, M1342,
M1610, M1730, M1800, M1810, M1820, M1830,
M1840, M1845, M1850, M1860, M1870, M1910,
M2001, M2003, M2005, M2010, M2016, M2020,
M2030, M2301, M2401

OASIS-D: Guidance Manual Changes (cont.)

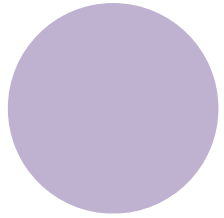
- For these 33 items, the Guidance Manual has been updated in one or more of the following sections:



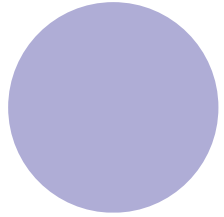
OASIS-D: Description of Guidance Manual Changes

-  Response-specific instructions revised to reflect one clinician expansion (collaboration allowed).
-  Content associated with deleted items removed.
-  Skip language revised.
-  Alignment with new Conditions of Participation.
-  Alignment of language across PAC settings.

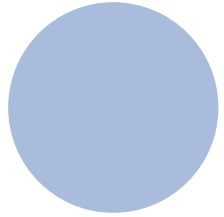
OASIS-D: Description of Guidance Manual Changes (cont.)



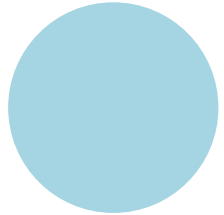
References to specific Centers for Disease Control and Prevention (CDC) content replaced with a general statement to refer to CDC.



Definitions added.



Removed references to process quality measures no longer reported.



Minor editorial changes.

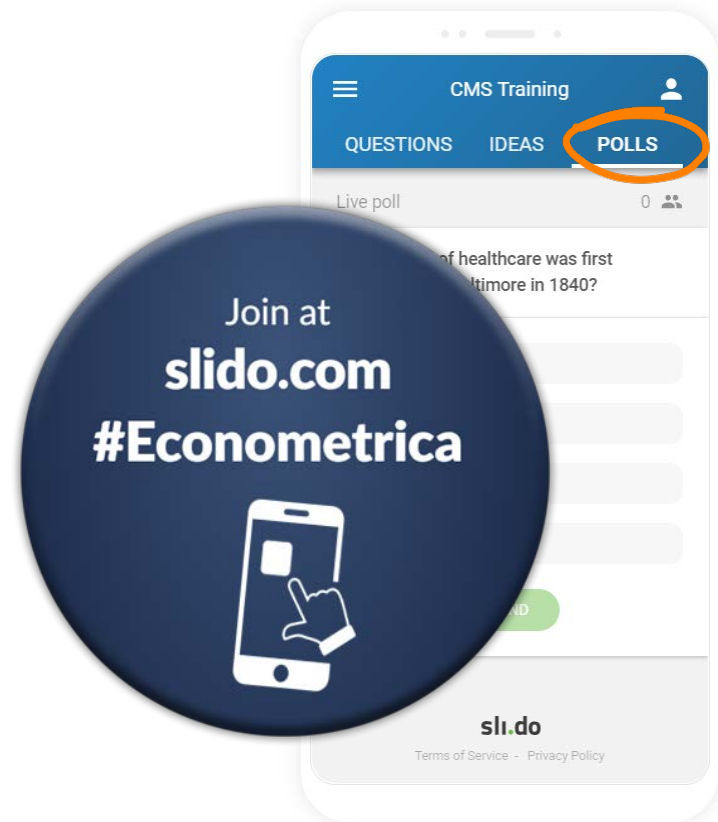
Revisions to OASIS-D involve which of the following?

- A. Changes to assessment items and related guidance.
- B. General revisions to the OASIS-D Guidance Manual.
- C. Both A and B.



Revisions to OASIS-D involve which of the following? (cont.)

- A. Changes to assessment items and related guidance.
- B. General revisions to the OASIS-D Guidance Manual.
- C. Both A and B.**



Knowledge Check 1: Rationale

- Revisions to OASIS-D include both:
 - Specific changes to seven assessment items and related guidance.
 - General revisions to the Guidance Manual in the areas of item intent, time points collected, response-specific instructions, coding examples, data sources, and resources.

Item-Specific Changes

OASIS-D: Seven Revised Assessment Items

M1028	Active Diagnoses.
M1306	Unhealed Pressure Ulcer/Injury at Stage 2 or Higher?
M1311	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.
M1322	Current Number of Stage 1 Pressure Injuries.
M1324	Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable.
M2102	Types and Sources of Assistance.
M2310	Reason for Emergent Care.

Changes to M1028. Active Diagnoses

- Standardized assessment item (present on OASIS-C2).
- Response options revised to align with other PAC instruments:
 - Option 3: “None of the above” was added.

OASIS-D: M1028. Active Diagnoses

Complete at
SOC/ROC

(M1028) Active Diagnoses – Comorbidities and Co-existing Conditions – Check all that apply
See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.

- ☐ 1 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- ☐ 2 - Diabetes Mellitus (DM)
- ☐ 3 - None of the above

Changes to M1306. Unhealed Pressure Ulcer/Injury at Stage 2 or Higher

- Incorporated National Pressure Ulcer Advisory Panel (NPUAP) terminology updates to align with other PAC instruments.
- Item text revised:
 - Changed “excludes ... healed **Stage 2** pressure ulcers” to “excludes ... all healed pressure ulcers/injuries.”
 - Added the words “injury/injuries.”

OASIS-D: M1306. Unhealed Pressure Ulcer/Injury at Stage 2 or Higher

Complete at
SOC/ROC, Follow-
Up, and Discharge

(M1306)		Does this patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries)
Enter Code	0	No [Go to M1322 at SOC/ROC/FU; Go to M1324 at DC]
<input type="checkbox"/>	1	Yes



Changes to M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

- Item retained but different versions created for SOC/ROC, Follow-Up, and Discharge.
- SOC/ROC and Discharge information used to calculate revised pressure ulcer measure.
- Alignment with other PAC instruments.
 - Incorporated NPUAP terminology updates.
 - Skip pattern language and directions modified.

Changes to M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 1)

- Dash “-” is a valid response for the **Discharge time point only**.
- CMS expects dash use to be a rare occurrence.
- Used to standardize the IMPACT measure.

Changes to M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 2)

Item text revised

- Added ulcers/injuries where applicable.
- Added the word “device” to the item title in D1. Unstageable: non-removable dressing/device.
- Removed “suspected ...in evolution” from F1. Unstageable: Deep tissue injury.

OASIS-D: M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ulcers	<input type="text"/>
B1. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Number of Stage 3 pressure ulcers	<input type="text"/>
C1. Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. Number of Stage 4 pressure ulcers	<input type="text"/>
D1. Unstageable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/device Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	<input type="text"/>
E1. Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	<input type="text"/>
F1. Unstageable: Deep tissue injury Number of unstageable pressure injuries presenting as deep tissue injury	<input type="text"/>

SOC/ROC
and Follow-
Up Version

OASIS-D: M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 1)

Discharge
Version

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ulcers [If 0 – Go to M1311B1, Stage 3]	<input type="text"/>
A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
B1. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Number of Stage 3 pressure ulcers [If 0 – Go to M1311C1, Stage 4]	<input type="text"/>
B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
C1. Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. Number of Stage 4 pressure ulcers [If 0 – Go to M1311D1, Unstageable: Non-removable dressing/device]	<input type="text"/>
C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>

OASIS-D: M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 2)

Discharge
Version
(cont.)

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
D1. Unstageable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/device Number of unstageable pressure ulcers/injuries due to non-removable dressing/device [If 0 – Go to M1311E1, Unstageable: Slough and/or eschar]	<input type="checkbox"/>
D2. Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
E1. Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar [If 0 – Go to M1311F1, Unstageable: Deep tissue injury]	<input type="checkbox"/>
E2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
F1. Unstageable: Deep tissue injury Number of unstageable pressure injuries presenting as deep tissue injury [If 0 – Go to M1324]	<input type="checkbox"/>
F2. Number of these unstageable pressure injuries that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>

Changes to M1322. Current Number of Stage 1 Pressure Injuries

- M1322 retained at SOC/ROC and Follow-Up.
- Item **removed** from the Discharge time point.
 - Not needed for measure calculation (burden reduction).
- Alignment with other PAC settings (inpatient rehabilitation facility (IRF), long-term care hospital (LTCH), and skilled nursing facility (SNF)).
 - Replaced the word “ulcers” with “injuries” (NPUAP terminology).
 - Updated Stage 1 definition.
- No edits to response options.

OASIS-D: M1322. Current Number of Stage 1 Pressure Injuries

Complete only
at SOC/ROC
and Follow-Up

- Replaced the word “ulcers” with “injuries.”
- Updated Stage 1 definition.

(M1322)	Current Number of Stage 1 Pressure Injuries: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.
Enter Code <input type="checkbox"/>	<div>0</div> <div>1</div> <div>2</div> <div>3</div> <div>4 or more</div>



Changes to M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury That Is Stageable

- Incorporated NPUAP terminology updates to align with the pressure ulcer items in the other PAC instruments.
 - Added the word “injury.”

OASIS-D: M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury That Is Stageable


Complete at
SOC/ROC, Follow-
Up, and Discharge

(M1324)	
Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable: (Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.)	
Enter Code	
<input type="checkbox"/>	1 Stage 1
	2 Stage 2
	3 Stage 3
	4 Stage 4
	NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries



Changes to M2102. Types and Sources of Assistance

Different versions of this item are available
for SOC/ROC and Discharge.



Some response options were not essential and removed
to reduce burden.

Changes to M2102. Types and Sources of Assistance (SOC/ROC)

SOC/ROC Assessment

- **Response options removed:**
 - a. ADL (activities of daily living) assistance.
 - b. IADL (instrumental activities of daily living) assistance.
 - c. Medication administration.
 - d. Medical procedures/treatments.
 - e. Management of equipment.
 - g. Advocacy or facilitation of patient's participation in appropriate medical care.
- **Response options retained:**
 - f. Supervision and safety (lettering sequence retained).

OASIS-D: M2102. Types and Sources of Assistance

SOC/ROC
Version

(M2102)	Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.
Enter Code <input type="checkbox"/>	<p>f. Supervision and safety (for example, due to cognitive impairment)</p> <ul style="list-style-type: none">0 No assistance needed –patient is independent or does not have needs in this area1 Non-agency caregiver(s) currently provide assistance2 Non-agency caregiver(s) need training/ supportive services to provide assistance3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance4 Assistance needed, but no non-agency caregiver(s) available

Changes to M2102. Types and Sources of Assistance (Discharge)

Discharge Assessment

- **Response options removed:**
 - b. IADL (instrumental activities of daily living) assistance.
 - e. Management of equipment.
 - g. Advocacy or facilitation of patient's participation in appropriate medical care.
- **Response options (and lettering sequence) retained:**
 - a. ADL (activities of daily living) assistance.
 - c. Medication administration.
 - d. Medical procedures/treatments.
 - f. Supervision and safety.

OASIS-D: M2102. Types and Sources of Assistance

Discharge
Version

(M2102)	Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.
Enter Code <input type="checkbox"/>	a. ADL assistance (for example, transfer/ ambulation, bathing, dressing, toileting, eating/feeding) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available
Enter Code <input type="checkbox"/>	c. Medication administration (for example, oral, inhaled or injectable) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available
Enter Code <input type="checkbox"/>	d. Medical procedures/ treatments (for example, changing wound dressing, home exercise program) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available
Enter Code <input type="checkbox"/>	f. Supervision and safety (for example, due to cognitive impairment) 0 No assistance needed –patient is independent or does not have needs in this area 1 Non-agency caregiver(s) currently provide assistance 2 Non-agency caregiver(s) need training/ supportive services to provide assistance 3 Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 4 Assistance needed, but no non-agency caregiver(s) available

Changes to M2310. Reason for Emergent Care



- M2310 is completed on Transfer and Discharge.
- The response options needed for calculation of potentially avoidable event (PAE) measures were retained.
- The remaining 15 of 19 response options not needed for measure calculation have been removed.

Changes to M2310. Reason for Emergent Care (cont.)

- Response Options Retained:

1 = Improper medication administration.

10 = Hypo/hyperglycemia, diabetes out of control.

19 = Other than above reasons.

UK = Reason unknown.

OASIS-D: M2310. Reason for Emergent Care

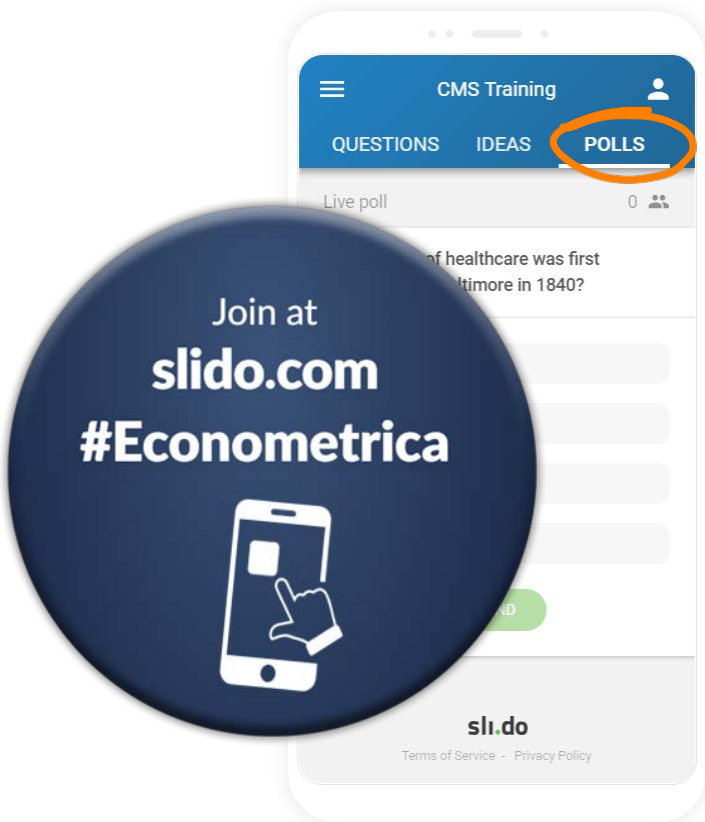
Complete at
Transfer and
Discharge

(M2310) Reason for Emergent Care: For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? **(Mark all that apply.)**

- ☐ 1 - Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- ☐ 10 - Hypo/Hyperglycemia, diabetes out of control
- ☐ 19 - Other than above reasons
- ☐ UK - Reason unknown

Which statement regarding M1028. Active Diagnoses is true?

- A. New time point versions have been created.
- B. Response options have been revised to include “None of the above.”
- C. Dash is **not** a valid response.



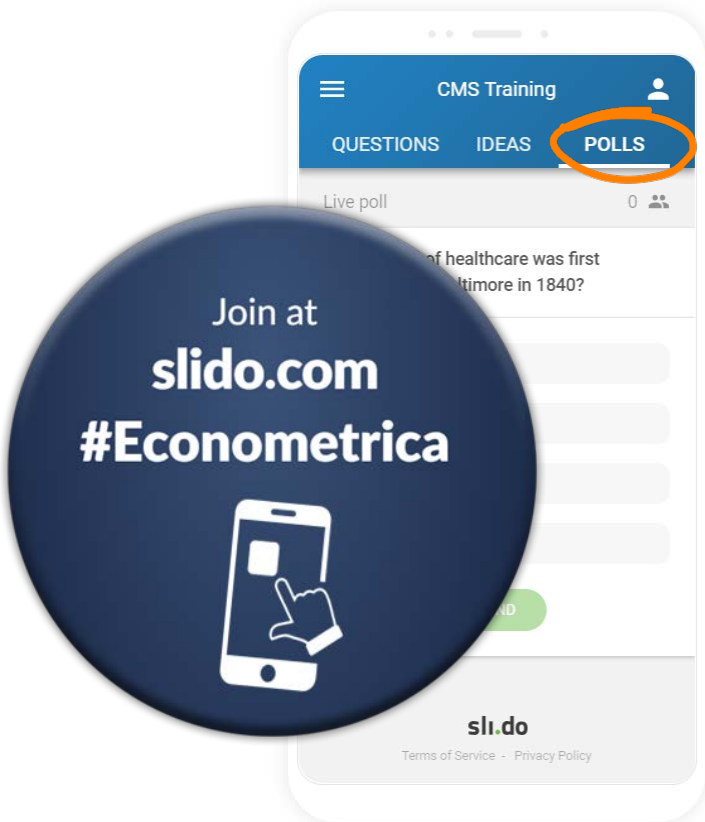
Which statement regarding M1028. Active Diagnoses is true? (cont.)

A. New time point versions have been created.



B. Response options have been revised to include “None of the above.”

C. Dash is **not** a valid response.



Knowledge Check 2: Rationale

- M1028 is completed at SOC/ROC (no change from OASIS-C2).
- “None of the above” was added as a new response option.
- Dash is a valid response; however, CMS expects dash use to be a rare occurrence.



The same assessment version of M1311 is used for SOC/ROC, Follow-Up, and Discharge

- A. True.
- B. False.

M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage





The same assessment version of M1311 is used for SOC/ROC, Follow-Up, and Discharge (cont.)



A. True.

B. False.

M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

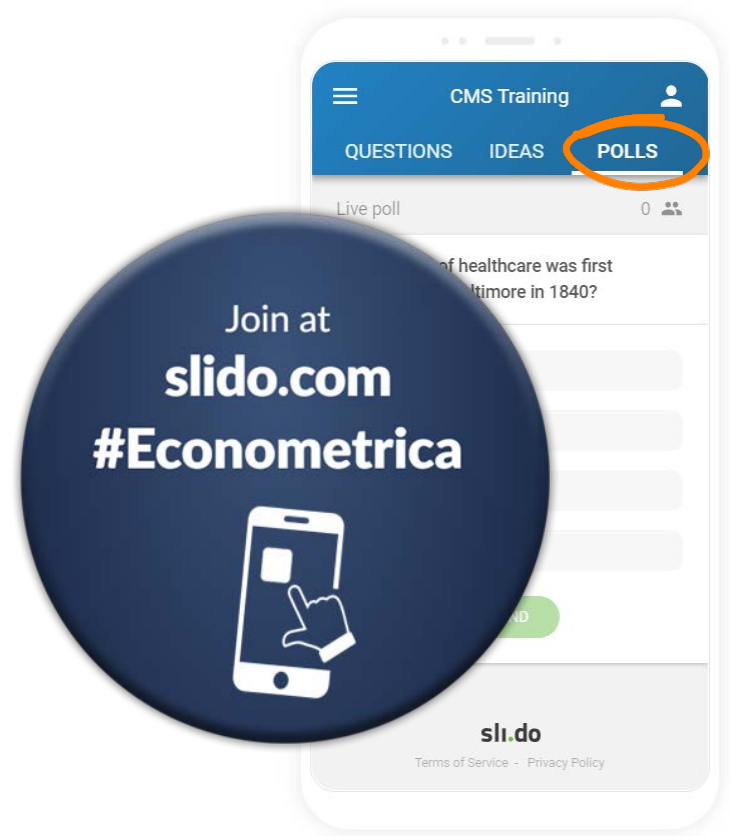


Knowledge Check 3: Rationale

- M1311 is retained, but different versions were created for SOC/ROC, Follow-Up, and Discharge.
- SOC/ROC and Discharge Assessments are used to calculate the revised pressure ulcer measure.

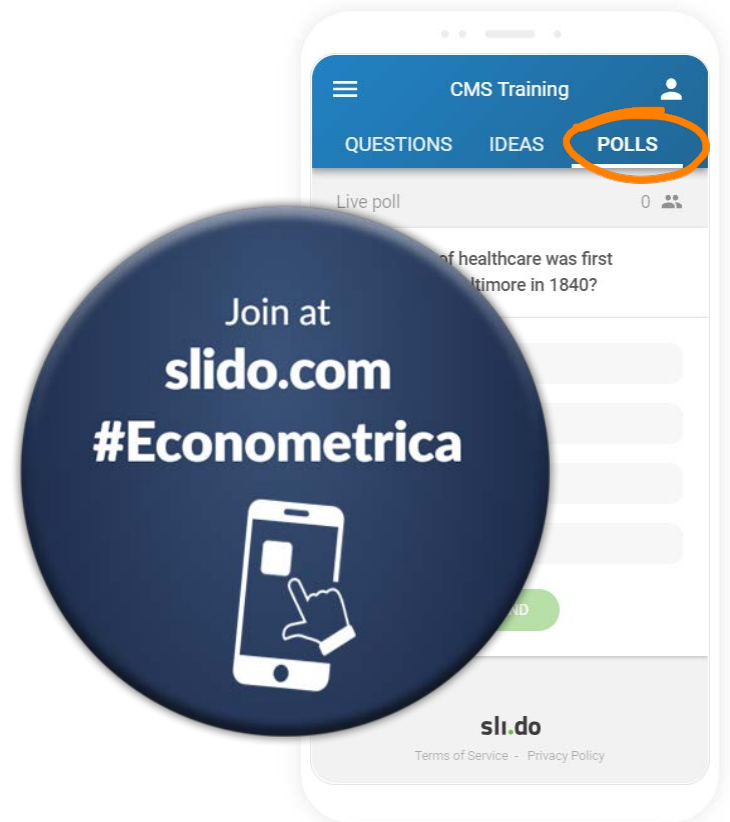
Select the best response regarding M2102. Types and Sources of Assistance

- A. Response options have been removed to reduce burden.
- B. New time point versions created for SOC/ROC and Discharge.
- C. Retained lettering sequence for response option(s).
- D. All of the above.



Select the best response regarding M2102. Types and Sources of Assistance (cont.)

- A. Response options have been removed to reduce burden.
- B. New time point versions created for SOC/ROC and Discharge.
- C. Retained lettering sequence for response option(s).
- D. All of the above.**

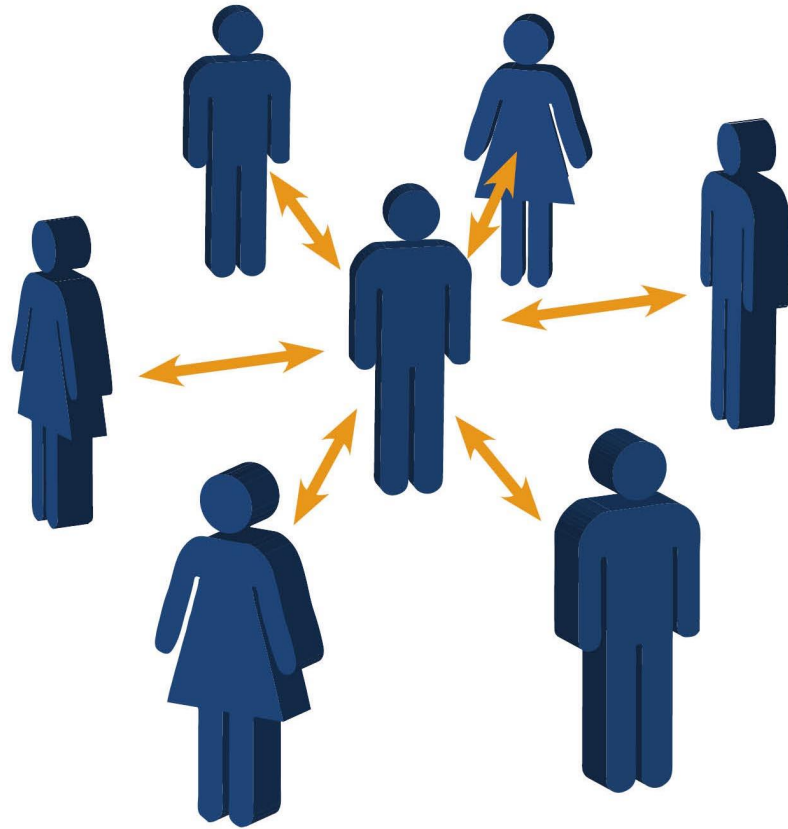


Knowledge Check 4: Rationale

- Response options have been removed to reduce burden.
- New versions created for SOC/ROC and Discharge time points.
 - SOC/ROC version has row “f” only.
 - Discharge version has rows “a,” “c,” “d,” and “f.”
- M2102 lettering sequence was retained for remaining rows.

Additional Guidance Clarifications

Expansion of the One Clinician Convention



- Guidance related to the one clinician convention was modified as of January 1, 2018.
 - While only the assessing clinician is responsible for accurately completing and signing a comprehensive assessment, s/he may collaborate to collect data for all OASIS items, if agency policy allows.

Expansion of the One Clinician Convention (cont. 1)

- Modifications in home care guidance related to the one clinician convention were made:
 - Based on feedback from home health stakeholders.
 - To better align with assessment practices in other PAC settings.
- Any exception to this general convention concerning collaboration is identified in item-specific guidance.



Expansion of the One Clinician Convention (cont. 2)

- Additional information:
 - OASIS-D Guidance Manual, Chapter 1.
 - CMS OASIS Q&A, August 2017 – “Expansion of the One Clinician Convention.”
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/Expansion-of-the-Home-Health-One-Clinician-Convention-August-2017.pdf>

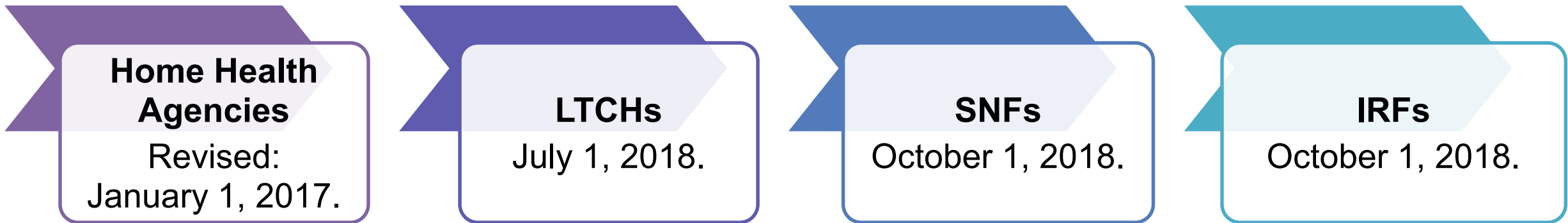
Drug Regimen Review



- There are no home health DRR item changes in 2019.
- DRR guidance was refined to promote cross-setting alignment.
- The DRR items were first introduced to home health in 2010 and revised January 1, 2017.
- These items were implemented in IRF, LTCH, and SNF during 2018.

DRR Quality Measure Across PAC Settings

- This measure has been applied uniformly across the PAC settings.



M1060. Height and Weight

Complete at
SOC/ROC

(M1060) Height and Weight – While measuring, if the number is X.1-X.4 round down; X.5 or greater round up

--	--

inches

a. Height (in inches). Record most recent height measure since the most recent SOC/ROC

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pounds

b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

M1060. Height and Weight (cont.)

- Completed at SOC/ROC.
- Measure height and weight in accordance with agency's policies and procedures.
- Use mathematical rounding.
 - Measure height in inches.
 - Measure weight in pounds.

M1060: Response-Specific Instructions

- If agency staff weighs the patient multiple times during the assessment period, use the first weight.
- Only enter a weight that has been directly measured by agency staff.
 - Do not enter a weight that is self-reported or derived from documentation from another provider setting.



M1060: Coding Tips



- Whenever possible, a current height and weight should be obtained by the agency as part of the SOC/ROC assessment.
- When there is an unsuccessful attempt to measure a patient's height or weight, and there is a documented agency-obtained height or weight from one or more previous home health visits, an agency-obtained height or weight from a documented visit conducted within the previous 30-day window may be used.

Select the best response regarding the One Clinician Convention

- A. The Comprehensive Assessment, which includes OASIS, remains the responsibility of one clinician.
- B. The assessing clinician may elicit feedback from other agency staff in order to complete the OASIS.
- C. Both A and B.

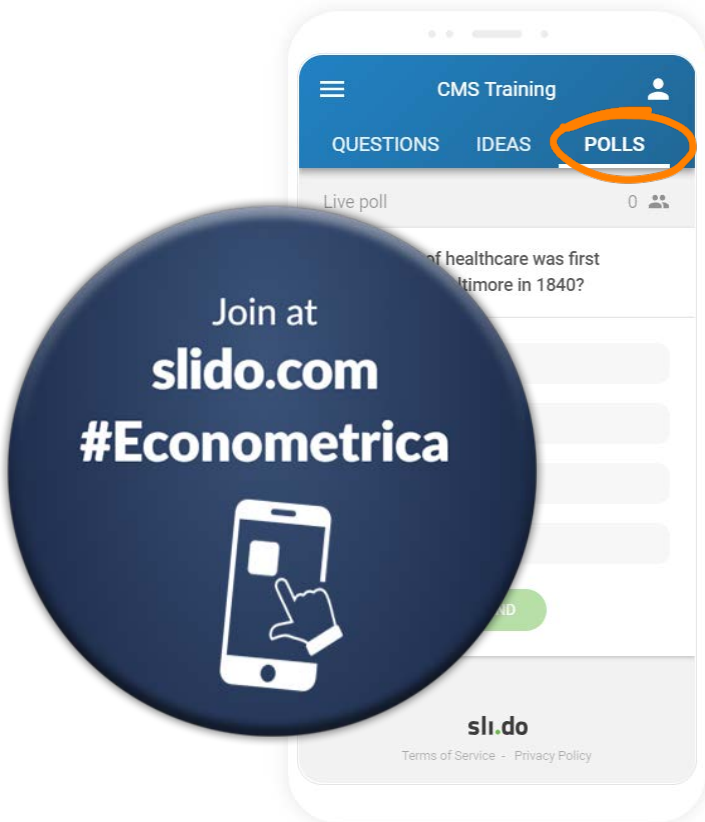


Select the best response regarding the One Clinician Convention (cont.)

- A. The Comprehensive Assessment, which includes OASIS, remains the responsibility of one clinician.
- B. The assessing clinician may elicit feedback from other agency staff in order to complete the OASIS.



C. Both A and B.

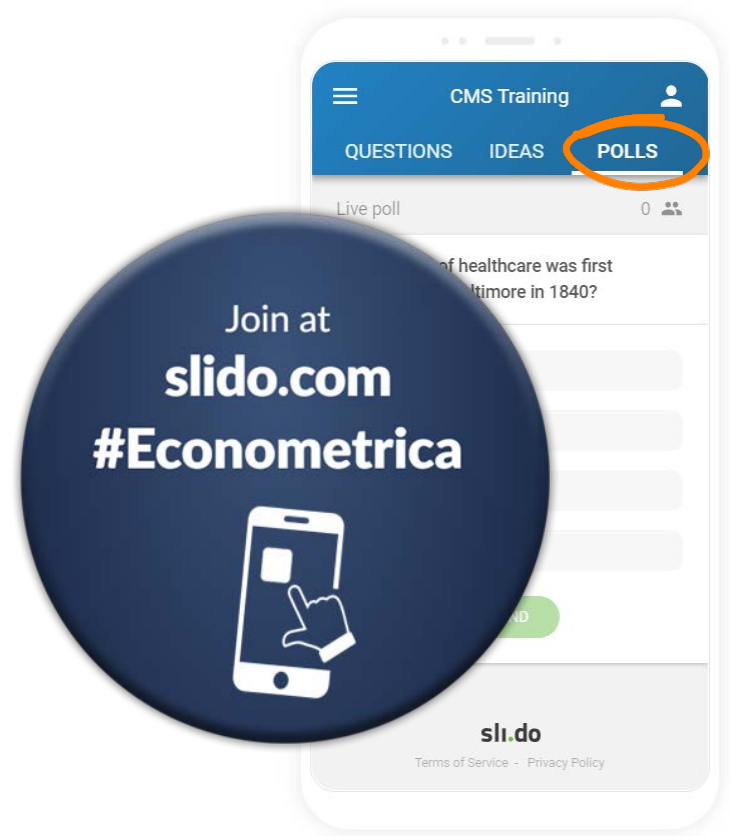


Knowledge Check 5: Rationale

- The assessing clinician is responsible for accurately completing and signing a comprehensive assessment.
- However, s/he may collaborate to collect data for all OASIS items, if agency policy allows.
 - Any exception to this general convention concerning collaboration is identified in item-specific guidance.

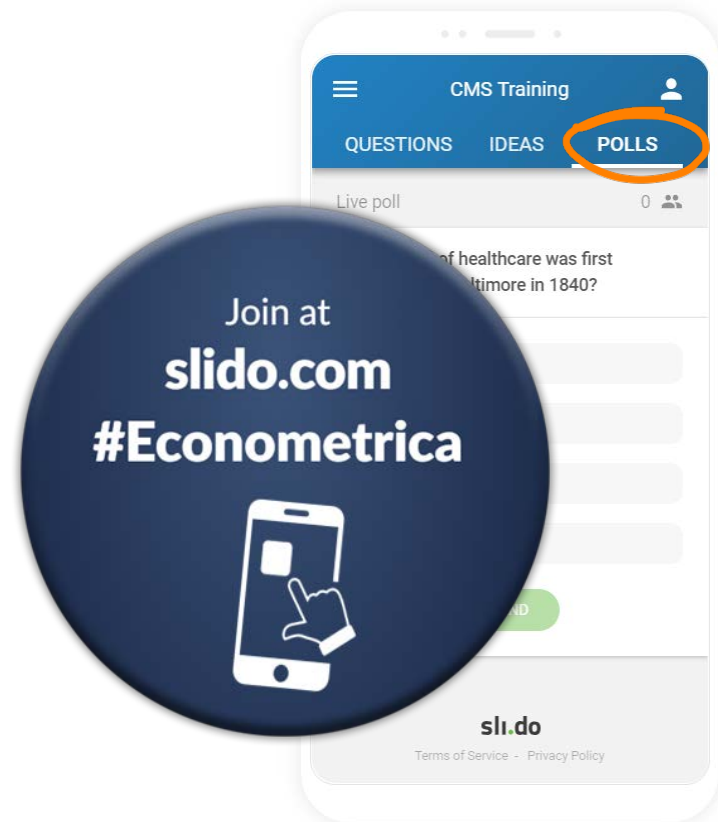
Select the best response regarding M1060. Height and Weight

- A. Enter a weight that has been reported by the patient's spouse.
- B. Use a documented weight from the SNF Discharge Summary.
- C. Use a documented agency-obtained weight within the previous 30 days.
- D. Use an estimated weight based on patient's report.



Select the best response regarding M1060. Height and Weight (cont.)

- A. Enter a weight that has been reported by the patient's spouse.
- B. Use a documented weight from the SNF Discharge Summary.
- C. Use a documented agency-obtained weight within the previous 30 days.**
- D. Use an estimated weight based on patient's report.



Knowledge Check 6: Rationale

- You may only enter a weight that has been directly measured by agency staff.
 - Do not enter a weight that is self-reported or derived from documentation from another provider setting.
- When there is an unsuccessful attempt to measure a patient's height or weight at SOC/ROC, an agency-obtained height or weight from a documented visit conducted within the previous 30-day window may be used.

Summary

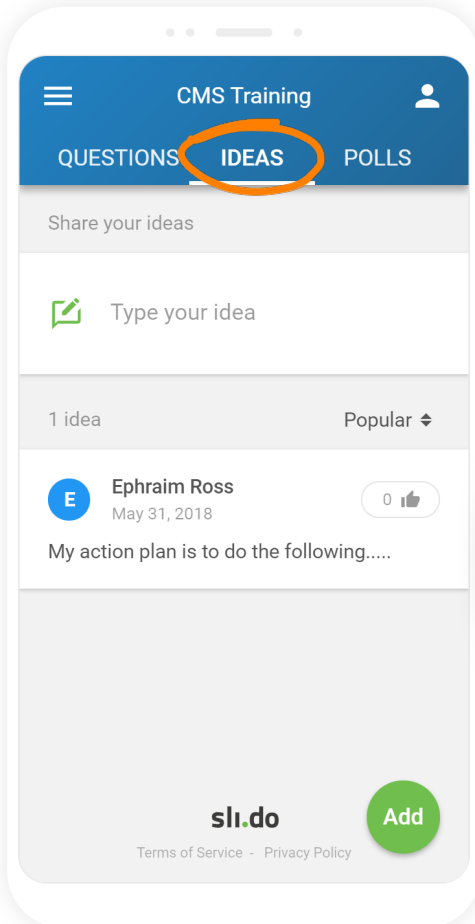


- OASIS-D should be used with all assessments with a M0090 Date Assessment Completed date of January 1, 2019, or later.
- Changes to OASIS-D include:
 - **New** standardized patient assessment data elements.
 - Alignment in content of items that support cross-setting measures (**revised**).
 - Comprehensive Item Use Evaluation, resulting in reduction of burden and quality measure changes (**removal**).
 - Updates and corrections to guidance.

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Questions?

