VOLUME 4
OASIS CHRONICLE AND RECOMMENDATIONS

in the report series entitled
OASIS and Outcome-Based Quality Improvement in Home Health Care:
Research and Demonstration Findings, Policy Implications,
and Considerations for Future Change

for three interrelated studies:
The National Medicare Quality Assurance and Improvement Demonstration
The New York State Outcome-Based Quality Improvement Demonstration
A Project to Assist Home Care Providers to Effectively Use Patient Outcomes

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SYNOPSIS AND RATIONALE FOR THE FOUR-VOLUME REPORT

The volumes in the report on
OASIS and Outcome-Based Quality Improvement in Home Health Care:
Research and Demonstration Findings, Policy Implications,
and Considerations for Future Change
are entitled

Volume 1: Policy and Program Overview
Volume 2: Research and Technical Overview
Volume 3: Research and Clinical Supporting Documentation
Volume 4: OASIS Chronicle and Recommendations

This report series documents findings and conclusions resulting from two large-scale demonstration projects to assess the value of a continuous quality improvement (CQI) methodology to measure and improve outcomes of home health care. A third project to assist nondemonstration agencies interested in the CQI methodology supported information dissemination and refinements to the approach during and after the latter stages of the demonstrations. The methodology, termed outcome-based quality improvement (OBQI), was designed primarily to benefit both Medicare and non-Medicare patients who receive home health care. OBQI relies on accurate and uniform information on the health status of patients collected at regular time intervals to measure the outcomes of care provided. Outcome measures are adjusted for factors that may differentially predispose patients to attaining or not attaining specific outcomes. The second objective of OBQI is to assist home care providers to evaluate and improve their own performance. Reports generated through OBQI allow providers to understand and use patient outcomes as performance indicators, changing care behaviors to enhance patient outcomes when appropriate.

In the interest of readability, the four-volume report proceeds from general to progressively more technical and clinical topics. This necessitates a certain amount of redundancy among the volumes, particularly the first two (portions of Volume 1 are excerpted from or closely paraphrase material in Volume 2). A summary of selected topics from Volume 1 stands apart from the four-volume set. It highlights major points and conclusions but provides only exceptionally terse discussion of the rationale for the main conclusions and recommendations. The first volume is a relatively brief document intended for a wide audience of individuals interested in (1) how to evaluate the adequacy of home health care for Medicare beneficiaries under a payment climate that has powerful incentives to underprovide services needed by patients, and (2) how to improve the quality of care in areas for which patient outcomes are poor and should be improved. An overview of the success that is attainable through OBQI to enhance patient outcomes is provided in this document.

Volume 1 is framed in the context of issues and events that led to the present-day environment for home health care. It is this environment and its likely future that the programs at the Centers for Medicare & Medicaid Services (CMS) must address on behalf of Medicare and Medicaid recipients. The recommendations presented in this volume are based on a 15-year research and development effort. They are focused on ways to guide the continued evolution of the Outcome and Assessment Information Set (OASIS) and, most importantly, the quality monitoring, quality improvement, payment, certification, and program integrity applications that rely on OASIS. These recommendations are intended to strike the appropriate balance between CMS's primary responsibility to beneficiaries and its secondary responsibilities to other governmental agencies, providers, payers, commercial interests, and voluntary accreditation programs.

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1 The Health Care Financing Administration (HCFA) changed its name to Centers for Medicare & Medicaid Services in June 2001. Both names (and acronyms) are used in this report depending on context and dates.

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Volume 2 also is reasonably brief and highlights the research approach and technical findings from the OBQI demonstration trials. Written for a more technical audience, it summarizes the research methodology, experimental approach, and statistical findings from the demonstration. A one-page research abstract is presented that encapsulates the methods, findings, and conclusions. Cross-references to Volume 3 guide the reader to further information on several technical, clinical, statistical, and programmatic topics. Conclusions that derive from the demonstration findings and their relevance to current policy and programmatic considerations are summarized in the final section (these conclusions are discussed in more detail in the final sections of Volume 1).

The third volume consists of supporting documents covering (1) a chronology of research and policy developments that form the backdrop for the results and conclusions of the first two volumes; (2) findings from OASIS reliability studies; (3) an overview of the measurement constructs and issues germane to the research; (4) the OASIS data set with an explanatory prologue; (5) an operations manual for implementing and maintaining OBQI in a home health agency; (6) illustrative agency-level outcome, case mix, and adverse event reports; (7) a summary of the operational components of the demonstration trials; (8) methods used by home health care providers in successfully enhancing patient outcomes; and (9) a bibliography of relevant literature.

Volume 4 contains points of rationale for why certain steps are prerequisite to or inherent in collecting and processing accurate OASIS data in order to measure and improve patient outcomes. An “OASIS Chronicle” constitutes the largest portion of Volume 4. This document provides an item-by-item summary of key attributes and recommendations for every OASIS data item. The attributes provided for each item include its precise wording, the time points at which data are recorded, clarifying or explanatory information, the rationale for the item, uses for the item that pertain to both agency-specific and CMS applications, the developmental and empirical testing history for the item, information on validity and reliability, perceived and real constraints or limitations, other points of information as appropriate, the overall necessity of the item, and a recommendation for retention or change. The OASIS Chronicle and its introductory documentation are intended to form a starting point for the continued evolution and improvement of OASIS and its applications.
PREFACE

The Center for Health Services Research in the Division of Health Care Policy and Research is a multidisciplinary research organization established in 1976 at the University of Colorado Health Sciences Center. The research programs of the Center focus on health policy, clinical issues, health outcomes, quality measurement, quality evaluation and improvement, performance measurement and analysis, case mix assessment and measurement, cost and payment analysis, health care regulation, and research and quantitative methods. Substantively, the primary research undertakings of the Center have been in long-term, geriatric, gerontological, chronic, and managed care in both noninstitutional and institutional provider environments.

This four-volume report was prepared as part of three separate studies: (1) the National Medicare Quality Assurance and Improvement Demonstration, (2) the New York State Outcome-Based Quality Improvement Demonstration, and (3) the Assisting Home Care Providers in Effectively Monitoring and Using Patient Outcomes study, with project or program officers Dr. Armen Thoumaian, Dr. Nancy Barhydt, and Dr. David Colby from three respective funding organizations: the Centers for Medicare & Medicaid Services, the New York State Department of Health, and the Robert Wood Johnson Foundation. The principal investigator for these three studies is Peter W. Shaughnessy, PhD; co-principal investigators on these or other studies that have contributed to the foundation for these reports include Robert E. Schlenker, PhD; Kathryn S. Crisler, MS, RN; David F. Hittle, PhD; Martha C. Powell, PhD; Angela A. Richard, MS, RN; James M. Beaudry, BA; and Andrew M. Kramer, MD. Study and program managers include Karin S. Conway, MBA, RN; Lecia R. West, MA; Rachael E. Bennett, MA; Angela G. Brega, PhD; and Nancy S. Donelan-McCall, PhD.

The findings and conclusions documented in this four-volume report derive from several projects conducted during the past 15 years that provided the research, clinical, and analytic approaches and framework employed in the demonstration trials documented here. This entire program is indebted to over one thousand home health care clinicians and administrators who contributed to all facets of outcome measurement and quality improvement research during this period.

We are grateful to several individuals for assisting with and enabling the OBQI demonstrations and promulgation of information about OBQI. Captain Armen H. Thoumaian, PhD, USPHS, was significantly and substantively involved in the National Demonstration trial and in facilitating ongoing national OBQI applications resulting from the demonstration. The interest and support of Steven Clauser, PhD, MPA throughout the demonstration and later stages of the CMS-sponsored research was integral to maintaining the entire OBQI program. CMS staff members Elizabeth Goldstein, PhD; Tony Hausner, PhD; and Barbara Greenberg, PhD helped guide early research activities that shaped this work. Other staff who were instrumental in guiding OBQI and OASIS applications and analyses at CMS include Helene Fredeking, BA, MEd; John Thomas, BS; Mary Wheeler, MS, RN; Mary Weakland, MS, RN; Tracey Mummert, BS, MT (ASCP); Heidi Gelzer, MSPH, RN; and Mavis Connolly, RN, MSW. Nancy Barhydt, DrPH, at the New York State Department of Health, provided leadership essential to the success of the New York State Demonstration, with assistance from Keith Servis, MA, and Mary Anne Tosh, MS, RN of the New York State Department of Health. Beth Stevens, PhD; Andrea Kabcenell, MPH, RN; Alan Cohen, ScD; and David Colby, PhD from the Robert Wood Johnson Foundation and Karen Pace, MS, RN from the National Association for Home Care assisted on several studies and programs that were part of the OBQI developmental effort.

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The National Advisory Committee for the demonstration programs has played a critical role in formulating the foundational research and programmatic applications of OASIS and OBQI. Its members include Nancy Barhydt, DrPH, Director, Division of Home and Community Based Care, State of New York Department of Health; Andrea Kabcenell, MPH, RN, Deputy Director, Pursuing Perfection; A. E. Benjamin, PhD, Professor, Department of Social Welfare, School of Public Policy and Social Research, University of California at Los Angeles; Joan Marren, MEd, MA, RN, Vice President for Clinical Services, Visiting Nurse Service of New York; Barbara McCann, MSW, Vice President, Interim Health Care, Inc.; Peter Boling, MD, Professor of Internal Medicine, Virginia Commonwealth University; Sharon Johnson, MS, RN, Director, Jefferson Homecare Network; Paula Reichel, BSN, RN, CEO Community Health Center; and Randall Brown, PhD, Senior Fellow, Mathematica Policy Research, Inc.

Over 80 faculty and staff at the Center for Health Services Research were involved in the several phases of this research. We particularly wish to acknowledge the efforts of Dee Smyth, Natasha Floersch, Patti DeVore, Laura McLaughlin, Karis May, and Lanee Bounds in all facets of editing, word processing, proof reading, and producing these four volumes. We deeply appreciate the efforts and contributions of all the aforementioned individuals.
## CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. IMPLEMENTATION AND ADMINISTRATION OF OASIS</strong></td>
<td>1.1</td>
</tr>
<tr>
<td>A. Origin, Implementation, and Revision History of OASIS</td>
<td>1.1</td>
</tr>
<tr>
<td>B. OASIS Administration and Home Health Assessment</td>
<td>1.2</td>
</tr>
<tr>
<td>C. Reactions to OASIS Implementation by Home Health Providers</td>
<td>1.3</td>
</tr>
<tr>
<td>D. Organization of OASIS Chronicle Document</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>2. OASIS CHRONICLE</strong></td>
<td>2.1</td>
</tr>
<tr>
<td>A. Reader’s Guide to the OASIS Chronicle</td>
<td>2.1</td>
</tr>
<tr>
<td>B. OASIS Chronicle</td>
<td>2.9</td>
</tr>
<tr>
<td>References</td>
<td>2.223</td>
</tr>
<tr>
<td><strong>3. OASIS CHRONICLE SUMMARY</strong></td>
<td>3.1</td>
</tr>
<tr>
<td>A. Reader’s Guide to the OASIS Chronicle Summary</td>
<td>3.1</td>
</tr>
<tr>
<td>B. OASIS Chronicle: Summary of Item Attributes</td>
<td>3.5</td>
</tr>
</tbody>
</table>
CHAPTER 1
IMPLEMENTATION AND ADMINISTRATION OF OASIS

A. ORIGIN, IMPLEMENTATION, AND REVISION HISTORY OF OASIS

The Outcome and Assessment Information Set (OASIS) is a product of a series of research and demonstration efforts designed to develop a patient-centered system of outcome measures and outcome improvement methods for home health care. As documented in Volume 2, the initial data set was developed with extensive input from home care clinicians, researchers, and others, for the purpose of measuring outcomes of care and controlling for patient risk factors that are predictive of patient outcomes. This data set was modified to include additional items in response to recommendations from a HCFA-convened task force of home care experts who reviewed the data set from the perspective of items judged essential for assessment. The items that had been developed and tested in the national research program, along with those added by the expert panel, became known collectively as OASIS.

OASIS was used operationally in two outcome-based quality improvement (OBQI) demonstration programs beginning in late 1995 and 1996. The initial demonstration experience suggested the need for selected refinements to the initial version of the data set (OASIS-A), eliminating a few items, adding others, and simplifying or clarifying the wording of many items. Despite these changes, the substance of the revised data set (OASIS-B) remained virtually unchanged. The initial version of OASIS mandated for use by Medicare-certified home health providers in the context of comprehensive patient assessment was OASIS-B1 (dated 10/98 to distinguish it from an earlier draft of OASIS-B1). Differences between OASIS-B and OASIS-B1 consisted of minor modifications to clinical record items, additional patient identifiers, and rewording of one demographic item. These modifications were intended to assist HCFA in tracking and managing data, and to make OASIS consistent with federal data collection standards. Additional revisions were made necessary by the implementation of the Medicare Prospective Payment System (PPS) for home health care. This resulted in a new item (M0825) related to therapy need, revision of one item (M0175: Inpatient Discharge), and several additional items for follow-up assessments that had previously been restricted to other time points (M0175: Inpatient Discharge, M0230/240: Home Care Diagnoses, and M0390: Vision). With these revisions, OASIS is now used as the data source for determining case mix adjustment for per-episode payment as well as outcome monitoring for quality improvement. This version of the data set, OASIS-B1 (8/2000), is the one in use today.

When the requirement for a comprehensive assessment incorporating OASIS items and the companion requirement for reporting of OASIS data were adopted as part of the Medicare Conditions of Participation in 1999, several hundred home health agencies already had significant experience with OASIS. However, most of the more than 7000 Medicare-certified home health providers had only a superficial exposure to OASIS and OBQI. CMS-sponsored training programs were held throughout the country, and
training materials (in the form of the OASIS Implementation Manual, OASIS Data Submission Specifications, and Home Health Agency System User’s Guide) were made available to home health agencies in both electronic and hard copy form. In addition, CMS produced an assessment training videotape, continues to provide ongoing guidance for home health agencies by posting answers to frequently-asked questions on the CMS Web site, and is currently developing a Web-based OASIS assessment training program. These training efforts have as their goal assisting home health agencies to collect accurate, uniform data in an efficient, cost-effective manner without imposing undue burden on care providers or home health patients. CMS provides home health agencies with free software for encoding OASIS data and maintains a system for electronic submission of OASIS data. Concurrent with OASIS implementation, research was undertaken (and is ongoing) to develop the means for evaluating and monitoring the accuracy of OASIS data, both nationally and for specific home care providers. Results of this and other research will be used to monitor and correct data accuracy problems at individual home health agencies as well as to continue the process of evaluating, testing, and refining OASIS over time.

B. OASIS ADMINISTRATION AND HOME HEALTH ASSESSMENT

OASIS is not a comprehensive assessment instrument; rather it is a collection of standardized data items to be incorporated into a home health assessment. Additional items are needed for a truly comprehensive assessment. For example, OASIS does not include items for assessment of vital signs, breath sounds, or fluid intake, which are typically part of a complete assessment, nor does it include detailed assessment items that would be required for patients with specific medical problems such as diabetes. Although some agencies encode the entire assessment, they are required to encode and transmit to CMS only the OASIS data. At certain time points, a comprehensive assessment is not required, but selected OASIS items must be collected for patient outcome monitoring.

Comprehensive assessment is required at start or resumption of care, at discharge from home health care, and at 60-day intervals in between (or more frequently, if a change in the patient’s condition warrants reassessment and a corresponding change in care plan). A much-abridged set of OASIS items is collected for a transfer to inpatient facility or death at home. Therefore, the total volume of OASIS data (and the amount of effort required to collect, encode, and transmit data) for a particular patient depends on that patient’s stay while under the care of the home health agency and whether the patient is hospitalized during the home health episode of care. For most home health patients, two assessments are required. The average number of OASIS time points (taking into account long stay patients and others who require several assessments) is 2.6 per patient.

Patient assessment data are collected through a combination of methods that include interaction with patient/family, observation, and measurement. A standard assessment of health status and related factors must involve more than reading to a patient (or caregiver) questions from a form and recording the respondent’s choices. Such an approach is not only inefficient and burdensome, but also highly ineffective for the purpose of obtaining an accurate picture of the patient’s health status. An experienced clinician who is well
trained in assessment uses a combination of methods. Interaction and interview data must be verified through observation and measurement, while information obtained from observation can also be used to identify factors which require additional interview questions. Assessment skills always have been extremely important in home health care. The introduction of OASIS items into the comprehensive assessment does not require any greater skill than pre-OASIS assessments, but it imposes a more uniform set of standards for assessment than prevailed before OASIS was required.

C. REACTIONS TO OASIS IMPLEMENTATION BY HOME HEALTH PROVIDERS

1. Concerns Raised

Reaction to OASIS has varied widely among home health agencies. As documented in Volumes 1 and 2, before the implementation of the comprehensive assessment and OASIS reporting requirements, agencies participating in OBQI demonstrations had implemented OASIS voluntarily and found it to be a worthwhile investment. Many providers view OASIS as a valuable tool for multiple purposes, such as clinical management, performance evaluation, resource allocation, and contract negotiation with payers. However, a number of particularly vocal providers perceive the comprehensive assessment and OASIS data reporting requirements to be overly burdensome and unnecessary. Such providers have expressed concerns about specific OASIS items and issues related to Medicare regulatory provisions, including the following:

- Assessment timing requirements sometimes do not fit well with planned visit frequency or require reassessment at shorter intervals than some staff believe to be needed for selected patients;

- Some providers view OASIS data collection to be unwarranted for short stay or low utilization patients. Assessment requirements for “significant change in patient condition” and for resumption of care after short stay hospitalizations (between 24 and 72 hours) are viewed as problematic;

- Multiple assessment forms for specific time points at which OASIS data collection is required are perceived by some as confusing and burdensome;

- There is some duplication of effort when similar information is required on multiple forms, such as OASIS, the plan of care (HCFA-485), and billing forms (HCFA-1450 or UB-92);

- Including non-Medicare patients in the comprehensive assessment and OASIS reporting requirements is an issue for providers who view OASIS primarily as a tool for Medicare reimbursement; and

- Payment is perceived to be inadequate to cover the full costs of collecting, encoding, and transmitting OASIS data.
2. **Resolutions and Next Steps in Addressing Concerns**

Home health providers participating in OBQI demonstrations faced and successfully addressed most of the issues enumerated above. For example, most patients receiving skilled care from Medicare-certified home health agencies are visited with sufficient frequency that, with a reasonable degree of advance planning, it is possible to schedule follow-up assessments to comply with regulatory provisions without disrupting care plans or making extra visits merely for the purpose of assessment. Patients who require skilled services at intervals exceeding 60 days (or at shorter intervals that do not readily add up to 60-day intervals) are relatively rare, and demonstration participants were able to accommodate the prescribed assessment schedule without making a large number of unpaid visits. On the other hand, if home health care providers can document (through analysis of actual utilization data rather than anecdote) that the 60-day assessment schedule is inconsistent with appropriate care patterns for a significant portion of home health care patients, some accommodation may be needed. Any proposed adjustment to the prescribed assessment frequency would need to be based on specific empirical criteria.

The contention that short stay and low utilization home health patients should not require a comprehensive assessment rests on the dual assumptions that (1) it is possible to identify, without first conducting a comprehensive assessments, which patients will require visits for a short period of time or only a few visits, and (2) analysis of outcomes of care for short stay or low utilization patients is not meaningful for monitoring and improving quality of care. Both of these assumptions are questionable. One of the unanticipated advantages of OASIS cited by a number of OBQI demonstration participants was its use in care planning and justifying the level of required services. These agencies indicated that, using OASIS, they were more readily able to document both the need for services (including recommended frequency and duration) and instances when services were not needed. Outcomes of short stay patients are important because the reason for a short duration home health episode often is hospitalization. Without OASIS data collection for short stay patients, valuable indicators of potentially inadequate care would be lost.

Another area where the experience of OBQI demonstration agencies is relevant is the incorporation of OASIS items into assessment forms. Some providers have indicated that the use of different assessment forms for different time points is problematic. However, demonstration agencies found that a limited number of time-point-specific forms was considerably more efficient than adopting a universal form to cover all time points. It is not necessary to have a distinct form for each of the ten unique reasons for assessment, but using two to four different forms rather than a single form (a substantial portion of which would be left blank for some assessment time points) is efficient and, in the experience of demonstration agencies, causes minimal confusion.

While some OASIS items are duplicative of data items required on other forms, including plan of care and billing forms, it is not clear that entirely eliminating such duplication is feasible. OASIS data systems at CMS are distinct from claims processing systems, and both have specific needs that include some common data elements. Home
health providers with integrated information systems can avoid duplicate data entry of selected items by sharing data between applications. It should be clarified that data elements in OASIS that are purely provider, patient, or episode identifiers need not be transcribed by hand from one paper form to another if an alternative means is available to encode the data for transmission.

Including non-Medicare patients in OASIS data collection and OBQI reporting, as indicated in Volume 1, is fundamental to maintaining organization-wide quality improvement processes. Indeed, most demonstration agencies found that not only did it enhance the effectiveness of quality improvement efforts to include all patients, regardless of payer, in outcome analyses, but it was also more convenient and cost-effective to use a single set of assessment forms and protocols for all patients rather than maintaining separate forms and protocols for different patient groups. In addition, it is a matter of principle that CMS and state survey agencies are responsible for monitoring care provided to all patients served by Medicare-certified health care providers, not just Medicare beneficiaries. This is particularly important under PPS, which can create incentives to underserve patients.

The issue of adequate reimbursement for the costs of collecting, encoding, and transmitting OASIS data is one that deserves further consideration and analysis. Estimates of the burden associated with conducting OASIS assessments vary widely depending on the source of the information, as indicated in Supporting Document 2 of Volume 3. Research results presented in that document indicate that demonstration agencies were able to incorporate OASIS assessments into their agencies’ routine procedures, without increasing assessment burden. Moreover, these agencies were able to implement OASIS data collection and OBQI and survive financially, even in the face of the reduced payment rates, cost limits, and utilization limits that characterized Medicare’s Interim Payment System. Further research regarding actual time spent on assessments by home care clinicians is needed, as well as analysis of variations in assessment time from one provider to another. Analyzing such variations is important, particularly for identifying those agency-level characteristics or practices that are related to unusually high or low assessment time. In addition to assessment time, the costs of encoding and transmitting data should be objectively examined, as indicated in Volume 1. It would be shortsighted not to address these issues precisely and realistically.

D. ORGANIZATION OF OASIS CHRONICLE DOCUMENT

The OASIS Chronicle has been prepared to serve as a reference source for understanding and evaluating OASIS items as well as providing, in a single document, a summary of the multiple uses of OASIS. The remainder of this volume consists of two chapters that serve these purposes. Chapter 2 includes the OASIS Chronicle (Section B), which presents detailed information on every OASIS item (devoting two pages to each item), preceded by a reader’s guide (Section A) which assists the reader to interpret the information in the OASIS Chronicle Item-Specific Record. In addition to presenting information on the rationale, current and planned uses, reliability, and validity of each item, specific concerns raised by home health providers regarding individual items are addressed. Recommendations regarding the retention of specific
items in OASIS as well as future evaluation and development activities to improve measurement for specific items are included. Chapter 3 provides much of the same information presented in Chapter 2, but in summary form. It consists of a reader’s guide, followed by a table summarizing in a highly compressed manner the information presented in more detail in Chapter 2. These two formats (the detailed approach of the OASIS Chronicle and the overview approach in Chapter 3) are provided so that the reader can analyze the material from either an “in-depth” or a “big picture” perspective, focusing on specific reasons for including OASIS items, or examining the entire data set in a summary manner.
CHAPTER 2
OASIS CHRONICLE

A. READER’S GUIDE TO THE OASIS CHRONICLE

This section provides documentation to assist the reader in understanding and interpreting information in the OASIS Chronicle. The following terms are used uniformly throughout this section:

- The *OASIS Chronicle* is a document (presented in Section B) that summarizes a variety of characteristics of each item in OASIS. Its intent is to describe on an item-by-item basis the background, research activities, technical properties, applications, strengths, limitations, and qualifications that characterize each OASIS item in order to recommend whether the item should be retained, refined, or considered for deletion in future versions of OASIS.

- Within the OASIS Chronicle, each OASIS data item has an *Item-Specific Record* that contains the aforementioned characteristics for the item, concluding with the recommendation to retain or change the item.

- Within each Item-Specific Record in the OASIS Chronicle is a set of attributes, termed *elements*. The first four elements are taken directly from OASIS for any given data item. These four elements are: item category, item number, item name, and time points. They are not numbered in the Item-Specific Record. For purposes of clarity in this documentation only (i.e., Section A of Chapter 2, not in the item-specific forms that appear in the OASIS Chronicle), they are termed Elements A, B, C, and D. The remaining elements that appear in the Item-Specific Record for each OASIS data item are numbered from 1 through 11 and respectively consist of: precise wording of the item; item clarification; rationale for item; item use/application; item research, development, clinical, and testing history; validity; recent reliability, perceived or real constraints/limitations; additional comments; overall necessity of item; and recommendation for retention or change.

The remainder of this section contains an explanation of the information that is provided within each element of the Item-Specific Record for every OASIS data item (appearing in the OASIS Chronicle in Section B).

**ELEMENT A. Item Category:** OASIS is organized into the 16 categories of items described below. The entry in Element A indicates the category to which the OASIS item under consideration belongs.

1. **Clinical Record Items:** These consist primarily of home health agency and patient identifiers. Within the agency, these items are used to track assessments and episodes of care for specific individuals, and to enable agency staff to locate clinical records associated with specific OASIS assessments. When OASIS records are submitted to the national repository, these items serve the additional functions of
linking individual assessments to specific home health agencies. They also permit linking OASIS data to claims (and potentially other data sets) for administrative purposes. Very few of these items represent ‘new’ data collection for the home health agency. They are already collected for other administrative purposes, and can be transcribed (or transferred), often electronically, for OASIS data submission.

2. **Demographics and Patient History**: These items include payment sources, recent inpatient facility stay, changed treatment regimen information, diagnoses, prognosis, and items related to specific aspects of the patient’s clinical history.

3. **Living Arrangements**: The items in this category summarize the physical environment in which the patient lives and care is delivered.

4. **Supportive Assistance**: Assistance provided by family, friends, and others is a crucial adjunct to the care provided by home health clinicians. This category of items includes information on whether assistance is available and, if so, the type and frequency of assistance available.

5. **Sensory Status**: Items in this category pertain to vision, hearing, speech, and pain experienced by the patient.

6. **Integumentary Status**: Skin lesions and wounds of specific types are included in this category.

7. **Respiratory Status**: Two items that pertain to shortness of breath and current respiratory treatments comprise this category.

8. **Elimination Status**: This category includes four items that deal with incontinence of urine or bowel, urinary tract infection, and bowel ostomy.

9. **Neuro/Emotional/Behavioral Status**: Items in this category reflect the presence and severity of problems related to cognition, anxiety, depression, and behavioral items, as well as psychiatric nursing service provision.

10. **Activities of Daily Living (Functional Status)**: These items reflect selected physical abilities of the patient to perform activities that are needed to function in the home environment.

11. **Instrumental Activities of Daily Living (Functional Status)**: This category of items consists of selected cognitive and physical abilities that facilitate independent patient functioning within the home environment.

12. **Management of Medications**: Items in this category reflect the patient’s ability to safely manage medications, which is a crucial factor for independent living.

13. **Equipment Management**: This category is similar to the previous category, but relates to patient (or caregiver) management of equipment needed for treatment.
14. **Therapy Need**: This is a single item used (for payment purposes only) to project the need for physical or occupational therapy.

15. **Emergent Care Utilization**: Items in this OASIS category reflect the use of emergent care services and reasons for emergent care. This category is crucial to the use of OASIS data for outcome-based quality monitoring (OBQM).

16. **Discharge or Transfer to Inpatient Facility Status**: These items help track the patient’s status upon discharge from home health care, including whether the discharge is planned or unplanned (due to an urgent or emergent inpatient facility admission).

**ELEMENT B. Item No.**: This element contains the number for the OASIS item under consideration. Each OASIS item is assigned an identifying number between 0001 and 9999, prefixed by the letter “M.” The numbering system reflects the sequence of items within the data set. As items have changed over time, the numbering system has changed somewhat. Generally, when an item is changed in a significant way, it is assigned a new number to avoid confusion with prior versions of the item.

**ELEMENT C. Item Name**: This is the short descriptive name used in OASIS for the specific item.

**ELEMENT D. Time Points**: A comprehensive assessment including OASIS must be completed at admission to home health care and upon resumption of care following an inpatient facility stay of 24 hours or more (these time points are referred to as Start or Resumption of Care), at 60-day intervals and whenever a change in the patient’s condition warrants reassessment (the Follow-up point), and upon discharge from the home health agency (the Discharge point). Selected OASIS items also are required to be completed and submitted (although a comprehensive assessment is not required) when a patient is admitted to an inpatient facility for 24 hours or more (the Transfer-to-Inpatient-Facility time point). A check mark (✔) corresponding to one or more of these time points indicates the item is required for the specified time point(s).

**ELEMENT 1. Precise Wording of Item**: This element contains the precise wording of each item as it appears in OASIS. Home health agencies are expected to include all OASIS items in clinical documentation forms using the exact wording reproduced here. Where the wording varies among different assessment time points, these changes are indicated.

**ELEMENT 2. Item Clarification**: Information provided in this element clarifies the definition of the item and includes, where appropriate, a brief explanation of the information source (e.g., agency administrative records). This element does not present assessment strategies for the clinician to utilize in obtaining the information, as these are found in the **OASIS Implementation Manual** published by CMS.

**ELEMENT 3. Rationale for Item**: A brief explanation of the primary purpose(s) of and justification for the item is provided in this element.
ELEMENT 4. Item Use/Application: This element describes the specific purposes for which each item has been or can be used by home health agencies, CMS, or others. Nearly all OASIS items are used for one or more of the following applications. Each application has a corresponding check box. An item’s particular applications are identified with an “X” or a check mark (√).

Identifier (for data management/tracking): Patient, episode, and assessment identifiers are needed by the home health agency to accurately associate an electronic OASIS record with a patient’s permanent clinical record (or “chart”), readily access OASIS data in the agency’s database, and track submission of data to CMS. CMS uses patient identifiers for tracking data submissions, matching assessments from a single episode of care for reporting purposes, and linking to other administrative databases.

HOME HEALTH AGENCY APPLICATIONS: This subsection of Element 4 includes the uses that home health agencies have found for OASIS items, either for treating individual patients, analyzing OASIS data for decision-making, or communicating with other entities.

Assessment: The item is used routinely to characterize the patient’s health status or provide other information important for a clinician to consider in determining the care requirements of the patient. Virtually all (non-identifier) OASIS items were recommended by clinicians in the home health industry as crucial to comprehensive patient assessment.

Care planning: The item is recognized by clinicians as necessary for planning the care to be provided by the home health agency, including determining the type, frequency, and duration of services, and documenting the need for services.

Quality improvement/outcome enhancement: The item is used in the computation of at least one outcome measure for the national reporting system or the OBQI demonstration programs, or it is a predictor of patient outcomes and therefore is used in outcome risk adjustment, or it is used by agencies for the process-of-care component of outcome enhancement.

Patient mix/origin/discharge disposition monitoring: The item currently is used in the case mix reports available to home health providers using OASIS national repository data, or it has contributed to reports that are used for this purpose, or it assists in monitoring patient origin or discharge disposition by demonstration agencies and others.

Utilization/cost/resource consumption monitoring: The item is used for case mix adjustment of payment under home health PPS, or it is used by home health agencies either to predict utilization and cost or to stratify patients for monitoring utilization and costs within specific patient groups.

Marketing (e.g., public relations, payer negotiations): Home health agencies may use the item in the context of information on patient outcomes, utilization patterns,
patient mix, discharge disposition, or other characteristics of the agency or patients served in marketing the agency’s services within the community or as part of negotiations with insurers, including managed care organizations.

Feedback to other providers (e.g., physicians, discharge planners): Demonstration agencies and others have used the OASIS data item in preparing reports for physicians to monitor individual patient progress toward care goals and analyze other aspects of health status. In addition, the item may be used in aggregated agency-level reports for hospital discharge planners when making decisions concerning post-hospital care.

Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks): All JCAHO-accredited home health providers must use an approved ORYX performance measurement system (PMS) vendor to periodically report performance data to JCAHO. The CHAP program also includes outcome benchmarking. Most of the measurement systems use OASIS data in some way, including outcome measurement and risk adjustment. This application is checked when the item is known to be used for accreditation purposes.

CMS APPLICATIONS: Uses enumerated in this subsection of Element 4 are those that CMS has implemented or planned for providing feedback to home health providers -- as well as those related to payment systems, program integrity, provider certification, and public information dissemination applications.

Outcome measurement for outcome reporting: Items are checked that contribute to the computation of one or more of the outcome measures that appear in the agency-level outcome reports produced using the national OASIS data repository.

Risk factor measurement for outcome reporting: Most OASIS items contribute in some way to risk adjustment of outcomes for home health provider use. An item receives a check for this particular application if it is used in one or more statistical risk adjustment models for outcomes that appear in agency-level outcome reports.

Number of risk adjustment models: This is the number of outcome measures for which the OASIS item under consideration is included as (or used in the computation of) a risk factor. Only risk factors that have a statistically significant relationship to the outcome, and for which the direction and magnitude of the relationship are clinically plausible, are included in each risk adjustment model. The number of risk adjustment models to which an item contributes is an indicator of that item’s total importance in the risk adjustment process -- although some items that contribute to only a few risk models can be imperative to risk adjustment for these models.

Adverse event measurement for adverse event report: An item is checked if it contributes to the computation of one or more adverse event outcome measures that appear in the adverse event outcome reports.
Case mix measurement for case mix profiling: An item is checked if it contributes to the computation of one or more measures that appear in the case mix profile reports that are released to home health providers.

Case mix adjustment for prospective payment system: An item is checked if it contributes to the grouping of patient episodes to determine case mix adjustment for prospective payment. A grouping algorithm is used to determine home health resource group (HHRG) assignment based on OASIS data at start of care, at recertification every 60 days for continuing patients, and, under certain circumstances, when a significant change in the patient’s condition occurs.

Performance indicator for consumer reporting (planned): Reporting of provider-level performance data for Medicare beneficiaries, their families, and other members of the public is planned for all provider types, including home health agencies. Risk-adjusted outcome rates for a subset of the measures used by providers, possibly including additional outcome measures, are expected to be an important part of reporting for consumers. An item is checked for this use if it currently contributes to outcome measures or risk factors in the context of agency-level reporting and has a reasonable likelihood of contributing to consumer reporting.

Survey & certification use (planned): CMS expects to use both risk-adjusted patient outcomes and adverse event outcomes in the survey process -- as screening mechanisms and to focus on-site survey efforts. OASIS-based case mix reports may also play a role in survey activities. While the precise nature of these activities is not yet fully developed, if this application is checked for an item, it reflects a high likelihood that the item will contribute to outcome-oriented survey activities.

Program integrity (planned): Medicare program integrity activities encompass issues related to payment accuracy, program eligibility, and verification of service provision, among others. Program integrity applications likely will utilize not only those OASIS items directly related to case mix adjustment of payment, but also a variety of items that may corroborate or contradict payment-related items, as well as items related to homebound status, medical necessity, and other eligibility issues. An item is checked for this application if it is expected to have any such uses.

OTHER APPLICATIONS UNDER DEVELOPMENT: Other potential uses for OASIS data are under development. At present, this category includes only uses of OASIS data proposed in a study sponsored by the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE) (Donelson et al., 2001) examining homebound status and medical necessity determination in the context of Medicare payment for home health care services. Other applications may be added in the future.

Homebound status determination: A check for this application indicates the item is included in an algorithm for objectively verifying homebound status developed under the study sponsored by DHHS/ASPE.
Medical necessity determination: Items are checked that are included in an algorithm for evaluating medical necessity of home health services developed under the DHHS/ASPE study.

**ELEMENT 5. Item Research, Development, Clinical, and Testing History:** All but a few of the data items in the current version of OASIS have undergone considerable conceptual development, testing, refinement, and use for multiple applications in home health settings over a number of years. This section briefly highlights the research and development history of each item, indicating when and how it was used, tested, and refined over time.

**ELEMENT 6. Validity:** The most important types of validity undertaken in the OASIS research and development process were six in number. Each type of validity has a corresponding check box; a check mark (✓) indicates that the item under consideration underwent the indicated type of validity analysis. The six categories are:

*Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement:* This indicates whether an item was reviewed by panels of researchers and clinicians and was recommended for measuring patient outcomes relevant to home health care provision and quality measurement, or for risk adjustment of outcome analyses.

*Consensus validity by expert clinical panels for patient assessment and care planning:* This indicates whether an item was reviewed by a panel of clinical experts and was recommended for inclusion in a core set of data items for patient assessment and care planning -- for example, in addition to research project clinical panels, the Health Standards and Quality Bureau (HSQB) convened a panel consisting of HCFA staff, researchers, clinicians in a variety of disciplines, and home health industry representatives to review and possibly expand the OASIS items needed for assessment.

*Criterion or convergent/predictive validity for outcome measurement/risk factor measurement:* This type of validity indicates that the item has been tested empirically for use in conjunction with outcome measures or risk factors predictive of patient outcomes and, by virtue of such testing, has been found to be related to other indicators of health status and patient outcomes in a statistically significant and clinically meaningful way.

*Convergent/predictive validity: Case mix adjustment for payment:* This type of validity indicates that the item has been tested and is now used in the grouping algorithm that, in part, determines the per-episode payment to home health agencies for care provided under the Medicare home health benefit.

*Validation by patient assessment and care planning:* This type of validity indicates that the item has been used by clinicians for patient assessment and care planning in several hundred home health agencies for several years, and has been reported by practicing clinicians to be effective and useful for these purposes.
**Validation by outcome enhancement:** This type of validity indicates that home health agencies have used the item (among others) for outcome analyses, process-of-care investigations, or ongoing monitoring for quality improvement -- with demonstrated success in improving patient outcomes.

**ELEMENT 7. Recent Reliability:** This element has as its first entry an indication of interrater reliability for the OASIS item under consideration. A box is checked indicating that reliability is substantial, moderate, or fair/slight according to interrater reliability as reflected by a weighted kappa (or percent agreement) value. The results indicate that the

<table>
<thead>
<tr>
<th>Rating Is</th>
<th>If the Weighted Kappa (or % agreement) Is</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td>Greater than 0.60</td>
</tr>
<tr>
<td>Moderate</td>
<td>Equal to or greater than 0.40 but no greater than 0.60</td>
</tr>
<tr>
<td>Fair/Slight</td>
<td>Less than 0.40</td>
</tr>
<tr>
<td>Not Evaluated</td>
<td>The item was not tested for reliability</td>
</tr>
</tbody>
</table>

This rating scheme is commonly used in reliability research. (See Hughes & Ash, 1997; Madigan, Tullai-McGuiness, & Fortinsky, 2001; Morris et al., 1997; and Landis & Koch, 1997 for research that uses this rating scheme.)

The ratings are based on a study of OASIS interrater reliability that employed independent assessments by two clinicians within a period of 24 hours. This study was conducted by the University of Colorado Center for Health Services Research (CHSR) and is described in Supporting Document 2 in Volume 3.

**Interrater reliability (weighted kappa or percent agreement):** For OASIS items that were tested for reliability up to three reliability coefficients (or agreement ratings) are provided in the second component of Element 7. They were obtained from three separate reliability studies. For a discussion of the merits of each study, see Volume 1 of this report and the aforementioned Supporting Document 2. To summarize, the results from Study 1 were used to determine the above rating for each item, since this study was regarded as the most accurate of the two independent assessment reliability studies (the third study below was not an independent assessment interrater reliability study):

- Study 1: Independent assessment interrater reliability study conducted by CHSR (see Supporting Document 2 in Volume 3).

**ELEMENT 8. Perceived or Real Constraints/Limitations:** This element summarizes both perceived and real problems, limitations, or assessment burdens associated with each item. It includes not only issues that have arisen in research and demonstration projects using these items, but also perceptions articulated by individuals.
or groups in the home health industry and other interested parties. In instances where problems or concerns are (largely) perceived rather than actual, a brief explanation is given either of the reason for the perception or how to deal with it.

**ELEMENT 9. Additional Comments**: This element includes relevant issues or facts that do not fall under any other element.

**ELEMENT 10. Overall Necessity of Item**: This rating is a synthesis of the overall utility of the item for multiple purposes. It predominantly takes into account information summarized in Element 4 reflecting the level of contribution of an item to applications used by home health agencies, CMS, and other organizations. Necessity is rated according to the following five-level scale:

- **Essential**: Item is very important for multiple purposes or is crucial for a single use.
- **Highly useful**: Item is important for several purposes.
- **Useful**: Item is important for one purpose and used for several others.
- **Potentially useful**: Item is used for one or more purposes or, if refined, may be important for several purposes.
- **Marginal**: Item is unnecessarily redundant or has no current or programmatic use.

**ELEMENT 11. Recommendation for Retention or Change**: This recommendation is based on a combination of the information in Elements 3 through 10 above. Retention of OASIS items is generally recommended because most OASIS data are rated as essential or highly useful and have been found to be of value over a period of many years. Essential or highly useful items with questionable reliability are indicated as needing further improvement. Deletion is recommended for items that appear to have no current or planned use, or for which the benefit derived from the information provided is exceeded by the burden of data collection.

**B. OASIS CHRONICLE**

The Item-Specific Records for all OASIS data items are presented in this section. Thus, the following pages constitute the full OASIS Chronicle, with information presented on the elements defined and described in the preceding section (Section A) for each OASIS item. The order of data items is based on their order of appearance in OASIS.
### OASIS CHRONICLE

**Form No. OC:1-02.02 Item-Specific Record**

**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0010</td>
<td>Agency Medicare Provider Number</td>
<td>☑ Start or Resumption of Care, ☑ Follow-Up, ☑ Transfer to Inpatient Facility, ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0010) Agency Medicare Provider Number:

   __ __ __ __ __

2. **Item Clarification:**

   Agency-level identifier; assigned to the home health agency by CMS. The clinician does not need to collect this information as it is known by all agency personnel. The agency needs to make sure number is included in the electronic data submission. Left blank if agency is not a Medicare provider.

3. **Rationale for Item:**

   For database management; links individual assessment records to a specific home health agency.

4. **Item Use/Application:**

   - ☑ Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ☐ Assessment
   - ☐ Care planning
   - ☐ Quality improvement/outcome enhancement
   - ☐ Patient mix/origin/discharge disposition monitoring
   - ☐ Utilization/cost/resource consumption monitoring
   - ☐ Marketing (e.g., public relations, payer negotiations)
   - ☐ Feedback to other providers (e.g., physicians, discharge planners)
   - ☐ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☐ Outcome measurement for outcome reporting
   - ☐ Risk factor measurement for outcome reporting
   - ☐ Number of risk adjustment models
   - ☐ Adverse event measurement for adverse event report
   - ☐ Case mix measurement for case mix profiling
   - ☐ Case mix adjustment for prospective payment system
   - ☐ Performance indicator for consumer reporting (planned)
   - ☐ Survey & certification use (planned)
   - ☐ Program integrity (planned)

   **Other Applications Under Development**
   - ☐ Homebound status determination
   - ☐ Medical necessity determination

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2.10
5. **Item Research, Development, Clinical, and Testing History:**

- **1995-2000:** Demonstration testing in the National and New York State Demonstrations as an agency identifier only. Item revised to include full provider number after first year of data collection.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. **Recent Reliability:**

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**

- Can change due to ownership, merger, or other administrative changes. Provider number is redundant to some extent for data management purposes because each home health agency is assigned a separate data submission identifier by the State.

9. **Additional Comments:**

- This item is required by CMS on many forms, including 485 and claims.

10. **Overall Necessity of Item:**

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

11. **Recommendation for Retention or Change:**

- Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above. Coordinate future changes with development of universal provider identifier. Clarify that this item is not required on clinical forms but should be included in the electronic record for identification/matching purposes.

**Date Recorded:** 02 / 01 / 2002
Item No.: M0012  
Item Name: Agency Medicaid Provider Number

1. Precise Wording of Item:
(M0012) Agency Medicaid Provider Number: __ __ __ __ __ __ __ __ __ __

2. Item Clarification:
Agency-level identifier; assigned to home health agency by State. Home health agency should make sure number is included in the data submitted to the State. Left blank if agency is not a Medicaid Provider.

3. Rationale for Item:
For database management; links individual assessments to a specific home health agency. Some States require Medicaid-only home health agencies to meet Medicare Conditions of Participation.

4. Item Use/Application:  
   - Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - Assessment
   - Care planning
   - Quality improvement/outcome enhancement
   - Patient mix/origin/discharge disposition monitoring
   - Utilization/cost/resource consumption monitoring
   - Marketing (e.g., public relations, payer negotiations)
   - Feedback to other providers (e.g., physicians, discharge planners)
   - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - Outcome measurement for outcome reporting
   - Risk factor measurement for outcome reporting
   - Number of risk adjustment models
   - Adverse event measurement for adverse event report
   - Case mix measurement for case mix profiling
   - Case mix adjustment for prospective payment system
   - Performance indicator for consumer reporting (planned)
   - Survey & certification use (planned)
   - Program integrity (planned)

   **Other Applications Under Development**
   - Homebound status determination
   - Medical necessity determination

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2.12
### 5. Item Research, Development, Clinical, and Testing History:

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>New for national implementation.</td>
</tr>
<tr>
<td>1999-2000</td>
<td>Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
</tbody>
</table>

### 6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### 7. Recent Reliability:

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/Slight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability not evaluated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

### 8. Perceived or Real Constraints/Limitations:

Provider number may change. One Medicare home health agency may have several Medicaid provider numbers. Provider number is redundant to some extent for data management purposes, because each home health agency is assigned a unique data submission identifier by the State.

### 9. Additional Comments:

Strongly desired by States with large Medicaid home care programs.

### 10. Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### 11. Recommendation for Retention or Change:

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002

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**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0014</td>
<td>Branch State (Optional)</td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0014) Branch State: ___ ___

---

### Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:
  - M0010 Agency Medicare Provider Number
  - M0012 Agency Medicaid Provider Number
  - M0014 Branch State (Optional)
  - M0016 Branch ID Number (Optional)
  - M0040 Patient Name
  - M0050 Patient State of Residence
  - M0060 Patient ZIP Code
  - M0063 Medicare Number
  - M0064 Social Security Number
  - M0065 Medicaid Number
  - M0067 Primary Referring Physician ID (UPIN)

- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

---

2. **Item Clarification:**

The State where the agency branch office is located. This item is optional, to be used at the discretion of the agency.

---

3. **Rationale for Item:**

In combination with M0016, provides agency with ability to track patients by branch. May be used for branch-specific reporting in future.

---

4. **Item Use/Application:**

- **Identifier (for data management/tracking)**
  - **Home Health Agency Applications**
    - ☑ Assessment
    - ☑ Care planning
    - ☑ Quality improvement/outcome enhancement
    - ☑ Patient mix/origin/discharge disposition monitoring
    - ☑ Utilization/cost/resource consumption monitoring
    - ☑ Marketing (e.g., public relations, payer negotiations)
    - ☑ Feedback to other providers (e.g., physicians, discharge planners)
    - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
  - **CMS Applications**
    - ☑ Outcome measurement for outcome reporting
    - ☑ Risk factor measurement for outcome reporting
    - Number of risk adjustment models
    - ☑ Adverse event measurement for adverse event report
    - ☑ Case mix measurement for case mix profiling
    - ☑ Case mix adjustment for prospective payment system
    - ☑ Performance indicator for consumer reporting (planned)
    - ☑ Survey & certification use (planned)
    - ☑ Program integrity (planned)
  - **Other Applications Under Development**
    - ☑ Homebound status determination
    - ☑ Medical necessity determination

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2.14
5. **Item Research, Development, Clinical, and Testing History:**

6. **Validity:**
   - ☐ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☐ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☐ Validation by patient assessment and care planning
   - ☐ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☐ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☑ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Not applicable.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☐ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☑ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

   **Date Recorded:** 02 / 01 / 2002
### OASIS CHRONICLE

**Item-Specific Record**

**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.: M0016</th>
<th>Item Name: Branch ID Number (Optional)</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓ Start or Resumption of Care ✓ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Transfer to Inpatient Facility ✓ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**
   
   (M0016) Branch ID: __ __ __ __ __ __ __

2. **Item Clarification:**
   
   Branch identification code, as defined by the agency. This item is optional, to be used at the discretion of the agency. Any combination of numeric and/or alphabetic characters may be used for this code. Coding of item is up to the agency, and no standards apply.

3. **Rationale for Item:**
   
   For tracking individual patients and assessments by branch. May enable branch-specific reporting to home health agencies in the future.

4. **Item Use/Application:**
   
   **Identifier (for data management/tracking)**
   
   - Assessment
   - Care planning
   - Quality improvement/outcome enhancement
   - Patient mix/origin/discharge disposition monitoring
   - Utilization/cost/resource consumption monitoring
   - Marketing (e.g., public relations, payer negotiations)
   - Feedback to other providers (e.g., physicians, discharge planners)
   - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   
   - Outcome measurement for outcome reporting
   - Risk factor measurement for outcome reporting
   - Number of risk adjustment models
   - Adverse event measurement for adverse event report
   - Case mix measurement for case mix profiling
   - Case mix adjustment for prospective payment system
   - Performance indicator for consumer reporting (planned)
   - Survey & certification use (planned)
   - Program integrity (planned)

   **Other Applications Under Development**
   
   - Homebound status determination
   - Medical necessity determination

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2.16
### M0016 Branch ID Number (Optional) (Cont’d)

5. Item Research, Development, Clinical, and Testing History:

6. Validity:
   - ☐ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☐ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☐ Validation by patient assessment and care planning
   - ☐ Validation by outcome enhancement

7. Recent Reliability:
   - ☐ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☑ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

8. Perceived or Real Constraints/Limitations:
   - Lack of uniform coding standards and edits results in data of questionable consistency and accuracy.

9. Additional Comments:
   - For large agencies, branch-specific reports are desirable.

10. Overall Necessity of Item:
    - ☐ Essential
    - ☐ Highly useful
    - ☑ Useful
    - ☑ Potentially useful
    - ☐ Marginal

11. Recommendation for Retention or Change:
    - Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

   Date Recorded: 02 / 01 / 2002
**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0020</td>
<td>Patient ID Number</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0020) Patient ID Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

2. **Item Clarification:**

   Agency-specific patient identifier. This is the identification code the agency assigns to the patient and uses for record keeping purposes for this episode of care.

3. **Rationale for Item:**

   Unique identifier to cross-reference the patient and assessment within the home health agency's internal record keeping system. Each agency determines its own approach to format and coding.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
     - ☑ Assessment
     - ☑ Care planning
     - ☑ Quality improvement/outcome enhancement
     - ☑ Patient mix/origin/discharge disposition monitoring
     - ☑ Utilization/cost/resource consumption monitoring
     - ☑ Marketing (e.g., public relations, payer negotiations)
     - ☑ Feedback to other providers (e.g., physicians, discharge planners)
     - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - **CMS Applications**
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - Number of risk adjustment models ________
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)
   - **Other Applications Under Development**
     - ☑ Homebound status determination
     - ☑ Medical necessity determination

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5. **Item Research, Development, Clinical, and Testing History:**
   - Initial consistency testing of outcome measures and data items.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial
   - ☑ Moderate
   - ☑ Fair/Slight
   - ☑ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - May appear redundant, since other patient identifiers are collected. However, this item is extremely useful to home health agencies for retrieving individual patient records for quality/performance improvement activities.

9. **Additional Comments:**
   - Allows agencies to correctly identify individual patients and care episodes without names. This unique identifier is extremely useful for maintaining correct clinical records. Also required by CMS on 485 (as Medical Record Number).

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☑ Highly useful
    - ☑ Useful
    - ☑ Potentially useful
    - ☑ Marginal

11. **Recommendation for Retention or Change:**
    - Retain this identifier even if other identifiers are omitted.

Date Recorded: 02 / 01 / 2002

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2.19
**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0030</td>
<td>Start of Care Date</td>
<td>☑ Start or Resumption of Care&lt;br&gt;☑ Follow-Up&lt;br&gt;☑ Transfer to Inpatient Facility&lt;br&gt;☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0030) **Start of Care Date:** __ __ / __ __ / __ __ __ __<br>month day year

2. **Item Clarification:**

   The date that care begins. When the first reimbursable service is delivered, this is the start of care.

3. **Rationale for Item:**

   Determines start of episode of care as well as beginning of initial payment episode (for matching with payment claim). Used in calculating length of stay and in timing of follow-up assessments.

4. **Item Use/Application:**

   - **☑ Identifier (for data management/tracking)**
   - **Home Health Agency Applications**
     - ☑ Assessment
     - ☑ Care planning
     - ☑ Quality improvement/outcome enhancement
     - ☑ Patient mix/origin/discharge disposition monitoring
     - ☑ Utilization/cost/resource consumption monitoring
     - ☑ Marketing (e.g., public relations, payer negotiations)
     - ☑ Feedback to other providers (e.g., physicians, discharge planners)
     - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - **CMS Applications**
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - Number of risk adjustment models 41
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)
   - **Other Applications Under Development**
     - ☑ Homebound status determination
     - ☑ Medical necessity determination

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2.20
5. **Item Research, Development, Clinical, and Testing History:**
   
   Admission date has been used administratively for as long as home health care has been covered by Medicare. Some clarification to definition of start of care has been added based on demonstration feedback.


   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.

   1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing of outcome measures and data items.


   1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.

   1995-2000: Demonstration testing in the National and New York State Demonstrations.

   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**

   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**

   - ☐ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☑ Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

8. **Perceived or Real Constraints/Limitations:**

   None.

9. **Additional Comments:**

   This item is also required by CMS on 485 and claim forms.

10. **Overall Necessity of Item:**

    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**

    Retain. Essential data element.
<table>
<thead>
<tr>
<th>Item No.:</th>
<th>M0032</th>
<th>Item Name:</th>
<th>Resumption of Care Date</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

1. Precise Wording of Item:
(M0032) Resumption of Care Date: ___ / ___ / ___

2. Item Clarification:
The date of the first visit following an inpatient stay by a patient currently receiving service from the home health agency.

3. Rationale for Item:
Determines start of episode of care for outcome report purposes. May coincide with significant change in condition (SCIC) for payment purposes, or start of a new payment episode. Used in calculation of length of stay.

4. Item Use/Application:
- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - ☑ Number of risk adjustment models
  - ☑ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

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### Item Research, Development, Clinical, and Testing History:

1996: Item added during National and New York State Demonstrations to allow agency flexibility in decision-making about whether to discharge patient admitted to inpatient facility.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

### Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### Recent Reliability:
- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

### Perceived or Real Constraints/Limitations:
None.

### Additional Comments:
None.

### Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### Recommendation for Retention or Change:
Retain. Essential data element for outcome monitoring and useful as a cross-check for payment purposes.
### OASIS CHRONICLE

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0040</td>
<td>Patient Name</td>
<td>[✓ Start or Resumption of Care]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[✓ Follow-Up]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[✓ Transfer to Inpatient Facility]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[✓ Discharge]</td>
</tr>
</tbody>
</table>

#### Precise Wording of Item:

(M0040) Patient Name:

(First) (MI) (Last) Suffix

#### Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:
  - M0010 Agency Medicare Provider Number
  - M0012 Agency Medicaid Provider Number
  - M0014 Branch State (Optional)
  - M0016 Branch ID Number (Optional)
  - M0040 Patient Name
  - M0050 Patient State of Residence

- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

#### Item Clarification:

The full name of the patient: first name, middle initial, last name, and suffix (e.g., Jr., III, etc.).

#### Rationale for Item:

Identifier; supplements other identifiers and provides home health agency with easy to use cross-reference.

#### Item Use/Application:

- **Identifier** (for data management/tracking)
- **Home Health Agency Applications**
  - Assessment
  - Care planning
  - Quality improvement/outcome enhancement
  - Patient mix/origin/discharge disposition monitoring
  - Utilization/cost/resource consumption monitoring
  - Marketing (e.g., public relations, payer negotiations)
  - Feedback to other providers (e.g., physicians, discharge planners)
  - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
- **CMS Applications**
  - Outcome measurement for outcome reporting
  - Risk factor measurement for outcome reporting
  - Number of risk adjustment models
  - Adverse event measurement for adverse event report
  - Case mix measurement for case mix profiling
  - Case mix adjustment for prospective payment system
  - Performance indicator for consumer reporting (planned)
  - Survey & certification use (planned)
- **Other Applications Under Development**
  - Program integrity (planned)
  - Homebound status determination
  - Medical necessity determination

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2.24
## M0040 Patient Name (Cont’d)

### 5. Item Research, Development, Clinical, and Testing History:
- Routinely used as an identifier to match up assessments. Stripped from analytic files to protect individual privacy.
- 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

### 6. Validity:
- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☑ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☑ Validation by outcome enhancement

### 7. Recent Reliability:
- ☑ Substantial
- ☑ Moderate
- ☑ Fair/Slight
- ☑ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

### 8. Perceived or Real Constraints/Limitations:
- None.

### 9. Additional Comments:
- This item is also required by CMS on 485 and claim forms.

### 10. Overall Necessity of Item:
- ☑ Essential
- ☑ Highly useful
- ☑ Useful
- ☑ Potentially useful
- ☑ Marginal

### 11. Recommendation for Retention or Change:
- Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002
Item No.: M0050  
Item Name: Patient State of Residence

1. Precise Wording of Item:
(M0050) Patient State of Residence: ___ ___

2. Item Clarification:
The State in which the patient is currently residing while receiving home care.

3. Rationale for Item:
Facilitates tracking of patient case mix and outcomes by State of residence.

4. Item Use/Application:
   ✔ Identifier (for data management/tracking)

   Home Health Agency Applications
   - Assessment
   - Care planning
   - Quality improvement/outcome enhancement
   - Patient mix/origin/discharge disposition monitoring
   - Utilization/cost/resource consumption monitoring
   - Marketing (e.g., public relations, payer negotiations)
   - Feedback to other providers (e.g., physicians, discharge planners)
   - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   CMS Applications
   - Outcome measurement for outcome reporting
   - Risk factor measurement for outcome reporting
   - Number of risk adjustment models
   - Adverse event measurement for adverse event report
   - Case mix measurement for case mix profiling
   - Case mix adjustment for prospective payment system
   - Performance indicator for consumer reporting (planned)
   - Survey & certification use (planned)
   - Program integrity (planned)

   Other Applications Under Development
   - Homebound status determination
   - Medical necessity determination
5. Item Research, Development, Clinical, and Testing History:
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. Recent Reliability:  
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:
   None.

9. Additional Comments:
   This item is also required by CMS on 485 and claim forms.

10. Overall Necessity of Item:
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. Recommendation for Retention or Change:
    Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

   Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  

**Item-Specific Record**

<table>
<thead>
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<th>Item No.</th>
<th>Item Name</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0060</td>
<td>Patient ZIP Code</td>
<td>✅ Start or Resumption of Care ✅ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ Transfer to Inpatient Facility ✅ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**
   
   (M0060) Patient ZIP Code: __ __ __ __ __ __ __ __ __

2. **Item Clarification:**
   
   The ZIP code for the address at which the patient is currently residing while receiving home care.

3. **Rationale for Item:**
   
   Facilitates regional comparisons of patient case mix and outcomes within and between States (as well as rural/urban comparisons).

4. **Item Use/Application:**
   
   - **Identifier (for data management/tracking)**
     - Home Health Agency Applications
       - ☑ Assessment
       - ☑ Care planning
       - ☑ Quality improvement/outcome enhancement
       - ☑ Patient mix/origin/discharge disposition monitoring
       - ☑ Utilization/cost/resource consumption monitoring
       - ☑ Marketing (e.g., public relations, payer negotiations)
       - ☑ Feedback to other providers (e.g., physicians, discharge planners)
       - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - CMS Applications
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - ☑ Number of risk adjustment models
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)
   - Other Applications Under Development
     - ☑ Homebound status determination
     - ☑ Medical necessity determination

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2.28
5. Item Research, Development, Clinical, and Testing History:
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. Recent Reliability: ☐ Substantial  ☑ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement):  ______ Study 1  ______ Study 2  ______ Study 3

8. Perceived or Real Constraints/Limitations:
   None.

9. Additional Comments:
   This item is also required by CMS on 485 and claim forms.

10. Overall Necessity of Item: ☐ Essential  ☑ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

11. Recommendation for Retention or Change:
   Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002
### Form No. OC:1-02.02 Item-Specific Record


**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
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<tr>
<td>M0063</td>
<td>Medicare Number</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   *(M0063)* Medicare Number: __ __ __ __ __ __ __ __ __ __
   
   (including suffix, if any)  
   
   ☐ NA – No Medicare

### Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:
  
  - M0010 Agency Medicare Provider Number
  - M0012 Agency Medicaid Provider Number
  - M0014 Branch State (Optional)
  - M0016 Branch ID Number (Optional)
  - M0040 Patient Name
  - M0050 Patient State of Residence
  
  - M0060 Patient ZIP Code
  - M0063 Medicare Number
  - M0064 Social Security Number
  - M0065 Medicaid Number
  - M0072 Primary Referring Physician ID (UPIN)

- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

2. **Item Clarification:**

   For Medicare patients only. The patient’s Medicare number, including any prefixes or suffixes. Use Railroad Retirement Board (RRB) number for railroad retirement program.

3. **Rationale for Item:**

   For Medicare patients; facilitates linkage to claims records. Used to match up multiple assessments for the same individual.

4. **Item Use/Application:**

   **Identifier** (for data management/tracking)

   - **Home Health Agency Applications**
     - ☑ Assessment
     - ☑ Care planning
     - ☑ Quality improvement/outcome enhancement
     - ☑ Patient mix/origin/discharge disposition monitoring
     - ☑ Utilization/cost/resource consumption monitoring
     - ☑ Marketing (e.g., public relations, payer negotiations)
     - ☑ Feedback to other providers (e.g., physicians, discharge planners)
     - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - Number of risk adjustment models
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)

   - **Other Applications Under Development**
     - ☑ Homebound status determination
     - ☑ Medical necessity determination

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2.30
5. **Item Research, Development, Clinical, and Testing History:**
   - Initial consistency testing.
   - Feasibility/consistency testing.
   - 1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - This item is also required by CMS on 485 and claim forms.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

   Date Recorded: 02 / 01 / 2002
### Item Specific Record

**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
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<tbody>
<tr>
<td>M0064</td>
<td>Social Security Number</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Discharge</td>
</tr>
</tbody>
</table>

#### 1. Precise Wording of Item:

(M0064) Social Security Number: __ __ __ - __ __ - __ __ __ __

☐ UK - Unknown or Not Available

#### Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:
  - M0010 Agency Medicare Provider Number
  - M0012 Agency Medicaid Provider Number
  - M0014 Branch State (Optional)
  - M0016 Branch ID Number (Optional)
  - M0040 Patient Name
  - M0050 Patient State of Residence

- Some of these identifiers are essential.

- All of these items are rated as potentially useful in this document.

- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

#### 2. Item Clarification:

Refers to the patient's social security number only. If unknown, do not use social security number of another family member.

#### 3. Rationale for Item:

Facilitates matching of multiple assessments for a single individual and matching to claims when Medicare number is incorrect.

#### 4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☑ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models _________</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☑ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☑ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
<tr>
<td></td>
<td><strong>Other Applications Under Development</strong></td>
</tr>
<tr>
<td></td>
<td>☑ Homebound status determination</td>
</tr>
<tr>
<td></td>
<td>☑ Medical necessity determination</td>
</tr>
</tbody>
</table>

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## 5. Item Research, Development, Clinical, and Testing History:

- **1998:** New for national implementation.
- **Added to OASIS-B1 to facilitate tracking of assessments for the same person throughout an episode of care.**
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

## 6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

## 7. Recent Reliability:

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

## 8. Perceived or Real Constraints/Limitations:

None.

## 9. Additional Comments:

None.

## 10. Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

## 11. Recommendation for Retention or Change:

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002
# OASIS CHRONICLE

(For OASIS Version B1 8/2000)

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
</table>
| M0065    | Medicaid Number | ☑ Start or Resumption of Care  
☑ Follow-Up  
☑ Transfer to Inpatient Facility  
☑ Discharge |

## 1. Precise Wording of Item:

(M0065) Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __

- NA – No Medicaid

## 2. Item Clarification:

The patient's Medicaid number, assigned to the person by the State Medicaid program.

## 3. Rationale for Item:

- **For non-Medicare patients**, it provides identifier to facilitate matching assessments for an individual patient. **May have future applications for State programs**, particularly for dually-eligible patients (i.e., those with both Medicare and Medicaid).

## 4. Item Use/Application:

- **Identifier (for data management/tracking)**

### Home Health Agency Applications

- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☐ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☐ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

### CMS Applications

- ☐ Outcome measurement for outcome reporting
- ☐ Risk factor measurement for outcome reporting
- Number of risk adjustment models
- ☐ Adverse event measurement for adverse event report
- ☐ Case mix measurement for case mix profiling
- ☐ Case mix adjustment for prospective payment system
- ☐ Performance indicator for consumer reporting (planned)
- ☐ Survey & certification use (planned)
- ☐ Program integrity (planned)

### Other Applications Under Development

- ☑ Homebound status determination
- ☑ Medical necessity determination

---

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2.34
<table>
<thead>
<tr>
<th>M0065</th>
<th>Medicaid Number (Cont'd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Item Research, Development, Clinical, and Testing History:</td>
<td></td>
</tr>
<tr>
<td>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</td>
<td></td>
</tr>
</tbody>
</table>

| 6. Validity: |
| ☐ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement |
| ☐ Consensus validity by expert clinical panels for patient assessment and care planning |
| ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement |
| ☐ Convergent/predictive validity: case mix adjustment for payment |
| ✔ Validation by patient assessment and care planning |
| ☐ Validation by outcome enhancement |

| 7. Recent Reliability: |
| ☐ Substantial |
| ☐ Moderate |
| ☐ Fair/Slight |
| ✔ Reliability not evaluated |

Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

| 8. Perceived or Real Constraints/Limitations: |
| None. |

| 9. Additional Comments: |
| Strongly desired by States with large Medicaid home care programs. |

| 10. Overall Necessity of Item: |
| ☐ Essential |
| ☐ Highly useful |
| ☐ Useful |
| ✔ Potentially useful |
| ☐ Marginal |

| 11. Recommendation for Retention or Change: |
| Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above. |

Date Recorded: 02 / 01 / 2002
<table>
<thead>
<tr>
<th>Item No.:</th>
<th>M0066</th>
<th>Item Name:</th>
<th>Birth Date</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**
(M0066) Birth Date: ___ ___ / ___ / ______
   month  day  year

2. **Item Clarification:**
   Birth date of the patient, including month, day, and four digits for the year.

3. **Rationale for Item:**
   Used to calculate age of patient. Also used to resolve matching of assessments for the same patient when other matching criteria are ambiguous. Birth date is routinely collected for clinical and administrative purposes.

4. **Item Use/Application:**
   ☑ Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ☑ Assessment
   - ☑ Care planning
   - ☑ Quality improvement/outcome enhancement
   - ☑ Patient mix/origin/discharge disposition monitoring
   - ☑ Utilization/cost/resource consumption monitoring
   - ☑ Marketing (e.g., public relations, payer negotiations)
   - ☑ Feedback to other providers (e.g., physicians, discharge planners)
   - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☑ Outcome measurement for outcome reporting
   - ☑ Risk factor measurement for outcome reporting
   - Number of risk adjustment models 24
   - ☑ Adverse event measurement for adverse event report
   - ☑ Case mix measurement for case mix profiling
   - ☑ Case mix adjustment for prospective payment system
   - ☑ Performance indicator for consumer reporting (planned)
   - ☑ Survey & certification use (planned)
   - ☑ Program integrity (planned)

   **Other Applications Under Development**
   - ☑ Homebound status determination
   - ☑ Medical necessity determination

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2.36
### M0066 Birth Date (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:

Age has routinely been used in clinical research of all kinds, predating the research underpinning the current OASIS.

- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes.
- **1988-1989:** Field testing of outcome measures.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
- **1994-1995:** Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:

- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☑ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☑ Validation by outcome enhancement

#### 7. Recent Reliability:

- Substantial
- Moderate
- Fair/Slight
- ☑ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

#### 8. Perceived or Real Constraints/Limitations:

None.

#### 9. Additional Comments:

This item is also required by CMS on 485 and claim forms.

#### 10. Overall Necessity of Item:

- ☑ Essential
- ☑ Highly useful
- ☑ Useful
- ☑ Potentially useful
- ☑ Marginal

#### 11. Recommendation for Retention or Change:

Retain. Essential risk factor and important adjunct for matching.

Date Recorded: 02 / 01 / 2002

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**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0069</td>
<td>Gender</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0069) Gender:
   - ☐ 1 - Male
   - ☐ 2 - Female

2. **Item Clarification:**

   The gender of the patient.

3. **Rationale for Item:**

   Critical risk factor. Also used to resolve matching of assessments for the same patient when other matching criteria are ambiguous. May also be used in analysis of outcome variations by group.

4. **Item Use/Application:**

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☐ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models 27</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☐ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☑ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
</tbody>
</table>

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2.38
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
     - Initial consistency testing.
     - Consistency testing of outcome measures and data items.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
     - No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 1.00 Study 1 1.00 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - This item is also required by CMS on 485 and claim forms.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Essential risk factor and important adjunct for matching.

Date Recorded: 02 / 01 / 2002
**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0072</td>
<td>Primary Referring Physician ID (UPIN)</td>
<td>☑ Start or Resumption of Care</td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
<td>☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**
   
   (M0072) Primary Referring Physician ID:
   
   __ __ __ __ __ __ __ __ __ __

   ☐ UK – Unknown or Not Available

### Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:
  - M0010 Agency Medicare Provider Number
  - M0012 Agency Medicaid Provider Number
  - M0014 Branch State (Optional)
  - M0016 Branch ID Number (Optional)
  - M0040 Patient Name
  - M0050 Patient State of Residence
  - M0060 Patient ZIP Code
  - M0063 Medicare Number
  - M0064 Social Security Number
  - M0065 Medicaid Number
  - M0072 Primary Referring Physician ID (UPIN)

- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

2. **Item Clarification:**
   
   The six-digit UPIN number.

3. **Rationale for Item:**
   
   Potential linkage of OASIS data with data from other sources (e.g., providers, claims) to review referral and utilization patterns.

4. **Item Use/Application:**  ☑ Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ☑ Assessment
   - ☑ Care planning
   - ☑ Quality improvement/outcome enhancement
   - ☑ Patient mix/origin/discharge disposition monitoring
   - ☑ Utilization/cost/resource consumption monitoring
   - ☑ Marketing (e.g., public relations, payer negotiations)
   - ☑ Feedback to other providers (e.g., physicians, discharge planners)
   - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☑ Outcome measurement for outcome reporting
   - ☑ Risk factor measurement for outcome reporting
   - ☑ Number of risk adjustment models
   - ☑ Adverse event measurement for adverse event report
   - ☑ Case mix measurement for case mix profiling
   - ☑ Case mix adjustment for prospective payment system
   - ☑ Performance indicator for consumer reporting (planned)
   - ☑ Survey & certification use (planned)
   - ☑ Program integrity (planned)

   **Other Applications Under Development**
   - ☑ Homebound status determination
   - ☑ Medical necessity determination

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2.40
<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>6.</td>
<td><strong>Validity:</strong>&lt;br&gt;☐ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement&lt;br&gt;☐ Consensus validity by expert clinical panels for patient assessment and care planning&lt;br&gt;☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement&lt;br&gt;☐ Convergent/predictive validity: case mix adjustment for payment&lt;br&gt;☐ Validation by patient assessment and care planning&lt;br&gt;☐ Validation by outcome enhancement</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Recent Reliability:</strong>&lt;br&gt;☐ Substantial&lt;br&gt;☐ Moderate&lt;br&gt;☐ Fair/Slight&lt;br&gt;☒ Reliability not evaluated&lt;br&gt;Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Perceived or Real Constraints/Limitations:</strong>&lt;br&gt;None.</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Additional Comments:</strong>&lt;br&gt;This item is also required by CMS on claim forms.</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Overall Necessity of Item:</strong>&lt;br&gt;☐ Essential&lt;br&gt;☐ Highly useful&lt;br&gt;☐ Useful&lt;br&gt;☒ Potentially useful&lt;br&gt;☐ Marginal</td>
</tr>
<tr>
<td>11.</td>
<td><strong>Recommendation for Retention or Change:</strong>&lt;br&gt;Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.</td>
</tr>
</tbody>
</table>

Date Recorded: 02 / 01 / 2002
<table>
<thead>
<tr>
<th>Item No.:</th>
<th>M0080</th>
<th>Item Name:</th>
<th>Discipline of Person Completing Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Points:</td>
<td></td>
<td></td>
<td>Start or Resumption of Care, Follow-Up, Transfer to Inpatient Facility, Discharge</td>
</tr>
</tbody>
</table>

1. Precise Wording of Item:

(M0080) Discipline of Person Completing Assessment:

- [ ] 1-RN
- [ ] 2-PT
- [ ] 3-SLP/ST
- [ ] 4-OT

2. Item Clarification:

Identifies the discipline of the clinician completing the comprehensive assessment at the specified time points or the clinician reporting the transfer to an inpatient facility, death at home, or discharge (no further visits after start of care).

3. Rationale for Item:

Tracks clinical discipline for data quality research, permits evaluation of discipline-specific bias in assessment and coding of OASIS items.

4. Item Use/Application:  
   - [ ] Identifier (for data management/tracking)

   **Home Health Agency Applications**

   - [✓] Assessment
   - [✓] Care planning
   - [✓] Quality improvement/outcome enhancement
   - [ ] Patient mix/origin/discharge disposition monitoring
   - [ ] Utilization/cost/resource consumption monitoring
   - [ ] Marketing (e.g., public relations, payer negotiations)
   - [✓] Feedback to other providers (e.g., physicians, discharge planners)
   - [ ] Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**

   - [ ] Outcome measurement for outcome reporting
   - [ ] Risk factor measurement for outcome reporting
   - [ ] Number of risk adjustment models
   - [ ] Adverse event measurement for adverse event report
   - [ ] Case mix measurement for case mix profiling
   - [ ] Case mix adjustment for prospective payment system
   - [ ] Performance indicator for consumer reporting (planned)
   - [✓] Survey & certification use (planned)
   - [ ] Program integrity (planned)

   **Other Applications Under Development**

   - [ ] Homebound status determination
   - [ ] Medical necessity determination

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2.42
5. Item Research, Development, Clinical, and Testing History:
   Feasibility/consistency testing of outcome measures and data items.
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1998: Modified for national implementation.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   ☑ Convergent/predictive validity: case mix adjustment for payment
   ☑ Validation by patient assessment and care planning
   ☑ Validation by outcome enhancement

7. Recent Reliability: ☐ Substantial ☐ Moderate ☐ Fair/Slight ☑ Reliability not evaluated
Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

8. Perceived or Real Constraints/Limitations:
   None.

9. Additional Comments:
   Signature and discipline of assessing clinician are already required in clinical documentation.

10. Overall Necessity of Item: ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:
   Retain for monitoring data quality patterns.

Date Recorded: 02 / 01 / 2002
## Item-Specific Record

**OASIS CHRONICLE**  

**Item Category:** Clinical Record Items

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0090</td>
<td>Date Assessment Completed</td>
<td>☑ Start or Resumption of Care  ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility  ☑ Discharge</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:

(M0090) Date Assessment Completed: __ __ /__ __ /__ __ __ __  
month  day  year

### 2. Item Clarification:

The actual date the assessment is completed. If agency policy allows assessments to be performed over more than one visit date, the last date (when the assessment is finished) is the appropriate date to record.

### 3. Rationale for Item:

On follow-up assessments, provides the effective date of assessment and permits tracking patient status changes over time. Used to calculate length of stay for case mix and risk factor analysis. For all assessments, permits monitoring timeliness of assessment.

### 4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☐ Outcome measurement for outcome reporting</td>
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<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement monitoring</td>
<td>Number of risk adjustment models 24</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☑ Adverse event measurement for adverse event report</td>
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<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
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</tr>
<tr>
<td>☑ Program integrity (planned)</td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

**Other Applications Under Development**

| ☐ Homebound status determination |
| ☐ Medical necessity determination |
5. **Item Research, Development, Clinical, and Testing History:**
   - Feasibility/consistency testing of outcome measures and data items.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.
   - 1998: Modified for national implementation.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - This item is also required by CMS on claim forms.

10. **Overall Necessity of Item:**
    - ☑ Essential

11. **Recommendation for Retention or Change:**
    - Retain. Essential for tracking timeliness of assessments and determining current length of stay for tracking patient progress.

   **Date Recorded:** 02 / 01 / 2002
**OASIS CHRONICLE**  

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.: M0100</th>
<th>Item Name: Reason for Assessment</th>
</tr>
</thead>
</table>
| **Time Points:** | ☑ Start or Resumption of Care  
| ☑ Follow-Up  
| ☑ Transfer to Inpatient Facility  
| ☑ Discharge |

### 1. Precise Wording of Item:

(M0100) This Assessment is Currently Being Completed for the Following Reason:

**Start/Resumption of Care**
- ☐ 1 – Start of care—further visits planned
- ☐ 2 – Start of care—no further visits planned
- ☐ 3 – Resumption of care (after inpatient stay)

**Follow-Up**
- ☐ 4 – Recertification (follow-up) reassessment  [Go to M0150]
- ☐ 5 – Other follow-up  [Go to M0150]

**Transfer to an Inpatient Facility**
- ☐ 6 – Transferred to an inpatient facility—patient not discharged from agency  [Go to M0150]
- ☐ 7 – Transferred to an inpatient facility—patient discharged from agency  [Go to M0150]

**Discharge from Agency — Not to an Inpatient Facility**
- ☐ 8 – Death at home  [Go to M0150]
- ☐ 9 – Discharge from agency  [Go to M0150]
- ☐ 10 – Discharge from agency—no visits completed after start/resumption of care assessment  [Go to M0150]

### 2. Item Clarification:

Identifies the reason why the assessment data are being collected and reported. Accurate recording of this response is important as the data reporting software will accept or reject certain data according to the specific response that has been selected for this item.

### 3. Rationale for Item:

Tracks regulatory compliance; guides home health agency clinical staff regarding which OASIS items must be completed.

### 4. Item Use/Application:

**Home Health Agency Applications**
- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**
- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- ☑ Number of risk adjustment models
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**
- ☑ Homebound status determination
- ☑ Medical necessity determination

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2.46
### M0100  Reason for Assessment (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
  - Initial feasibility/consistency testing of outcome measures and data items.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1998:** Modified for national implementation.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ✓ Consensus validity by expert clinical panels for patient assessment and care planning
- ✓ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ✓ Convergent/predictive validity: case mix adjustment for payment
- ✓ Validation by patient assessment and care planning
- ✓ Validation by outcome enhancement

#### 7. Recent Reliability:
- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): Study 1  Study 2  Study 3

#### 8. Perceived or Real Constraints/Limitations:
None.

#### 9. Additional Comments:
This item is also required by CMS on claim forms.

#### 10. Overall Necessity of Item:
- ✓ Essential
- □ Highly useful
- □ Useful
- □ Potentially useful
- □ Marginal

#### 11. Recommendation for Retention or Change:
Retain. Evaluate potential refinements to improve tracking of assessments in future versions of OASIS.

Date Recorded: 02 / 01 / 2002
### Item Category: Demographics and Patient History

**Item No.:** M0140  
**Item Name:** Race/Ethnicity

<table>
<thead>
<tr>
<th>Time Points:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Start or Resumption of Care</td>
<td>☑ Follow-Up</td>
<td>☑ Transfer to Inpatient Facility</td>
<td>☑ Discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Precise Wording of Item:

(M0140) Race/Ethnicity (as identified by patient): (Mark all that apply.)

- [ ] 1. American Indian or Alaska Native
- [ ] 2. Asian
- [ ] 3. Black or African-American
- [ ] 4. Hispanic or Latino
- [ ] 5. Native Hawaiian or Pacific Islander
- [ ] 6. White
- [ ] UK - Unknown

#### 2. Item Clarification:

The groups or populations to which the patient is affiliated, as identified by the patient or caregiver.

#### 3. Rationale for Item:

Potential analysis of outcome and patient mix variations by population groups of particular interest to those evaluating quality of care provided to underserved populations.

#### 4. Item Use/Application:

**Home Health Agency Applications**

- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- Number of risk adjustment models __________
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**

- ☑ Homebound status determination
- ☑ Medical necessity determination

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2.48
### M0140 Race/Ethnicity (Cont’d)

**5. Item Research, Development, Clinical, and Testing History:**

- **1988-1989:** Field testing of outcome measures.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
  - Initial validity/consistency testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
  - Feasibility/consistency testing.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
  - No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1998:** Modified for national implementation to incorporate Census definitions.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

**6. Validity:**

- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☐ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☐ Validation by outcome enhancement

**7. Recent Reliability:**

- ☑ Substantial  ☐ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated

  Interrater reliability (weighted kappa or percent agreement):  1.00 Study 1  1.00 Study 2  ——— Study 3

**8. Perceived or Real Constraints/Limitations:**

Some concerns have been expressed about the cultural sensitivity of this item and the utility of the item for risk adjustment or case mix adjustment. However, the primary value of the item is for assessment and care planning.

**9. Additional Comments:**

None.

**10. Overall Necessity of Item:**

- ☑ Essential  ☑ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

**11. Recommendation for Retention or Change:**

Retain this item due to its importance for assessment and care planning, and assess utility for other applications.

Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE  

Item-Specific Record

**Item Category:** Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
</table>
| M0150    | Current Payment Sources for Home Care | ☑ Start or Resumption of Care  ☑ Follow-Up  
|          |           | ☑ Transfer to Inpatient Facility  ☑ Discharge |

1. **Precise Wording of Item:**

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

- [ ] 0 - None; no charge for current services
- [ ] 1 - Medicare (traditional fee-for-service)
- [ ] 2 - Medicare (HMO/managed care)
- [ ] 3 - Medicaid (traditional fee-for-service)
- [ ] 4 - Medicaid (HMO/managed care)
- [ ] 5 - Workers’ compensation
- [ ] 6 - Title programs (e.g., Title III, V, or XX)
- [ ] 7 - Other government (e.g., CHAMPUS, VA, etc.)
- [ ] 8 - Private insurance
- [ ] 9 - Private HMO/managed care
- [ ] 10 - Self-pay
- [ ] 11 - Other (specify)
- [ ] UK - Unknown *

* At follow-up, discharge, and transfer, omit "UK - Unknown."

** On a combined discharge/transfer assessment form, add "If reason for assessment (RFA) for M0100 is 6 or 7, go to M0830. If RFA for M0100 is 8 or 10, go to M0906. If RFA for M0100 is 9, go to M0200."

2. **Item Clarification:**

Identifies payers to which any services provided during this home care episode are being billed. Accurate recording of this item is important because assessments for Medicare and Medicaid patients are handled differently than assessments for other payers. If patient is receiving care from multiple payers (e.g., Medicare and Medicaid; private insurance and self-pay; etc.), include all sources. Exclude "pending" payment sources. At discharge or transfer (RFA = 6, 7, 8, 9, or 10) mark payment sources that paid for any care provided since the last (start of care, resumption, or follow-up) assessment.

3. **Rationale for Item:**

Determines whether home health agency is required to submit OASIS data under current regulations. Used as a risk factor for predicting outcomes.

4. **Item Use/Application:**

**Home Health Agency Applications**
- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**
- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- ☑ Number of risk adjustment models 23
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**
- ☑ Homebound status determination
- ☑ Medical necessity determination

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2.50
5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   Initial consistency/validity testing of outcome measures and data items.
   Feasibility/consistency testing.
   Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
   No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   ✅ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   ✅ Consensus validity by expert clinical panels for patient assessment and care planning
   ✅ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   ☐ Convergent/predictive validity: case mix adjustment for payment
   ✅ Validation by patient assessment and care planning
   ☐ Validation by outcome enhancement

7. Recent Reliability:  ✅ Substantial  ☐ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement):  0.70  Study 1  0.29  Study 2  ______ Study 3

8. Perceived or Real Constraints/Limitations:
   Clinician may not have accurate information during SOC home visit, requiring verification with office staff. However, accurate data are required for agency to bill for services provided. If item is miscoded, patient may be misidentified as non-Medicare, non-Medicaid patient, for whom OASIS data submission is not required.

9. Additional Comments:
   None.

10. Overall Necessity of Item:  ✅ Essential  ☐ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

11. Recommendation for Retention or Change:
   Retain, and consider refining specific response options.

Date Recorded:  02 / 01 / 2002
**Item Category:** Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.: M0160</th>
<th>Item Name: Financial Factors</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0160) Financial Factors limiting the ability of the patient/family to meet basic health needs:  (Mark all that apply.)

- [ ] 0 - None
- [ ] 1 - Unable to afford medicine or medical supplies
- [ ] 2 - Unable to afford medical expenses that are not covered by insurance/Medicare (e.g., copayments)
- [ ] 3 - Unable to afford rent/utility bills
- [ ] 4 - Unable to afford food
- [ ] 5 - Other (specify) ____________________________

2. **Item Clarification:**

Identifies factors that limit the patient's ability to meet basic health needs (medicine, medical supplies, medical expenses, housing, utilities, food). This item is included in the OASIS, but not reported by the home health agency to CMS.

3. **Rationale for Item:**

Appropriate care planning requires knowing whether the patient can afford medicine, proper nutrition, and an appropriate living environment. Serves as trigger to refer patient for health or financial assistance programs.

4. **Item Use/Application:**  ☑ Identifier (for data management/tracking)

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☑ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models ________</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☑ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☑ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

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2.52
5. **Item Research, Development, Clinical, and Testing History:**
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Interrater reliability (weighted kappa or percent agreement): 0.32 Study 1 0.17 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - Documented poor reliability. Perceived sensitivity (as a personal privacy issue) caused omission from OASIS data submission requirement.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Delete item from OASIS. However, some information regarding financial status is essential to assessment and care planning.

   Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE
Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0175
Item Name: Inpatient Facility Discharge During the Past 14 Days

1. Precise Wording of Item:

(M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)

- 1 - Hospital
- 2 - Rehabilitation facility
- 3 - Skilled nursing facility
- 4 - Other nursing home
- 5 - Other (specify) ____________________________
- NA - Patient was not discharged from an inpatient facility [If NA, go to M0200]

2. Item Clarification:
Identifies whether the patient has recently (within past 14 days) been discharged from an inpatient facility. Past 14 days encompasses the two-week period immediately preceding the start of care/resumption of care or the first day of the new certification period.

3. Rationale for Item:
Inpatient stay prior to home health admission has a strong statistical relationship with outcomes and with resource utilization and is an important factor in care planning. The time interval of 14 days is used in defining an "acute" event per clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Assessment</td>
<td>✓ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>✓ Care planning</td>
<td>✓ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>✓ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models 38</td>
</tr>
<tr>
<td>✓ Patient mix/origin/discharge disposition monitoring</td>
<td>✓ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>✓ Utilization/cost/resource consumption monitoring</td>
<td>✓ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>✓ Marketing (e.g., public relations, payer negotiations)</td>
<td>✓ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>✓ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>✓ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>✓ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>✓ Program integrity (planned)</td>
</tr>
</tbody>
</table>

Other Applications Under Development

- ✓ Homebound status determination
- ✓ Medical necessity determination

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OASIS CHRONICLE  

Item-Specific Record

<table>
<thead>
<tr>
<th>M0175</th>
<th>Inpatient Facility Discharge During the Past 14 Days (Cont’d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Item Research, Development, Clinical, and Testing History:</td>
<td></td>
</tr>
<tr>
<td>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
<td></td>
</tr>
<tr>
<td>Initial consistency/validity testing of outcome measures and data items.</td>
<td></td>
</tr>
<tr>
<td>Reliability/validity testing of outcome measures and data items.</td>
<td></td>
</tr>
<tr>
<td>Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
<td></td>
</tr>
<tr>
<td>1995-2000: Demonstration testing in the National and New York State Demonstrations.</td>
<td></td>
</tr>
<tr>
<td>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</td>
<td></td>
</tr>
<tr>
<td>2000: Revised for PPS implementation.</td>
<td></td>
</tr>
</tbody>
</table>

| 6. Validity: |
| ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement |
| ☑ Consensus validity by expert clinical panels for patient assessment and care planning |
| ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement |
| ☑ Convergent/predictive validity: case mix adjustment for payment |
| ☑ Validation by patient assessment and care planning |
| ☑ Validation by outcome enhancement |

<table>
<thead>
<tr>
<th>7. Recent Reliability:</th>
<th>☐ Substantial</th>
<th>☑ Moderate</th>
<th>☐ Fair/Slight</th>
<th>☐ Reliability not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interrater reliability (weighted kappa or percent agreement):</td>
<td>0.52 Study 1</td>
<td>0.72 Study 2</td>
<td>______ Study 3</td>
<td></td>
</tr>
</tbody>
</table>

| 8. Perceived or Real Constraints/Limitations: |
| Some confusion may exist in the case of very short inpatient stays as obtaining the information relies to some extent on patient report. Definition of skilled nursing facility is ambiguous for some. |

| 9. Additional Comments: |
| None. |

| 10. Overall Necessity of Item: | ☑ Essential | ☐ Highly useful | ☐ Useful | ☐ Potentially useful | ☐ Marginal |

| 11. Recommendation for Retention or Change: |
| Essential item for both payment and outcome analysis. Retain and continue to evaluate options for improving data accuracy. |

Date Recorded: 02 / 01 / 2002
### Item Category: Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0180</td>
<td>Inpatient Discharge Date</td>
<td>✔ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✔ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0180) Inpatient Discharge Date (most recent):
   
   _ __ / _ _ / __ __ __ __
   
   month  day  year

   ○ UK  -  Unknown

2. **Item Clarification:**

   Identifies the date of the most recent discharge from an inpatient facility (within last 14 days). Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.

3. **Rationale for Item:**

   Cross-check on the response to M0175 and can be used as an additional risk factor for outcome reporting.

4. **Item Use/Application:**

   - ✔ Identifier (for data management/tracking)
   - CMS Applications
     - ✔ Outcome measurement for outcome reporting
     - ✔ Risk factor measurement for outcome reporting
     - Number of risk adjustment models
     - □ Adverse event measurement for adverse event report
     - □ Case mix measurement for case mix profiling
     - □ Case mix adjustment for prospective payment system
     - □ Performance indicator for consumer reporting (planned)
     - ✔ Survey & certification use (planned)
     - ✔ Program integrity (planned)
     - **Other Applications Under Development**
     - □ Homebound status determination
     - □ Medical necessity determination
   - Home Health Agency Applications
     - ✔ Assessment
     - ✔ Care planning
     - □ Quality improvement/outcome enhancement
     - ✔ Patient mix/origin/discharge disposition monitoring
     - □ Utilization/cost/resource consumption monitoring
     - □ Marketing (e.g., public relations, payer negotiations)
     - ✔ Feedback to other providers (e.g., physicians, discharge planners)
     - ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
**OASIS CHRONICLE**


**Form No. OC:1-02.02 Item-Specific Record**

<table>
<thead>
<tr>
<th>M0180</th>
<th>Inpatient Discharge Date (Cont’d)</th>
</tr>
</thead>
</table>

5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - Initial consistency/validity testing of outcome measures and data items.
   - Feasibility/consistency testing of outcome measures and data items.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
   - No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☐ Validation by outcome enhancement

7. **Recent Reliability:** ☐ Substantial ☐ Moderate ☐ Fair/Slight ☑ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): _______ Study 1 _______ Study 2 _______ Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Patient self-report may be inaccurate, although data can be verified from referral paperwork or by call to facility.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:** ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain.

   **Date Recorded:** 02 / 01 / 2002

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## Item-Specific Record

**Item Category:** Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0190</td>
<td>Inpatient Diagnoses</td>
<td>✓ Start or Resumption of Care</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   **(M0190) Inpatient Diagnoses** and ICD code categories (three digits required; five digits optional) for only those conditions treated during an inpatient facility stay within the last 14 days (no surgical or V-codes):

<table>
<thead>
<tr>
<th>Inpatient Facility Diagnosis</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. __________________________</td>
<td>(___ ___ : ___ )</td>
</tr>
<tr>
<td>b. __________________________</td>
<td>(___ ___ : ___ )</td>
</tr>
</tbody>
</table>

2. **Item Clarification:**

   Identifies diagnosis(es) for which patient was receiving treatment in an inpatient facility within the past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.

3. **Rationale for Item:**

   Important risk factor for outcomes; potential future addition to PPS case mix adjustment algorithm (as a comorbidity). The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**

   **Home Health Agency Applications**
   - ✓ Assessment
   - ✓ Care planning
   - ✓ Quality improvement/outcome enhancement
   - ✓ Patient mix/origin/discharge disposition monitoring
   - ✓ Utilization/cost/resource consumption monitoring
   - ✓ Marketing (e.g., public relations, payer negotiations)
   - ✓ Feedback to other providers (e.g., physicians, discharge planners)
   - ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ✓ Outcome measurement for outcome reporting
   - ✓ Risk factor measurement for outcome reporting
   - ✓ Number of risk adjustment models
   - ✓ Adverse event measurement for adverse event report
   - ✓ Case mix measurement for case mix profiling
   - ✓ Case mix adjustment for prospective payment system
   - ✓ Performance indicator for consumer reporting (planned)
   - ✓ Survey & certification use (planned)
   - ✓ Program integrity (planned)

   **Other Applications Under Development**
   - ✓ Homebound status determination
   - ✓ Medical necessity determination

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2.58
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
     - Consistency/feasibility testing of outcome measures and data items.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
     - No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 79% Study 1, 77% Study 2, 75% Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Correct ICD-9 coding is a challenge for home care clinicians; PPS has required additional agency attention to this skill. HIPAA regulations may require some changes in coding practices. Only a 3-digit code is needed for outcome analysis. May require communication between HHA and physician; perceived as a burden to HHA. However, knowledge of reason(s) for inpatient facility care is essential for planning and providing care.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Essential measure for risk adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.

Date Recorded: 02/01/2002
## Precise Wording of Item:

(M0200) **Medical or Treatment Regimen Change Within Past 14 Days:** Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?

- 0 - No [ If No, go to M0220 ] *
- 1 - Yes

* At discharge, change M0220 to M0250.

## Item Clarification:

Identifies if any change has occurred to the patient's treatment regimen, health care services, or medications due to a new diagnosis or exacerbation of an old diagnosis within past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care, the first day of the new certification period or the discharge date.

## Rationale for Item:

For use in combination with inpatient facility discharge to distinguish patients with acute or subacute health problems from patients with long-standing chronic problems or impairments. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate determiner for an acute episode; empirical testing established 14 days as a better predictor.

## Item Use/Application:

### Home Health Agency Applications
- Assessment
- Care planning
- Quality improvement/outcome enhancement
- Patient mix/origin/discharge disposition monitoring
- Utilization/cost/resource consumption monitoring
- Marketing (e.g., public relations, payer negotiations)
- Feedback to other providers (e.g., physicians, discharge planners)
- Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

### CMS Applications
- Outcome measurement for outcome reporting
- Risk factor measurement for outcome reporting
- Number of risk adjustment models
- Adverse event measurement for adverse event report
- Case mix measurement for case mix profiling
- Case mix adjustment for prospective payment system
- Performance indicator for consumer reporting (planned)
- Survey & certification use (planned)
- Program integrity (planned)

### Other Applications Under Development
- Homebound status determination
- Medical necessity determination
### M0200 Medical or Treatment Regimen Change Within Past 14 Days (Cont’d)

**5. Item Research, Development, Clinical, and Testing History:**
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.  
  Reliability/validity testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.  
  Reliability/validity testing of outcome measures and data items.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.  
  Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.  
  No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

**6. Validity:**
- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☐ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☑ Validation by outcome enhancement

**7. Recent Reliability:**  
- ☑ Substantial  ☐ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement):  
- 0.78 Study 1  
- 0.55 Study 2  
- ___ Study 3

**8. Perceived or Real Constraints/Limitations:**
- A number of questions have arisen regarding interpretation of this item, but reliability is adequate.

**9. Additional Comments:**
- None.

**10. Overall Necessity of Item:**
- ☑ Essential  ☐ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

**11. Recommendation for Retention or Change:**
- Retain. Consider refining instructions to enhance understandability.

**Date Recorded:** 02 / 01 / 2002
Form No. OC:1-02.02 Item-Specific Record

(M0210) List the patient's Medical Diagnoses and ICD code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes):

<table>
<thead>
<tr>
<th>Changed Medical Regimen Diagnosis</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. _______________________________</td>
<td>( ___ - ___ - ___)</td>
</tr>
<tr>
<td>b. _______________________________</td>
<td>( ___ - ___ - ___)</td>
</tr>
<tr>
<td>c. _______________________________</td>
<td>( ___ - ___ - ___)</td>
</tr>
<tr>
<td>d. _______________________________</td>
<td>( ___ - ___ - ___)</td>
</tr>
</tbody>
</table>

2. Item Clarification:
Identifies the diagnosis(es) that have caused an addition or change to the patient's treatment, regimen, health care services received, or medication within the past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care (or the date of the follow-up/discharge visit).

3. Rationale for Item:
Very important for risk adjustment of outcomes and care planning. May be used in future payment adjustment models. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application:  
   - Identifier (for data management/tracking)
   - Assessment
   - Care planning
   - Quality improvement/outcome enhancement
   - Patient mix/origin/discharge disposition monitoring
   - Utilization/cost/resource consumption monitoring
   - Marketing (e.g., public relations, payer negotiations)
   - Feedback to other providers (e.g., physicians, discharge planners)
   - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   CMS Applications
   - Outcome measurement for outcome reporting
   - Risk factor measurement for outcome reporting
   - Number of risk adjustment models 40
   - Adverse event measurement for adverse event report
   - Case mix measurement for case mix profiling
   - Case mix adjustment for prospective payment system
   - Performance indicator for consumer reporting (planned)
   - Survey & certification use (planned)
   - Program integrity (planned)

   Other Applications Under Development
   - Homebound status determination
   - Medical necessity determination

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2.62
5. **Item Research, Development, Clinical, and Testing History:**

- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
  - Initial consistency testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
  - Consistency testing of data items.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
  - No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. **Recent Reliability:**

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 74% Study 1 ______ Study 2 ______ Study 3 ______

8. **Perceived or Real Constraints/Limitations:**

- Correct ICD-9 coding is a challenge for home care clinicians; PPS has required additional agency attention to this skill. HIPAA regulations may require some changes in coding practices. Only a three-digit code is required for outcome analysis. May require communication between HHA and physician; perceived as a burden to HHA. However, knowledge of new or changed diagnoses and regimens is essential for planning and providing care.

9. **Additional Comments:**

None.

10. **Overall Necessity of Item:**

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

11. **Recommendation for Retention or Change:**

Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.

Date Recorded: 02 / 01 / 2002
# OASIS CHRONICLE

**Form No. OC:1-02.02 Item-Specific Record**


**Item Category:** Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0220</td>
<td>Conditions Prior to Hospitalization/Regimen Change</td>
<td>- Start or Resumption of Care - Follow-Up - Transfer to Inpatient Facility - Discharge</td>
</tr>
</tbody>
</table>

## 1. Precise Wording of Item:

(M0220) **Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay** Within Past 14 Days: If this patient experienced an inpatient facility discharge* or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay* or change in medical or treatment regimen. *(Mark all that apply.)*

- □ 1 - Urinary incontinence
- □ 2 - Indwelling/suprapubic catheter
- □ 3 - Intractable pain
- □ 4 - Impaired decision-making
- □ 5 - Disruptive or socially inappropriate behavior
- □ 6 - Memory loss to the extent that supervision required
- □ 7 - None of the above
- □ NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days**
- □ UK - Unknown**

* At discharge, omit all references to inpatient stay or inpatient facility discharge.
** At discharge, omit "NA" and "UK."

## 2. Item Clarification:

Identifies existence of condition(s) prior to medical regimen change or inpatient stay within past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care, the first day of the new certification period, or the discharge date.

## 3. Rationale for Item:

Identifies patients with chronic problems or disabilities versus problems of recent origin. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval to differentiate chronic conditions; empirical testing established 14 days as a better predictor.

## 4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☑ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models  30</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☑ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☑ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

**Other Applications Under Development**

- ✔ Homebound status determination
- ✔ Medical necessity determination

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2.64
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial
   - ☑ Moderate
   - ☐ Fair/Slight
   - ☐ Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): 0.52, 0.47, Study 1, Study 2, Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Retrospective nature of item may be responsible for lower reliability.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Explore refinement to enhance reliability.

   Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  

Item-Specific Record

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0230/ M0240</td>
<td>Diagnoses and Severity Index</td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility ☐ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

**(M0230/M0240) Diagnoses and Severity Index:** List each medical diagnosis or problem for which the patient is receiving home care and ICD code category (three digits required; five digits optional – no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)

- 0 - Asymptomatic, no treatment needed at this time
- 1 - Symptoms well controlled with current therapy
- 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
- 3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring
- 4 - Symptoms poorly controlled, history of rehospitalizations

**(M0230) Primary Diagnosis ICD Severity Rating**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD</th>
<th>Severity Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td>0 1 2 3 4</td>
</tr>
</tbody>
</table>

**(M0240) Other Diagnosis ICD Severity Rating**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD</th>
<th>Severity Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td></td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td>0 1 2 3 4</td>
</tr>
</tbody>
</table>

2. **Item Clarification:**

Identifies each diagnosis for which the patient is receiving home care and its ICD code. Each diagnosis is then categorized according to its severity. The primary diagnosis (M0230) should be the condition which is the chief reason for providing home care. The principal diagnosis reported on the Plan of Care (HCFA-485, item 11) and the UB-92 (HCFA-1450, item 67) must match the M0230 diagnosis.

3. **Rationale for Item:**

Diagnosis is essential to payment determination and care planning. Also useful for risk adjustment of outcome measures.

4. **Item Use/Application:**

- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - ☑ Number of risk adjustment models 40
  - ☑ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☑ Homebound status determination
  - ☑ Medical necessity determination

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### 5. Item Research, Development, Clinical, and Testing History:

1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing of outcome measures and data items.
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

### 6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### 7. Recent Reliability:

<table>
<thead>
<tr>
<th>Intercoder reliability (weighted kappa or percent agreement)</th>
<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8. Perceived or Real Constraints/Limitations:

Correct ICD-9 coding is a challenge for home care clinicians, and guidelines promulgated by some experts conflict with OASIS instructions. Diagnosis coding may be subject to gaming to maximize reimbursement. PPS has necessitated additional attention to coding skills of agency staff.

### 9. Additional Comments:

Also required by CMS on 485 and claim forms. HIPAA regulations may require some changes in coding practices, including acceptance of V codes. Reliability coefficient reported in Element 7 is weighted average of primary and secondary diagnoses. Reliability for specific components is as follows: M0230 Primary Diagnosis: 80% agreement; M0230 Severity Rating: .74 (kappa); M0240 Other Diagnoses: 72% agreement; M0240 Severity Ratings: .55 (kappa).

### 10. Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### 11. Recommendation for Retention or Change:

Retain. Continue to explore modification of instructions for clarity and compliance with coding standards. Investigate options to minimize duplication with other required forms (e.g., 485, claims).

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  (for OASIS Version B1 8/2000)

**Item-Specific Record**

**Item Category:** Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.: M0250</th>
<th>Item Name: Therapies (IV/Infusion/Nutrition)</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0250) **Therapies** the patient receives **at home:** (Mark all that apply.)

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - None of the above

2. **Item Clarification:**

Identifies whether the patient is receiving intravenous, parenteral nutrition, or enteral nutrition therapy at home.

3. **Rationale for Item:**

Important predictor of service need and risk adjuster for outcomes.

4. **Item Use/Application:** ☐ Identifier (for data management/tracking)

- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☐ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
    - Number of risk adjustment models 17
  - ☐ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☐ Homebound status determination
  - ☑ Medical necessity determination

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2.68
### 5. Item Research, Development, Clinical, and Testing History:

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988-1990</td>
<td>Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td>1989-1991</td>
<td>Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</td>
</tr>
<tr>
<td>1994-1995</td>
<td>Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
</tr>
<tr>
<td>1995-2000</td>
<td>Demonstration testing in the National and New York State Demonstrations.</td>
</tr>
<tr>
<td>1997-1998</td>
<td>Reliability testing.</td>
</tr>
<tr>
<td>1999-2000</td>
<td>Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
</tbody>
</table>

### 6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### 7. Recent Reliability:

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.86 Study 1 0.88 Study 2

### 8. Perceived or Real Constraints/Limitations:

Some forms of infusion (e.g., subcutaneous) are less invasive and care intensive than IV, but no distinction is made.

### 9. Additional Comments:

None.

### 10. Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### 11. Recommendation for Retention or Change:

Retain. (It may be appropriate to explore whether an item modification to distinguish subcutaneous infusion would improve risk adjustment.)

Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE
Item-Specific Record

Item Category: Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0260</td>
<td>Overall Prognosis</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Discharge</td>
</tr>
</tbody>
</table>

1. Precise Wording of Item:

(M0260) Overall Prognosis: BEST description of patient’s overall prognosis for recovery from this episode of illness.

- 0 - Poor: little or no recovery is expected and/or further decline is imminent
- 1 - Good/Fair: partial to full recovery is expected
- UK - Unknown

2. Item Clarification:
Identifies the patient’s expected overall prognosis for recovery at the start of this home care episode. Prognosis is based on professional judgment of clinician completing assessment.

3. Rationale for Item:
Crucial factor in care planning and risk adjustment.

4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☐ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models 33</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☐ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☐ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td>☑ Medical necessity determination</td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

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2.70
**M0260 Overall Prognosis (Cont'd)**

5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
     - Reliability/validity testing of outcome measures and data items.
     - Reliability/validity testing of outcome measures and data items. Item revised.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
     - No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**  
   - Substantial 0.72 Study 1 0.50 Study 2 0.00 Study 3
   - Interrater reliability (weighted kappa or percent agreement):

8. **Perceived or Real Constraints/Limitations:**
   - Original item with more categories (duplicate of item on the 485) was unreliable, but current item with only two categories is less descriptive. Concerns have been expressed about recording the same information on two separate forms. The 485 data item is not encoded or transmitted.

9. **Additional Comments:**
   - Prognosis is also required on the 485. There is an implicit practice to avoid using the "excellent" category on the 485 to avoid payment denial.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Explore option of using the same response categories for the 485 item.

**Date Recorded:** 02 / 01 / 2002
**Item Category:** Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0270</td>
<td>Rehabilitative Prognosis</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   **(M0270) Rehabilitative Prognosis:** BEST description of patient's prognosis for functional status.

   - ☐ 0 - Guarded: minimal improvement in functional status is expected; decline is possible
   - ☐ 1 - Good: marked improvement in functional status is expected
   - ☐ UK - Unknown

2. **Item Clarification:**

   Identifies the patient's expected prognosis for functional status improvement at the start of this episode of home care. Prognosis is based on professional judgement of clinician completing assessment.

3. **Rationale for Item:**

   An important care planning factor for patients receiving rehabilitative care, and a powerful risk factor for outcomes.

4. **Item Use/Application:** ☐ Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ☑ Assessment
   - ☑ Care planning
   - ☑ Quality improvement/outcome enhancement
   - ☑ Patient mix/origin/discharge disposition monitoring
   - ☑ Utilization/cost/resource consumption monitoring
   - ☑ Marketing (e.g., public relations, payer negotiations)
   - ☑ Feedback to other providers (e.g., physicians, discharge planners)
   - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☐ Outcome measurement for outcome reporting
   - ☑ Risk factor measurement for outcome reporting
     - Number of risk adjustment models 34
   - ☑ Adverse event measurement for adverse event report
   - ☑ Case mix measurement for case mix profiling
   - ☑ Case mix adjustment for prospective payment system
   - ☑ Performance indicator for consumer reporting (planned)
   - ☑ Survey & certification use (planned)
   - ☑ Program integrity (planned)

   **Other Applications Under Development**
   - ☑ Homebound status determination
   - ☑ Medical necessity determination
M0270 Rehabilitative Prognosis (Cont’d)

5. **Item Research, Development, Clinical, and Testing History:**
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   Reliability/validity testing of outcome measures and data items.
   Reliability/validity testing of outcome measures and data items. Item revised.
   Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
   1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☐ Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): 0.77 Study 1, 0.50 Study 2

8. **Perceived or Real Constraints/Limitations:**
   Original item with more categories was unreliable, but current item with only two categories is less descriptive.
   Concerns have been expressed about recording similar information on two separate forms, though 485 does not employ the same response options.

9. **Additional Comments:**
   Also required (in narrative form only) by CMS on 485.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    Retain. Explore option of using the same response categories for the 485 item.
**Item Category:** Demographics and Patient History

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
</table>
| M0280     | Life Expectancy | ☑ Start or Resumption of Care  
|           |             | ☑ Follow-Up  |
|           |             | ☐ Transfer to Inpatient Facility  
|           |             | ☑ Discharge  |

1. **Precise Wording of Item:**

(M0280) **Life Expectancy:** (Physician documentation is not required.)

- ☐ 0  - Life expectancy is greater than 6 months
- ☐ 1  - Life expectancy is 6 months or fewer

2. **Item Clarification:**

Identifies those patients for whom life expectancy is fewer than six months. Item is based on professional judgment of clinician completing assessment and other clinical input.

3. **Rationale for Item:**

Identification of terminal patients, whose treatment goals and service needs may be substantially different from other patients.

4. **Item Use/Application:**

- ☑ Identifier (for data management/tracking)

**Home Health Agency Applications**

- ✓ Assessment
- ✓ Care planning
- ✓ Quality improvement/outcome enhancement
- ✓ Patient mix/origin/discharge disposition monitoring
- ✓ Utilization/cost/resource consumption monitoring
- ✓ Marketing (e.g., public relations, payer negotiations)
- ✓ Feedback to other providers (e.g., physicians, discharge planners)
- ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- ☐ Outcome measurement for outcome reporting
- ✓ Risk factor measurement for outcome reporting
- ✓ Number of risk adjustment models 29
- ✓ Adverse event measurement for adverse event report
- ✓ Case mix measurement for case mix profiling
- ☐ Case mix adjustment for prospective payment system
- ✓ Performance indicator for consumer reporting (planned)
- ✓ Survey & certification use (planned)
- ☐ Program integrity (planned)

**Other Applications Under Development**

- ☐ Homebound status determination
- ☐ Medical necessity determination

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2.74
<table>
<thead>
<tr>
<th>M0280</th>
<th>Life Expectancy (Cont’d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Item Research, Development, Clinical, and Testing History:</td>
<td></td>
</tr>
<tr>
<td>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
<td></td>
</tr>
<tr>
<td>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
<td></td>
</tr>
</tbody>
</table>

| 6. Validity: |
| ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement |
| ☑ Consensus validity by expert clinical panels for patient assessment and care planning |
| ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement |
| ☐ Convergent/predictive validity: case mix adjustment for payment |
| ☑ Validation by patient assessment and care planning |
| ☑ Validation by outcome enhancement |

| 7. Recent Reliability: | ☑ Substantial | ☐ Moderate | ☐ Fair/Slight | ☐ Reliability not evaluated |
| Interrater reliability (weighted kappa or percent agreement): | 0.98 Study 1 | 0.16 Study 2 | | Study 3 |

| 8. Perceived or Real Constraints/Limitations: |
| Life expectancy judgments by clinicians have been shown to be problematic. Some clinicians are reluctant to acknowledge terminal status of patient for a variety of reasons. May require communication between HHA and physician; perceived by some as a burden to HHA. However, this information is important for assessment and care planning. |

| 9. Additional Comments: |
| None. |

| 10. Overall Necessity of Item: | ☐ Essential | ☑ Highly useful | ☐ Useful | ☐ Potentially useful | ☐ Marginal |

| 11. Recommendation for Retention or Change: |
| Retain. Consider exploring alternative definitions. |

Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE

Item-Specific Record

<table>
<thead>
<tr>
<th>Item No.: M0290</th>
<th>Item Name: High Risk Factors</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. Precise Wording of Item:
   (M0290) High Risk Factors characterizing this patient: (Mark all that apply.)
   - 1 - Heavy smoking
   - 2 - Obesity
   - 3 - Alcohol dependency
   - 4 - Drug dependency
   - 5 - None of the above
   - UK - Unknown *

   * At follow-up and discharge, omit "UK - Unknown."

2. Item Clarification:
   Identifies specific factors that may exert a high impact on the patient’s health status and ability to recover from this illness.

3. Rationale for Item:
   Crucial to care planning and risk adjustment because these risk factors are known to substantially impact prognosis for coping with illness and overall health status.

4. Item Use/Application:
   - Identifier (for data management/tracking)
   - Home Health Agency Applications
     - ☑ Assessment
     - ☑ Care planning
     - ☑ Quality improvement/outcome enhancement
     - ☑ Patient mix/origin/discharge disposition monitoring
     - ☑ Utilization/cost/resource consumption monitoring
     - ☑ Marketing (e.g., public relations, payer negotiations)
     - ☑ Feedback to other providers (e.g., physicians, discharge planners)
     - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - CMS Applications
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - Number of risk adjustment models 13
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)
   - Other Applications Under Development
     - ☑ Homebound status determination
     - ☑ Medical necessity determination

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2.76
5. **Item Research, Development, Clinical, and Testing History:**

1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.


Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.

No changes recommended to the data item.

1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.


1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. **Recent Reliability:**

| Interrater reliability (weighted kappa or percent agreement): | 0.69 Study 1 | 0.48 Study 2 | Study 3 |

8. **Perceived or Real Constraints/Limitations:**

Obesity factor shows lower reliability, indicating lack of consistent standards. Negative connotation of alcohol/drug dependency may lead to under-reporting.

9. **Additional Comments:**

None.

10. **Overall Necessity of Item:**

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

11. **Recommendation for Retention or Change:**

Retain. Explore ways to enhance accuracy/reliability of response pertaining to obesity.

Date Recorded: 02 / 01 / 2002
Form No. OC:1-02.02 Item-Specific Record

**Item Category:** Living Arrangements

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0300</td>
<td>Current Residence</td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   **(M0300) Current Residence:**
   - ☐ 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other)
   - ☐ 2 - Family member's residence
   - ☐ 3 - Boarding home or rented room
   - ☐ 4 - Board and care or assisted living facility
   - ☐ 5 - Other (specify) __________________________

2. **Item Clarification:**

   Identifies where the patient is residing during the current home care episode, even if temporary (e.g., where the patient is receiving care).

3. **Rationale for Item:**

   Can affect care provision and facilitate or impede recovery/rehabilitation process. Some care or health-related services are received in conjunction with living quarters (e.g., an assisted living situation).

4. **Item Use/Application:** ☐ Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ☑ Assessment
   - ☑ Care planning
   - ☑ Quality improvement/outcome enhancement
   - ☑ Patient mix/origin/discharge disposition monitoring
   - ☑ Utilization/cost/resource consumption monitoring
   - ☑ Marketing (e.g., public relations, payer negotiations)
   - ☑ Feedback to other providers (e.g., physicians, discharge planners)
   - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☐ Outcome measurement for outcome reporting
   - ☑ Risk factor measurement for outcome reporting
   - ☑ Number of risk adjustment models 22
   - ☐ Adverse event measurement for adverse event report
   - ☑ Case mix measurement for case mix profiling
   - ☐ Case mix adjustment for prospective payment system
   - ☑ Performance indicator for consumer reporting (planned)
   - ☑ Survey & certification use (planned)
   - ☐ Program integrity (planned)

   **Other Applications Under Development**
   - ☐ Homebound status determination
   - ☐ Medical necessity determination

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2.78
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.86 Study 1 0.80 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain for risk adjustment and care planning.

   Date Recorded: 02 / 01 / 2002
Item No.: M0310  
Item Name: Structural Barriers

1. Precise Wording of Item:
(M0310) Structural Barriers in the patient's environment limiting independent mobility: (Mark all that apply.)

- 0 - None
- 1 - Stairs inside home which **must** be used by the patient (e.g., to get to toileting, sleeping, eating areas)
- 2 - Stairs inside home which are used optionally (e.g., to get to laundry facilities)
- 3 - Stairs leading from inside house to outside
- 4 - Narrow or obstructed doorways

2. Item Clarification:
Identifies any obstacles that may impede/hampers the patient's independence in ambulation/locomotion within the environment.

3. Rationale for Item:
Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement. Responses can change from one time point to another, as patient's independent mobility changes.

4. Item Use/Application: □ Identifier (for data management/tracking)

**Home Health Agency Applications**

- ☑ Assessment
- ☑ Care planning
- □ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- □ Utilization/cost-resource consumption monitoring
- □ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- □ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- □ Outcome measurement for outcome reporting
- □ Risk factor measurement for outcome reporting
- □ Number of risk adjustment models
- □ Adverse event measurement for adverse event report
- □ Case mix measurement for case mix profiling
- □ Case mix adjustment for prospective payment system
- □ Performance indicator for consumer reporting (planned)
- □ Survey & certification use (planned)
- □ Program integrity (planned)

**Other Applications Under Development**

- ☑ Homebound status determination
- ☑ Medical necessity determination
5. **Item Research, Development, Clinical, and Testing History:**

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988-1990</td>
<td>Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td>1989-1991</td>
<td>Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</td>
</tr>
<tr>
<td>1994-1995</td>
<td>Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.</td>
</tr>
<tr>
<td>1995-2000</td>
<td>Demonstration testing in the National and New York State Demonstrations.</td>
</tr>
<tr>
<td>1997-1998</td>
<td>Reliability testing.</td>
</tr>
<tr>
<td>1999-2000</td>
<td>Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
</tbody>
</table>

6. **Validity:**

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. **Recent Reliability:**

- Interrater reliability (weighted kappa or percent agreement): 0.52 Study 1 0.35 Study 2

8. **Perceived or Real Constraints/Limitations:**

Modest reliability may account for inability to predict outcomes as a risk factor. Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.

9. **Additional Comments:**

CMS requires safety measures to be addressed on 485.

10. **Overall Necessity of Item:**

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

11. **Recommendation for Retention or Change:**

Refine. Reliability and performance as a risk factor could be improved by refinements. May be useful to support homebound status and medical necessity.

Date Recorded: 02/01/2002
## OASIS CHRONICLE


### Item-Specific Record

<table>
<thead>
<tr>
<th>Item No.: M0320</th>
<th>Item Name: Safety Hazards</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

### 1. Precise Wording of Item:

(M0320) Safety Hazards found in the patient's current place of residence: *(Mark all that apply.)*

- [ ] 0 - None
- [ ] 1 - Inadequate floor, roof, or windows
- [ ] 2 - Inadequate lighting
- [ ] 3 - Unsafe gas/electric appliance
- [ ] 4 - Inadequate heating
- [ ] 5 - Inadequate cooling
- [ ] 6 - Lack of fire safety devices
- [ ] 7 - Unsafe floor coverings
- [ ] 8 - Inadequate stair railings
- [ ] 9 - Improperly stored hazardous materials
- [ ] 10 - Lead-based paint
- [ ] 11 - Other (specify) ____________________________

### 2. Item Clarification:

Identifies conditions in current residence (defined under M0300), which interfere with patient's safety or could pose a threat to safety.

### 3. Rationale for Item:

Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement. Can change within the same environment from one time point to another.

### 4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☐ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models 1 __________</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☑ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☐ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☑ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td>☑ Program integrity (planned)</td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

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2.82
### M0320 Safety Hazards (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
- 1995-2000: Demonstration testing in the National and New York State Demonstrations.

#### 6. Validity:
- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☐ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☐ Validation by outcome enhancement

#### 7. Recent Reliability:
- ☑ Substantial
- ☑ Moderate
- ☐ Fair/Slight
- ☐ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.56 Study 1 0.48 Study 2 

#### 8. Perceived or Real Constraints/Limitations:
Modest reliability may account for poor performance as a risk factor. Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.

#### 9. Additional Comments:
CMS requires safety measures to be addressed on 485.

#### 10. Overall Necessity of Item:
- ☑ Essential
- ☑ Highly useful
- ☑ Useful
- ☐ Potentially useful
- ☐ Marginal

#### 11. Recommendation for Retention or Change:
Retain. Item may need redesign to improve reliability and performance as a risk factor. May be useful for assessing medical necessity.

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**

*(for OASIS Version B1 8/2000)*

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.: M0330</th>
<th>Item Name: Sanitation Hazards</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care ☐ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0330) Sanitation Hazards found in the patient's current place of residence: *(Mark all that apply.)*

- [ ] 0 - None
- [ ] 1 - No running water
- [ ] 2 - Contaminated water
- [ ] 3 - No toileting facilities
- [ ] 4 - Outdoor toileting facilities only
- [ ] 5 - Inadequate sewage disposal
- [ ] 6 - Inadequate/improper food storage
- [ ] 7 - No food refrigeration
- [ ] 8 - No cooking facilities
- [ ] 9 - Insects/rodents present
- [ ] 10 - No scheduled trash pickup
- [ ] 11 - Cluttered/soiled living area
- [ ] 12 - Other (specify) __________

2. **Item Clarification:**

Identifies conditions in the patient's current residence (defined under M0300), which are a threat to health or safety of the patient.

3. **Rationale for Item:**

Sanitation hazards pose a threat to patient health and safety, particularly for the homebound. Some hazards greatly affect care planning (e.g., inadequate/lack of water for wound care patients). Can change within the same environment from one time point to another. Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement.

4. **Item Use/Application:**

- ☑ Identifier (for data management/tracking)

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Assessment</td>
<td>☐ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>✓ Care planning</td>
<td>✓ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☐ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models __________</td>
</tr>
<tr>
<td>✓ Patient mix/origin/discharge disposition monitoring</td>
<td>☐ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☐ Utilization/cost/resource consumption monitoring</td>
<td>☐ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☐ Marketing (e.g., public relations, payer negotiations)</td>
<td>☐ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>✓ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☐ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☐ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☐ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>✓ Program integrity (planned)</td>
</tr>
</tbody>
</table>

**Other Applications Under Development**

- ☐ Homebound status determination
- ✓ Medical necessity determination

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2.84
### Item Research, Development, Clinical, and Testing History:

1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.

Reliability/validity testing of outcome measures and data items.

Reliability/validity testing of outcome measures and data items.

Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.

1995-2000: Demonstration testing in the National and New York State Demonstrations.


1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

### Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### Recent Reliability:

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.64 Study 1 0.25 Study 2 0.25 Study 3

### Perceived or Real Constraints/Limitations:

Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.

### Additional Comments:

None.

### Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### Recommendation for Retention or Change:

Retain. Item may need redesign to improve performance as a risk factor. May be useful for assessing medical necessity.

Date Recorded: 02 / 01 / 2002
**Item Category:** Living Arrangements

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0340</td>
<td>Living Situation</td>
<td>✓ Start or Resumption of Care ✓ Follow-Up □ Transfer to Inpatient Facility ✓ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0340) Patient Lives With: (Mark all that apply.)

- [ ] 1 - Lives alone
- [ ] 2 - With spouse or significant other
- [ ] 3 - With other family member
- [ ] 4 - With a friend
- [ ] 5 - With paid help (other than home care agency staff)
- [ ] 6 - With other than above

2. **Item Clarification:**
Identifies who the patient is living with at this time, even if the arrangement is temporary.

3. **Rationale for Item:**
Can affect care planning, resource use, and outcome of episode of care.

4. **Item Use/Application:** ☑ Identifier (for data management/tracking)

- **Home Health Agency Applications**
  - ✓ Assessment
  - ✓ Care planning
  - ✓ Quality improvement/outcome enhancement
  - ✓ Patient mix/origin/discharge disposition monitoring
  - ✓ Utilization/cost/resource consumption monitoring
  - ✓ Marketing (e.g., public relations, payer negotiations)
  - ✓ Feedback to other providers (e.g., physicians, discharge planners)
  - ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ✓ Risk factor measurement for outcome reporting
  - Number of risk adjustment models 33
  - ❌ Adverse event measurement for adverse event report
  - ✓ Case mix measurement for case mix profiling
  - ✓ Case mix adjustment for prospective payment system
  - ✓ Performance indicator for consumer reporting (planned)
  - ✓ Survey & certification use (planned)
  - ✓ Program integrity (planned)

- **Other Applications Under Development**
  - ✓ Homebound status determination
  - ❌ Medical necessity determination

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5. Item Research, Development, Clinical, and Testing History:
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
☑ Consensus validity by expert clinical panels for patient assessment and care planning
☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
☐ Convergent/predictive validity: case mix adjustment for payment
☑ Validation by patient assessment and care planning
☑ Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
Interrater reliability (weighted kappa or percent agreement): 0.94 Study 1 0.74 Study 2

8. Perceived or Real Constraints/Limitations:
Some confusion has been expressed about definition of paid help, but item reliability is still excellent. Suggestion has been made to simplify to yes/no responses. Yes/no responses to each current response (1 through 6) could be added although this does not change the meaning of these items, which are already highly reliable. Data entry software change would be required, and item response format would differ from all other OASIS items; this would appear to increase overall burden. Changing entire item to a single yes/no response loses essential information for care planning.

9. Additional Comments:
None.

10. Overall Necessity of Item: ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:
Retain for risk adjustment and care planning.

Date Recorded: 02 / 01 / 2002

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2.87
### Item Category: Supportive Assistance

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0350</td>
<td>Assisting Person(s) Other Than Home Care Agency Staff</td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)
   - 1 - Relatives, friends, or neighbors living outside the home
   - 2 - Person residing in the home (EXCLUDING paid help)
   - 3 - Paid help
   - 4 - None of the above [If None of the above, go to M0390 ] *
   - UK - Unknown [If Unknown, go to M0390 ] **

* At discharge, change M0390 to M0410.
** At follow-up and discharge, omit "UK - Unknown."

2. **Item Clarification:**

   Identifies the individuals who provide assistance to the patient (EXCLUDING the home care agency).

3. **Rationale for Item:**

   Can be an important factor for care planning and risk adjustment, and for adverse event reporting.

4. **Item Use/Application:**

   - ☑ Identifier (for data management/tracking)
   - **Home Health Agency Applications**
     - ☑ Assessment
     - ☑ Care planning
     - ☑ Quality improvement/outcome enhancement
     - ☑ Patient mix/origin/discharge disposition monitoring
     - ☑ Utilization/cost/resource consumption monitoring
     - ☑ Marketing (e.g., public relations, payer negotiations)
     - ☑ Feedback to other providers (e.g., physicians, discharge planners)
     - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - **CMS Applications**
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - Number of risk adjustment models 20
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)
   - **Other Applications Under Development**
     - ☑ Homebound status determination
     - ☑ Medical necessity determination
<table>
<thead>
<tr>
<th>Item Research, Development, Clinical, and Testing History:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
</tr>
<tr>
<td>1995-2000: Demonstration testing in the National and New York State Demonstrations.</td>
</tr>
<tr>
<td>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Validity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</td>
</tr>
<tr>
<td>☑ Consensus validity by expert clinical panels for patient assessment and care planning</td>
</tr>
<tr>
<td>☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</td>
</tr>
<tr>
<td>☐ Convergent/predictive validity: case mix adjustment for payment</td>
</tr>
<tr>
<td>☑ Validation by patient assessment and care planning</td>
</tr>
<tr>
<td>☑ Validation by outcome enhancement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recent Reliability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Substantial</td>
</tr>
<tr>
<td>☐ Moderate</td>
</tr>
<tr>
<td>☐ Fair/Slight</td>
</tr>
<tr>
<td>☐ Reliability not evaluated</td>
</tr>
</tbody>
</table>

Interrater reliability (weighted kappa or percent agreement): 0.67 Study 1 0.52 Study 2 0.47 Study 3

<table>
<thead>
<tr>
<th>Perceived or Real Constraints/Limitations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggestion has been made to simplify to yes/no responses. Yes/no responses to each current response (1 through 6) could be added although this does not change the meaning of these items, which are already highly reliable. Data entry software change would be required, and item response format would differ from all other OASIS items; this would appear to increase overall burden. Changing entire item to a single yes/no response loses essential information for care planning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Necessity of Item:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Essential</td>
</tr>
<tr>
<td>☐ Highly useful</td>
</tr>
<tr>
<td>☐ Useful</td>
</tr>
<tr>
<td>☐ Potentially useful</td>
</tr>
<tr>
<td>☐ Marginal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation for Retention or Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retain for care planning and risk adjustment.</td>
</tr>
</tbody>
</table>

Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE  
For OASIS Version B1 8/2000

Item-Specific Record

Item Category: Supportive Assistance

<table>
<thead>
<tr>
<th>Item No.: M0360</th>
<th>Item Name: Primary Caregiver</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. Precise Wording of Item:

(M0360) Primary Caregiver taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):

- 0 - No one person [If No one person, go to M0390] *
- 1 - Spouse or significant other
- 2 - Daughter or son
- 3 - Other family member
- 4 - Friend or neighbor or community or church member
- 5 - Paid help
- UK - Unknown [If Unknown, go to M0390] **

* At discharge, change M0390 to M0410.
** At follow-up, and discharge, omit "UK - Unknown."

2. Item Clarification:

Identifies the person who is "in charge" of providing and coordinating the patient's care. A case manager hired to oversee care, but who does not provide any assistance, is not considered the primary caregiver. This person may employ others to provide direct assistance, in which case "paid help" is considered the primary caregiver.

3. Rationale for Item:

Determining whether there is a primary caregiver in the home is important for care planning and, potentially, risk adjustment.

4. Item Use/Application:

- Identifier (for data management/tracking)

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☐ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>☐ Number of risk adjustment models 4</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☐ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☐ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☐ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

Other Applications Under Development

- ☑ Homebound status determination
- ☑ Medical necessity determination

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2.90
### 5. Item Research, Development, Clinical, and Testing History:

- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
  - Reliability/validity testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
  - Reliability/validity testing of outcome measures and data items.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
  - No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

### 6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### 7. Recent Reliability:

- Substantial: 0.65 Study 1 0.80 Study 2
- Moderate
- Fair/Slight
- Reliability not evaluated

### 8. Perceived or Real Constraints/Limitations:

Suggestion has been made to simplify to yes/no responses. Yes/no responses to each current response (1 through 6) could be added although this does not change the meaning of these items, which are already sufficiently reliable. Data entry software change would be required, and item response format would differ from all other OASIS items; this would appear to increase overall burden. Changing entire item to a single yes/no response loses essential information for care planning.

### 9. Additional Comments:

None.

### 10. Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### 11. Recommendation for Retention or Change:

Retain.

Date Recorded: 02 / 01 / 2002
**Item Specific Record**

**Item Category:** Supportive Assistance

<table>
<thead>
<tr>
<th>Item No.</th>
<th>M0370</th>
<th>Item Name: Frequency of Primary Caregiver Assistance</th>
<th>Time Points:</th>
</tr>
</thead>
</table>
|          |       |                                                    | Start or Resumption of Care | Follow-Up  
|          |       |                                                    | Transfer to Inpatient Facility | Discharge |

1. **Precise Wording of Item:**

(M0370) How Often does the patient receive assistance from the primary caregiver?

- [ ] 1 - Several times during day and night
- [ ] 2 - Several times during day
- [ ] 3 - Once daily
- [ ] 4 - Three or more times per week
- [ ] 5 - One to two times per week
- [ ] 6 - Less often than weekly
- [ ] UK - Unknown *

*At follow-up and discharge, omit "UK - Unknown."

2. **Item Clarification:**
Identifies the frequency of the help provided by the primary caregiver (identified in M0360).

3. **Rationale for Item:**
Affects care planning and expected to be a predictor of outcomes.

4. **Item Use/Application:** □ Identifier (for data management/tracking)

- **Home Health Agency Applications**
  - [✓] Assessment
  - [✓] Care planning
  - [✓] Quality improvement/outcome enhancement
  - [✓] Patient mix/origin/discharge disposition monitoring
  - [✓] Utilization/cost/resource consumption monitoring
  - [✓] Marketing (e.g., public relations, payer negotiations)
  - [✓] Feedback to other providers (e.g., physicians, discharge planners)
  - [✓] Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - □ Outcome measurement for outcome reporting
  - [✓] Risk factor measurement for outcome reporting
  - Number of risk adjustment models 9
  - □ Adverse event measurement for adverse event report
  - □ Case mix measurement for case mix profiling
  - □ Case mix adjustment for prospective payment system
  - [✓] Performance indicator for consumer reporting (planned)
  - [✓] Survey & certification use (planned)
  - □ Program integrity (planned)

**Other Applications Under Development**
- [✓] Homebound status determination
- [✓] Medical necessity determination

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### M0370 Frequency of Primary Caregiver Assistance (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
1. **1988-1989:** Field testing of outcome measures.
2. **1994-1995:** Modified data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.
3. **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
4. **1997-1998:** Reliability testing.
5. **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

#### 7. Recent Reliability:
- **Substantial:** 0.52
- **Moderate:** 0.59
- **Fair/Slight:**
- **Reliability not evaluated:**

Interrater reliability (weighted kappa or percent agreement): 0.52 Study 1 0.59 Study 2

#### 8. Perceived or Real Constraints/Limitations:
Moderate reliability. Improved reliability could result in contribution to risk adjustment models for more outcomes.

#### 9. Additional Comments:
None.

#### 10. Overall Necessity of Item:
- **Essential**
- **Highly useful**
- **Useful**
- **Potentially useful**
- **Marginal**

#### 11. Recommendation for Retention or Change:
Retain. Explore revisions to improve reliability.

Date Recorded: 02 / 01 / 2002
**Item Category:** Supportive Assistance

<table>
<thead>
<tr>
<th>Item No.: M0380</th>
<th>Item Name: Type of Primary Caregiver Assistance</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**
(M0380) Type of Primary Caregiver Assistance: (Mark all that apply.)

- ☐ 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)
- ☐ 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)
- ☐ 3 - Environmental support (housing, home maintenance)
- ☐ 4 - Psychosocial support (socialization, companionship, recreation)
- ☐ 5 - Advocates or facilitates patient's participation in appropriate medical care
- ☐ 6 - Financial agent, power of attorney, or conservator of finance
- ☐ 7 - Health care agent, conservator of person, or medical power of attorney
- ☐ UK - Unknown *

* At follow-up and discharge, omit "UK - Unknown."

2. **Item Clarification:**
Identifies categories of assistance provided by the primary caregiver (identified in M0360).

3. **Rationale for Item:**
Affects care planning and expected to be a predictor of outcomes.

4. **Item Use/Application:** ☑ Identifier (for data management/tracking)

<table>
<thead>
<tr>
<th><strong>Home Health Agency Applications</strong></th>
<th><strong>CMS Applications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☑ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models 15</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☑ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☑ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

**Other Applications Under Development**
☑ Homebound status determination
☑ Medical necessity determination
OASIS CHRONICLE
Item-Specific Record

Form No. OC:1-02.02 Item-Specific Record

M0380 Type of Primary Caregiver Assistance (Cont’d)

5. Item Research, Development, Clinical, and Testing History:
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   ☑ Convergent/predictive validity: case mix adjustment for payment
   ☑ Validation by patient assessment and care planning
   ☑ Validation by outcome enhancement

7. Recent Reliability:  ☑ Substantial  ☑ Moderate  ☑ Fair/Slight  ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement):  0.40 Study 1  0.39 Study 2  ______Study 3

8. Perceived or Real Constraints/Limitations:
   Mediocre reliability.

9. Additional Comments:
   None.

10. Overall Necessity of Item:  ☑ Essential  ☑ Highly useful  ☑ Useful  ☐ Potentially useful  ☐ Marginal

11. Recommendation for Retention or Change:
   Retain. Explore revisions to improve reliability.

Date Recorded: 02 / 01 / 2002

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2.95
### OASIS CHRONICLE

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item Category:</th>
<th>Sensory Status</th>
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</thead>
<tbody>
<tr>
<td>Item No.:</td>
<td>M0390</td>
</tr>
<tr>
<td>Item Name:</td>
<td>Vision</td>
</tr>
<tr>
<td>Time Points:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td>☐ Discharge</td>
</tr>
</tbody>
</table>

#### 1. Precise Wording of Item:

(M0390) **Vision** with corrective lenses if the patient usually wears them:

- **0** - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- **1** - Partially impaired: cannot see medication labels or newsprint, but **can** see obstacles in path, and the surrounding layout; can count fingers at arm’s length.
- **2** - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

#### 2. Item Clarification:

Identifies the patient's ability to see and visually manage (function) within his/her environment.

#### 3. Rationale for Item:

Sensory impairments can impact both outcomes and service needs.

#### 4. Item Use/Application:

- **Identifier (for data management/tracking)**
- **Home Health Agency Applications**
  - ✔ Assessment
  - ✔ Care planning
  - ✔ Quality improvement/outcome enhancement
  - ✔ Patient mix/origin/discharge disposition monitoring
  - ✔ Utilization/cost/resource consumption monitoring
  - ✔ Marketing (e.g., public relations, payer negotiations)
  - ✔ Feedback to other providers (e.g., physicians, discharge planners)
  - ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
- **CMS Applications**
  - ☐ Outcome measurement for outcome reporting
  - ✔ Risk factor measurement for outcome reporting
  - Number of risk adjustment models: **17**
  - ☐ Adverse event measurement for adverse event report
  - ✔ Case mix measurement for case mix profiling
  - ✔ Case mix adjustment for prospective payment system
  - ✔ Performance indicator for consumer reporting (planned)
  - ✔ Survey & certification use (planned)
  - ✔ Program integrity (planned)
- **Other Applications Under Development**
  - ✔ Homebound status determination
  - ☐ Medical necessity determination

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2.96
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.84 Study 1 0.53 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - No substantial constraints.

9. **Additional Comments:**
   - Close relationship to item required by CMS on 485.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain for care planning, risk adjustment, and payment adjustment.

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**


**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.: M0400</th>
<th>Item Name: Hearing and Ability to Understand Spoken Language</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

1. **Precise Wording of Item:**

   (M0400) **Hearing and Ability to Understand Spoken Language** in patient's own language (with hearing aids if the patient usually uses them):

   - 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation.
   - 1 - With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice.
   - 2 - Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance.
   - 3 - Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, and additional time.
   - 4 - Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive.

2. **Item Clarification:**

   Identifies the patient's ability to hear and understand spoken language.

3. **Rationale for Item:**

   Sensory impairments can impact both outcomes and service needs.

4. **Item Use/Application:**

   - Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - Assessment
   - Care planning
   - Quality improvement/outcome enhancement
   - Patient mix/origin/discharge disposition monitoring
   - Utilization/cost/resource consumption monitoring
   - Marketing (e.g., public relations, payer negotiations)
   - Feedback to other providers (e.g., physicians, discharge planners)
   - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - Outcome measurement for outcome reporting
   - Risk factor measurement for outcome reporting
   - Number of risk adjustment models
   - Adverse event measurement for adverse event report
   - Case mix measurement for case mix profiling
   - Case mix adjustment for prospective payment system
   - Performance indicator for consumer reporting (planned)
   - Survey & certification use (planned)
   - Program integrity (planned)

   **Other Applications Under Development**
   - Homebound status determination
   - Medical necessity determination

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2.98
M0400 Hearing and Ability to Understand Spoken Language (Cont'd)

5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   1994-1995: Modified data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. Recent Reliability:
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 0.69 Study 1 0.52 Study 2

8. Perceived or Real Constraints/Limitations:
   Though item was developed by a speech-language pathologist, other clinicians have sometimes found the wording complex.

9. Additional Comments:
   Close relationship to item required by CMS on 485.

10. Overall Necessity of Item:
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. Recommendation for Retention or Change:
    Retain. Explore simplification options.

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2.99
## OASIS CHRONICLE

### Item-Specific Record

**Item Category:** Sensory Status

<table>
<thead>
<tr>
<th>Item No.: M0410</th>
<th>Item Name: Speech and Oral (Verbal) Expression of Language</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

1. **Precise Wording of Item:**

   **(M0410) Speech and Oral (Verbal) Expression of Language** (in patient's own language):

   - **0** - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
   - **1** - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).
   - **2** - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences.
   - **3** - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
   - **4** - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
   - **5** - Patient nonresponsive or unable to speak.

2. **Item Clarification:**

   Identifies the patient's ability to communicate verbally (by mouth) in the patient's primary language. The item does not address communicating in sign language, in writing, or by any nonverbal means. Augmented speech (e.g., a trained esophageal speaker, use of an electrolarynx) is considered verbal expression of language.

3. **Rationale for Item:**

   An important factor contributing to quality of life, as well as an important risk factor.

4. **Item Use/Application:**

   **Home Health Agency Applications**
   - ✔ Assesment
   - ✔ Care planning
   - ✔ Quality improvement/outcome enhancement
   - ✔ Patient mix/origin/discharge disposition monitoring
   - ✔ Utilization/cost/resource consumption monitoring
   - ✔ Marketing (e.g., public relations, payer negotiations)
   - ✔ Feedback to other providers (e.g., physicians, discharge planners)
   - ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ✔ Outcome measurement for outcome reporting
   - ✔ Risk factor measurement for outcome reporting
   - ✔ Number of risk adjustment models 22
   - ✔ Adverse event measurement for adverse event report
   - ✔ Case mix measurement for case mix profiling
   - ✔ Case mix adjustment for prospective payment system
   - ✔ Performance indicator for consumer reporting (planned)
   - ✔ Survey & certification use (planned)
   - ✔ Program integrity (planned)

   **Other Applications Under Development**
   - ✔ Homebound status determination
   - ✔ Medical necessity determination

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2.100
### M0410 Speech and Oral (Verbal) Expression of Language (Cont'd)

#### 5. Item Research, Development, Clinical, and Testing History:
- 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

#### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement.
- Consensus validity by expert clinical panels for patient assessment and care planning.
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement.
- Convergent/predictive validity: case mix adjustment for payment.
- Validation by patient assessment and care planning.
- Validation by outcome enhancement.

#### 7. Recent Reliability:
- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.79 Study 1 0.66 Study 2

#### 8. Perceived or Real Constraints/Limitations:
None.

#### 9. Additional Comments:
Also required by CMS on 485.

#### 10. Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

#### 11. Recommendation for Retention or Change:
Retain. Essential for outcome measurement and risk adjustment.

Date Recorded: 02 / 01 / 2002
## Item Category: Sensory Status

### Item No.: M0420
- **Item Name:** Frequency of Pain Interfering With Activity

### Time Points:
- Start or Resumption of Care
- Transfer to Inpatient Facility
- Follow-Up
- Discharge

### 1. Precise Wording of Item:

(M0420) Frequency of Pain interfering with patient's activity or movement:

- **0** - Patient has no pain or pain does not interfere with activity or movement
- **1** - Less often than daily
- **2** - Daily, but not constantly
- **3** - All of the time

### 2. Item Clarification:

Identifies frequency of pain interfering with patient’s activities, with treatment if prescribed.

### 3. Rationale for Item:

Important factor contributing to quality of life, as well as being an important risk factor for functional outcomes.

### 4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Assessment</td>
<td>✅ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>✅ Care planning</td>
<td>✅ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>✅ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models 7</td>
</tr>
<tr>
<td>✅ Patient mix/origin/discharge disposition monitoring</td>
<td>✅ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>✅ Utilization/cost/resource consumption monitoring</td>
<td>✅ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>✅ Marketing (e.g., public relations, payer negotiations)</td>
<td>✅ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>✅ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>✅ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>✅ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>✅ Survey &amp; certification use (planned)</td>
</tr>
</tbody>
</table>

**Other Applications Under Development**

- ✅ Homebound status determination
- ✅ Medical necessity determination

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2.102
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - 6.66 Substantial
   - 0.55 Moderate
   - 0.74 Fair/Slight
   - Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): 0.66 Study 1 0.55 Study 2 0.74 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Frequency captures only one dimension of pain. Prior outcome measure testing had examined pain intensity instead of frequency, which (of necessity) was patient-reported and a less reliable data item.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Continue to evaluate alternative pain items.

   Date Recorded: 02 / 01 / 2002
Form No. OC:1-02.02 Item-Specific Record

**Item Category:** Sensory Status

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0430</td>
<td>Intractable Pain</td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility ☐ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   **(M0430) Intractable Pain:** Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

   - 0 - No
   - 1 - Yes

2. **Item Clarification:**

   Identifies the presence of chronic (intractable) pain.

3. **Rationale for Item:**

   An important factor contributing to quality of life, as well as being an important risk factor for functional, emotional, and utilization outcomes.

4. **Item Use/Application:**

   - [ ] Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ☑ Assessment
   - ☑ Care planning
   - ☑ Quality improvement/outcome enhancement
   - ☑ Patient mix/origin/discharge disposition monitoring
   - ☑ Utilization/cost/resource consumption monitoring
   - ☑ Marketing (e.g., public relations, payer negotiations)
   - ☑ Feedback to other providers (e.g., physicians, discharge planners)
   - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☐ Outcome measurement for outcome reporting
   - ☑ Risk factor measurement for outcome reporting
   - ☐ Number of risk adjustment models 6
   - ☐ Adverse event measurement for adverse event report
   - ☑ Case mix measurement for case mix profiling
   - ☐ Case mix adjustment for prospective payment system
   - ☑ Performance indicator for consumer reporting (planned)
   - ☑ Survey & certification use (planned)
   - ☑ Program integrity (planned)

   **Other Applications Under Development**
   - ☑ Homebound status determination
   - ☑ Medical necessity determination

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2.104
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.67 Study 1 0.58 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - Reliability is acceptable. Pain is a challenging construct to measure. Research on pain measurement should be monitored to refine this item if possible.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Continue to refine.

   Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  
**Item-Specific Record**

**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
</table>
| M0440    | Skin Lesion or Open Wound | ☑️ Start or Resumption of Care  
            ☑️ Follow-Up  
            ☐ Transfer to Inpatient Facility  
            ☐ Discharge |

1. **Precise Wording of Item:**
   
   (M0440) Does this patient have a **Skin Lesion** or an **Open Wound**? This excludes "OSTOMIES."
   
   - 0 - No [ If No, go to M0490 ]
   - 1 - Yes

2. **Item Clarification:**
   
   Identifies the presence of a skin lesion or open wound. A lesion is a broad term used to describe an area of pathologically altered tissue. Sores, skin tears, burns, ulcers, rashes, surgical incisions, crusts, etc. are all considered lesions. All alterations in skin integrity are considered to be lesions, except alterations that end in "ostomy" (e.g., tracheostomy, gastrostomy, etc.) or peripheral IV sites. Persistent redness without a break in the skin is also considered a lesion.

3. **Rationale for Item:**
   
   Extremely important risk factor, predictor of resource use, and outcome measure.

4. **Item Use/Application:**
   
   **Identifier (for data management/tracking)**
   
   **Home Health Agency Applications**
   - ✓ Assessment
   - ✓ Care planning
   - ✓ Quality improvement/outcome enhancement
   - ✓ Patient mix/origin/discharge disposition monitoring
   - ✓ Utilization/cost/resource consumption monitoring
   - ✓ Marketing (e.g., public relations, payer negotiations)
   - ✓ Feedback to other providers (e.g., physicians, discharge planners)
   - ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ✓ Outcome measurement for outcome reporting
   - ✓ Risk factor measurement for outcome reporting
   - ✓ Number of risk adjustment models 10
   - ✓ Adverse event measurement for adverse event report
   - ✓ Case mix measurement for case mix profiling
   - ✓ Case mix adjustment for prospective payment system
   - ✓ Performance indicator for consumer reporting (planned)
   - ✓ Survey & certification use (planned)
   - ✓ Program integrity (planned)

   **Other Applications Under Development**
   - ✓ Homebound status determination
   - ✓ Medical necessity determination

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2.106
### M0440 Skin Lesion or Open Wound (Cont’d)

<table>
<thead>
<tr>
<th><strong>5. Item Research, Development, Clinical, and Testing History:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1988-1989:</strong> Field testing of outcome measures. Item revised.</td>
</tr>
<tr>
<td><strong>1988-1990:</strong> Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td><strong>1989-1991:</strong> Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</td>
</tr>
<tr>
<td><strong>1991-1994:</strong> Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</td>
</tr>
<tr>
<td><strong>1994-1995:</strong> Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
</tr>
<tr>
<td><strong>1995-2000:</strong> Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</td>
</tr>
<tr>
<td><strong>1997-1998:</strong> Reliability testing.</td>
</tr>
<tr>
<td><strong>1999-2000:</strong> Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>6. Validity:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</td>
</tr>
<tr>
<td>☑ Consensus validity by expert clinical panels for patient assessment and care planning</td>
</tr>
<tr>
<td>☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</td>
</tr>
<tr>
<td>☑ Convergent/predictive validity: case mix adjustment for payment</td>
</tr>
<tr>
<td>☑ Validation by patient assessment and care planning</td>
</tr>
<tr>
<td>☑ Validation by outcome enhancement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>7. Recent Reliability:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Substantial</td>
</tr>
<tr>
<td>☐ Moderate</td>
</tr>
<tr>
<td>☐ Fair/Slight</td>
</tr>
<tr>
<td>☐ Reliability not evaluated</td>
</tr>
</tbody>
</table>

Inter-rater reliability (weighted kappa or percent agreement): 0.85 Study 1 0.84 Study 2 0.85 Study 3

<table>
<thead>
<tr>
<th><strong>8. Perceived or Real Constraints/Limitations:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some confusion exists concerning definition of skin lesion or open wound, with some clinicians including all lesions and others counting only open wounds. OASIS Implementation Manual includes clarifying instructions (see Element 2).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>9. Additional Comments:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>10. Overall Necessity of Item:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Essential</td>
</tr>
<tr>
<td>☐ Highly useful</td>
</tr>
<tr>
<td>☐ Useful</td>
</tr>
<tr>
<td>☐ Potentially useful</td>
</tr>
<tr>
<td>☐ Marginal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>11. Recommendation for Retention or Change:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retain. Explore the option of one item for any skin lesion and a second item for open wounds or add an option that asks if the lesion/wound will be included in the plan of care.</td>
</tr>
</tbody>
</table>

Date Recorded: 02 / 01 / 2002
**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0445</td>
<td>Pressure Ulcer Presence</td>
<td>☑ Start or Resumption of Care  ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility  ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**
   
   (M0445) Does this patient have a **Pressure Ulcer**?
   
   ☐ 0 - No [ If No, go to M0468 ]
   
   ☐ 1 - Yes

2. **Item Clarification:**
   Identifies the presence of a pressure ulcer, defined as any lesion caused by unrelieved pressure resulting in tissue hypoxia and damage of the underlying tissue. Pressure ulcers most often occur over bony prominences.

3. **Rationale for Item:**
   Avoidance of pressure ulcers (or of deterioration in status) is an important marker of good care, and presence at admission is predictive of service use and outcomes.

4. **Item Use/Application:**  ☐ Identifier (for data management/tracking)
   
   **Home Health Agency Applications**
   
   ☑ Assessment
   
   ☑ Care planning
   
   ☑ Quality improvement/outcome enhancement
   
   ☑ Patient mix/origin/discharge disposition monitoring
   
   ☑ Utilization/cost/resource consumption monitoring
   
   ☑ Marketing (e.g., public relations, payer negotiations)
   
   ☑ Feedback to other providers (e.g., physicians, discharge planners)
   
   ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   
   **CMS Applications**
   
   ☐ Outcome measurement for outcome reporting
   
   ☑ Risk factor measurement for outcome reporting
   
   Number of risk adjustment models 13
   
   ☑ Adverse event measurement for adverse event report
   
   ☑ Case mix measurement for case mix profiling
   
   ☑ Case mix adjustment for prospective payment system
   
   ☑ Performance indicator for consumer reporting (planned)
   
   ☑ Survey & certification use (planned)
   
   ☑ Program integrity (planned)
   
   **Other Applications Under Development**
   
   ☑ Homebound status determination
   
   ☑ Medical necessity determination
5. **Item Research, Development, Clinical, and Testing History:**
   - 1997: New item, based on splitting older item into two items, for National and New York State Demonstrations Year 2.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 1.00 Study 1 0.90 Study 2 0 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - Item starts a skip pattern, allowing clinicians to bypass other items if patient has no pressure ulcer(s). National Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.

10. **Overall Necessity of Item:**
    - ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal

11. **Recommendation for Retention or Change:**
    - Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)

   **Date Recorded:** 02 / 01 / 2002
OASIS CHRONICLE
Item-Specific Record

Item Category: Integumentary Status

Item No.: M0450
Item Name: Current Number of Pressure Ulcers at Each Stage

Time Points:
- ○ Start or Resumption of Care
- ☑ Follow-Up
- ☑ Transfer to Inpatient Facility
- ☑ Discharge

1. Precise Wording of Item:
(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.)

<table>
<thead>
<tr>
<th>Pressure Ulcer Stages</th>
<th>Number of Pressure Ulcers</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.</td>
<td>0 1 2 3 4 or more</td>
</tr>
<tr>
<td>b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.</td>
<td>0 1 2 3 4 or more</td>
</tr>
<tr>
<td>c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.</td>
<td>0 1 2 3 4 or more</td>
</tr>
<tr>
<td>d) Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)</td>
<td>0 1 2 3 4 or more</td>
</tr>
</tbody>
</table>
| e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts? | ☑ 0 - No
| ☑ 1 - Yes |

2. Item Clarification:
Identifies the number of pressure ulcers at each stage present at the time of assessment. Definitions of pressure ulcer stages derived from the National Pressure Ulcer Advisory Panel.

3. Rationale for Item:
Avoidance of pressure ulcers (or deterioration in status) is an important marker of good care, and presence at admission is predictive of service use and outcomes.

4. Item Use/Application:
- Identifier (for data management/tracking)

Home Health Agency Applications
- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

CMS Applications
- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- Number of risk adjustment models 13
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

Other Applications Under Development
- ☑ Homebound status determination
- ☑ Medical necessity determination

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2.110
5. **Item Research, Development, Clinical, and Testing History:**

   - **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
   - **1988-1989:** Field testing of outcome measures.
   - **1989-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
     - Reliability/validity testing of outcome measures and data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
     - Reliability/validity testing of outcome measures and data items.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**

   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**

   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): 0.83 Study 1 0.37 Study 2

8. **Perceived or Real Constraints/Limitations:**

   None.

9. **Additional Comments:**

   National Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.

10. **Overall Necessity of Item:**

    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**

    Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency).

   Date Recorded: 02 / 01 / 2002

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2.111
**OASIS CHRONICLE**  

**Item Specific Record**

**Form No. OC:1-02.02 Item-Specific Record**

**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.: M0460</th>
<th>Item Name: Stage of Most Problematic (Observable) Pressure Ulcer</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care  ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility  ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   *(M0460) Stage of Most Problematic (Observable) Pressure Ulcer:*

   - ☐ 1 - Stage 1
   - ☐ 2 - Stage 2
   - ☐ 3 - Stage 3
   - ☐ 4 - Stage 4
   - ☐ NA - No observable pressure ulcer

2. **Item Clarification:**

   Identifies the most problematic pressure ulcer of those noted in M0450. "Most problematic" may be the largest, the most advanced stage, the most difficult to access for treatment, the most difficult to relieve pressure, etc., depending on the specific situation. Definitions of pressure ulcer stages (stated under M0450) are derived from the National Pressure Ulcer Advisory Panel.

3. **Rationale for Item:**

   Avoidance of pressure ulcers (or of deterioration) is an important marker of good care, and presence at admission is predictive of service use and outcomes.

4. **Item Use/Application:**

   - ☐ Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ☑ Assessment
   - ☑ Care planning
   - ☑ Quality improvement/outcome enhancement
   - ☑ Patient mix/origin/discharge disposition monitoring
   - ☑ Utilization/cost/resource consumption monitoring
   - ☑ Marketing (e.g., public relations, payer negotiations)
   - ☑ Feedback to other providers (e.g., physicians, discharge planners)
   - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☐ Outcome measurement for outcome reporting
   - ☑ Risk factor measurement for outcome reporting
   - Number of risk adjustment models 6
   - ☑ Adverse event measurement for adverse event report
   - ☑ Case mix measurement for case mix profiling
   - ☑ Case mix adjustment for prospective payment system
   - ☑ Performance indicator for consumer reporting (planned)
   - ☑ Survey & certification use (planned)
   - ☑ Program integrity (planned)

   **Other Applications Under Development**
   - ☑ Homebound status determination
   - ☑ Medical necessity determination

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2.112
### M0460  Stage of Most Problematic (Observable) Pressure Ulcer (Cont’d)

**5. Item Research, Development, Clinical, and Testing History:**

- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

**6. Validity:**

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

**7. Recent Reliability:**

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.70 Study 1 0.86 Study 2

**8. Perceived or Real Constraints/Limitations:**

Some clinicians perceive difficulty in determining "most problematic" pressure ulcer. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile. There is also a concern about the medical terminology, which is addressed under item clarification for this item and M0450.

**9. Additional Comments:**

National Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.

**10. Overall Necessity of Item:**

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

**11. Recommendation for Retention or Change:**

Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  
Item-Specific Record

**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.: M0464</th>
<th>Item Name: Status of Most Problematic (Observable) Pressure Ulcer</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0464) Status of Most Problematic (Observable) Pressure Ulcer:

- [ ] 1 - Fully granulating
- [ ] 2 - Early/partial granulation
- [ ] 3 - Not healing
- [ ] NA - No observable pressure ulcer

2. **Item Clarification:**

Identifies the degree of healing visible in the ulcer identified in M0460 as the most problematic observable pressure ulcer.

3. **Rationale for Item:**

Avoidance of pressure ulcers (or of deterioration in status) is an important marker of good care, and presence at admission is predictive of service use and outcomes.

4. **Item Use/Application:**  
   - [ ] Identifier (for data management/tracking)
   
   **Home Health Agency Applications**
   - [ ] Assessment
   - [ ] Care planning
   - [ ] Quality improvement/outcome enhancement
   - [ ] Patient mix/origin/discharge disposition monitoring
   - [ ] Utilization/cost/resource consumption monitoring
   - [ ] Marketing (e.g., public relations, payer negotiations)
   - [ ] Feedback to other providers (e.g., physicians, discharge planners)
   - [ ] Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - [ ] Outcome measurement for outcome reporting
   - [ ] Risk factor measurement for outcome reporting
   - [ ] Number of risk adjustment models
   - [ ] Adverse event measurement for adverse event report
   - [ ] Case mix measurement for case mix profiling
   - [ ] Case mix adjustment for prospective payment system
   - [ ] Performance indicator for consumer reporting (planned)
   - [ ] Survey & certification use (planned)
   - [ ] Program integrity (planned)

   **Other Applications Under Development**
   - [ ] Homebound status determination
   - [ ] Medical necessity determination

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2.114
5. **Item Research, Development, Clinical, and Testing History:**
   - **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
   - **1988-1989:** Field testing of outcome measures. Item revised.
   - **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): **0.90** Study 1 **0.30** Study 2

8. **Perceived or Real Constraints/Limitations:**
   - Some clinicians find making an accurate determination of healing status difficult. Recent expert consensus definitions offered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some clinicians perceive difficulty in determining "most problematic" pressure ulcer. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. Concentrate on referring agencies and clinicians to pressure ulcer experts, national clinical practice guidelines, and WOCN to enhance assessment consistency. Add a new response (0 - Re-epithelialized) when National Pressure Ulcer Advisory Panel determines appropriate.

Date Recorded: **02 / 01 / 2002**
**OASIS CHRONICLE**  
Item-Specific Record

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0468</td>
<td>Stasis Ulcer Presence</td>
<td>Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0468) Does this patient have a **Stasis Ulcer**?

- [ ] 0 - No [ If No, go to M0482 ]
- [ ] 1 - Yes

2. **Item Clarification:**

Identifies the presence of an ulcer caused by inadequate venous circulation in the area affected (usually lower legs). This lesion is often associated with stasis dermatitis. Stasis ulcers do not include arterial circulatory lesions or arterial ulcers.

3. **Rationale for Item:**

Proper treatment to promote healing is an important marker of good care, while presence at admission is a predictor of service use and outcomes.

4. **Item Use/Application:**

- Identifier (for data management/tracking)
- [ ] Home Health Agency Applications
  - Assessment
  - Care planning
  - Quality improvement/outcome enhancement
  - Patient mix(origin)/discharge disposition monitoring
  - Utilization/cost/resource consumption monitoring
  - Marketing (e.g., public relations, payer negotiations)
  - Feedback to other providers (e.g., physicians, discharge planners)
  - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
- CMS Applications
  - Outcome measurement for outcome reporting
  - Risk factor measurement for outcome reporting
  - Number of risk adjustment models
  - Adverse event measurement for adverse event report
  - Case mix measurement for case mix profiling
  - Case mix adjustment for prospective payment system
  - Performance indicator for consumer reporting (planned)
  - Survey & certification use (planned)
  - Program integrity (planned)
- Other Applications Under Development
  - Homebound status determination
  - Medical necessity determination

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2.116
## 5. Item Research, Development, Clinical, and Testing History:

- **1997:** New item, based on splitting previous version of item into two separate items, for National and New York State Demonstrations Year 2.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

## 6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

## 7. Recent Reliability:

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td>0.79</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/Slight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability not evaluated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interrater reliability (weighted kappa or percent agreement): 0.79 Study 1 0.85 Study 2

## 8. Perceived or Real Constraints/Limitations:

Some home health industry representatives have suggested broadening the item definition to include arterial and diabetic ulcers, which would be inconsistent with the clinical definition of stasis ulcer. (See Element 2 for clarification.) Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items. They were not incorporated into OASIS due to extremely low incidence (arterial ulcers) or poor data item reliability (both).

## 9. Additional Comments:

Item starts a skip pattern, allowing clinicians to bypass other items if patient has no stasis ulcer(s).

## 10. Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

## 11. Recommendation for Retention or Change:

Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.

---

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**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.: M0470</th>
<th>Item Name: Current Number of Observable Stasis Ulcer(s)</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✅ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0470) Current Number of Observable Stasis Ulcer(s):

- [ ] 0 - Zero
- [ ] 1 - One
- [ ] 2 - Two
- [ ] 3 - Three
- [ ] 4 - Four or more

2. **Item Clarification:**

Identifies the number of visible stasis ulcers.

3. **Rationale for Item:**

Proper treatment to promote healing is an important marker of good care, while presence at admission is a predictor of service use and outcomes.

4. **Item Use/Application:**

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Assessment</td>
<td>✅ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>✅ Care planning</td>
<td>✅ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>✅ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models</td>
</tr>
<tr>
<td>✅ Patient mix/origin/discharge disposition monitoring</td>
<td>✅ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>✅ Utilization/cost/resource consumption monitoring</td>
<td>✅ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>✅ Marketing (e.g., public relations, payer negotiations)</td>
<td>✅ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>✅ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>✅ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>✅ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>✅ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td>✅ Program integrity (planned)</td>
<td>✅ Program integrity (planned)</td>
</tr>
</tbody>
</table>

**Other Applications Under Development**

- Homebound status determination
- Medical necessity determination

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2.118
5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   1995-2000: No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1995-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. Recent Reliability:
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 1.00 Study 1 1.00 Study 2 1.00 Study 3

8. Perceived or Real Constraints/Limitations:
   Some home health industry representatives have suggested broadening the item definition to include arterial and diabetic ulcers, which would be inconsistent with the clinical definition of stasis ulcer. (See Element 2 for clarification.) Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items. They were not incorporated into OASIS due to extremely low incidence (arterial ulcers) or poor data item reliability (both).

9. Additional Comments:
   Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items.

10. Overall Necessity of Item:
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. Recommendation for Retention or Change:
    Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.

Date Recorded: 02 / 01 / 2002

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**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.: M0474</th>
<th>Item Name: Stasis Ulcer that Cannot be Observed</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

1. **Precise Wording of Item:**

(M0474) Does this patient have at least one *Stasis Ulcer that Cannot be Observed* due to the presence of a nonremovable dressing?

- ☐ 0 - No
- ☑ 1 - Yes

2. **Item Clarification:**

Identifies the presence of a stasis ulcer which is covered by a dressing that home care staff are not to remove (e.g., an Unna’s paste-boot).

3. **Rationale for Item:**

Enables clinicians to accurately describe situations where wound status (and number) cannot be assessed. (If patient has an ulcer that is covered, no assessment of status/number is possible.)

4. **Item Use/Application:**

   **Home Health Agency Applications**
   - ✔ Assessment
   - ✔ Care planning
   - ✔ Quality improvement/outcome enhancement
   - ✔ Patient mix/origin/discharge disposition monitoring
   - ✔ Utilization/cost/resource consumption monitoring
   - ✔ Marketing (e.g., public relations, payer negotiations)
   - ✔ Feedback to other providers (e.g., physicians, discharge planners)
   - ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☑ Outcome measurement for outcome reporting
   - ☐ Risk factor measurement for outcome reporting
   - ☐ Number of risk adjustment models
   - ☑ Adverse event measurement for adverse event report
   - ☑ Case mix measurement for case mix profiling
   - ☑ Case mix adjustment for prospective payment system
   - ☐ Performance indicator for consumer reporting (planned)
   - ✔ Survey & certification use (planned)
   - ✔ Program integrity (planned)

   **Other Applications Under Development**
   - ✔ Homebound status determination
   - ✔ Medical necessity determination

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2.120
**M0474  Stasis Ulcer that Cannot be Observed (Cont'd)**

5. **Item Research, Development, Clinical, and Testing History:**
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement):  \(0.98\) Study 1  \(1.00\) Study 2  \(\text{---}\) Study 3

8. **Perceived or Real Constraints/Limitations:**
   None.

9. **Additional Comments:**
   None.

10. **Overall Necessity of Item:**
    - Essential
    - High usefulness
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    Retain.

   **Date Recorded:** 02 / 01 / 2002
**Item Category: Integumentary Status**

<table>
<thead>
<tr>
<th>Item No.: M0476</th>
<th>Item Name: Status of Most Problematic ( Observable ) Stasis Ulcer</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**
(M0476) Status of Most Problematic ( Observable ) Stasis Ulcer:

- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing
- NA - No observable stasis ulcer

2. **Item Clarification:**
Identifies the degree of healing visible. “Most problematic” may be the largest, the most resistant to treatment, one which is infected, etc., depending on the specific situation.

3. **Rationale for Item:**
Proper treatment to promote healing is an important marker of good care, while presence at admission is a predictor of service use and outcomes.

4. **Item Use/Application:**

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Assessment</td>
<td>✓ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>✓ Care planning</td>
<td>✓ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>✓ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models</td>
</tr>
<tr>
<td>✓ Patient mix/origin/discharge disposition monitoring</td>
<td>✓ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>✓ Utilization/cost/resource consumption monitoring</td>
<td>✓ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>✓ Marketing (e.g., public relations, payer negotiations)</td>
<td>✓ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>✓ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>✓ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>✓ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>✓ Program integrity (planned)</td>
</tr>
</tbody>
</table>

**Other Applications Under Development**

- ✓ Homebound status determination
- ✓ Medical necessity determination

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5. **Item Research, Development, Clinical, and Testing History:**
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   Reliability/validity testing of outcome measures and data items.
   Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): 1.00 Study 1 1.00 Study 2

8. **Perceived or Real Constraints/Limitations:**
   Some clinicians perceive difficulty in determining "most problematic" stasis ulcer. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile. Some clinicians find making an accurate determination of healing status difficult. Recent expert consensus definitions offered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some home health industry representatives have suggested broadening the item definition to include arterial and diabetic ulcers, which would be inconsistent with the clinical definition of stasis ulcer. (See Element 2 for M0468 for clarification.) Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items. They were not incorporated into OASIS due to extremely low incidence (arterial ulcers) or poor data item reliability (both).

9. **Additional Comments:**
   None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed. Explore clarification of instructions regarding identification of most problematic ulcer. Refer agencies and clinicians to WOCN to enhance assessment consistency.
**OASIS CHRONICLE**  (for OASIS Version B1 8/2000)

*Item-Specific Record*

**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
</table>
| M0482    | Surgical Wound Presence | ☑ Start or Resumption of Care ☑ Follow-Up  
|          |                    | ☐ Transfer to Inpatient Facility ☑ Discharge     |

1. **Precise Wording of Item:**

(M0482) Does this patient have a **Surgical Wound**?

- ☐ 0 - No [If No, go to M0490]
- ☐ 1 - Yes

2. **Item Clarification:**

Identifies the presence of any wound resulting from a surgical procedure.

3. **Rationale for Item:**

Improvement in wound status is an important outcome of care, and surgical wound presence is a risk factor for three-fourths of the outcome measures used in outcome reports.

4. **Item Use/Application:**

- ☐ Identifier (for data management/tracking)

**Home Health Agency Applications**

- ☐ Assessment
- ☐ Care planning
- ☐ Quality improvement/outcome enhancement
- ☐ Patient mix/origin/discharge disposition monitoring
- ☐ Utilization/cost/resource consumption monitoring
- ☐ Marketing (e.g., public relations, payer negotiations)
- ☐ Feedback to other providers (e.g., physicians, discharge planners)
- ☐ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- ☐ Outcome measurement for outcome reporting
- ☐ Risk factor measurement for outcome reporting
- ☐ Number of risk adjustment models 28
- ☐ Adverse event measurement for adverse event report
- ☐ Case mix measurement for case mix profiling
- ☐ Case mix adjustment for prospective payment system
- ☐ Performance indicator for consumer reporting (planned)
- ☐ Survey & certification use (planned)
- ☐ Program integrity (planned)

**Other Applications Under Development**

- ☐ Homebound status determination
- ☐ Medical necessity determination

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2.124
### M0482 Surgical Wound Presence (Cont'd)

5. **Item Research, Development, Clinical, and Testing History:**

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.84 Study 1, 0.95 Study 2, Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - Item starts a skip pattern, allowing clinicians to bypass other items if patient has no surgical wound(s).

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain

Date Recorded: 02 / 01 / 2002
**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.: M0484</th>
<th>Item Name: Current Number of (Observable) Surgical Wounds</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility ☐ Discharge</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:

(M0484) **Current Number of (Observable) Surgical Wounds:** (If a wound is partially closed but has more than one opening, consider each opening as a separate wound.)

- Zero
- One
- Two
- Three
- Four or more

### 2. Item Clarification:
Identifies the number of observable surgical wounds.

### 3. Rationale for Item:
Improvement in wound status is an important outcome of care, and surgical wound number is a risk factor for one-third of the outcome measures used in outcome reports.

### 4. Item Use/Application:
- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - Number of risk adjustment models 14
  - ☐ Adverse event measurement for adverse event report
  - ☐ Case mix measurement for case mix profiling
  - ☐ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☑ Homebound status determination
  - ☑ Medical necessity determination

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2.126
5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial  ☐ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 0.84 Study 1 0.55 Study 2

8. Perceived or Real Constraints/Limitations:
   None.

9. Additional Comments:
   None.

10. Overall Necessity of Item: ☑ Essential  ☐ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

11. Recommendation for Retention or Change:
    Retain.

Date Recorded: 02 / 01 / 2002
# OASIS CHRONICLE

## Item-Specific Record

**Item Category:** Integumentary Status

<table>
<thead>
<tr>
<th>Item No.: M0486</th>
<th>Item Name: Surgical Wound that Cannot be Observed</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Discharge</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:

(M0486) Does this patient have at least one **Surgical Wound that Cannot be Observed** due to the presence of a nonremovable dressing?

- ☐ 0 - No
- ☐ 1 - Yes

### 2. Item Clarification:

Identifies the presence of a surgical wound covered by a dressing (or cast) which is not to be removed, per physician’s orders.

### 3. Rationale for Item:

Enables clinicians to accurately describe situations where wound status (and number) cannot be assessed.

### 4. Item Use/Application:

- **Identifier** (for data management/tracking)

#### Home Health Agency Applications
- ✓ Assessment
- ✓ Care planning
- ✓ Quality improvement/outcome enhancement
- ✓ Patient mix/origin/discharge disposition monitoring
- ✓ Utilization/cost/resource consumption monitoring
- ✓ Marketing (e.g., public relations, payer negotiations)
- ✓ Feedback to other providers (e.g., physicians, discharge planners)
- ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

#### CMS Applications
- ☐ Outcome measurement for outcome reporting
- ☐ Risk factor measurement for outcome reporting
- Number of risk adjustment models
- ☐ Adverse event measurement for adverse event report
- ☐ Case mix measurement for case mix profiling
- ☐ Case mix adjustment for prospective payment system
- ☐ Performance indicator for consumer reporting (planned)
- ✓ Survey & certification use (planned)
- ☐ Program integrity (planned)

#### Other Applications Under Development
- ✓ Homebound status determination
- ✓ Medical necessity determination

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2.128
## M0486 Surgical Wound that Cannot be Observed (Cont’d)

### 5. Item Research, Development, Clinical, and Testing History:

### 6. Validity:
- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☑ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☑ Validation by outcome enhancement

### 7. Recent Reliability:
- ☑ Substantial
- ☐ Moderate
- ☐ Fair/Slight
- ☐ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 1.00 Study 1 1.00 Study 2

### 8. Perceived or Real Constraints/Limitations:
None.

### 9. Additional Comments:
None.

### 10. Overall Necessity of Item:
- ☑ Essential
- ☑ Highly useful
- ☐ Useful
- ☐ Potentially useful
- ☐ Marginal

**11. Recommendation for Retention or Change:**
Retain.

**Date Recorded:** 02/01/2002

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### Item Category: Integumentary Status

<table>
<thead>
<tr>
<th>Item No.: M0488</th>
<th>Item Name: Status of Most Problematic (Observable) Surgical Wound</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

1. **Precise Wording of Item:**

   **(M0488) Status of Most Problematic (Observable) Surgical Wound:**
   - 1 - Fully granulating
   - 2 - Early/partial granulation
   - 3 - Not healing
   - NA - No observable surgical wound

2. **Item Clarification:**

   Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most problematic" may be complicated by the presence of infection, location, large size, difficult management of drainage, or slow healing, depending on the specific situation.

3. **Rationale for Item:**

   Proper treatment to promote healing is an important marker of good care, while status at admission is a predictor of service use and outcomes.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
   - Checkmark Assessment
   - Checkmark Care planning
   - Checkmark Quality improvement/outcome enhancement
   - Checkmark Patient mix/origin/discharge disposition monitoring
   - Checkmark Utilization/cost/resource consumption monitoring
   - Checkmark Marketing (e.g., public relations, payer negotiations)
   - Checkmark Feedback to other providers (e.g., physicians, discharge planners)
   - Checkmark Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
   - Checkmark Outcome measurement for outcome reporting
   - Checkmark Risk factor measurement for outcome reporting
   - Checkmark Number of risk adjustment models
   - Checkmark Adverse event measurement for adverse event report
   - Checkmark Case mix measurement for case mix profiling
   - Checkmark Case mix adjustment for prospective payment system
   - Checkmark Performance indicator for consumer reporting (planned)
   - Checkmark Survey & certification use (planned)
   - Checkmark Program integrity (planned)

   - **Other Applications Under Development**
   - Checkmark Homebound status determination
   - Checkmark Medical necessity determination

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2.130
5. Item Research, Development, Clinical, and Testing History:


1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.


Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.

1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.


1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement

☑ Consensus validity by expert clinical panels for patient assessment and care planning

☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement

☑ Convergent/predictive validity: case mix adjustment for payment

☑ Validation by patient assessment and care planning

☑ Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.95 Study 1 0.49 Study 2

8. Perceived or Real Constraints/Limitations:

Some clinicians find making an accurate determination of healing status difficult. Recent expert consensus definitions offered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some clinicians perceive difficulty in determining "most problematic" surgical wound. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile.

9. Additional Comments:

None.

10. Overall Necessity of Item: ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:

Retain. Refer agencies and clinicians to WOCN to enhance assessment consistency. Explore clarification of instructions regarding identification of "most problematic" wound.

Date Recorded: 02 / 01 / 2002

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2.131
### Respiratory Status

**Item No.:** M0490  
**Item Name:** Shortness of Breath

**Time Points:**
- ✔ Start or Resumption of Care
- ✔ Follow-Up
- ☐ Transfer to Inpatient Facility
- ☐ Discharge

#### 1. Precise Wording of Item:

(M0490) **When is the patient dyspneic or noticeably Short of Breath?**

- ☐ 0 - Never, patient is not short of breath
- ☐ 1 - When walking more than 20 feet, climbing stairs
- ☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ☐ 4 - At rest (during day or night)

#### 2. Item Clarification:

Identifies the patient’s level of shortness of breath.

#### 3. Rationale for Item:

Important health status indicator that serves multiple purposes (care planning, predicting resource use, and assessing homebound status and medical necessity).

#### 4. Item Use/Application:

- ☑ Identifier (for data management/tracking)

**Home Health Agency Applications**
- ✔ Assessment
- ✔ Care planning
- ✔ Quality improvement/outcome enhancement
- ✔ Patient mix/origin/discharge disposition monitoring
- ✔ Utilization/cost/resource consumption monitoring
- ✔ Marketing (e.g., public relations, payer negotiations)
- ✔ Feedback to other providers (e.g., physicians, discharge planners)
- ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**
- ✔ Outcome measurement for outcome reporting
- ✔ Risk factor measurement for outcome reporting
- ✔ Number of risk adjustment models
- ☐ Adverse event measurement for adverse event report
- ✔ Case mix measurement for case mix profiling
- ✔ Case mix adjustment for prospective payment system
- ✔ Performance indicator for consumer reporting (planned)
- ✔ Survey & certification use (planned)
- ✔ Program integrity (planned)

**Other Applications Under Development**
- ✔ Homebound status determination
- ✔ Medical necessity determination
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.82 Study 1 0.49 Study 2 0.51 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Clinician must actually see patient move about home to provide most accurate item response.

9. **Additional Comments:**
   - Also required by CMS on 485.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Continue to promote observation assessment strategies by clinicians.

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  

**Item-Specific Record**

**Item Category:** Respiratory Status

<table>
<thead>
<tr>
<th>Item No.: M0500</th>
<th>Item Name: Respiratory Treatments</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>![√] Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![ ] Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0500) Respiratory Treatments utilized at home: (Mark all that apply.)

   - [ ] 1 - Oxygen (intermittent or continuous)
   - [ ] 2 - Ventilator (continually or at night)
   - [ ] 3 - Continuous positive airway pressure
   - [ ] 4 - None of the above

2. **Item Clarification:**

   Identifies any of the listed respiratory treatments being used by the patient.

3. **Rationale for Item:**

   Can affect care plan, outcomes, and resource use.

4. **Item Use/Application:**  
   - [ ] Identifier (for data management/tracking)
   - **Home Health Agency Applications**
     - ![√] Assessment
     - ![√] Care planning
     - ![√] Quality improvement/outcome enhancement
     - ![√] Patient mix/origin/discharge disposition monitoring
     - ![√] Utilization/cost/resource consumption monitoring
     - ![√] Marketing (e.g., public relations, payer negotiations)
     - ![√] Feedback to other providers (e.g., physicians, discharge planners)
     - ![√] Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - **CMS Applications**
     - ![ ] Outcome measurement for outcome reporting
     - ![√] Risk factor measurement for outcome reporting
       - Number of risk adjustment models: 16
     - ![ ] Adverse event measurement for adverse event report
     - ![√] Case mix measurement for case mix profiling
     - ![ ] Case mix adjustment for prospective payment system
     - ![√] Performance indicator for consumer reporting (planned)
     - ![√] Survey & certification use (planned)
     - ![√] Program integrity (planned)
   - **Other Applications Under Development**
     - ![√] Homebound status determination
     - ![√] Medical necessity determination

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2.134
<table>
<thead>
<tr>
<th>M0500</th>
<th>Respiration Treatments (Cont'd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td><strong>Item Research, Development, Clinical, and Testing History:</strong></td>
</tr>
<tr>
<td></td>
<td>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td></td>
<td>Reliability/validity testing of outcome measures and data items.</td>
</tr>
<tr>
<td></td>
<td>Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.</td>
</tr>
<tr>
<td></td>
<td>No changes recommended to the data item.</td>
</tr>
<tr>
<td></td>
<td>1995-2000: Demonstration testing in the National and New York State Demonstrations.</td>
</tr>
<tr>
<td></td>
<td>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Validity:</strong></td>
</tr>
<tr>
<td></td>
<td>☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</td>
</tr>
<tr>
<td></td>
<td>☑ Consensus validity by expert clinical panels for patient assessment and care planning</td>
</tr>
<tr>
<td></td>
<td>☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</td>
</tr>
<tr>
<td></td>
<td>☑ Convergent/predictive validity: case mix adjustment for payment</td>
</tr>
<tr>
<td></td>
<td>☑ Validation by patient assessment and care planning</td>
</tr>
<tr>
<td></td>
<td>☑ Validation by outcome enhancement</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Recent Reliability:</strong> ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated</td>
</tr>
<tr>
<td></td>
<td>Interrater reliability (weighted kappa or percent agreement): 0.95 Study 1 0.51 Study 2 0.00 Study 3</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Perceived or Real Constraints/Limitations:</strong></td>
</tr>
<tr>
<td></td>
<td>None.</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Additional Comments:</strong></td>
</tr>
<tr>
<td></td>
<td>None.</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Overall Necessity of Item:</strong> ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal</td>
</tr>
<tr>
<td>11.</td>
<td><strong>Recommendation for Retention or Change:</strong></td>
</tr>
<tr>
<td></td>
<td>Retain.</td>
</tr>
</tbody>
</table>

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  
Item-Specific Record

<table>
<thead>
<tr>
<th>Item No.: M0510</th>
<th>Item Name: Urinary Tract Infection</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0510) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

- ☐ 0 - No
- ☑ 1 - Yes
- ☐ NA - Patient on prophylactic treatment
- ☐ UK - Unknown *

* At follow-up and discharge, omit "UK - Unknown."

2. **Item Clarification:**

Identifies treatment of urinary tract infection during the past 14 days.

3. **Rationale for Item:**

Development of UTI is a rare but important marker of care needing investigation. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**  

- ☐ Identifier (for data management/tracking)

**Home Health Agency Applications**

- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- Number of risk adjustment models [2]
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☐ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**

- ☐ Homebound status determination
- ☑ Medical necessity determination

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2.136
M0510 Urinary Tract Infection (Cont'd)

5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   Reliability/validity testing of outcome measures and data items.
   Reliability/validity testing of outcome measures and data items.
   Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
   1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   ✓ Consensus validity by expert clinical panels for patient assessment and care planning
   ✓ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   ☐ Convergent/predictive validity: case mix adjustment for payment
   ✓ Validation by patient assessment and care planning
   ✓ Validation by outcome enhancement

7. Recent Reliability: ✓ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 1.00 Study 1 0.61 Study 2 ______Study 3

8. Perceived or Real Constraints/Limitations:
   Low prevalence limits utility as a risk factor and outcome.

9. Additional Comments:
   None.

10. Overall Necessity of Item: ✓ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:
   Retain.

Date Recorded: 02 / 01 / 2002
### OASIS CHRONICLE

Item-Specific Record

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0520</td>
<td>Urinary Incontinence or Urinary Catheter Presence</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

**1. Precise Wording of Item:**

(M0520) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [If No, go to M0540]
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [Go to M0540]

**2. Item Clarification:**

Identifies presence of urinary incontinence or condition that requires urinary catheterization of any type, including intermittent or indwelling. Etiology (cause) of incontinence is not addressed in this item.

**3. Rationale for Item:**

Is a frequent risk factor utilized for outcome adjustment and also predictive of service use.

**4. Item Use/Application:**

- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - Number of risk adjustment models 27
  - ☑ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☑ Homebound status determination
  - ☑ Medical necessity determination

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2.138
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - Reliability/validity testing of outcome measures and data items.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
   - No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - ✓ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ✓ Convergent/predictive validity: case mix adjustment for payment
   - ✓ Validation by patient assessment and care planning
   - ✓ Validation by outcome enhancement

7. **Recent Reliability:**  ✓ Substantial  □ Moderate  □ Fair/Slight  □ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement):  0.87  Study 1  0.77  Study 2  ______ Study 3

8. **Perceived or Real Constraints/Limitations:**
   - No limitations.

9. **Additional Comments:**
   - Also required by CMS on 485.

10. **Overall Necessity of Item:**  ✓ Essential  □ Highly useful  □ Useful  □ Potentially useful  □ Marginal

11. **Recommendation for Retention or Change:**
    - Retain.

Date Recorded: 02 / 01 / 2002
### Item Category: Elimination Status

<table>
<thead>
<tr>
<th>Item No.: M0530</th>
<th>Item Name: When Urinary Incontinence Occurs</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0530) *When does Urinary Incontinence occur?*

- 0 - Timed-voiding defers incontinence
- 1 - During the night only
- 2 - During the day and night

2. **Item Clarification:**

Identifies the time of day when the urinary incontinence occurs.

3. **Rationale for Item:**

Is a frequent risk factor utilized for outcome adjustment and also predictive of service use. National clinical practice guidelines have emphasized overall a lack of treatment for this condition.

4. **Item Use/Application:**

- **Identifier** (for data management/tracking)
- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - Number of risk adjustment models: 15
  - ☐ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

**Other Applications Under Development**

- ☑ Homebound status determination
- ☑ Medical necessity determination

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2.140
M0530  When Urinary Incontinence Occurs (Cont’d)

5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   Reliability/validity testing of outcome measures and data items.
   Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   ☑ Convergent/predictive validity: case mix adjustment for payment
   ☑ Validation by patient assessment and care planning
   ☑ Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial  ☐ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 0.88 Study 1  0.53 Study 2  ______ Study 3

8. Perceived or Real Constraints/Limitations:
   No limitations.

9. Additional Comments:
   None.

10. Overall Necessity of Item: ☑ Essential  ☐ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

11. Recommendation for Retention or Change:
    Retain.

Date Recorded: 02 / 01 / 2002

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2.141
**OASIS CHRONICLE**  
Item-Specific Record

**Item Category:** Elimination Status

<table>
<thead>
<tr>
<th>Item No.: M0540</th>
<th>Item Name: Bowel Incontinence Frequency</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

- **Start or Resumption of Care**
- **Follow-Up**
- **Transfer to Inpatient Facility**
- **Discharge**

1. **Precise Wording of Item:**

   (M0540) **Bowel Incontinence Frequency:**

   - 0 - Very rarely or never has bowel incontinence
   - 1 - Less than once weekly
   - 2 - One to three times weekly
   - 3 - Four to six times weekly
   - 4 - On a daily basis
   - 5 - More often than once daily
   - NA - Patient has ostomy for bowel elimination
   - UK - Unknown *

   * At follow-up and discharge, omit "UK - Unknown.*

2. **Item Clarification:**

   Identifies how often the patient experiences bowel incontinence. Refers to the frequency of a symptom (bowel incontinence), not to the etiology (cause) of that symptom. This item does not address treatment of incontinence or constipation (e.g., a bowel program).

3. **Rationale for Item:**

   Used for outcome measurement and risk adjustment, as well as predictor of service use.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
     - ☑ Assessment
     - ☑ Care planning
     - ☑ Quality improvement/outcome enhancement
     - ☑ Patient mix/origin/discharge disposition monitoring
     - ☑ Utilization/cost/resource consumption monitoring
     - ☑ Marketing (e.g., public relations, payer negotiations)
     - ☑ Feedback to other providers (e.g., physicians, discharge planners)
     - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - Number of risk adjustment models 18
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)

   - **Other Applications Under Development**
     - ☑ Homebound status determination
     - ☑ Medical necessity determination

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2.142
### Item Research, Development, Clinical, and Testing History:


1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.


Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.

1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.


1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

### Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### Recent Reliability:

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.73 Study 1 0.66 Study 2

### Perceived or Real Constraints/Limitations:

None.

### Additional Comments:

Also required by CMS on 485.

### Overall Necessity of Item:

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### Recommendation for Retention or Change:

Retain.

Date Recorded: 02 / 01 / 2002
**Item Category:** Elimination Status

<table>
<thead>
<tr>
<th>Item No.: M0550</th>
<th>Item Name: Ostomy for Bowel Elimination</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care  ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility  ☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   **(M0550) Ostomy for Bowel Elimination:** Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay,* or b) necessitated a change in medical or treatment regimen?

   - ☐ 0 - Patient does not have an ostomy for bowel elimination.
   - ☐ 1 - Patient's ostomy was not related to an inpatient stay* and did not necessitate change in medical or treatment regimen.
   - ☐ 2 - The ostomy was related to an inpatient stay* or did necessitate change in medical or treatment regimen.

   * At discharge, omit references to inpatient facility stay.

2. **Item Clarification:**

   Identifies whether the patient has an ostomy for bowel elimination and, if so, whether the ostomy was related to a recent inpatient stay or a change in medical treatment plan.

3. **Rationale for Item:**

   Highly predictive of service needs as an acute condition, and somewhat useful for risk adjustment. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:** ☑ Identifier (for data management/tracking)

   **Home Health Agency Applications**
   - ✓ Assessment
   - ✓ Care planning
   - ✓ Quality improvement/outcome enhancement
   - ✓ Patient mix/orientation discharge disposition monitoring
   - ✓ Utilization/cost/resource consumption monitoring
   - ✓ Marketing (e.g., public relations, payer negotiations)
   - ✓ Feedback to other providers (e.g., physicians, discharge planners)
   - ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - ☑ Outcome measurement for outcome reporting
   - ✓ Risk factor measurement for outcome reporting
   - ✓ Number of risk adjustment models
   - ☑ Adverse event measurement for adverse event report
   - ✓ Case mix measurement for case mix profiling
   - ✓ Case mix adjustment for prospective payment system
   - ✓ Performance indicator for consumer reporting (planned)
   - ✓ Survey & certification use (planned)
   - ✓ Program integrity (planned)

   **Other Applications Under Development**
   - ☑ Homebound status determination
   - ✓ Medical necessity determination

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2.144
<table>
<thead>
<tr>
<th>M0550</th>
<th>Ostomy for Bowel Elimination (Cont’d)</th>
</tr>
</thead>
</table>

5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
     - Reliability/validity testing of outcome measures and data items.
     - Reliability/validity testing of outcome measures and data items.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☐ Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): 0.66 Study 1 0.85 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain.

Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE
Item-Specific Record

Item Category: Neuro/Emotional/Behavioral Status

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0560</td>
<td>Cognitive Functioning</td>
<td>☑ Start or Resumption of Care  ☑ Follow-Up  ☑ Transfer to Inpatient Facility  ☑ Discharge</td>
</tr>
</tbody>
</table>

### Precise Wording of Item:

(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

- **0** - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- **1** - Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar conditions.
- **2** - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- **3** - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
- **4** - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative State, or delirium.

### Item Clarification:

Identifies the patient's current level of cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

### Rationale for Item:

Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.

### Item Use/Application:

- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - Number of risk adjustment models: 16
  - ☑ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☑ Homebound status determination
  - ☑ Medical necessity determination

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2.146
5. **Item Research, Development, Clinical, and Testing History:**
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ✓ Consensus validity by expert clinical panels for patient assessment and care planning
   - ✓ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - □ Convergent/predictive validity: case mix adjustment for payment
   - ✓ Validation by patient assessment and care planning
   - ✓ Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.63 Study 1 0.63 Study 2 0.35 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.

9. **Additional Comments:**
   - Information also required by CMS on 485. OASIS assessment training video and workbook depict observational (vs. interview) assessment for this item in detailed manner.

10. **Overall Necessity of Item:**
    - ✓ Essential
    - □ Highly useful
    - □ Useful
    - □ Potentially useful
    - □ Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.

Date Recorded: 02 / 01 / 2002

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## Item-Specific Record

**Item Category:** Neuro/Emotional/Behavioral Status

### Item No.: M0570
**Item Name:** When Confused (Reported or Observed)

<table>
<thead>
<tr>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Start or Resumption of Care</td>
</tr>
<tr>
<td>- Follow-Up</td>
</tr>
<tr>
<td>- Transfer to Inpatient Facility</td>
</tr>
<tr>
<td>- Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0570) When Confused (Reported or Observed):
   - 0 - Never
   - 1 - In new or complex situations only
   - 2 - On awakening or at night only
   - 3 - During the day and evening, but not constantly
   - 4 - Constantly
   - NA - Patient nonresponsive

2. **Item Clarification:**

   Identifies the time of day the patient is likely to be confused, if at all.

3. **Rationale for Item:**

   Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.

4. **Item Use/Application:**

   **Home Health Agency Applications**
   - Assessment
   - Care planning
   - Quality improvement/outcome enhancement
   - Patient mix/origin/discharge disposition monitoring
   - Utilization/cost/resource consumption monitoring
   - Marketing (e.g., public relations, payer negotiations)
   - Feedback to other providers (e.g., physicians, discharge planners)
   - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - Outcome measurement for outcome reporting
   - Risk factor measurement for outcome reporting
   - Number of risk adjustment models
   - Adverse event measurement for adverse event report
   - Case mix measurement for case mix profiling
   - Case mix adjustment for prospective payment system
   - Performance indicator for consumer reporting (planned)
   - Survey & certification use (planned)
   - Program integrity (planned)

   **Other Applications Under Development**
   - Homebound status determination
   - Medical necessity determination

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2.148
### M0570 When Confused (Reported or Observed) (Cont'd)

#### 5. Item Research, Development, Clinical, and Testing History:
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
- Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Validation by patient assessment and care planning
- Validation by outcome enhancement

#### 7. Recent Reliability:
- Interrater reliability (weighted kappa or percent agreement): 0.68 Study 1 0.62 Study 2 0.62 Study 3

#### 8. Perceived or Real Constraints/Limitations:
Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.

#### 9. Additional Comments:
Information also required by CMS on 485. OASIS assessment training video and workbook depict observational (vs. interview) assessment for this item in detailed manner.

#### 10. Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

#### 11. Recommendation for Retention or Change:
Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.

Date Recorded: 02 / 01 / 2002

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**Form No. OC:1-02.02 Item-Specific Record**

(M0580) When Anxious (Reported or Observed):

- 0 - None of the time
- 1 - Less often than daily
- 2 - Daily, but not constantly
- 3 - All of the time
- NA - Patient nonresponsive

**1. Precise Wording of Item:**

Identifies the frequency with which the patient feels anxious.

**2. Item Clarification:**

**3. Rationale for Item:**

Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.

**4. Item Use/Application:**

- Identifier (for data management/tracking)

**Home Health Agency Applications**

- Assessment
- Care planning
- Quality improvement/outcome enhancement
- Patient mix/origin/discharge disposition monitoring
- Utilization/cost/resource consumption monitoring
- Marketing (e.g., public relations, payer negotiations)
- Feedback to other providers (e.g., physicians, discharge planners)

**CMS Applications**

- Outcome measurement for outcome reporting
- Risk factor measurement for outcome reporting
- Number of risk adjustment models 10
- Adverse event measurement for adverse event report
- Case mix measurement for case mix profiling
- Case mix adjustment for prospective payment system
- Performance indicator for consumer reporting (planned)
- Survey & certification use (planned)
- Program integrity (planned)

**Other Applications Under Development**

- Homebound status determination
- Medical necessity determination

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### 5. Item Research, Development, Clinical, and Testing History:

<table>
<thead>
<tr>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
</tr>
<tr>
<td>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</td>
</tr>
<tr>
<td>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
</tbody>
</table>

### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### 7. Recent Reliability:
- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

| Interrater reliability (weighted kappa or percent agreement): |
| 0.61 Study 1 |
| 0.44 Study 2 |
| 0.71 Study 3 |

### 8. Perceived or Real Constraints/Limitations:
Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.

### 9. Additional Comments:
Information also required by CMS on 485. OASIS assessment training video and workbook depict observational (vs. interview) assessment for this item in detailed manner.

### 10. Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### 11. Recommendation for Retention or Change:
Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.

Date Recorded: 02 / 01 / 2002
### OASIS CHRONICLE

(For OASIS Version B1 8/2000)

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>M0590</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item Name:</strong></td>
<td>Depressive Feelings (Reported or Observed)</td>
</tr>
</tbody>
</table>

**Time Points:**
- Start or Resumption of Care
- Follow-Up
- Transfer to Inpatient Facility
- Discharge
- Follow-Up

### 1. Precise Wording of Item:

(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.)

- ☐ 1 - Depressed mood (e.g., feeling sad, tearful)
- ☐ 2 - Sense of failure or self reproach
- ☐ 3 - Hopelessness
- ☐ 4 - Recurrent thoughts of death
- ☐ 5 - Thoughts of suicide
- ☐ 6 - None of the above feelings observed or reported

### 2. Item Clarification:

Identifies presence of symptoms of depression.

### 3. Rationale for Item:

Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Under-recognition of depression is regarded as a major public health issue. Item responses are included as depressive symptoms in DSM-IV (2000). A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.

### 4. Item Use/Application:

- **Home Health Agency Applications**
  - ☑ Assessment
  - ☑ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - ☑ Number of risk adjustment models
  - ☑ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☑ Homebound status determination
  - ☑ Medical necessity determination

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2.152
### M0590 Depressive Feelings (Reported or Observed) (Cont’d)

**5. Item Research, Development, Clinical, and Testing History:**

1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

**6. Validity:**

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Validation by patient assessment and care planning
- Validation by outcome enhancement

**7. Recent Reliability:**

- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.54 Study 1 0.06 Study 2 0.89 Study 3

**8. Perceived or Real Constraints/Limitations:**

Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is moderate, indicating some room for improvement.

**9. Additional Comments:**

Also required by CMS on 485. OASIS assessment training video and workbook depict observational and interview strategies to obtain assessment data.

**10. Overall Necessity of Item:**

- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

**11. Recommendation for Retention or Change:**

Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.

Date Recorded: 02 / 01 / 2002
# OASIS CHRONICLE

## Item-Specific Record

### Form No. OC:1-02.02 Item-Specific Record

**OASIS CHRONICLE**  

**Item Category:** Neuro/Emotional/Behavioral Status

<table>
<thead>
<tr>
<th>Item No.: M0600</th>
<th>Item Name: Patient Behaviors (Reported or Observed)</th>
<th>Time Points:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓ Start or Resumption of Care ✓ Follow-Up ✓ Discharge</td>
<td></td>
</tr>
</tbody>
</table>

1. **Precise wording of item:**

   **(M0600) Patient Behaviors (Reported or Observed):** (Mark all that apply.)

   - 1 - Indecisiveness, lack of concentration
   - 2 - Diminished interest in most activities
   - 3 - Sleep disturbances
   - 4 - Recent change in appetite or weight
   - 5 - Agitation
   - 6 - A suicide attempt
   - 7 - None of the above behaviors observed or reported

2. **Item Clarification:**

   Identifies presence of depressive symptoms.

3. **Rationale for item:**

   Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Under-recognition of depression is regarded as a major public health issue. Item responses are included as depressive symptoms in DSM-IV (2000). A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.

4. **Item use/application:**

   - **Home Health Agency Applications**
     - ✓ Assessment
     - ✓ Care planning
     - ✓ Quality improvement/outcome enhancement
     - ✓ Patient mix/origin/discharge disposition monitoring
     - ✓ Utilization/cost/resource consumption monitoring
     - ✓ Marketing (e.g., public relations, payer negotiations)
     - ✓ Feedback to other providers (e.g., physicians, discharge planners)
     - ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
     - ✓ Outcome measurement for outcome reporting
     - ✓ Risk factor measurement for outcome reporting
     - Number of risk adjustment models
     - ✓ Adverse event measurement for adverse event report
     - ✓ Case mix measurement for case mix profiling
     - ✓ Case mix adjustment for prospective payment system
     - ✓ Performance indicator for consumer reporting (planned)
     - ✓ Survey & certification use (planned)
     - ✓ Program integrity (planned)

   - **Other Applications Under Development**
     - ✓ Homebound status determination
     - ✓ Medical necessity determination

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2.154
5. **Item Research, Development, Clinical, and Testing History:**

- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
- **1988-1989:** Field testing of outcome measures. Item revised.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
  - Reliability/validity testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
  - Reliability/validity testing of outcome measures and data items.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
  - No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**

- ✔️ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ✔️ Consensus validity by expert clinical panels for patient assessment and care planning
- ✔️ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☐ Convergent/predictive validity: case mix adjustment for payment
- ✔️ Validation by patient assessment and care planning
- ✔️ Validation by outcome enhancement

7. **Recent Reliability:**

- ☐ Substantial
- ✔️ Moderate
- ☐ Fair/Slight
- ☐ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.44 Study 1 0.29 Study 2 0.69 Study 3

8. **Perceived or Real Constraints/Limitations:**

Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is moderate, indicating some room for improvement.

9. **Additional Comments:**

Also required by CMS on 485. OASIS assessment training video and workbook depict observational and interview strategies to obtain assessment data.

10. **Overall Necessity of Item:**

- ☐ Essential
- ✔️ Highly useful
- ☐ Useful
- ☐ Potentially useful
- ☐ Marginal

11. **Recommendation for Retention or Change:**

Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.

**Date Recorded:** 02 / 01 / 2002
**OASIS CHRONICLE**  
*Item-Specific Record*

<table>
<thead>
<tr>
<th>Item No.: M0610</th>
<th>Item Name: Behaviors Demonstrated at Least Once a Week (Reported or Observed)</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓ Start or Resumption of Care ✓ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility ✓ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0610) Behaviors Demonstrated at Least Once a Week (Reported or Observed): (Mark all that apply.)
   
   - □ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required
   - □ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions
   - □ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
   - □ 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)
   - □ 5 - Disruptive, infantile, or socially inappropriate behavior *(excludes* verbal actions)*
   - □ 6 - Delusional, hallucinatory, or paranoid behavior
   - □ 7 - None of the above behaviors demonstrated

2. **Item Clarification:**

   Identifies specific behaviors which may reflect alterations in a patient's cognitive or neuro/emotional status.

3. **Rationale for Item:**

   Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Also important for safety of home health agency staff member during care provision. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
     - ✓ Assessment
     - ✓ Care planning
     - ✓ Quality improvement/outcome enhancement
     - ✓ Patient mix/origin/discharge disposition monitoring
     - ✓ Utilization/cost/resource consumption monitoring
     - ✓ Marketing (e.g., public relations, payer negotiations)
     - ✓ Feedback to other providers (e.g., physicians, discharge planners)
     - ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
     - ✓ Outcome measurement for outcome reporting
     - ✓ Risk factor measurement for outcome reporting
     - Number of risk adjustment models 17
     - ✓ Adverse event measurement for adverse event report
     - ✓ Case mix measurement for case mix profiling
     - ✓ Case mix adjustment for prospective payment system
     - ✓ Performance indicator for consumer reporting (planned)
     - ✓ Survey & certification use (planned)
     - ✓ Program integrity (planned)

   - **Other Applications Under Development**
     - ✓ Homebound status determination
     - ✓ Medical necessity determination

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2.156
### M0610 Behaviors Demonstrated at Least Once a Week (Reported or Observed) (Cont’d)

<table>
<thead>
<tr>
<th>5. Item Research, Development, Clinical, and Testing History:</th>
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</thead>
<tbody>
<tr>
<td>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
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<td>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</td>
</tr>
<tr>
<td>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Validity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</td>
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<td>☑ Consensus validity by expert clinical panels for patient assessment and care planning</td>
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<td>☑ Validation by patient assessment and care planning</td>
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<td>☑ Validation by outcome enhancement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Recent Reliability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Substantial</td>
</tr>
<tr>
<td>☑ Moderate</td>
</tr>
<tr>
<td>☐ Fair/Slight</td>
</tr>
<tr>
<td>☐ Reliability not evaluated</td>
</tr>
</tbody>
</table>

Interrater reliability (weighted kappa or percent agreement): 0.52 Study 1 0.50 Study 2 0.79 Study 3

<table>
<thead>
<tr>
<th>8. Perceived or Real Constraints/Limitations:</th>
</tr>
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<tbody>
<tr>
<td>Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is moderate, indicating some room for improvement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Additional Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information also required by CMS on 485. OASIS assessment training video and workbook depict detailed assessment strategies for this item.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Overall Necessity of Item:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Essential</td>
</tr>
<tr>
<td>☐ Highly useful</td>
</tr>
<tr>
<td>☐ Useful</td>
</tr>
<tr>
<td>☐ Potentially useful</td>
</tr>
<tr>
<td>☐ Marginal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Recommendation for Retention or Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.</td>
</tr>
</tbody>
</table>

Date Recorded: 02 / 01 / 2002
**Item Category:** Neuro/Emotional/Behavioral Status

<table>
<thead>
<tr>
<th>Item No.: M0620</th>
<th>Item Name: Frequency of Behavior Problems (Reported or Observed)</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✅ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):

   - 0 - Never
   - 1 - Less than once a month
   - 2 - Once a month
   - 3 - Several times each month
   - 4 - Several times a week
   - 5 - At least daily

2. **Item Clarification:**

   Identifies frequency of behavior problems which may reflect an alteration in a patient’s cognitive or neuro/emotional status. “Behavior problems” are not limited to only those identified in M0610. For example, “wandering” is included as an additional behavior problem. Any behavior of concern for the patient’s safety or social environment can be regarded as a problem behavior.

3. **Rationale for Item:**

   Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Also important for safety of home health agency staff member during care provision. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.

4. **Item Use/Application:**

   - **Home Health Agency Applications**: ☑️ Identifier (for data management/tracking)
   - **CMS Applications**: ☑️ Outcome measurement for outcome reporting
   - **CMS Applications**: ☑️ Risk factor measurement for outcome reporting
   - **CMS Applications**: Number of risk adjustment models: 5
   - **CMS Applications**: ☑️ Adverse event measurement for adverse event report
   - **CMS Applications**: ☑️ Case mix measurement for case mix profiling
   - **CMS Applications**: ☑️ Case mix adjustment for prospective payment system
   - **CMS Applications**: ☑️ Performance indicator for consumer reporting (planned)
   - **CMS Applications**: ☑️ Survey & certification use (planned)
   - **Program integrity (planned)***
   - **Other Applications Under Development**: ☑️ Homebound status determination
   - **Other Applications Under Development**: ☑️ Medical necessity determination

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5. **Item Research, Development, Clinical, and Testing History:**
   - **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
     - Reliability/validity testing of outcome measures and data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
     - Reliability/validity testing of outcome measures and data items.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
     - No changes recommended to the data item.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - ☐ Moderate
   - ☐ Fair/Slight
   - ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.96 Study 1 0.37 Study 2 0.26 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.

9. **Additional Comments:**
   - OASIS assessment training video and workbook depict assessment strategies for this item.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.

Date Recorded: 02 / 01 / 2002
**Item Category:** Neuro/Emotional/Behavioral Status

<table>
<thead>
<tr>
<th>Item No.: M0630</th>
<th>Item Name: Psychiatric Nursing Services</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓ Start or Resumption of Care ✓ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Transfer to Inpatient Facility ✓ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   (M0630) Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?

   - 0 - No
   - 1 - Yes

2. **Item Clarification:**

   Identifies whether the patient is receiving psychiatric nursing services at home as provided by a qualified psychiatric nurse. "Psychiatric nursing services" address mental/emotional needs; a "qualified psychiatric nurse" is so qualified through educational preparation or experience.

3. **Rationale for Item:**

   To identify patients who have an acute need for psychiatric care, as indicated by provision of psychiatric nursing services.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
     - ✓ Assessment
     - ✓ Care planning
     - ✓ Quality improvement/outcome enhancement
     - ✓ Patient mix/origin/discharge disposition monitoring
     - ✓ Utilization/cost/resource consumption monitoring
     - ✓ Marketing (e.g., public relations, payer negotiations)
     - ✓ Feedback to other providers (e.g., physicians, discharge planners)
     - ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
     - ✓ Outcome measurement for outcome reporting
     - ✓ Risk factor measurement for outcome reporting
     - ✓ Adverse event measurement for adverse event report
     - ✓ Case mix measurement for case mix profiling
     - ✓ Case mix adjustment for prospective payment system
     - ✓ Performance indicator for consumer reporting (planned)
     - ✓ Survey & certification use (planned)
     - ✓ Program integrity (planned)

   **Other Applications Under Development**

   - ✓ Homebound status determination
   - ✓ Medical necessity determination

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5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.98 Study 1 0.99 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - Suggestion has been made to delete item due to low performance. It is, however, an important factor for risk adjustment and care planning.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain. While psychiatric nursing services are infrequent, the acute patient need for care is an important comorbidity. Consider expanding definition of psychiatric problems using diagnosis codes.

   Date Recorded: 02 / 01 / 2002
**Item Category:** Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item No.: M0640</th>
<th>Item Name: Grooming</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility ☐ Discharge</td>
</tr>
</tbody>
</table>

**1. Precise Wording of Item:**

(M0640) **Grooming:** Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

**Prior**

☐ 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.

☐ UK - Unknown

**Current**

2. **Item Clarification:**

Identifies the patient's ability to tend to personal hygiene needs, excluding bathing. The prior column should describe the patient’s ability **14 days prior to the start (or resumption) of care visit**. The focus for today's assessment – the “current” column – is on what the patient is **able** to do today.

3. **Rationale for Item:**

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**

- **Identifier (for data management/tracking)**
  - Home Health Agency Applications
    - ☑ Assessment
    - ☑ Care planning
    - ☑ Quality improvement/outcome enhancement
    - ☑ Patient mix/origin/discharge disposition monitoring
    - ☑ Utilization/cost/resource consumption monitoring
    - ☑ Marketing (e.g., public relations, payer negotiations)
    - ☑ Feedback to other providers (e.g., physicians, discharge planners)
    - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
  - CMS Applications
    - ☑ Outcome measurement for outcome reporting
    - ☑ Risk factor measurement for outcome reporting
    - Number of risk adjustment models 14
    - ☑ Adverse event measurement for adverse event report
    - ☑ Case mix measurement for case mix profiling
    - ☑ Case mix adjustment for prospective payment system
    - ☑ Performance indicator for consumer reporting (planned)
    - ☑ Survey & certification use (planned)
    - ☑ Program integrity (planned)
  - Other Applications Under Development
    - ☑ Homebound status determination
    - ☑ Medical necessity determination

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2.162
M0640 Grooming (Cont'd)

5. Item Research, Development, Clinical, and Testing History:
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. Validity:
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 0.72 Study 1 0.63 Study 2 0.56 Study 3

8. Perceived or Real Constraints/Limitations:
   It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. Additional Comments:
   None.

10. Overall Necessity of Item: ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:
    Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02 / 01 / 2002
**Item Category:** Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item No.: M0650</th>
<th>Item Name: Dressing Upper Body</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:

**(M0650) Ability to Dress Upper Body** (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

<table>
<thead>
<tr>
<th>Prior</th>
<th>Current</th>
</tr>
</thead>
</table>
| ☐ 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.  
| ☐ UK  | ☑       | Unknown  

### 2. Item Clarification:

Identifies the patient’s ability to dress upper body, including the ability to obtain, put on and remove upper body clothing. The prior column should describe the patient’s ability 14 days prior to the start (or resumption) of care visit. The focus for today’s assessment – the “current” column – is on what the patient is able to do today.

### 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient’s daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

### 4. Item Use/Application:

**Home Health Agency Applications**

- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- ☑ Number of risk adjustment models
- ☐ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**

- ☑ Homebound status determination
- ☑ Medical necessity determination

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2.164
M0650 Dressing Upper Body (Cont’d)

5. Item Research, Development, Clinical, and Testing History:
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. Validity:
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 0.68 Study 1 0.68 Study 2 0.79 Study 3

8. Perceived or Real Constraints/Limitations:
   It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. Additional Comments:
   None.

10. Overall Necessity of Item: ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:
    Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02 / 01 / 2002

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# OASIS CHRONICLE

(For OASIS Version B1 8/2000)

## Item-Specific Record

<table>
<thead>
<tr>
<th>Item No.: M0660</th>
<th>Item Name: Dressing Lower Body</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:

**M0660** Ability to Dress **Lower Body** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

<table>
<thead>
<tr>
<th>Prior</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 -</td>
</tr>
<tr>
<td></td>
<td>1 -</td>
</tr>
<tr>
<td></td>
<td>2 -</td>
</tr>
<tr>
<td></td>
<td>3 -</td>
</tr>
<tr>
<td></td>
<td>UK -</td>
</tr>
</tbody>
</table>

### 2. Item Clarification:

Identifies the patient's ability to dress lower body, including the ability to obtain, put on and remove lower body clothing. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment – the "current" column – is on what the patient is able to do today.

### 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

### 4. Item Use/Application:

**Home Health Agency Applications**

- ✓ Assessment
- ✓ Care planning
- ✓ Quality improvement/outcome enhancement
- ✓ Patient mix/origin/discharge disposition monitoring
- ✓ Utilization/cost/resource consumption monitoring
- ✓ Marketing (e.g., public relations, payer negotiations)
- ✓ Feedback to other providers (e.g., physicians, discharge planners)
- ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- ✓ Outcome measurement for outcome reporting
- ✓ Risk factor measurement for outcome reporting
- Number of risk adjustment models 12
- □ Adverse event measurement for adverse event report
- ✓ Case mix measurement for case mix profiling
- ✓ Case mix adjustment for prospective payment system
- ✓ Performance indicator for consumer reporting (planned)
- ✓ Survey & certification use (planned)
- ✓ Program integrity (planned)

**Other Applications Under Development**

- ✓ Homebound status determination
- ✓ Medical necessity determination

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### M0660 Dressing Lowr Body (Cont’d)

5. **Item Research, Development, Clinical, and Testing History:**
   - **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes.
   - **1988-1989:** Field testing of outcome measures.
   - **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
     - Reliability/validity testing of outcome measures and data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
     - Reliability/validity testing of outcome measures and data items.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
     - No changes recommended to the data item.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - **Substantial**
   - **Moderate**
   - **Fair/Slight**
   - **Reliability not evaluated**
   - Interrater reliability (weighted kappa or percent agreement): 0.78 Study 1 0.71 Study 2 0.83 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - **Essential**
    - **Highly useful**
    - **Useful**
    - **Potentially useful**
    - **Marginal**

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

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2.167
### Item Category: Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item No.: M0670</th>
<th>Item Name: Bathing</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

**Bathing:** Ability to wash entire body. **Excludes** grooming (washing face and hands only).

#### Prior
- 0 - Able to bathe self in *shower* or *tub* independently.
- 1 - With the use of devices, is able to bathe self in *shower* or *tub* independently.
- 2 - Able to bathe in *shower* or *tub* with the assistance of another person:
  - (a) for intermittent supervision or encouragement or reminders, ✔
  - (b) to get in and out of the *shower* or *tub*, ✔
  - (c) for washing difficult to reach areas.
- 3 - Participates 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* and is bathed in bed or *bedside chair*.
- 5 - Unable to effectively participate in bathing and is totally bathed by another person.
- UK - Unknown

2. **Item Clarification:**

Identifies the patient's ability to bathe entire body and the assistance which may be required to safely bathe in *shower* or *tub*. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment – the "current" column – is on what the patient is able to do today.

3. **Rationale for Item:**

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Assessment</td>
<td>✔ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>✔ Care planning</td>
<td>✔ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>✔ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models ≥ 20</td>
</tr>
<tr>
<td>✔ Patient mix/origin/discharge disposition monitoring</td>
<td>✔ Adverse event measurement for adverse event reporting</td>
</tr>
<tr>
<td>✔ Utilization/cost/resource consumption monitoring</td>
<td>✔ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>✔ Marketing (e.g., public relations, payer negotiations)</td>
<td>✔ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>✔ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>✔ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>✔ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td>✔</td>
<td>✔ Program integrity (planned)</td>
</tr>
</tbody>
</table>

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2.168
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.77 Study 1, 0.68 Study 2, 0.65 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

   Date Recorded: 02 / 01 / 2002
Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
</table>
| M0680    | Toileting  | ☑ Start or Resumption of Care  
☐ Follow-Up  
☐ Transfer to Inpatient Facility  
☐ Discharge |

1. Precise Wording of Item:

**(M0680) Toileting:** Ability to get to and from the toilet or bedside commode.

Prior   Current
☐  ☐ 0   -   Able to get to and from the toilet independently with or without a device.
☐  ☐ 1   -   When reminded, assisted, or supervised by another person, able to get to and from the toilet.
☐  ☐ 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.
☐     UK  -   Unknown

2. Item Clarification:

Identifies the patient’s ability to **safely** get to and from the toilet or bedside commode. Excludes personal hygiene and management of clothing when toileting. The prior column should describe the patient’s ability 14 days prior to the start (or resumption) of care visit. The focus for today’s assessment – the “current” column – is on what the patient is able to do today.

3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient’s daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application: ☐ Identifier (for data management/tracking)

**Home Health Agency Applications**

☑ Assessment  
☑ Care planning  
☑ Quality improvement/outcome enhancement  
☑ Patient mix/origin/discharge disposition monitoring  
☑ Utilization/cost/resource consumption monitoring  
☑ Marketing (e.g., public relations, payer negotiations)  
☑ Feedback to other providers (e.g., physicians, discharge planners)  
☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

☑ Outcome measurement for outcome reporting  
☑ Risk factor measurement for outcome reporting  
☐ Number of risk adjustment models  25  
☑ Adverse event measurement for adverse event report  
☑ Case mix measurement for case mix profiling  
☑ Case mix adjustment for prospective payment system  
☑ Performance indicator for consumer reporting (planned)  
☑ Survey & certification use (planned)  
☑ Program integrity (planned)

**Other Applications Under Development**

☑ Homebound status determination  
☑ Medical necessity determination

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2.170
### M0680 Toileting (Cont'd)

5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.86 Study 1 0.82 Study 2 0.58 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

   **Date Recorded:** 02 / 01 / 2002

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2.171
**OASIS CHRONICLE**  

**Item-Specific Record**

**Item Category:** Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
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<th>Item Name:</th>
<th>Time Points:</th>
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<tr>
<td>M0690</td>
<td>Transferring</td>
<td>☑ Start or Resumption of Care  ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility  ☐ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   **(M0690) Transferring:** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

   - Prior
     - 0 - Able to independently transfer.
     - 1 - Transfers with minimal human assistance or with use of an assistive device.
     - 2 - Unable to transfer self but is able to bear weight and pivot during the transfer process.
     - 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.
   - Current
     - Unknown (UK)

2. **Item Clarification:**

   Identifies the patient's ability to safely transfer in a variety of situations. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment – the "current" column – is on what the patient is able to do today.

3. **Rationale for Item:**

   Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
     - ☑ Assessment
     - ☑ Care planning
     - ☑ Quality improvement/outcome enhancement
     - ☑ Patient mix/origin/discharge disposition monitoring
     - ☑ Utilization/cost/resource consumption monitoring
     - ☑ Marketing (e.g., public relations, payer negotiations)
     - ☑ Feedback to other providers (e.g., physicians, discharge planners)
     - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - **CMS Applications**
     - ☑ Outcome measurement for outcome reporting
     - ☑ Risk factor measurement for outcome reporting
     - ☑ Number of risk adjustment models
     - ☑ Adverse event measurement for adverse event report
     - ☑ Case mix measurement for case mix profiling
     - ☑ Case mix adjustment for prospective payment system
     - ☑ Performance indicator for consumer reporting (planned)
     - ☑ Survey & certification use (planned)
     - ☑ Program integrity (planned)
   - **Other Applications Under Development**
     - ☑ Homebound status determination
     - ☑ Medical necessity determination

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2.172
5. **Item Research, Development, Clinical, and Testing History:**
   - **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes.
   - **1988-1989:** Field testing of outcome measures. Item revised.
   - **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.79 Study 1, 0.76 Study 2, 0.63 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.
   - Three examples of transferring tasks are provided (bed-chair, on-off toilet/commode, into-out of tub/shower). This is perceived as a possible source of ambiguity and hence error.

9. **Additional Comments:**
   - Information also required by CMS on 485. OASIS assessment training video and workbook depict observational assessment for this item.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability. Explore clarification of example transferring tasks.

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**  
Item-Specific Record

**Item Category:** Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0700</td>
<td>Ambulation/Locomotion</td>
<td>✅ Start or Resumption of Care ✔ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✕ Transfer to Inpatient Facility ✕ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**  
(M0700) Ambulation/Locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

2. **Item Clarification:**  
Identifies the patient's ability and the type of assistance required to safely ambulate or propel self in a wheelchair over a variety of surfaces. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment – the "current" column – is on what the patient is able to do today.

3. **Rationale for Item:**  
Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**  
   - ☑ Identifier (for data management/tracking)
   - ☑ Assessment  
   - ☑ Care planning  
   - ☑ Quality improvement/outcome enhancement  
   - ☑ Patient mix/origin/discharge disposition monitoring  
   - ☑ Utilization/cost/resource consumption monitoring  
   - ☑ Marketing (e.g., public relations, payer negotiations)  
   - ☑ Feedback to other providers (e.g., physicians, discharge planners)  
   - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
   - ☑ Outcome measurement for outcome reporting  
   - ☑ Risk factor measurement for outcome reporting  
   - Number of risk adjustment models 27  
   - ☑ Adverse event measurement for adverse event report  
   - ☑ Case mix measurement for case mix profiling  
   - ☑ Case mix adjustment for prospective payment system  
   - ☑ Performance indicator for consumer reporting (planned)  
   - ☑ Survey & certification use (planned)  
   - ☑ Program integrity (planned)

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2.174
### M0700 Ambulation/Locomotion (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
- **1988-1989:** Field testing of outcome measures. Item revised.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

#### 7. Recent Reliability:
- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.87 Study 1 0.77 Study 2 0.72 Study 3

#### 8. Perceived or Real Constraints/Limitations:
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment. Lack of differentiation between walker and cane assisted ambulation has been raised as an issue. The reliability and importance of differentiating between these two levels may warrant further study.

#### 9. Additional Comments:
Information also required by CMS on 485. OASIS assessment training video and workbook depict observational assessment for this item.

#### 10. Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

#### 11. Recommendation for Retention or Change:
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02 / 01 / 2002
**OASIS CHRONICLE**

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.: M0710</th>
<th>Item Name: Feeding or Eating</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:

**Feeding or Eating:** Ability to feed self meals and snacks. **Note:** This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

#### Prior
- 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.
- UK - Unknown

### 2. Item Clarification:

Identifies the patient's ability to feed self meals, including the process of eating, chewing and swallowing food. This item **excludes** evaluation of the preparation of food items. The prior column should describe the patient's ability **14 days prior to the start (or resumption) of care visit.** The focus for today's assessment – the "current" column – is on what the patient is **able to do today.**

### 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

### 4. Item Use/Application:

**Home Health Agency Applications**
- ✔ Assessment
- ✔ Care planning
- ✔ Quality improvement/outcome enhancement
- ✔ Patient mix/origin/discharge disposition monitoring
- ✔ Utilization/cost/resource consumption monitoring
- ✔ Marketing (e.g., public relations, payer negotiations)
- ✔ Feedback to other providers (e.g., physicians, discharge planners)
- ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**
- ✔ Outcome measurement for outcome reporting
- ✔ Risk factor measurement for outcome reporting
- ✔ Number of risk adjustment models
- ✔ Adverse event measurement for adverse event report
- ✔ Case mix measurement for case mix profiling
- ✔ Case mix adjustment for prospective payment system
- ✔ Performance indicator for consumer reporting (planned)
- ✔ Survey & certification use (planned)
- ✔ Program integrity (planned)

**Other Applications Under Development**
- ✔ Homebound status determination
- ✔ Medical necessity determination

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M0710  Feeding or Eating  (Cont'd)

5. **Item Research, Development, Clinical, and Testing History:**
   - **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes.
   - **1988-1989:** Field testing of outcome measures. Item revised.
   - **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
     - Reliability/validity testing of outcome measures and data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
     - Reliability/validity testing of outcome measures and data items.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
     - Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**  ☑ Substantial  ☐ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement):  **0.89** Study 1  **0.48** Study 2  **0.62** Study 3

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. **Additional Comments:**
   - OASIS assessment training video and workbook depict assessment strategies for this item.

10. **Overall Necessity of Item:**  ☑ Essential  ☐ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

   **Date Recorded:** 02 / 01 / 2002

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2.177
### OASIS CHRONICLE

**Item-Specific Record**

**Item Category:** Instrumental Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item No.: M0720</th>
<th>Item Name: Planning and Preparing Light Meals</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

   **(M0720) Planning and Preparing Light Meals** (e.g., cereal, sandwich) or reheat delivered meals:

   **Prior**

   - 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).

   **Current**

   - 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.

   - UK
   - Unknown

2. **Item Clarification:**

   Identifies the patient’s physical, cognitive and mental ability to plan and prepare meals, even if the patient does not routinely perform this task. The prior column should describe the patient’s ability 14 days prior to the start (or resumption) of care visit. The focus for today’s assessment – the “current” column – is on what the patient is able to do today.

3. **Rationale for Item:**

   Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient’s daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
     - ✔ Assessment
     - ✔ Care planning
     - ✔ Quality improvement/outcome enhancement
     - ✔ Patient mix/origin/discharge disposition monitoring
     - ✔ Utilization/cost/resource consumption monitoring
     - ✔ Marketing (e.g., public relations, payer negotiations)
     - ✔ Feedback to other providers (e.g., physicians, discharge planners)
     - ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
     - ✔ Outcome measurement for outcome reporting
     - ✔ Risk factor measurement for outcome reporting
     - ✔ Number of risk adjustment models 20
     - ✔ Adverse event measurement for adverse event report
     - ✔ Case mix measurement for case mix profiling
     - ✔ Case mix adjustment for prospective payment system
     - ✔ Performance indicator for consumer reporting (planned)
     - ✔ Survey & certification use (planned)
     - ✔ Program integrity (planned)

   - **Other Applications Under Development**
     - ✔ Homebound status determination
     - ✔ Medical necessity determination

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### M0720 Planning and Preparing Light Meals (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
- **1988-1989:** Field testing of outcome measures. Item revised.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. Item revised.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

#### 7. Recent Reliability:

<table>
<thead>
<tr>
<th>Interrater reliability (weighted kappa or percent agreement)</th>
<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td>0.71</td>
<td>0.58</td>
<td>0.77</td>
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</tbody>
</table>

#### 8. Perceived or Real Constraints/Limitations:
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

#### 9. Additional Comments:
OASIS assessment training video and workbook depict assessment strategies for this item.

#### 10. Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

#### 11. Recommendation for Retention or Change:
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02 / 01 / 2002
### OASIS CHRONICLE

**Item-Specific Record**

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
</table>
| M0730 | Transportation | ✓ Start or Resumption of Care  ✓ Follow-Up  
☐ Transfer to Inpatient Facility  ✓ Discharge |

#### 1. Precise Wording of Item:

**M0730** Transportation: Physical and mental ability to **safely** use a car, taxi, or public transportation (bus, train, subway).

<table>
<thead>
<tr>
<th>Prior</th>
<th>Current</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>0 - Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>1 - Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>UK - Unknown</td>
</tr>
</tbody>
</table>

#### 2. Item Clarification:

Identifies the patient’s physical and mental ability to safely use a car, taxi or public transportation. The prior column should describe the patient’s ability 14 days prior to the start (or resumption) of care visit. The focus for today’s assessment – the “current” column – is on what the patient is **able** to do today.

#### 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

#### 4. Item Use/Application:

**Home Health Agency Applications**
- ✓ Assessment
- ✓ Care planning
- ✓ Quality improvement/outcome enhancement
- ✓ Patient mix/origin/discharge disposition monitoring
- ✓ Utilization/cost/resource consumption monitoring
- ✓ Marketing (e.g., public relations, payer negotiations)
- ✓ Feedback to other providers (e.g., physicians, discharge planners)
- ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**
- ☐ Outcome measurement for outcome reporting
- ✓ Risk factor measurement for outcome reporting
  - Number of risk adjustment models 25
- ☐ Adverse event measurement for adverse event report
- ✓ Case mix measurement for case mix profiling
- ☐ Case mix adjustment for prospective payment system
- ✓ Performance indicator for consumer reporting (planned)
- ✓ Survey & certification use (planned)
- ✓ Program integrity (planned)

**Other Applications Under Development**
- ✓ Homebound status determination
- ☐ Medical necessity determination

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2.180
### M0730 Transportation (Cont'd)

#### 5. Item Research, Development, Clinical, and Testing History:

- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1997-1998:** Reliability testing.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Validation by patient assessment and care planning
- Validation by outcome enhancement

#### 7. Recent Reliability:

- **Substantial**
- **Moderate**
- **Fair/Slight**
- **Reliability not evaluated**

Interrater reliability (weighted kappa or percent agreement): 0.63 Study 1, 0.52 Study 2, 0.80 Study 3

#### 8. Perceived or Real Constraints/Limitations:

It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

#### 9. Additional Comments:

None.

#### 10. Overall Necessity of Item:

- **Essential**
- **Highly useful**
- **Useful**
- **Potentially useful**
- **Marginal**

#### 11. Recommendation for Retention or Change:

Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02/01/2002
1. Precise Wording of Item:

(M0740) Laundry: Ability to do own laundry -- to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Prior Current
☐ 0 - (a) Able to independently take care of all laundry tasks; OR
   (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).
☐ 1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.
☐ 2 - Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.
☐ UK - Unknown

2. Item Clarification:

Identifies the patient's physical, cognitive, and mental ability to do laundry, even if the patient does not routinely perform this task. The prior column should describe the patient’s ability 14 days prior to the start (or resumption) of care visit. The focus for today’s assessment – the “current” column – is on what the patient is able to do today.

3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☑ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☐ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☐ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☐ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
</tbody>
</table>

Other Applications Under Development

☐ Homebound status determination
☐ Medical necessity determination
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.64 Study 1 0.48 Study 2 0.76 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02 / 01 / 2002
### OASIS CHRONICLE

**Item-Specific Record**

**Item Category:** Instrumental Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0750</td>
<td>Housekeeping</td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
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<tr>
<td></td>
<td></td>
<td>☐ Discharge</td>
</tr>
</tbody>
</table>

#### 1. Precise Wording of Item:

**(M0750) Housekeeping:** Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

**Prior**
- 0 - (a) Able to independently perform all housekeeping tasks; **OR**
  - (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).

**Current**
- 1 - Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently.
- 2 - Able to perform housekeeping tasks with intermittent assistance or supervision from another person.
- 3 - Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
- 4 - Unable to effectively participate in any housekeeping tasks.
- UK - Unknown

#### 2. Item Clarification:

Identifies the physical, cognitive and mental ability of the patient to perform both heavier and lighter housekeeping tasks, even if the patient does not routinely carry out these activities. The prior column should describe the patient’s ability 14 days prior to the start (or resumption) of care visit. The focus for today’s assessment – the “current” column – is on what the patient is able to do today.

#### 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

#### 4. Item Use/Application:

**Home Health Agency Applications**
- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**
- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- ☑ Number of risk adjustment models
- ☐ Adverse event measurement for adverse event report
- ☐ Case mix measurement for case mix profiling
- ☐ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**
- ☐ Homebound status determination
- ☐ Medical necessity determination

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2.184
### M0750 Housekeeping (Cont'd)

#### 5. Item Research, Development, Clinical, and Testing History:

- **1988-1990**: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991**: Feasibility testing of clinical and operational utility of outcome measures and data items.
  - Reliability/validity testing of outcome measures and data items.
  - Reliability/validity testing of outcome measures and data items. Item revised.
- **1994-1995**: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
  - No changes recommended to the data item.
- **1995-2000**: Demonstration testing in the National and New York State Demonstrations.
- **1997-1998**: Reliability testing.
- **1999-2000**: Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

#### 7. Recent Reliability:
- Substantial
- Moderate
- Fair/Slight
- Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.54 Study 1 0.50 Study 2 0.70 Study 3

#### 8. Perceived or Real Constraints/Limitations:

It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

#### 9. Additional Comments:

None.

#### 10. Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

#### 11. Recommendation for Retention or Change:

Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02 / 01 / 2002
# Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

## 1. Precise Wording of Item:

**M0760** Shopping: **Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.**

### Prior

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR&lt;br&gt;(b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).</td>
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</table>

### Current

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<td>1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Able to go shopping, but needs some assistance: &lt;br&gt;(a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR&lt;br&gt;(b) Unable to go shopping alone, but can go with someone to assist.</td>
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<tbody>
<tr>
<td></td>
<td></td>
<td>2</td>
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<td></td>
<td></td>
<td>Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery.</td>
<td></td>
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</tbody>
</table>

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<table>
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<tr>
<td></td>
<td></td>
<td>3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Needs someone to do all shopping and errands.</td>
<td></td>
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</tbody>
</table>

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>UK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Item Clarification:

Identifies the physical, cognitive and mental ability of the patient to plan for, select, and purchase items from a store, even if the patient does not routinely go shopping. The prior column should describe the patient’s ability **14 days prior to the start (or resumption) of care visit**. The focus for today’s assessment – the “current” column – is on what the patient is **able** to do today.

## 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient’s daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

## 4. Item Use/Application:

- **Identifier (for data management/tracking)**
- **Home Health Agency Applications**
  - Assessment
  - Care planning
  - Quality improvement/outcome enhancement
  - Patient mix/origin/discharge disposition monitoring
  - Utilization/cost/resource consumption monitoring
  - Marketing (e.g., public relations, payer negotiations)
  - Feedback to other providers (e.g., physicians, discharge planners)
  - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
- **CMS Applications**
  - Outcome measurement for outcome reporting
  - Risk factor measurement for outcome reporting<br>Number of risk adjustment models 27
  - Adverse event measurement for adverse event report<br>Case mix measurement for case mix profiling<br>Case mix adjustment for prospective payment system<br>Performance indicator for consumer reporting (planned)<br>Survey & certification use (planned)<br>Program integrity (planned)
- **Other Applications Under Development**
  - Homebound status determination
  - Medical necessity determination

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2.186
## 5. Item Research, Development, Clinical, and Testing History:

1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   Reliability/validity testing of outcome measures and data items. Item revised.
1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

## 6. Validity:

- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☐ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☑ Validation by outcome enhancement

## 7. Recent Reliability:

- ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement):

<table>
<thead>
<tr>
<th>Study</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.65</td>
</tr>
<tr>
<td>2</td>
<td>0.50</td>
</tr>
<tr>
<td>3</td>
<td>0.64</td>
</tr>
</tbody>
</table>

## 8. Perceived or Real Constraints/Limitations:

It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

## 9. Additional Comments:

None.

## 10. Overall Necessity of Item:

- ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

## 11. Recommendation for Retention or Change:

Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

Date Recorded: 02 / 01 / 2002
Item Category: Instrumental Activities of Daily Living (Functional Status)

Item No.: M0770  
Item Name: Ability to Use Telephone  
Time Points:  
- Start or Resumption of Care  
- Follow-Up  
- Transfer to Inpatient Facility  
- Discharge

1. Precise Wording of Item:

(M0770) Ability to Use Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.

Prior   Current
- 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.
- UK  - Unknown

2. Item Clarification:

Identifies the ability of the patient to answer the phone, dial number, and effectively use the telephone to communicate. The prior column should describe the patient’s ability 14 days prior to the start (or resumption) of care visit. The focus for today’s assessment – the “current” column – is on what the patient is able to do today.

3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application:

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☑ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models 27</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☐ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☐ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☐ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
<tr>
<td><strong>Other Applications Under Development</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Homebound status determination</td>
<td></td>
</tr>
<tr>
<td>☐ Medical necessity determination</td>
<td></td>
</tr>
</tbody>
</table>
### M0770 Ability to Use Telephone (Cont’d)

5. **Item Research, Development, Clinical, and Testing History:**
   - **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
   - **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
     - Reliability/validity testing of outcome measures and data items.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
     - No changes recommended to the data item.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ✓ Consensus validity by expert clinical panels for patient assessment and care planning
   - ✓ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ✓ Validation by patient assessment and care planning
   - ✓ Validation by outcome enhancement

7. **Recent Reliability:**
   - ✓ Substantial  ☐ Moderate  ☐ Fair/Slight  ☐ Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement):  0.73  Study 1  0.71  Study 2  0.65  Study 3

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ✓ Essential  ☐ Highly useful  ☐ Useful  ☐ Potentially useful  ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

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2.189
### OASIS CHRONICLE

**Form No. OC:1-02.02 Item-Specific Record**

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**Item Category:** Management of Medications

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name: Management of Oral Medications</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0780</td>
<td></td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility ☑ Discharge</td>
</tr>
</tbody>
</table>

#### 1. Precise Wording of Item:

**Item No:** M0780

Management of Oral Medications: Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/interval. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

#### 2. Item Clarification:

Identifies the patient's ability to prepare and take oral medications reliably and safely and the type of assistance required to administer the correct dosage at the appropriate times/interval. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment - the “current” column is on what the patient is able to do today.

#### 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

#### 4. Item Use/Application:

**Home Health Agency Applications**

- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- Number of risk adjustment models 33
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**

- ☑ Homebound status determination
- ☑ Medical necessity determination

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5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - 1995-1996: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): 0.82 Study 1 0.63 Study 2

8. **Perceived or Real Constraints/Limitations:**
   - It has been suggested that management of medications 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current management of medications. However, the identification of chronic medication management problems is important for care planning as well as risk adjustment.

9. **Additional Comments:**
   - Similar information required to complete the 485.

10. **Overall Necessity of Item:**
    - ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.

    Date Recorded: 02 / 01 / 2002
**Form No. OC:1-02.02 Item-Specific Record**

**Item Category:** Management of Medications

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0790</td>
<td>Management of Inhalant/Mist Medications</td>
<td>☑ Start or Resumption of Care  ☑ Follow-Up  ☐ Transfer to Inpatient Facility  ☑ Discharge</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:

**M0790** Management of Inhalant/Mist Medications: Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes all other forms of medication (oral tablets, injectable and IV medications).**

#### Prior
- **☐ 0** - Able to independently take the correct medication and proper dosage at the correct times.
- **☐ 1** - Able to take medication at the correct times if:
  - (a) individual dosages are prepared in advance by another person, OR
  - (b) given daily reminders.
- **☐ 2** - Unable to take medication unless administered by someone else.
- **☐ NA** - No inhalant/mist medications prescribed.
- **☐ UK** - Unknown

### 2. Item Clarification:

Identifies the patient's ability to prepare and take all prescribed inhalant/mist medication reliably and safely and the type of assistance required to administer the current dosage at the appropriate times/intervals. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment - the "current" column is on what the patient is able to do today.

### 3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

### 4. Item Use/Application:

#### Home Health Agency Applications
- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

#### CMS Applications
- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- ☑ Number of risk adjustment models _14_
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**
- ☑ Homebound status determination
- ☑ Medical necessity determination

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5. Item Research, Development, Clinical, and Testing History:
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
     - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
     - No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. Validity:
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. Recent Reliability: Substantial
   - Interrater reliability (weighted kappa or percent agreement): 0.91 Study 1 0.52 Study 2

8. Perceived or Real Constraints/Limitations:
   - It has been suggested that management of medications 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current management of medications. However, the identification of chronic medication management problems is important for care planning as well as risk adjustment.

9. Additional Comments:
   - Similar information required to complete the 485. A less-prevalent route for administration, thus patient often needs more teaching in correct administration methods.

10. Overall Necessity of Item: Highly useful
    - Marginal

11. Recommendation for Retention or Change:
    - Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.

Date Recorded: 02 / 01 / 2002

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### OASIS CHRONICLE

**Item-Specific Record**

**Form No. OC:1-02.02**

**Item Category:** Management of Medications

### Item No.: M0800  
**Item Name:** Management of Injectable Medications

#### Time Points:
- [x] Start or Resumption of Care
- [x] Follow-Up
- [ ] Transfer to Inpatient Facility
- [ ] Discharge

1. **Precise Wording of Item:**

   **(M0800) Management of Injectable Medications:** Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals.

   **Excludes IV medications.**

2. **Item Clarification:**

   Identifies the patient's ability to prepare and take all injectable medications reliably and safely and the type of assistance required to administer the correct dosage at the appropriate time/intervals. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment - the "current" column is on what the patient is able to do today.

3. **Rationale for Item:**

   Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. **Item Use/Application:**

   **Home Health Agency Applications**
   - [x] Assessment
   - [x] Care planning
   - [x] Quality improvement/outcome enhancement
   - [x] Patient mix/origin/discharge disposition monitoring
   - [x] Utilization/cost/resource consumption monitoring
   - [x] Marketing (e.g., public relations, payer negotiations)
   - [x] Feedback to other providers (e.g., physicians, discharge planners)
   - [x] Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - [ ] Outcome measurement for outcome reporting
   - [x] Risk factor measurement for outcome reporting
   - Number of risk adjustment models 14
   - [ ] Adverse event measurement for adverse event report
   - [x] Case mix measurement for case mix profiling
   - [ ] Case mix adjustment for prospective payment system
   - [x] Performance indicator for consumer reporting (planned)
   - [x] Survey & certification use (planned)
   - [x] Program integrity (planned)

   **Other Applications Under Development**
   - [ ] Homebound status determination
   - [x] Medical necessity determination

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Form No. OC:1-02.02 Item-Specific Record

M0800 Management of Injectable Medications (Cont’d)

5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
               Reliability/validity testing of outcome measures and data items.
               Reliability/validity testing of outcome measures and data items.
               Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
               No changes recommended to the data item.
   1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☐ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 0.91 Study 1 0.53 Study 2 ______ Study 3

8. Perceived or Real Constraints/Limitations:
   It has been suggested that management of medications 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current management of medications. However, the identification of chronic medication management problems is important for care planning as well as risk adjustment.

9. Additional Comments:
   Similar information required to complete the 485. A less-prevalent route for administration, thus patient often needs more teaching in correct administration methods.

10. Overall Necessity of Item: ☑ Essential ☑ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:
    Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.

   Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE
Item-Specific Record

Item Category: Equipment Management

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Time Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0810</td>
<td>Patient Management of Equipment</td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility ☑ Discharge</td>
</tr>
</tbody>
</table>

1. Precise Wording of Item:

(M0810) Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): Patient's ability to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)

☐ 0 - Patient manages all tasks related to equipment completely independently.
☐ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.
☐ 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
☐ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.
☐ 4 - Patient is completely dependent on someone else to manage all equipment.
☐ NA - No equipment of this type used in care [If NA, go to M0825]*

* At discharge, change M0825 to M0830.

2. Item Clarification:
Identifies the patient's ability to set up, monitor and change equipment reliably and safely, and the amount of assistance required from another person. The focus is on what the patient is able to do, not on compliance or willingness.

3. Rationale for Item:
Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life.

4. Item Use/Application: ☑ Identifier (for data management/tracking)

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Assessment</td>
<td>☑ Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Care planning</td>
<td>☑ Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>☑ Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models</td>
</tr>
<tr>
<td>☑ Patient mix/origin/discharge disposition monitoring</td>
<td>☑ Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>☑ Utilization/cost/resource consumption monitoring</td>
<td>☑ Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>☑ Marketing (e.g., public relations, payer negotiations)</td>
<td>☑ Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>☑ Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>☑ Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>☑ Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>☑ Program integrity (planned)</td>
</tr>
<tr>
<td></td>
<td><strong>Other Applications Under Development</strong></td>
</tr>
<tr>
<td></td>
<td>☑ Homebound status determination</td>
</tr>
<tr>
<td></td>
<td>☑ Medical necessity determination</td>
</tr>
</tbody>
</table>

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2.196
5. **Item Research, Development, Clinical, and Testing History:**
   - **1988-1989:** Field testing of outcome measures. Item revised.
   - **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
   - **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised.
   - **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
   - **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
   - **1997-1998:** Reliability testing.
   - **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Interrater reliability (weighted kappa or percent agreement):
     - Study 1: 0.87
     - Study 2: 0.74
     - Study 3: 

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).
**Item Category:** Equipment Management

<table>
<thead>
<tr>
<th>Item No.: M0820</th>
<th>Item Name: Caregiver Management of Equipment</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care ☑ Follow-Up</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0820) Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. *(NOTE: This refers to ability, not compliance or willingness.)*

- ☐ 0 - Caregiver manages all tasks related to equipment completely independently.
- ☐ 1 - If someone else sets up equipment, caregiver is able to manage all other aspects.
- ☐ 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task.
- ☐ 3 - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies).
- ☐ 4 - Caregiver is completely dependent on someone else to manage all equipment.
- ☐ NA - No caregiver
- ☐ UK - Unknown *

* At follow-up and discharge, omit "UK - Unknown."

2. **Item Clarification:**

Identifies the caregiver's ability to set up, monitor and change equipment reliably and safely. The focus is on what the caregiver is able to do, not on compliance or willingness. "Caregiver" is defined in M0360.

3. **Rationale for Item:**

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life.

4. **Item Use/Application:**

- ☑ Identifier (for data management/tracking)

**Home Health Agency Applications**
- ☑ Assessment
- ☑ Care planning
- ☑ Quality improvement/outcome enhancement
- ☑ Patient mix/origin/discharge disposition monitoring
- ☑ Utilization/cost/resource consumption monitoring
- ☑ Marketing (e.g., public relations, payer negotiations)
- ☑ Feedback to other providers (e.g., physicians, discharge planners)
- ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**
- ☑ Outcome measurement for outcome reporting
- ☑ Risk factor measurement for outcome reporting
- ☑ Number of risk adjustment models
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ☑ Program integrity (planned)

**Other Applications Under Development**
- ☑ Homebound status determination
- ☑ Medical necessity determination
5. Item Research, Development, Clinical, and Testing History:
   1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   1995-2000: Demonstration testing in the National and New York State Demonstrations.
   1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
   ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   ☐ Convergent/predictive validity: case mix adjustment for payment
   ☑ Validation by patient assessment and care planning
   ☑ Validation by outcome enhancement

7. Recent Reliability: ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): 0.89 Study 1 0.29 Study 2

8. Perceived or Real Constraints/Limitations:
   None.

9. Additional Comments:
   None.

10. Overall Necessity of Item: ☐ Essential ☐ Highly useful ☑ Useful ☐ Potentially useful ☐ Marginal

11. Recommendation for Retention or Change:
   Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).

Date Recorded: 02 / 01 / 2002
1. **Precise Wording of Item:**

   **(M0825) Therapy Need:** Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?

   - 0 - No
   - 1 - Yes
   - NA - Not Applicable

2. **Item Clarification:**

   Identifies whether patient's care plan indicates need for high-therapy use. Threshold for the Medicare high-therapy case mix group is currently 10 visits over a payment period.

3. **Rationale for Item:**

   Added to OASIS solely for payment adjustment due to the substantial resource needs associated with the provision of therapy services.

4. **Item Use/Application:**

   - **Home Health Agency Applications**
     - Assessment
     - Care planning
     - Quality improvement/outcome enhancement
     - Patient mix/origin/discharge disposition monitoring
     - Utilization/cost/resource consumption monitoring
     - Marketing (e.g., public relations, payer negotiations)
     - Feedback to other providers (e.g., physicians, discharge planners)
     - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   - **CMS Applications**
     - Outcome measurement for outcome reporting
     - Risk factor measurement for outcome reporting
     - Number of risk adjustment models
     - Adverse event measurement for adverse event report
     - Case mix measurement for case mix profiling
     - Case mix adjustment for prospective payment system
     - Performance indicator for consumer reporting (planned)
     - Survey & certification use (planned)
     - Program integrity (planned)

   - **Other Applications Under Development**
     - Homebound status determination
     - Medical necessity determination

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2.200
M0825 Therapy Need (Cont’d)

5. **Item Research, Development, Clinical, and Testing History:**

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**
   Item wording purposefully does not specify the current therapy threshold for payment adjustment to accommodate potential future changes in the threshold. As a result, there is some confusion on the part of those collecting the data. There is also confusion regarding when to use the "not applicable" response.

9. **Additional Comments:**
   None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    Retain for payment adjustment. Explore ways to more effectively instruct agencies and clinicians on correct interpretation of item.

    Date Recorded: 02 / 01 / 2002

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2.201
### Precise Wording of Item:

(M0830) **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? *Mark all that apply.*

- 0 - No emergent care services  [If no emergent care, skip M0840 ]*
- 1 - Hospital emergency room (includes 23-hour holding)
- 2 - Doctor's office emergency visit/house call
- 3 - Outpatient department/clinic emergency (includes urgicenter sites)
- UK - Unknown  [If UK, skip M0840 ]*

* At transfer or discharge, go to M0855.

### Item Clarification:

Identifies whether the patient received an unscheduled visit to any (emergent) medical services other than home care agency services. Emergent care includes all unscheduled visits to such medical services. A “prn” agency visit is not considered emergent care.

### Rationale for Item:

Tracking "utilization outcomes" as proxies for decline in patient health status is a key component of outcome monitoring. Emergent care utilization contributes to adverse event outcome reports as well as to risk-adjusted outcome reports.

### Item Use/Application:

#### Home Health Agency Applications
- ✔ Assessment at follow-up points
- ✔ Care planning
- ✔ Quality improvement/outcome enhancement
- ✔ Patient mix/origin/discharge disposition monitoring
- ✔ Utilization/cost/resource consumption monitoring
- ✔ Marketing (e.g., public relations, payer negotiations)
- ✔ Feedback to other providers (e.g., physicians, discharge planners)
- ✔ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

#### CMS Applications
- ✔ Outcome measurement for outcome reporting
- ✔ Risk factor measurement for outcome reporting
- ✔ Number of risk adjustment models
- ✔ Adverse event measurement for adverse event report
- ✔ Case mix measurement for case mix profiling
- ✔ Case mix adjustment for prospective payment system
- ✔ Performance indicator for consumer reporting (planned)
- ✔ Survey & certification use (planned)
- ✔ Program integrity (planned)

#### Other Applications Under Development
- ✔ Homebound status determination
- ✔ Medical necessity determination
5. **Item Research, Development, Clinical, and Testing History:**

- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes.
- **1988-1989:** Field testing of outcome measures.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
  - No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

6. **Validity:**

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. **Recent Reliability:**

   - Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated

8. **Perceived or Real Constraints/Limitations:**

   Variable time interval ("since the last time OASIS data were collected…") may result in some errors due to faulty recall. If this occurs, it would likely result most often in under-reporting rather than double counting or over-reporting.

9. **Additional Comments:**

   None.

10. **Overall Necessity of Item:**

    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**

    Retain for outcome reporting. This item is essential for outcome and adverse event measurement. Consider potential refinement through reliability analyses.

   Date Recorded: 02 / 01 / 2002
## OASIS CHRONICLE
### Item-Specific Record

**Item Category:** Emergent Care Utilization

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>M0840</th>
<th>Item Name:</th>
<th>Emergent Care Reason</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
</tbody>
</table>

### 1. Precise Wording of Item:
**Emergent Care Reason:** For what reason(s) did the patient/family seek emergent care? (Mark all that apply.)

- ☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ☐ 2 - Nausea, dehydration, malnutrition, constipation, impaction
- ☐ 3 - Injury caused by fall or accident at home
- ☐ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)
- ☐ 5 - Wound infection, deteriorating wound status, new lesion/ulcer
- ☐ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)
- ☐ 7 - Hypo/Hyperglycemia, diabetes out of control
- ☐ 8 - GI bleeding, obstruction
- ☐ 9 - Other than above reasons
- ☐ UK - Reason unknown

### 2. Item Clarification:
Identifies the reasons for which the patient/family sought emergent care.

### 3. Rationale for Item:
Tracking reason for emergent care is used to identify adverse events which may indicate poor care.

### 4. Item Use/Application:

#### Home Health Agency Applications
- ✓ Assessment
- ✓ Care planning
- ✓ Quality improvement/outcome enhancement
- ✓ Patient mix/origin/discharge disposition monitoring
- ✓ Utilization/cost/resource consumption monitoring
- ✓ Marketing (e.g., public relations, payer negotiations)
- ✓ Feedback to other providers (e.g., physicians, discharge planners)
- ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

#### CMS Applications
- ☐ Outcome measurement for outcome reporting
- ☐ Risk factor measurement for outcome reporting
- Number of risk adjustment models
- ☑ Adverse event measurement for adverse event report
- ☑ Case mix measurement for case mix profiling
- ☑ Case mix adjustment for prospective payment system
- ☑ Performance indicator for consumer reporting (planned)
- ☑ Survey & certification use (planned)
- ✓ Program integrity (planned)

#### Other Applications Under Development
- □ Homebound status determination
- □ Medical necessity determination

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2.204
### M0840 Emergent Care Reason (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
- **1988-1989:** Field testing of outcome measures.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☑ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☐ Convergent/predictive validity: case mix adjustment for payment
- ☑ Validation by patient assessment and care planning
- ☑ Validation by outcome enhancement

#### 7. Recent Reliability:
- ☐ Substantial
- ☐ Moderate
- ☐ Fair/Slight
- ☑ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

#### 8. Perceived or Real Constraints/Limitations:
Reason for emergent care may be difficult to obtain, but good quality care includes monitoring the patient’s health, so it should be routine.

#### 9. Additional Comments:
None.

#### 10. Overall Necessity of Item:
- ☑ Essential
- ☐ Highly useful
- ☐ Useful
- ☐ Potentially useful
- ☐ Marginal

#### 11. Recommendation for Retention or Change:
Retain. This item is essential for adverse event outcome measurement. Consider potential refinement through reliability analyses.

Date Recorded: 02 / 01 / 2002
### OASIS CHRONICLE

**Item-Specific Record**


<table>
<thead>
<tr>
<th>Item No.:</th>
<th>M0855</th>
<th>Item Name:</th>
<th>Inpatient Facility Admission</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

#### 1. Precise Wording of Item:

(M0855) To which **Inpatient Facility** has the patient been admitted?

- [ ] 1 - Hospital [Go to M0890]
- [ ] 2 - Rehabilitation facility [Go to M0903]
- [ ] 3 - Nursing home [Go to M0900]
- [ ] 4 - Hospice [Go to M0903]
- [ ] NA - No inpatient facility admission *

* At inpatient transfer, omit "NA."

#### 2. Item Clarification:

Identifies the type of inpatient facility to which the patient was admitted. Any inpatient admission of 24 hours or more (for reasons other than diagnostic tests), which occurs while the patient is on service with the home health agency is reported. When the patient is transferred to an inpatient facility, the agency may or may not discharge the patient depending upon agency policy.

#### 3. Rationale for Item:

Utilization outcomes, such as hospitalization, are important markers of change in patient health status, as well as impacting health care costs.

#### 4. Item Use/Application:

- **Home Health Agency Applications**
  - Assessment
  - Care planning
  - Quality improvement/outcome enhancement
  - Patient mix/origin/discharge disposition monitoring
  - Utilization/cost/resource consumption monitoring
  - Marketing (e.g., public relations, payer negotiations)
  - Feedback to other providers (e.g., physicians, discharge planners)
  - Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - Outcome measurement for outcome reporting
  - Risk factor measurement for outcome reporting
  - Number of risk adjustment models
  - Adverse event measurement for adverse event report
  - Case mix measurement for case mix profiling
  - Case mix adjustment for prospective payment system
  - Performance indicator for consumer reporting (planned)
  - Survey & certification use (planned)
  - Program integrity (planned)

- **Other Applications Under Development**
  - Homebound status determination
  - Medical necessity determination

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2.206
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
   - No changes recommended to the data item.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - ☑ Consensus validity by expert clinical panels for patient assessment and care planning
   - ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - ☑ Convergent/predictive validity: case mix adjustment for payment
   - ☑ Validation by patient assessment and care planning
   - ☑ Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - ☑ Reliability not evaluated

   Interrater reliability (weighted kappa or percent agreement): [Blank] Study 1 [Blank] Study 2 [Blank] Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - ☑ Essential
    - ☐ Highly useful
    - ☐ Useful
    - ☐ Potentially useful
    - ☐ Marginal

11. **Recommendation for Retention or Change:**
    - Retain for outcome reporting. Consider potential refinement through reliability analyses.

   Date Recorded: 02 / 01 / 2002
### Item Category: Discharge or Transfer to Inpatient Facility Status

<table>
<thead>
<tr>
<th>Item No.: M0870</th>
<th>Item Name: Discharge Disposition</th>
<th>Time Points:</th>
</tr>
</thead>
</table>

1. **Precise Wording of Item:**

   **(M0870) Discharge Disposition:** Where is the patient after discharge from your agency? *(Choose only one answer.)*

   - [ ] 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility)
   - [ ] 2 - Patient transferred to a noninstitutional hospice  **[Go to M0903]**
   - [ ] 3 - Unknown because patient moved to a geographic location not served by this agency  **[Go to M0903]**
   - [ ] UK - Other unknown  **[Go to M0903]**

2. **Item Clarification:**

   Identifies where the patient resides after discharge from the home health agency.

3. **Rationale for Item:**

   For discharges other than to an inpatient facility, discharge disposition is an important outcome indicator. Inappropriate discharges to home (without supportive assistance and with unmet needs) are tracked as adverse events.

4. **Item Use/Application:**

   **Home Health Agency Applications**
   - [ ] Assessment
   - [ ] Care planning
   - [x] Quality improvement/outcome enhancement
   - [x] Patient mix/origin/discharge disposition monitoring
   - [ ] Utilization/cost/resource consumption monitoring
   - [x] Marketing (e.g., public relations, payer negotiations)
   - [x] Feedback to other providers (e.g., physicians, discharge planners)
   - [x] Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

   **CMS Applications**
   - [x] Outcome measurement for outcome reporting
   - [ ] Risk factor measurement for outcome reporting
   - [ ] Number of risk adjustment models
   - [x] Adverse event measurement for adverse event report
   - [ ] Case mix measurement for case mix profiling
   - [ ] Case mix adjustment for prospective payment system
   - [x] Performance indicator for consumer reporting (planned)
   - [x] Survey & certification use (planned)
   - [ ] Program integrity (planned)

   **Other Applications Under Development**
   - [ ] Homebound status determination
   - [ ] Medical necessity determination

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2.208
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain for outcome reporting. Consider potential refinement through reliability analyses.

Date Recorded: 02 / 01 / 2002
OASIS CHRONICLE
Item-Specific Record

Item Category: Discharge or Transfer to Inpatient Facility Status

Item No.: M0880
Item Name: Services or Assistance Received After Discharge

Time Points:
- Start or Resumption of Care
- Transfer to Inpatient Facility
- Discharge

1. Precise Wording of Item:
(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? (Mark all that apply.)
- 1 - No assistance or services received
- 2 - Yes, assistance or services provided by family or friends
- 3 - Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home health services, homemaker assistance, transportation assistance, assisted living, board and care)

2. Item Clarification:
Identifies services or assistance a patient receives after discharge from the home health agency.

3. Rationale for Item:
Tracking of services provided after home health agency discharge is important to detect/rule out inappropriate discharges with unmet needs.

4. Item Use/Application:
- Identifier (for data management/tracking)

<table>
<thead>
<tr>
<th>Home Health Agency Applications</th>
<th>CMS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Outcome measurement for outcome reporting</td>
</tr>
<tr>
<td>Care planning</td>
<td>Risk factor measurement for outcome reporting</td>
</tr>
<tr>
<td>Quality improvement/outcome enhancement</td>
<td>Number of risk adjustment models</td>
</tr>
<tr>
<td>Patient mix/origin/discharge disposition monitoring</td>
<td>Adverse event measurement for adverse event report</td>
</tr>
<tr>
<td>Utilization/cost/resource consumption monitoring</td>
<td>Case mix measurement for case mix profiling</td>
</tr>
<tr>
<td>Marketing (e.g., public relations, payer negotiations)</td>
<td>Case mix adjustment for prospective payment system</td>
</tr>
<tr>
<td>Feedback to other providers (e.g., physicians, discharge planners)</td>
<td>Performance indicator for consumer reporting (planned)</td>
</tr>
<tr>
<td>Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td>
<td>Survey &amp; certification use (planned)</td>
</tr>
<tr>
<td></td>
<td>Program integrity (planned)</td>
</tr>
</tbody>
</table>

Other Applications Under Development
- Homebound status determination
- Medical necessity determination
5. **Item Research, Development, Clinical, and Testing History:**
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - None.

10. **Overall Necessity of Item:**
    - Essential
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain for care monitoring. Consider potential refinement through reliability analyses.

Date Recorded: 02 / 01 / 2002
**Item No.:** M0890  
**Item Name:** Hospital Reason (Emergent/Urgent/Elective)

<table>
<thead>
<tr>
<th>Time Points:</th>
<th>Start or Resumption of Care</th>
<th>Follow-Up</th>
<th>Transfer to Inpatient Facility</th>
<th>Discharge</th>
</tr>
</thead>
</table>

### 1. Precise Wording of Item:

(M0890) If the patient was admitted to an acute care **Hospital**, for what **Reason** was he/she admitted?

- **1** - Hospitalization for emergent (unscheduled) care
- **2** - Hospitalization for urgent (scheduled within 24 hours of admission) care
- **3** - Hospitalization for elective (scheduled more than 24 hours before admission) care
- **UK** - Unknown

### 2. Item Clarification:

Identifies the urgency of the hospital admission.

### 3. Rationale for Item:

Tracking of urgency of hospital admission can be used to screen cases for review of the care that resulted in hospitalization. A planned (elective) hospitalization may indicate a less serious or sudden decline in patient health.

### 4. Item Use/Application:

- **Identifier** (for data management/tracking)
- **Home Health Agency Applications**
  - Assessment
  - Care planning
  - Quality improvement/outcome enhancement
  - Patient mix/origin/discharge disposition monitoring
- **Utilization/cost/resource consumption monitoring**
- **Marketing** (e.g., public relations, payer negotiations)
- **Feedback to other providers** (e.g., physicians, discharge planners)
- **Voluntary accreditation** (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - Outcome measurement for outcome reporting
  - Risk factor measurement for outcome reporting
  - Number of risk adjustment models
  - Adverse event measurement for adverse event report
  - Case mix measurement for case mix profiling
  - Case mix adjustment for prospective payment system
  - Performance indicator for consumer reporting (planned)
  - Survey & certification use (planned)
- **Program integrity (planned)**

**Other Applications Under Development**

- **Homebound status determination**
- **Medical necessity determination**

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### M0890 Hospital Reason (Emergent/Urgent/Elective) (Cont’d)

<table>
<thead>
<tr>
<th><strong>5. Item Research, Development, Clinical, and Testing History:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</td>
</tr>
<tr>
<td>Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</td>
</tr>
<tr>
<td>1995-2000: Demonstration testing in the National and New York State Demonstrations.</td>
</tr>
<tr>
<td>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</td>
</tr>
</tbody>
</table>

| **6. Validity:** |
| ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement |
| ☑ Consensus validity by expert clinical panels for patient assessment and care planning |
| ☐ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement |
| ☐ Convergent/predictive validity: case mix adjustment for payment |
| ☐ Validation by patient assessment and care planning |
| ☑ Validation by outcome enhancement |

| **7. Recent Reliability:** |
| ☐ Substantial |
| ☐ Moderate |
| ☑ Fair/Slight |
| ☑ Reliability not evaluated |

Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

| **8. Perceived or Real Constraints/Limitations:** |
| Critical for agencies to use in evaluating care provision. |

| **9. Additional Comments:** |
| None. |

| **10. Overall Necessity of Item:** |
| ☑ Essential |
| ☑ Highly useful |
| ☐ Useful |
| ☐ Potentially useful |
| ☐ Marginal |

| **11. Recommendation for Retention or Change:** |
| Retain for care monitoring. Consider potential refinement through reliability analyses. |

Date Recorded: 02 / 01 / 2002
1. Precise Wording of Item:

(M0895) Reason for Hospitalization: (Mark all that apply.)

- Improper medication administration, medication side effects, toxicity, anaphylaxis
- Injury caused by fall or accident at home
- Respiratory problems (SOB, infection, obstruction)
- Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- Hypo/Hyperglycemia, diabetes out of control
- GI bleeding, obstruction
- Exacerbation of CHF, fluid overload, heart failure
- Myocardial infarction, stroke
- Chemotherapy
- Scheduled surgical procedure
- Urinary tract infection
- IV catheter-related infection
- Deep vein thrombosis, pulmonary embolus
- Uncontrolled pain
- Psychotic episode
- Other than above reasons

2. Item Clarification:

Identifies the specific condition(s) necessitating hospitalization.

3. Rationale for Item:

Used to track patient health problems, medication errors, etc. resulting in hospitalization; for use in future adverse event or risk-adjusted outcome reports and for process-of-care investigations.

4. Item Use/Application:

- Identifier (for data management/tracking)
- Assessment
- Care planning
- Quality improvement/outcome enhancement
- Patient mix/origin/discharge disposition monitoring
- Utilization/cost/resource consumption monitoring
- Marketing (e.g., public relations, payer negotiations)
- Feedback to other providers (e.g., physicians, discharge planners)
- Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)
- Homebound status determination
- Medical necessity determination
### 5. Item Research, Development, Clinical, and Testing History:
- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
- **1988-1989:** Field testing of outcome measures.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
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- **1995-2000:** Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

### 6. Validity:
- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

### 7. Recent Reliability:
- **Interrater reliability (weighted kappa or percent agreement):**
  - **Study 1:**
  - **Study 2:**
  - **Study 3:**

### 8. Perceived or Real Constraints/Limitations:
- Critical for agencies to use in evaluating care provision. Response options may be too constrained, resulting in large numbers of response 16 (Other).

### 9. Additional Comments:
- None.

### 10. Overall Necessity of Item:
- Essential
- Highly useful
- Useful
- Potentially useful
- Marginal

### 11. Recommendation for Retention or Change:
- Retain for care monitoring. Consider potential refinement through reliability analyses. Explore modifying response options.

**Date Recorded:** 02 / 01 / 2002
**Item Category:** Discharge or Transfer to Inpatient Facility Status

<table>
<thead>
<tr>
<th>Item No.:</th>
<th>Item Name:</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0900</td>
<td>Reason(s) Admitted to Nursing Home</td>
<td>☐ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Follow-Up</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0900) For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? (Mark all that apply.)

- 1 - Therapy services
- 2 - Respite care
- 3 - Hospice care
- 4 - Permanent placement
- 5 - Unsafe for care at home
- 6 - Other
- UK - Unknown

2. **Item Clarification:**

Identifies the reason(s) the patient was admitted to a nursing home.

3. **Rationale for Item:**

Item is required for adverse event report ("Unexpected Nursing Home Admission").

4. **Item Use/Application:**

- **Identifier (for data management/tracking)**
- **Home Health Agency Applications**
  - ☐ Assessment
  - ☐ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - Number of risk adjustment models
  - ☑ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☑ Homebound status determination
  - ☑ Medical necessity determination

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2.216
### M0900 Reason(s) Admitted to Nursing Home (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
- **1988-1989:** Field testing of outcome measures. Item revised.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- ☑️ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☐ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑️ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☑️ Convergent/predictive validity: case mix adjustment for payment
- ☑️ Validation by patient assessment and care planning
- ☑️ Validation by outcome enhancement

#### 7. Recent Reliability: ☐ Substantial ☐ Moderate ☐ Fair/Slight ☑️ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

#### 8. Perceived or Real Constraints/Limitations:
Critical for agency use in evaluating care provision.

#### 9. Additional Comments:
None.

#### 10. Overall Necessity of Item: ☑️ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

#### 11. Recommendation for Retention or Change:
Retain for outcome analysis. Consider potential refinement through reliability analyses.

Date Recorded: 02 / 01 / 2002
**Item Category:** Discharge or Transfer to Inpatient Facility Status

<table>
<thead>
<tr>
<th>Item No.: M0903</th>
<th>Item Name: Date of Last (Most Recent) Home Visit</th>
<th>Time Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Follow-Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

(M0903) Date of Last (Most Recent) Home Visit:

___ / ___ / ___ ___
month day year

2. **Item Clarification:**

Identifies the last or most recent home visit of any agency provider, including skilled providers or home health aides.

3. **Rationale for Item:**

Tracking of discharge timeliness. If discharge date (M0906) or assessment date (M0090) are substantially later than last home visit, the accuracy of the data may be suspect.

4. **Item Use/Application:**

**Home Health Agency Applications**

- [ ] Assessment
- [ ] Care planning
- [ ] Quality improvement/outcome enhancement
- [✓] Patient mix/origin/discharge disposition monitoring
- [ ] Utilization/cost/resource consumption monitoring
- [ ] Marketing (e.g., public relations, payer negotiations)
- [ ] Feedback to other providers (e.g., physicians, discharge planners)
- [ ] Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

**CMS Applications**

- [ ] Outcome measurement for outcome reporting
- [ ] Risk factor measurement for outcome reporting
- [ ] Number of risk adjustment models __________
- [ ] Adverse event measurement for adverse event report
- [ ] Case mix measurement for case mix profiling
- [ ] Case mix adjustment for prospective payment system
- [ ] Performance indicator for consumer reporting (planned)
- [✓] Survey & certification use (planned)
- [✓] Program integrity (planned)

**Other Applications Under Development**

- [ ] Homebound status determination
- [ ] Medical necessity determination

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2.218
5. **Item Research, Development, Clinical, and Testing History:**
   - 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
   - 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

6. **Validity:**
   - Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
   - Consensus validity by expert clinical panels for patient assessment and care planning
   - Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
   - Convergent/predictive validity: case mix adjustment for payment
   - Validation by patient assessment and care planning
   - Validation by outcome enhancement

7. **Recent Reliability:**
   - Substantial
   - Moderate
   - Fair/Slight
   - Reliability not evaluated
   - Interrater reliability (weighted kappa or percent agreement): Study 1 Study 2 Study 3

8. **Perceived or Real Constraints/Limitations:**
   - None.

9. **Additional Comments:**
   - Also required by CMS on claim forms.

10. **Overall Necessity of Item:**
    - **Essential**
    - Highly useful
    - Useful
    - Potentially useful
    - Marginal

11. **Recommendation for Retention or Change:**
    - Retain for data quality monitoring. Consider potential refinement through reliability analyses.

   **Date Recorded:** 02 / 01 / 2002
**OASIS CHRONICLE**  

**Item-Specific Record**

**Item Category:** Discharge or Transfer to Inpatient Facility Status

<table>
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<tr>
<th>Item No.: M0906</th>
<th>Item Name: Discharge/Transfer/Death Date</th>
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<tbody>
<tr>
<td></td>
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<td>☑ Start or Resumption of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Transfer to Inpatient Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Discharge</td>
</tr>
</tbody>
</table>

1. **Precise Wording of Item:**

*(M0906) Discharge/Transfer/Death Date:* Enter the date of the discharge, transfer, or death (at home) of the patient.

___ / ___ / ___ month day year

2. **Item Clarification:**

Identifies the actual date of discharge, transfer, or death (at home).

3. **Rationale for Item:**

Used to calculate length of episode of care; tracks when episode ends for linkage with subsequent utilization of home health or other health services.

4. **Item Use/Application:**

- ☑ Identifier (for data management/tracking)
- **Home Health Agency Applications**
  - ☐ Assessment
  - ☐ Care planning
  - ☑ Quality improvement/outcome enhancement
  - ☑ Patient mix/origin/discharge disposition monitoring
  - ☑ Utilization/cost/resource consumption monitoring
  - ☑ Marketing (e.g., public relations, payer negotiations)
  - ☑ Feedback to other providers (e.g., physicians, discharge planners)
  - ☑ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

- **CMS Applications**
  - ☑ Outcome measurement for outcome reporting
  - ☑ Risk factor measurement for outcome reporting
  - Number of risk adjustment models 41
  - ☑ Adverse event measurement for adverse event report
  - ☑ Case mix measurement for case mix profiling
  - ☑ Case mix adjustment for prospective payment system
  - ☑ Performance indicator for consumer reporting (planned)
  - ☑ Survey & certification use (planned)
  - ☑ Program integrity (planned)

- **Other Applications Under Development**
  - ☐ Homebound status determination
  - ☐ Medical necessity determination

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2.220
### M0906 Discharge/Transfer/Death Date (Cont’d)

#### 5. Item Research, Development, Clinical, and Testing History:
- **1983-1986:** Evaluation research of impact of hospital PPS on home health patient outcomes.
- **1988-1989:** Field testing of outcome measures. Item revised.
- **1988-1990:** Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- **1989-1991:** Feasibility testing of clinical and operational utility of outcome measures and data items.
- **1991-1994:** Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
- **1994-1995:** Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
  - Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
  - No changes recommended to the data item.
- **1995-2000:** Demonstration testing in the National and New York State Demonstrations.
- **1999-2000:** Initial intensive OMB review with subsequent 6-month reviews.

#### 6. Validity:
- ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- ☐ Consensus validity by expert clinical panels for patient assessment and care planning
- ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- ☑ Convergent/predictive validity: case mix adjustment for payment
- ☐ Validation by patient assessment and care planning
- ☑ Validation by outcome enhancement

#### 7. Recent Reliability: ☐ Substantial ☐ Moderate ☐ Fair/Slight ☑ Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): ______ Study 1 ______ Study 2 ______ Study 3

#### 8. Perceived or Real Constraints/Limitations:
None.

#### 9. Additional Comments:
Also required by CMS on claim forms.

#### 10. Overall Necessity of Item: ☑ Essential ☐ Highly useful ☐ Useful ☐ Potentially useful ☐ Marginal

#### 11. Recommendation for Retention or Change:
Retain for outcome and case mix analysis. Consider potential refinement through reliability analyses.

Date Recorded: 02/01/2002
References


Madigan EA, S Tullai-McGuiness, and RH Fortinsky. How to obtain meaningful and reliable results with OASIS data. Presentation at the annual meeting of the National Association for Home Care, Las Vegas, NV, October 2001.

CHAPTER 3
OASIS CHRONICLE SUMMARY

The OASIS Chronicle Summary presents, in a compact tabular form, much of the information contained in the OASIS Chronicle Item-Specific Records. For each OASIS data item, there is one row of attributes corresponding to elements or groups of item characteristics in the OASIS Chronicle in Section B of Chapter 2. Thus, item attributes are divided into sections (or groups of columns), which are defined by the table header rows repeated on each page of the table. The meaning of each attribute, by section, is provided below.

A. READER’S GUIDE TO THE OASIS CHRONICLE SUMMARY

1. Data Collection Time Points (Columns 1 through 4)

These columns indicate the assessment time points at which the OASIS item is collected (as required by Medicare Conditions of Participation). A given item may be collected at one or more of the following time points:

- Start or Resumption of Care: Denoted by an “S” in Column 1
- Follow-Up: Denoted by an “F” in Column 2
- Transfer to Inpatient Facility: Denoted by a “T” in Column 3
- Discharge: Denoted by a “D” in Column 4

2. Item Use/Application (Columns 5 through 23)

These columns denote various potential applications for an OASIS item. Categories include home health agency (HHA) applications, Centers for Medicare & Medicaid Services (CMS) applications, and other applications. Specific applications within each of these three categories are described below:

**HHA Applications (Columns 5 through 13):**

*Identifier (Column 5):* Contains a check mark (✓) if the item is used to identify the home health agency, the patient, or the episode of care for which the OASIS assessment was collected. Parties other than the home health agency (e.g., CMS) also require identifiers to track assessment information.

Other *Home Health Agency Applications (Columns 6 through 13):* These are fully described in the Reader’s Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.
### Assessment (Column 6):
Contains an “X” if the item is used routinely to characterize the patient’s health status or provide other information important for a clinician to consider in determining the care requirements of the patient.

### Care Planning (Column 7):
Contains an “X” if the item is recognized by clinicians as necessary for planning the care to be provided by the home health agency.

### Quality Improvement/Outcome Enhancement (Column 8):
Contains an “X” if the item is used in the computation of at least one outcome measure for the national reporting system or the OBQI demonstration programs, or it is a predictor of patient outcomes and therefore is used in outcome risk adjustment, or it is used by agencies for the process-of-care component of outcome enhancement.

### Patient Mix/Origin/Discharge Disposition Monitoring (Column 9):
Contains an “X” if the item currently is used in the case mix reports available to home health providers using OASIS national repository data, or it has contributed to reports that are used for this purpose, or it assists in monitoring patient origin or discharge disposition by demonstration agencies and others.

### Utilization/Cost/Resource Consumption Monitoring (Column 10):
Contains an “X” if the item is used for case mix adjustment of payment under home health PPS, or it is used by home health agencies either to predict utilization and cost or to stratify patients for monitoring utilization and costs within specific patient groups.

### Marketing (Column 11):
Contains an “X” if the item may be used by home health agencies in the context of information on patient outcomes, utilization patterns, patient mix, discharge disposition, or other characteristics of the agency or patients served in marketing the agency’s services within the community or as part of negotiations with insurers, including managed care organizations.

### Feedback to Other Providers (Column 12):
Contains an “X” if the item may be used in preparing reports for physicians to monitor individual patient progress toward care goals and analyze other aspects of health status. In addition, the item may be used in aggregated agency-level reports for hospital discharge planners when making decisions concerning post-hospital care.

### Voluntary Accreditation (Column 13):
Contains an “X” if the item may be used to satisfy accreditation requirements through data-driven, quality monitoring programs such as JCAHO ORYX or CHAP Benchmarks.

### CMS Applications (Columns 14 through 21):
CMS Applications are fully described in the Reader’s Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

### Outcome Measurement (Column 14):
Contains a check mark (√) if the item contributes to the computation of one or more of the outcome measures that appear in the agency-level outcome reports produced using the national OASIS data repository.
Risk Factor Measurement (# Models) (Column 15): Contains the number of outcome measures for which the OASIS item under consideration is included as (or used in the computation of) a risk factor. The maximum number for this column is 41. If an OASIS item is not included in any risk model, this column is blank.

Adverse Event Measurement (Column 16): Contains a check mark (√) if the item contributes to the computation of one or more adverse event outcome measures that appear in the adverse event outcome reports.

Case Mix Measurement (Column 17): Contains a check mark (√) if the item contributes to the computation of one or more measures that appear in the case mix profile reports that are released to home health providers.

Case Mix Adjustment for PPS (Column 18): Contains a check mark (√) if the item contributes to the grouping of patient episodes to determine case mix adjustment for prospective payment (HHRGs).

Performance Indicator for Consumer Reporting (Column 19): Contains a check mark (√) if the item currently contributes to outcome measures or risk factors in the context of agency-level reporting and has a reasonable likelihood of contributing to consumer reporting.

Survey & Certification Use (Planned) (Column 20): Contains a check mark (√) if there is a high likelihood that the item will contribute to future outcome-oriented survey activities.

Program Integrity (Planned) (Column 21): Contains a check mark (√) if the item is directly related to case mix adjustment of payment, or is one of a variety of items that may corroborate or contradict payment-related items, as well as items related to homebound status, medical necessity, and other eligibility issues.

Other Applications (Columns 22 and 23): Other applications for OASIS items are fully described in the Reader’s Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Homebound Status Determination (Column 22): Contains an “X” if the item is included in an algorithm for objectively verifying homebound status developed under a study sponsored by the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Medical Necessity Determination (Column 23): Contains an “X” if the item is included in an algorithm for evaluating medical necessity of home health services developed under a study sponsored by DHHS/ASPE.

3. Item Validity (Columns 24 through 29)

These columns indicate the types of validity that have been demonstrated for an OASIS item. The types of validity are fully described in the Reader’s Guide to the
Consensus-Outcome/Risk Factor Measurement (Column 24): Contains a check mark (√) if the item was reviewed by panels of researchers and clinicians and was recommended for the purposes of measuring patient outcomes relevant to home health care provision and quality measurement, or for risk adjustment of outcome analyses.

Consensus-Assessment/Care Planning (Column 25): Contains a check mark (√) if the item was reviewed by a panel of clinical experts and was recommended for inclusion in a core set of data items for patient assessment and care planning.

Convergent/Predictive-Outcome/Risk Factor (Column 26): Contains a check mark (√) if the item has been tested empirically for use in conjunction with outcome measures or risk factors predictive of patient outcomes and, by virtue of such testing, has been found to be related to other indicators of health status and patient outcomes in a statistically significant and clinically meaningful way.

Convergent/Predictive-Case Mix Adjustment/PPS (Column 27): Contains a check mark (√) if the item has been tested and is now used in the grouping algorithm that, in part, determines the per-episode payment to home health agencies for care provided under the Medicare home health benefit.

By Patient Assessment and Care Planning (Column 28): Contains a check mark (√) if the item has been used by clinicians for patient assessment and care planning in several hundred home health agencies for a number of years, and has been reported by practicing clinicians to be effective and useful for these purposes.

By Outcome Enhancement (Column 29): Contains a check mark (√) if home health agencies have used the item (among others) for outcome analyses, process-of-care investigations, or ongoing monitoring for quality improvement -- with demonstrated success in improving patient outcomes.

4. Developmental History/Reliability/Necessity (Columns 30 through 34)

These columns provide information about the research and developmental history, reliability, and necessity of an OASIS item. Since several attributes use special characters or icons to denote item characteristics, a key to these columns appears at the top of each page of the table. Information on each attribute is provided below.

Research/Developmental Depth (Column 30): Denotes the depth and intensity of research and developmental activities that an OASIS item has undergone since its inception. Possible values for this category include: ① = Extensive, ② = Considerable, ③ = Substantial, and ④ = Moderate. OASIS items marked as ① (Extensive) have undergone a rigorous development process that includes thorough scientific study (i.e., literature review, reliability studies, clinical panel review, validity testing, etc.). Items marked as ② (Considerable) have undergone a slightly

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less thorough developmental process (either in terms of duration of time or technical depth), which nonetheless was characterized by considerable rigor. Those marked as ③ (Substantial) have undergone a somewhat less comprehensive developmental process than those characterized as considerable (again, in terms of duration of time or technical depth); however, the process was characterized by substantial rigor. Items marked as ④ (Moderate) have undergone less extensive scientific study. While most of the items in the “Moderate” category have undergone sufficient testing to be validly used in OASIS, further development and refinement would typically be expected. Some need refinement, however, before they are used extensively for certain types of applications.

Year First Used (Column 31): Indicates the year in which the OASIS item was used by home health agencies in either a research project, demonstration project, or in national implementation.

Recent Reliability (Column 32): Denotes the level of interrater reliability attained by the OASIS item in scientific testing (as measured by weighted kappa or percent agreement). Possible reliability classifications include: ◆ = Substantial, ○ = Moderate, □ = Fair/Slight, and - = Not Tested. Refer to the Reader’s Guide to the OASIS Chronicle (Chapter 2 of this volume) for the rating scheme used to determine the reliability classification for individual items.

Overall Necessity (Column 33): This rating is a synthesis of the overall utility of the item for several purposes. It takes into account predominantly information summarized in the columns reflecting the level of contribution of an item to applications used by home health agencies, CMS, and other organizations. Necessity is rated according to the following five-level scale: ① = Essential, ② = Highly Useful, ③ = Useful, ④ = Potentially Useful, and ⑤ = Marginal.

Recommendation for Retention or Change (Column 34, continued in Column 1 of attachment to the table): The recommendation is based on a combination of all the attributes for the item. Retention is generally recommended for items rated as essential or highly useful, but items with questionable reliability or validity are indicated as needing further improvement. Deletion is recommended for items that appear to have no current or planned use or for which the burden of data collection exceeds the benefit derived from the information provided. The summary table contains both brief recommendations on the primary portion of the table and detailed recommendations (identical to those in the Item-Specific Records) on a continuation of the table. The continuation of the table is printed in a larger font size to enhance the readability of the detailed recommendations.

B. OASIS CHRONICLE: SUMMARY OF ITEM ATTRIBUTES

The following pages contain the OASIS Chronicle Summary. Information on each OASIS item is presented in accord with the definitions and descriptions provided in the preceding section (Section A).
**OASIS CHRONICLE**  
Summary of Item Attributes  

### Key to Developmental History/Reliability/Necessity Columns:

- **Research/Developmental Depth:**
  - Extensive = ①
  - Considerable = ②
  - Moderate = ③
  - Substantial = ④
  - Fair/Slight = ⑤
  - Not Tested = ⑥

- **Reliability:**
  - Substantial = ●
  - Moderate = ○
  - Fair/Slight = □

- **Overall Necessity:**
  - Essential = ①
  - Highly Useful = ②
  - Useful = ③
  - Potentially Useful = ④
  - Marginal = ⑤
  - Not Tested = ⑥

### Data Collect. Time Points:

- Start of Admission/Resumption of Care (S)
- Follow-Up (F)
- Transfer to Inpatient Facility (T)
- Discharge (D)

### Clinical Record Items

<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>HHA Applications (✓’s)</th>
<th>CMS Applications (✓’s)</th>
<th>Other</th>
<th>Validity (✓’s)</th>
<th>Developmental History/Reliability/Necessity</th>
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<tr>
<td>M0010 Agency Medicare Provider Number</td>
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<td></td>
<td>① 1995 - ④ Evaluate potential redundancy</td>
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<td>① 1998 - ④ Evaluate potential redundancy</td>
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<td>M0014 Branch State (Optional)</td>
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<td>① 1998 - ④ Evaluate potential redundancy</td>
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<td>M0016 Branch ID Number (Optional)</td>
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<td>② 1991 - Retain-Essential identifier</td>
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<td></td>
<td>② 1996 - Retain-Essential data element</td>
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<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<td>X X X X</td>
<td>41 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<td>M0060 Patient ZIP Code</td>
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<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>① 1995 - Evaluate potential redundancy</td>
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<td>① 1998 - Evaluate potential redundancy</td>
</tr>
</tbody>
</table>

**Form No. OC.SUM:1-02.02**

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### Detailed Recommendation for Retention or Change

**Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record. Coordinate future changes with development of universal provider identifier. Clarify that this item is not required on clinical forms but should be included in the electronic record for identification/matching purposes.**

**Retain this identifier even if other identifiers are omitted.**

**Retain. Essential data element.**

**Retain. Essential data element for outcome monitoring and useful as a cross-check for payment purposes.**

<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>Detailed Recommendation for Retention or Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M0010</strong> Agency Medicare Provider Number</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record. Coordinate future changes with development of universal provider identifier. Clarify that this item is not required on clinical forms but should be included in the electronic record for identification/matching purposes.</td>
</tr>
<tr>
<td><strong>M0012</strong> Agency Medicaid Provider Number</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0014</strong> Branch State (Optional)</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0016</strong> Branch ID Number (Optional)</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0020</strong> Patient ID Number</td>
<td>Retain this identifier even if other identifiers are omitted.</td>
</tr>
<tr>
<td><strong>M0030</strong> Start of Care Date</td>
<td>Retain. Essential data element.</td>
</tr>
<tr>
<td><strong>M0032</strong> Resumption of Care Date</td>
<td>Retain. Essential data element for outcome monitoring and useful as a cross-check for payment purposes.</td>
</tr>
<tr>
<td><strong>M0040</strong> Patient Name</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0050</strong> Patient State of Residence</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0060</strong> Patient ZIP Code</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0063</strong> Medicare Number</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0064</strong> Social Security Number</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0065</strong> Medicaid Number</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
<tr>
<td><strong>M0066</strong> Birth Date</td>
<td>Retain. Essential risk factor and important adjunct for matching.</td>
</tr>
<tr>
<td><strong>M0069</strong> Gender</td>
<td>Retain. Essential risk factor and important adjunct for matching.</td>
</tr>
<tr>
<td><strong>M0072</strong> Primary Referring Physician ID (UPIN)</td>
<td>Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.</td>
</tr>
</tbody>
</table>
### Item Number and Name

#### Clinical Record Items (Cont'd)

<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>HHA Applications (✓’s)</th>
<th>CMS Applications (✓’s)</th>
<th>Other</th>
<th>Validity (✓’s)</th>
<th>Developmental History/Reliability/Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M0080</strong> Discipline of Person Completing Assessment</td>
<td>S F T D × × ×</td>
<td></td>
<td></td>
<td></td>
<td>2 1991 - 1 Retain</td>
</tr>
<tr>
<td><strong>M0090</strong> Date Assessment Completed</td>
<td>S F T D ✓ × × × x x x x x x</td>
<td>24</td>
<td>✓ ✓ ✓ ✓</td>
<td>2 1991 - 1 Retain-Essential for tracking</td>
<td></td>
</tr>
<tr>
<td><strong>M0100</strong> Reason for Assessment</td>
<td>S F T D ✓ × × × x x x x</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>2 1991 - 1 Retain-Evaluate refinements</td>
<td></td>
</tr>
</tbody>
</table>

#### Demographics and Patient History

<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>HHA Applications (✓’s)</th>
<th>CMS Applications (✓’s)</th>
<th>Other</th>
<th>Validity (✓’s)</th>
<th>Developmental History/Reliability/Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M0140</strong>Race/Ethnicity</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td>① 1988 - ① Retain-Assess further utility</td>
</tr>
<tr>
<td><strong>M0150</strong>Current Payment Sources for Home Care</td>
<td>S F T D × x x x X x x x</td>
<td>23</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ X x ✓ ✓ ✓</td>
<td>① 1989 - ① Retain-Consider refining opts.</td>
</tr>
<tr>
<td><strong>M0160</strong>Financial Factors</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td>① 1995 - ⑤ Delete</td>
</tr>
<tr>
<td><strong>M0175</strong>Inpatient Facility Discharge During the Past 14 Days</td>
<td>S F</td>
<td></td>
<td></td>
<td></td>
<td>① 1988 - ① Retain-Essential item for both payment and outcome analysis</td>
</tr>
<tr>
<td><strong>M0180</strong>Inpatient Discharge Date</td>
<td>S ✓</td>
<td></td>
<td></td>
<td></td>
<td>2 1989 - 2 Retain</td>
</tr>
<tr>
<td><strong>M0190</strong>Inpatient Diagnoses</td>
<td>S ✓</td>
<td></td>
<td></td>
<td></td>
<td>① 1988 - ① Retain-Essential risk factor</td>
</tr>
<tr>
<td><strong>M0200</strong>Medical or Treatment Regimen Change Within Past 14 Days</td>
<td>S F D</td>
<td></td>
<td></td>
<td></td>
<td>① 1989 - ① Retain-Consider refining instructions</td>
</tr>
<tr>
<td><strong>M0210</strong>Medical Regimen Change Diagnoses</td>
<td>S F D</td>
<td></td>
<td></td>
<td></td>
<td>① 1989 - ① Retain-Essential risk factor</td>
</tr>
<tr>
<td><strong>M0220</strong>Conditions Prior to Hospitalization/Regimen Change</td>
<td>S F D</td>
<td></td>
<td></td>
<td></td>
<td>① 1991 - ① Retain-Explore refinement to enhance reliability</td>
</tr>
<tr>
<td><strong>M0230</strong>Diagnoses and Severity Index</td>
<td>S F</td>
<td></td>
<td></td>
<td></td>
<td>① 1983 - ① Retain-Continue to explore modification of instructions</td>
</tr>
</tbody>
</table>

**Key to Developmental History/Reliability/Necessity Columns:**

- **Research/Developmental Depth**
  - Extensive (①)
  - Substantial (②)
  - Considerable (③)
  - Moderate (④)
  - Not Tested (⑤)

- **Reliability**
  - Substantial (●)
  - Fair/Slight (○)
  - Moderate (□)

- **Overall Necessity**
  - Essential (①)
  - Highly Useful (②)
  - Useful (③)
  - Potentially Useful (④)
  - Marginal (⑤)
  - Not Tested (●)

**Recommendation for Retention of Change (for more information):**

- Retain
- Retain-Essential for tracking
- Retain-Evaluate refinements
- Retain-Assess further utility
- Retain-Consider refining options
- Retain-Continue to explore modification of instructions
- Retain-Essential item for both payment and outcome analysis
- Retain-Explore refinement to enhance reliability
- Retain-Consider refining instructions

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Form No. OC.SUM:1-02.02

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<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>Detailed Recommendation for Retention or Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Record Items (Cont’d)</strong></td>
<td></td>
</tr>
<tr>
<td>M0080 Discipline of Person Completing Assessment</td>
<td>Retain for monitoring data quality patterns.</td>
</tr>
<tr>
<td>M0090 Date Assessment Completed</td>
<td>Retain. Essential for tracking timeliness of assessments and determining current length of stay for tracking patient progress.</td>
</tr>
<tr>
<td>M0100 Reason for Assessment</td>
<td>Retain. Evaluate potential refinements to improve tracking of assessments in future versions of OASIS.</td>
</tr>
<tr>
<td>M0140 Race/Ethnicity</td>
<td>Retain this item due to its importance for assessment and care planning, and assess utility for other applications.</td>
</tr>
<tr>
<td>M0150 Current Payment Sources for Home Care</td>
<td>Retain, and consider refining specific response options.</td>
</tr>
<tr>
<td>M0160 Financial Factors</td>
<td>Delete item from OASIS. However, some information regarding financial status is essential to assessment and care planning.</td>
</tr>
<tr>
<td>M0175 Inpatient Facility Discharge During the Past 14 Days</td>
<td>Essential item for both payment and outcome analysis. Retain and continue to evaluate options for improving data accuracy.</td>
</tr>
<tr>
<td>M0180 Inpatient Discharge Date</td>
<td>Retain.</td>
</tr>
<tr>
<td>M0190 Inpatient Diagnoses</td>
<td>Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.</td>
</tr>
<tr>
<td>M0200 Medical or Treatment Regimen Change Within Past 14 Days</td>
<td>Retain. Consider refining instructions to enhance understandability.</td>
</tr>
<tr>
<td>M0210 Medical Regimen Change Diagnoses</td>
<td>Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.</td>
</tr>
<tr>
<td>M0220 Conditions Prior to Hospitalization/Regimen Change</td>
<td>Retain. Explore refinement to enhance reliability.</td>
</tr>
<tr>
<td>M0230/ M0240 Diagnoses and Severity Index</td>
<td>Retain. Continue to explore modification of instructions for clarity and compliance with coding standards. Investigate options to minimize duplication with other required forms (e.g., 485, claims).</td>
</tr>
</tbody>
</table>
### Demographics and Patient History (Cont'd)

<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>Data Collect.</th>
<th>ITEM USE/APPLICATION</th>
<th>Developmental History/Reliability/Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics and Patient History</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M0250 Therapies (IV/Infusion/Nutrition)</td>
<td>S F D</td>
<td>HHA Applications</td>
<td>Developmental History/Reliability/Necessity</td>
</tr>
<tr>
<td>M0260 Overall Prognosis</td>
<td>S</td>
<td>CMS Applications</td>
<td></td>
</tr>
<tr>
<td>M0270 Rehabilitative Prognosis</td>
<td>S</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0280 Life Expectancy</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0290 High Risk Factors</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Living Arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M0300 Current Residence</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0310 Structural Barriers</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0320 Safety Hazards</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0330 Sanitation Hazards</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0340 Living Situation</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Supportive Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M0350 Assisting Person(s) Other Than Home Care Agency Staff</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0360 Primary Caregiver</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0370 Frequency of Primary Caregiver Assistance</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>M0380 Type of Primary Caregiver Assistance</td>
<td>S F D</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
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### Detailed Recommendation for Retention or Change

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<tbody>
<tr>
<td><strong>Demographics and Patient History (Cont'd)</strong></td>
<td></td>
</tr>
<tr>
<td>M0250 Therapies (IV/Infusion/Nutrition)</td>
<td>Retain.  It may be appropriate to explore whether an item modification to distinguish subcutaneous infusion would improve risk adjustment.</td>
</tr>
<tr>
<td>M0260 Overall Prognosis</td>
<td>Retain. Explore option of using the same response categories for the 485 item.</td>
</tr>
<tr>
<td>M0270 Rehabilitative Prognosis</td>
<td>Retain. Explore option of using the same response categories for the 485 item.</td>
</tr>
<tr>
<td>M0280 Life Expectancy</td>
<td>Retain. Consider exploring alternative definitions.</td>
</tr>
<tr>
<td>M0290 High Risk Factors</td>
<td>Retain. Explore ways to enhance accuracy/reliability of response pertaining to obesity.</td>
</tr>
<tr>
<td><strong>Living Arrangements</strong></td>
<td></td>
</tr>
<tr>
<td>M0300 Current Residence</td>
<td>Retain for risk adjustment and care planning.</td>
</tr>
<tr>
<td>M0310 Structural Barriers</td>
<td>Refine. Reliability and performance as a risk factor could be improved by refinements. May be useful to support homebound status and medical necessity.</td>
</tr>
<tr>
<td>M0320 Safety Hazards</td>
<td>Retain. Item may need redesign to improve reliability and performance as a risk factor. May be useful for assessing medical necessity.</td>
</tr>
<tr>
<td>M0330 Sanitation Hazards</td>
<td>Retain. Item may need redesign to improve performance as a risk factor. May be useful for assessing medical necessity.</td>
</tr>
<tr>
<td>M0340 Living Situation</td>
<td>Retain for risk adjustment and care planning.</td>
</tr>
<tr>
<td><strong>Supportive Assistance</strong></td>
<td></td>
</tr>
<tr>
<td>M0350 Assisting Person(s) Other Than Home Care Agency Staff</td>
<td>Retain for risk adjustment and care planning.</td>
</tr>
<tr>
<td>M0360 Primary Caregiver</td>
<td>Retain.</td>
</tr>
<tr>
<td>M0370 Frequency of Primary Caregiver Assistance</td>
<td>Retain. Explore revisions to improve reliability.</td>
</tr>
<tr>
<td>M0380 Type of Primary Caregiver Assistance</td>
<td>Retain. Explore revisions to improve reliability.</td>
</tr>
</tbody>
</table>
### Sensory Status

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Name</th>
<th>Start or Resumption of Care (S)</th>
<th>Follow-Up (F)</th>
<th>Transfer to Inpatient Facility (T)</th>
<th>Discharge (D)</th>
<th>Data Collect. Time Points</th>
<th>ITEM USE/APPLICATION</th>
<th>Item Validity (✓’s)</th>
<th>Developmental History/Reliability/Necessity</th>
<th>Year First Used</th>
<th>Recent Reliability</th>
<th>Recommendation for Retention or Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0390</td>
<td>Vision</td>
<td>S</td>
<td>F</td>
<td>X X X X X X X X X X</td>
<td></td>
<td></td>
<td>HHA Applications (✓’s)</td>
<td>17</td>
<td></td>
<td>1983</td>
<td>←</td>
<td>Retain</td>
</tr>
<tr>
<td>M0400</td>
<td>Hearing and Ability to Understand Spoken Language</td>
<td>S</td>
<td></td>
<td>X X X X X X X X X X</td>
<td></td>
<td></td>
<td>CMS Applications (✓’s)</td>
<td></td>
<td></td>
<td>1983</td>
<td>←</td>
<td>Retain-Explore simplification options</td>
</tr>
<tr>
<td>M0410</td>
<td>Speech and Oral (Verbal) Expression of Language</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1995</td>
<td>←</td>
<td>Retain</td>
</tr>
<tr>
<td>M0420</td>
<td>Frequency of Pain Interfering With Activity</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1988</td>
<td>←</td>
<td>Retain-Evaluate alternative pain items</td>
</tr>
<tr>
<td>M0430</td>
<td>Intractable Pain</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1988</td>
<td>←</td>
<td>Retain-Continue to refine</td>
</tr>
</tbody>
</table>

### Integumentary Status

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Name</th>
<th>Start or Resumption of Care (S)</th>
<th>Follow-Up (F)</th>
<th>Transfer to Inpatient Facility (T)</th>
<th>Discharge (D)</th>
<th>Data Collect. Time Points</th>
<th>ITEM USE/APPLICATION</th>
<th>Item Validity (✓’s)</th>
<th>Developmental History/Reliability/Necessity</th>
<th>Year First Used</th>
<th>Recent Reliability</th>
<th>Recommendation for Retention or Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0440</td>
<td>Skin Lesion or Open Wound</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1988</td>
<td>←</td>
<td>Retain-Explore additional item</td>
</tr>
<tr>
<td>M0445</td>
<td>Pressure Ulcer Presence</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1997</td>
<td>←</td>
<td>Retain</td>
</tr>
<tr>
<td>M0450</td>
<td>Current Number of Pressure Ulcers at Each Stage</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1983</td>
<td>←</td>
<td>Retain</td>
</tr>
<tr>
<td>M0460</td>
<td>Stage of Most Problematic (Observable) Pressure Ulcer</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1991</td>
<td>←</td>
<td>Retain-Explore clarification of instructions</td>
</tr>
<tr>
<td>M0464</td>
<td>Status of Most Problematic (Observable) Pressure Ulcer</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1983</td>
<td>←</td>
<td>Retain-Add new response option</td>
</tr>
<tr>
<td>M0468</td>
<td>Stasis Ulcer Presence</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
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<td>Other</td>
<td></td>
<td></td>
<td>1997</td>
<td>←</td>
<td>Retain</td>
</tr>
<tr>
<td>M0470</td>
<td>Current Number of Observable Stasis Ulcer(s)</td>
<td>S</td>
<td>F</td>
<td>D</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>1988</td>
<td>←</td>
<td>Retain</td>
</tr>
</tbody>
</table>
### Summary of Item Attributes (Cont'd)

**Detailed Recommendation for Retention or Change**

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<tbody>
<tr>
<td><strong>Sensory Status</strong></td>
<td></td>
</tr>
<tr>
<td>M0390 Vision</td>
<td>Retain for care planning, risk adjustment, and payment adjustment.</td>
</tr>
<tr>
<td>M0400 Hearing and Ability to Understand Spoken Language</td>
<td>Retain. Explore simplification options.</td>
</tr>
<tr>
<td>M0410 Speech and Oral (Verbal) Expression of Language</td>
<td>Retain. Essential for outcome measurement and risk adjustment.</td>
</tr>
<tr>
<td>M0420 Frequency of Pain Interfering With Activity</td>
<td>Retain. Continue to evaluate alternative pain items.</td>
</tr>
<tr>
<td>M0430 Intractable Pain</td>
<td>Retain. Continue to refine.</td>
</tr>
<tr>
<td><strong>Integumentary Status</strong></td>
<td></td>
</tr>
<tr>
<td>M0440 Skin Lesion or Open Wound</td>
<td>Retain. Explore the option of one item for any skin lesion and a second item for open wounds or add an option that asks if the lesion/wound will be included in the plan of care.</td>
</tr>
<tr>
<td>M0445 Pressure Ulcer Presence</td>
<td>Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)</td>
</tr>
<tr>
<td>M0450 Current Number of Pressure Ulcers at Each Stage</td>
<td>Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)</td>
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<tr>
<td>M0460 Stage of Most Problematic (Observable) Pressure Ulcer</td>
<td>Retain. Explore clarification of instructions regarding identification of &quot;most problematic&quot; ulcer. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)</td>
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<tr>
<td>M0464 Status of Most Problematic (Observable) Pressure Ulcer</td>
<td>Retain. Explore clarification of instructions regarding identification of &quot;most problematic&quot; ulcer. Concentrate on referring agencies and clinicians to pressure ulcer experts, national clinical practice guidelines, and WOCN to enhance assessment consistency. Add a new response (0 - Re-epithelialized) when National Pressure Ulcer Advisory Panel determines appropriate.</td>
</tr>
<tr>
<td>M0468 Stasis Ulcer Presence</td>
<td>Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.</td>
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<tr>
<td>M0470 Current Number of Observable Stasis Ulcer(s)</td>
<td>Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.</td>
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### Integumentary Status (Cont'd)

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<tr>
<th>Item Number and Name</th>
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<th>ITEM USE/APPLICATION</th>
<th>Item Validity</th>
<th>Developmental History/Reliability/Necessity</th>
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<th>Detailed Recommendation for Retention or Change</th>
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<tr>
<td>M0474 Stasis Ulcer that Cannot be Observed</td>
<td>Retain.</td>
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<tr>
<td>M0476 Status of Most Problematic (Observable) Stasis Ulcer</td>
<td>Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed. Explore clarification of instructions regarding identification of most problematic ulcer. Refer agencies and clinicians to WOCN to enhance assessment consistency.</td>
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<tr>
<td>M0482 Surgical Wound Presence</td>
<td>Retain.</td>
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<td>M0484 Current Number of (Observable) Surgical Wounds</td>
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<tr>
<td>M0488 Status of Most Problematic (Observable) Surgical Wound</td>
<td>Retain. Refer agencies and clinicians to WOCN to enhance assessment consistency. Explore clarification of instructions regarding identification of &quot;most problematic&quot; wound.</td>
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### Respiratory Status

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<td>M0490 Shortness of Breath</td>
<td>Retain. Continue to promote observation assessment strategies by clinicians.</td>
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<td>M0500 Respiratory Treatments</td>
<td>Retain.</td>
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### Elimination Status

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<td>M0520 Urinary Incontinence or Urinary Catheter Presence</td>
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<td>M0530 When Urinary Incontinence Occurs</td>
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<td>M0540 Bowel Incontinence Frequency</td>
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### Neuro/Emotional/Behavioral Status

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<td>CMS Applications ((\checkmark)'s)</td>
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### Activities of Daily Living (Functional Status)

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**Key to Developmental History/Reliability/Necessity Columns:**
- Extensive (1) = Essential
- Substantial (2) = Potentially Useful
- Considerable (3) = Highly Useful
- Moderate (4) = Useful
- Substantial (5) = Marginally Useful
- Moderate (6) = Fair/Slight
- Substantial (7) = Not Tested

**Key to Data Collect. Time Points:**
- Start or Resumption of Care (S)
- Follow-Up (F)
- Transfer to Inpatient Facility (T)
- Discharge (D)

**Key to Data Collect. Time Points:**
- Research/Developmental Depth
- Reliability
- Overall Necessity
- Year First Used
- Retest Reliability
- Recommendation for Retest Use (more information)

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<tr>
<td>M0630 Psychiatric Nursing Services</td>
<td>Retain. While psychiatric nursing services are infrequent, the acute patient need for care is an important comorbidity. Consider expanding definition of psychiatric problems using diagnosis codes.</td>
</tr>
<tr>
<td><strong>Activities of Daily Living (Functional Status)</strong></td>
<td></td>
</tr>
<tr>
<td>M0640 Grooming</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
</tr>
<tr>
<td>M0650 Dressing Upper Body</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
</tr>
<tr>
<td>M0660 Dressing Lower Body</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
</tr>
<tr>
<td>M0670 Bathing</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
</tr>
<tr>
<td>M0680 Toileting</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
</tr>
</tbody>
</table>
### Activities of Daily Living (Functional Status) (Cont’d)

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Name</th>
<th>Research/Developmental Depth</th>
<th>Reliability</th>
<th>Overall Necessity</th>
<th>Validity</th>
<th>Recommendation for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0690</td>
<td>Transferring</td>
<td>Extensive</td>
<td>Substantial</td>
<td>Essential</td>
<td>Retain</td>
<td>Explore chg. in &quot;prior&quot;</td>
</tr>
<tr>
<td>M0700</td>
<td>Ambulation/Locomotion</td>
<td>Extensive</td>
<td>Substantial</td>
<td>Essential</td>
<td>Retain</td>
<td>Explore chg. in &quot;prior&quot;</td>
</tr>
<tr>
<td>M0710</td>
<td>Feeding or Eating</td>
<td>Substantial</td>
<td>Substantial</td>
<td>Essential</td>
<td>Retain</td>
<td>Explore chg. in &quot;prior&quot;</td>
</tr>
</tbody>
</table>

### Instrumental Activities of Daily Living (Functional Status)

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Name</th>
<th>Research/Developmental Depth</th>
<th>Reliability</th>
<th>Overall Necessity</th>
<th>Validity</th>
<th>Recommendation for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0720</td>
<td>Planning and Preparing Light Meals</td>
<td>Substantial</td>
<td>Substantial</td>
<td>Essential</td>
<td>Retain</td>
<td>Explore chg. in &quot;prior&quot;</td>
</tr>
<tr>
<td>M0730</td>
<td>Transportation</td>
<td>Considerable</td>
<td>Moderate</td>
<td>Highly Useful</td>
<td>Explore chg. in &quot;prior&quot;</td>
<td></td>
</tr>
<tr>
<td>M0740</td>
<td>Laundry</td>
<td>Not Tested</td>
<td>Fair/Slight</td>
<td>Marginal</td>
<td>Not Tested</td>
<td></td>
</tr>
<tr>
<td>M0750</td>
<td>Housekeeping</td>
<td>Potentially Useful</td>
<td>Potentially Useful</td>
<td>Not Tested</td>
<td>Not Tested</td>
<td></td>
</tr>
<tr>
<td>M0760</td>
<td>Shopping</td>
<td>Substantial</td>
<td>Moderate</td>
<td>Potentially Useful</td>
<td>Explore chg. in &quot;prior&quot;</td>
<td></td>
</tr>
<tr>
<td>M0770</td>
<td>Ability to Use Telephone</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Potentially Useful</td>
<td>Explore chg. in &quot;prior&quot;</td>
<td></td>
</tr>
</tbody>
</table>

### Management of Medications

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Name</th>
<th>Research/Developmental Depth</th>
<th>Reliability</th>
<th>Overall Necessity</th>
<th>Validity</th>
<th>Recommendation for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0780</td>
<td>Management of Oral Medications</td>
<td>Extensive</td>
<td>Substantial</td>
<td>Essential</td>
<td>Retain</td>
<td>Explore chg. in &quot;prior&quot;</td>
</tr>
<tr>
<td>M0790</td>
<td>Management of Inhalant/Mist Medications</td>
<td>Considerable</td>
<td>Moderate</td>
<td>Potentially Useful</td>
<td>Explore chg. in &quot;prior&quot;</td>
<td></td>
</tr>
<tr>
<td>M0800</td>
<td>Management of Injectable Medications</td>
<td>Substantial</td>
<td>Potentially Useful</td>
<td>Potentially Useful</td>
<td>Explore chg. in &quot;prior&quot;</td>
<td></td>
</tr>
<tr>
<td>Item Number and Name</td>
<td>Detailed Recommendation for Retention or Change</td>
<td></td>
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<tr>
<td><strong>Activities of Daily Living (Functional Status) (Cont'd)</strong></td>
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</tr>
<tr>
<td>M0690 Transferring</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability. Explore clarification of example transferring tasks.</td>
<td></td>
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<tr>
<td>M0700 Ambulation/Locomotion</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td>M0710 Feeding or Eating</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td><strong>Instrumental Activities of Daily Living (Functional Status)</strong></td>
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<tr>
<td>M0720 Planning and Preparing Light Meals</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td>M0730 Transportation</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td>M0740 Laundry</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td>M0750 Housekeeping</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td>M0760 Shopping</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td>M0770 Ability to Use Telephone</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</td>
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<tr>
<td><strong>Management of Medications</strong></td>
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</tr>
<tr>
<td>M0780 Management of Oral Medications</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.</td>
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<tr>
<td>M0790 Management of Inhalant/Mist Medications</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.</td>
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<tr>
<td>M0800 Management of Injectable Medications</td>
<td>Retain both current and prior status for this item. Explore replacing the &quot;prior&quot; status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.</td>
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</tbody>
</table>
### Key to Developmental History/Reliability/Necessity Columns:

- **Research/Developmental Depth**
  - 1 = Extensive
  - 2 = Considerable
  - 3 = Moderate
  - 4 = Not Tested

- **Reliability**
  - 0 = Substantial
  - 1 = Considerable
  - 2 = Moderate
  - 3 = Not Tested

- **Overall Necessity**
  - 0 = Essential
  - 1 = Highly Useful
  - 2 = Useful
  - 3 = Potentially Useful

---

#### OASIS CHRONICLE

**Summary of Item Attributes (Cont'd)**


<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>Equipment Management</th>
<th>Therapy Need</th>
<th>Emergent Care Utilization</th>
<th>Discharge or Transfer to Inpatient Facility Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0810</td>
<td></td>
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<td></td>
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<tr>
<td>M0820</td>
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<td>M0825</td>
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<td>M0830</td>
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Form No. OC.SUM:1-02.02 ©2002 Center for Health Services Research, UCHSC, Denver, CO 3.20
## Detailed Recommendation for Retention or Change

<table>
<thead>
<tr>
<th>Item Number and Name</th>
<th>Equipment Management</th>
<th>Therapy Need</th>
<th>Emergent Care Utilization</th>
<th>Discharge or Transfer to Inpatient Facility</th>
<th>Status</th>
<th>Date of Last (Most Recent) Home Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0810</td>
<td>Patient Management of Equipment</td>
<td>M0825 Therapy Need</td>
<td>M0830 Emergent Care</td>
<td>M0840 Emergent Care Reason</td>
<td>M0855 Inpatient Facility Admission</td>
<td>M0870 Discharge Disposition</td>
</tr>
<tr>
<td>M0820</td>
<td>Caregiver Management of Equipment</td>
<td>M0835 Emergent Care Need</td>
<td>M0850 Emergent Care Reason</td>
<td>M0880 Services of Assistance Received After Discharge</td>
<td>M0850 Inpatient Facility Admission</td>
<td>M0880 Services of Assistance Received After Discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M0845 Inpatient Admission</td>
<td>M0860 Hospital Reason (Emergency/Urgent/Elective)</td>
<td>M0890 Date of Last (Most Recent) Home Visit</td>
<td>M0860 Hospital Reason (Emergency/Urgent/Elective)</td>
<td>M0890 Date of Last (Most Recent) Home Visit</td>
</tr>
<tr>
<td></td>
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<td>M0875 Discharge Disposition</td>
<td>M0895 Reason for Hospitalization</td>
<td>M0903 Date of Last (Most Recent) Home Visit</td>
<td>M0895 Reason for Hospitalization</td>
<td>M0903 Date of Last (Most Recent) Home Visit</td>
</tr>
</tbody>
</table>

3.21 OASIS CHRONICLE 02/01/02

Summary of Item Attributes (Cont’d)


- **Retain.** Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).
- **Retain.** Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).
- **Retain.** Explore ways to more effectively instruct agencies and clinicians on correct interpretation of item.
- **Retain for payment adjustment.** Explore ways to more effectively instruct agencies and clinicians on correct interpretation of item.
- **Retain for outcome reporting.** This item is essential for outcome and adverse event measurement. Consider potential refinement through reliability analyses.
- **Retain for outcome reporting.** This item is essential for adverse event outcome measurement. Consider potential refinement through reliability analyses.
- **Retain for outcome reporting.** This item is essential for adverse event outcome measurement. Consider potential refinement through reliability analyses.
- **Retain.** This item is essential for outcome and adverse event measurement. Consider potential refinement through reliability analyses.
- **Retain for outcome analysis.** Consider potential refinement through reliability analyses.
- **Retain for data quality monitoring.** Consider potential refinement through reliability analyses.
- **Retain for outcome and case mix analysis.** Consider potential refinement through reliability analyses.
- **Explore modifying response options.**