

OASIS-C2

FIELD GUIDE TO
DATA COLLECTION

Fazzi

BE INVINCIBLE

***Outcome and Assessment
Information Set
OASIS-C2
Guidance Manual
Effective January 1, 2018***

OASIS-C2 Guidance Manual: Effective January 1, 2018

Q&A from November 2016 Categories 1 through 4A are placed prior to Chapter 3 of the OASIS-C2 Guidance Manual. Q&A from Category 4B appear immediately following the related OASIS Item.

Centers for Medicare & Medicaid Services

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OASIS ITEM: M1400 / HHC / ★ / QC / VBP / PSS /

(M1400) When is the patient dyspneic or noticeably Short of Breath?	
Enter Code <input type="checkbox"/>	0 Patient is not short of breath 1 When walking more than 20 feet, climbing stairs 2 With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) <u>/ PSS /</u> 3 With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation <u>/ PSS /</u> 4 At rest (during day or night) <u>/ PSS /</u>

ITEM INTENT

- Identifies the level of exertion/activity that results in a patient’s dyspnea or shortness of breath.

TIME POINTS ITEM(S) COMPLETED

- Start of care.
- Resumption of care.
- Follow-up.
- Discharge from agency – not to inpatient facility.

RESPONSE—SPECIFIC INSTRUCTIONS

- If the patient uses oxygen continuously, enter the response based on assessment of the patient’s shortness of breath while using oxygen. If the patient uses oxygen intermittently, enter the response based on the patient’s shortness of breath WITHOUT the use of oxygen.
 - Responses are based on the patient’s actual use of oxygen in the home, not on the physician’s oxygen order.
- The responses represent increasing severity of shortness of breath.
- For a chairfast or bedbound patient, evaluate the level of exertion required to produce shortness of breath. The chairfast patient can be assessed for level of dyspnea while performing ADLs or at rest. Response 0 would apply if the patient has not been short of breath during the day of assessment. Response 1 would be appropriate if demanding bed-mobility activities produce dyspnea in the bedbound patient (or physically demanding transfer activities produce dyspnea in the chairfast patient). See Responses 2, 3, and 4 for assessment examples for these patients as well as ambulatory patients.

DATA SOURCES / RESOURCES

- Patient/caregiver interview.
- Observation.
- Physical Assessment.
- Review of health history.

Q113. M1400. How should I best evaluate dyspnea for a chairfast (wheelchair-bound) patient? For a bedbound patient? [Q&A EDITED 09/09]

A113. M1400 asks when the patient is noticeably short of breath. In the response options, examples of shortness of breath with varying levels of exertion are presented. The chairfast patient can be assessed for level of dyspnea while performing ADLs or at rest. If the patient does not have shortness of breath with moderate exertion, then either Response 0 or Response 1 is appropriate. If the patient is not short of breath on the day of assessment, then Response 0 applies. If the patient only becomes short of breath when engaging in physically demanding transfer activities, then Response 1 seems most appropriate.

In the case of the bedbound patient, the level of exertion that produces shortness of breath should also be assessed. The examples of exertion given for Responses 2, 3, and 4 also provide assessment examples. Response 0 would apply if the patient were never short of breath on the day of assessment. Response 1 would be most appropriate if demanding bed-mobility activities produce dyspnea.

Q113.1. M1400. What is the correct response for the patient who is only short of breath when supine and requires the use of oxygen only at night, due to this positional dyspnea? The patient is not short of breath when walking more than 20 feet or climbing stairs. [Q&A ADDED 08/07; M number updated 09/09; Previously CMS OCCB 07/06 Q&A #31]

A113.1. Since the patient's supplemental oxygen use is not continuous, M1400 should reflect the level of exertion that results in dyspnea without the use of the oxygen. The correct response would be "4 – At rest (during day or night)". It would be important to include further clinical documentation to explain the patient's specific condition.

Q113.2. M1400. What is the correct response to M1400, Dyspnea, if a patient uses a CPAP or BiPAP machine during sleep as treatment for obstructive sleep apnea? [Q&A ADDED 08/07; Previously CMS OCCB 07/07 Q&A #12]

A113.2. Sleep apnea being treated by CPAP is not the same as dyspnea at rest (Response 4 for M1400). M1400 asks about dyspnea (shortness of breath), not sleep apnea (absence of breath during sleep).

The two problems are not the same. Dyspnea refers to shortness of breath, a subjective difficulty or distress in breathing, often associated with heart or lung disease. Dyspnea at rest would be known and described as experienced by the patient. Sleep apnea refers to the absence of breath. People with untreated sleep apnea stop breathing repeatedly during their sleep, though this may not always be known by the individual. If the apnea does not result in dyspnea (or noticeable shortness of breath), then it would not be reported on M1400. If, however, the sleep apnea awakens the patient and results in or is associated with an episode of dyspnea (or noticeable shortness of breath), then Response 4 - At rest (during day or night) should be reported.

Q113.3. M1400. Patient currently sleeps in the recliner or currently sleeps with 2 pillows to keep from being SOB. They are currently not SOB because they have already taken measures to abate it. Would you mark M1400, #4 At Rest or 0, Not SOB? [Q&A EDITED 04/15; ADDED 08/07; Previously CMS OCCB 07/07 Q&A #13]

A113.3. M1400 reports what is true on the day of the assessment (the 24 hours immediately preceding the home visit and the time spent by the clinician in the home). If the patient has not demonstrated or reported shortness of breath during that timeframe, the correct response would be “0-Not short of breath” even though the environment or patient activities were modified in order to avoid shortness of breath.

Q113.4. M1400. In regards to M1400, Dyspnea, can you explain what is meant by the phrase “performing other ADLs” in Response 3 with minimal exertion (e.g., while eating, talking or performing other ADL's)? If we had a client that had dyspnea when they bent over to tie shoes, or when they bent over to pick up something from the floor, would they be a “3”? [Q&A ADDED 01/12; Previously CMS OCCB 01/11 Q&A #10]

A113.4. When completing M1400, Dyspnea, the assessing clinician will assess and report what caused the patient to experience dyspnea on the day of the assessment. The responses represent increasing severity of shortness of breath and include examples that the clinician can use in order to make the determination regarding the amount of effort that caused the patient's dyspnea.

The examples included in Responses 2 and 3 are used to illustrate the degree of effort represented by the terms moderate and minimal. Response 3 - With minimal exertion or agitation includes the examples of eating, talking or performing other ADLs. The reference to other ADLs means activities of daily living that only take minimal effort to perform like grooming. The assessing clinician can use the examples to make the determination regarding the amount of effort that caused the patient's dyspnea. The clinician is not limited to selecting Response 2, moderate exertion, if the patient becomes short of breath

while dressing if just minimal effort was exerted and resulted in dyspnea. For example, if a patient lifted their arm to insert it into the sleeve of the shirt and this minimal amount of effort caused the patient to become short of breath, the appropriate response would be Response 3-minimal exertion, even though they became short of breath during the process of dressing. This patient would more than likely also have become short of breath while eating or performing other activities requiring only minimal exertion. The assessing clinician will consider the examples as a guide when determining whether it was moderate or minimal exertion that caused the patient's dyspnea.

A patient who became short of breath after just bending over to pick something up or tie a shoe could be considered a Response 3-with minimal exertion, if in the clinician's judgment, the patient became dyspneic after exerting just minimal effort.

Q114. [Q&A RETIRED 09/09; Duplicative of OASIS Guidance Manual]

OASIS Elements Incorporated into the Comprehensive Assessment. What is the association between the Comprehensive Assessment and the OASIS data sets?

Since 1999, the Home Health Agency Conditions of Participation (CoP) have required that each patient receive a patient-specific, comprehensive assessment that identifies the patient's current status and continuing need for home care and that meets the patient's medical, nursing, rehabilitative, social, and discharge planning needs. The requirements also specify that HHAs incorporate specific OASIS data elements into the comprehensive assessment for adult, non-maternity patients. OASIS data elements form a substantial portion of the comprehensive assessment, however, the data items in OASIS alone do not constitute a thorough comprehensive assessment. For example, the OASIS items do not include vital signs, assessment of breath sounds, or collection of data on fluid intake, which are part of a more complete patient assessment. Each agency is expected to incorporate the OASIS items identified within the CoPs into its own comprehensive assessment documentation. OASIS data collection and reporting is not required for non-Medicare or Medicaid payers, however, all home health patients who receive skilled care are required to have a comprehensive assessment regardless of payer source per the requirements. Patients who receive non-skilled home health services such as homemaker, chore, or companion services are not required by the CoPs to have a comprehensive assessment.

The Home Health Agency Conditions of Participation (CMS-3815-F) have been updated and are effective January 13, 2018. Readers are encouraged to review Standards (c) and (d) in the Condition of Participation at 484.55, *Comprehensive Assessment of Patients* that reference the integration of OASIS data into the comprehensive assessment.

§484.55 Condition of Participation: Comprehensive assessment of patients.

Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment.

§484.55(c) Standard: Content of the comprehensive assessment. The comprehensive assessment must accurately reflect the patient's status, and must include, at a minimum, the following information:

...§484.55(c)(8) Incorporation of the current version of the Outcome and Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items, as specified by the Secretary. The OASIS data items determined by the Secretary must include: clinical record items, demographics and patient history, living arrangements, supportive assistance, sensory status,

integumentary status, respiratory status, elimination status, neuro/emotional/behavioral status, activities of daily living, medications, equipment management, emergent care, and data items collected at inpatient facility admission or discharge only.

§484.55(d) Standard: Update of the comprehensive assessment. The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than--

§484.55(d)(1) - ... The last 5 days of every 60 days beginning with the start-of-care date, unless there is a:

- (i) Beneficiary elected transfer;
- (ii) Significant change in condition; or
- (iii) Discharge and return to the same HHA during the 60-day episode.

§484.55(d)(2) - ... Within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests, or on physician-ordered resumption date.

§484.55(d)(3) - At discharge.

REFERENCES

The Medicare & Medicaid Program Conditions of Participation for Home Health Agencies Rule published by the Centers for Medicare & Medicaid Services in the Federal Register on 1/13/17. <https://www.federalregister.gov/documents/2017/01/13/2017-00283/medicare-and-medicaid-program-conditions-of-participation-for-home-health-agencies>.