

# OASIS Data Collection:



Time Points,



Patient Populations



& Regulations

*Sponsored by: Wyoming Department of Health*

*Office of Healthcare Licensing & Surveys*

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*OASIS Answers, Inc.*

*1:00-2:30 pm Mountain Time*

## OBJECTIVES:

Provide home health clinicians, managers, and auditors with a CMS-based update on OASIS data collection rules:



- **Data collection regulations** - Who in the agency can collect OASIS data?
- **Patient populations** - Which patients require OASIS data collection?
- **Time points** - What events occur that trigger OASIS data collection?

## OASIS REGULATIONS



### COMPREHENSIVE ASSESSMENT OF PATIENTS STANDARDS (SECTION 484.55)

(a) Initial Assessment Visit

At SOC

(b) Completion of the Comprehensive Assessment

(c) Drug Regimen Review

(d) Update of the Comprehensive Assessment

(e) Incorporation of the OASIS Data Set

After SOC

## CRITICAL INSIGHT!



- INITIAL ASSESSMENT VISIT
- COMPREHENSIVE ASSESSMENT
- OASIS
- START OF CARE DATE



## INITIAL ASSESSMENT VISIT – STANDARD (A)

INITIAL = “FIRST”

1. DETERMINES IMMEDIATE CARE AND SUPPORT NEEDS
2. DETERMINES ELIGIBILITY & HOMEBOUND STATUS (FOR MEDICARE BENEFICIARIES)

MUST BE CONDUCTED EITHER

- Within 48 hours of referral
- Within 48 hours of return home
- On physician-ordered SOC date



## INITIAL ASSESSMENT VISIT – STANDARD (A)

### IF ORDERS ARE PRESENT FOR SKILLED NURSING AT SOC, RN MUST CONDUCT THE INITIAL ASSESSMENT VISIT

- (CMS OASIS Q&A Cat 2 Q51)

#### IF THERAPY ONLY:

- Appropriate therapist may perform initial assessment
- OT may only complete assessment if need for OT establishes program eligibility
  - Not for Medicare
  - Possible for other payers



## COMPONENTS OF THE COMPREHENSIVE ASSESSMENT

OASIS Assessment Items  
(When required)

+

Agency's Core Comprehensive Assessment Items

+

Agency's Discipline Specific Assessment Items

<b>NURSING START OF CARE ASSESSMENT</b> (Also used for Resumption of Care Following Inpatient Stay) (page 1 of 16)		Patient Name: Patient ID #:
<b>↓ (M0080) Discipline of Person Completing Assessment:</b> <input type="checkbox"/> 1-RN <input type="checkbox"/> 2-PT <input type="checkbox"/> 3-SLP/ST <input type="checkbox"/> 4-OT	<b>↓ (M0090) Date Assessment Completed:</b> month / day / year	<b>↓ (M0100) This Assessment is Currently Being Completed for the Following Reason:</b> <u>Start/Resumption of Care</u> <input type="checkbox"/> 1-Start of care—further visits planned <input type="checkbox"/> 3-Resumption of care (after inpatient stay)
<b>ADVANCED DIRECTIVES:</b> Written Advance Directives Information Provided to Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No; Provided to: (name/relationship to patient)) Patient has Executed an Advance Directive: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes: <input type="checkbox"/> Living Will <input type="checkbox"/> Durable Power of Attorney for Health Care) Copy Requested for Clinical Record? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable Copy Available? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No: <input type="checkbox"/> Arrangements Made to Obtain Copy <input type="checkbox"/> New Advance Directive to be Completed) If copy of Advance Directive is not available, summarize content (treatment preferences, preferred surrogates, statements regarding wishes about a minimum quality of life): Content: <input type="checkbox"/> Verbalized by Patient <input type="checkbox"/> Verbalized by Caregiver (name/relationship): Patient's Physician Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes (date/means of notification): Staff Involved in Patient's Care Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes (date/means of notification):		
<b>REASON FOR REFERRAL TO HOME CARE:</b>		<b>PRIOR RELATED TREATMENTS/SERVICES:</b> Response to previous services: <input type="checkbox"/> Achieved outcomes <input type="checkbox"/> Partial benefit <input type="checkbox"/> No benefit
<b>IMMUNIZATIONS:</b> <input type="checkbox"/> Pneumonia; date: <input type="checkbox"/> Tetanus; date: <input type="checkbox"/> Influenza; date: <input type="checkbox"/> Hepatitis; date: <input type="checkbox"/> Other; date: <input type="checkbox"/> No immunizations reported	<b>↓ PPS (M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)</b> <input type="checkbox"/> 1 - Hospital <input type="checkbox"/> 2 - Rehabilitation facility <input type="checkbox"/> 3 - Skilled nursing facility <input type="checkbox"/> 4 - Other nursing home <input type="checkbox"/> 5 - Other (specify)	



## COMPREHENSIVE ASSESSMENT PATIENT POPULATION REQUIREMENTS

### PROVIDE ALL PATIENTS WITH A COMPREHENSIVE ASSESSMENT EXCEPT:

- Clients receiving services entirely limited to housekeeping or chore services  
- (CMS Q&As Cat 2 Q44)

### OASIS ≠ COMPREHENSIVE ASSESSMENT

- OASIS will be a required part of your Comprehensive Assessment for some patients and not for others



WHO REQUIRES a COMPREHENSIVE ASSESSMENT?



## OASIS PATIENT POPULATIONS

### OASIS DATA MUST BE COLLECTED ON SKILLED MEDICARE AND SKILLED MEDICAID PATIENTS

- Not required to collect on:
  - Maternity patients
    - Patients who are currently or were recently pregnant and are receiving treatment as a direct result of the pregnancy  
- (CMS OASIS Q&As Cat 1 Q11)
  - Pediatric patients (< 18 years old)
  - Personal care patients, or
  - Single visit episodes  
- (CMS Q&As Cat 2 Q44)  
- (Comprehensive Assessment Requirements for MC-Approved HHAs)

WHO REQUIRES OASIS?





## COMPLETION OF THE COMPREHENSIVE ASSESSMENT – STANDARD (B)

START  
OF  
CARE  
(SOC)



IF ORDERS ARE PRESENT FOR SKILLED NURSING AT SOC, RN MUST CONDUCT THE SOC COMPREHENSIVE ASSESSMENT

- (CMS OASIS Q&As Cat 2 Q51)

MUST BE COMPLETED IN A TIMELY MANNER

- Consistent with patient's immediate needs
- No later than 5 days after SOC
- SOC = "Day 0"
- May not be started/completed before the SOC date

- (CMS OASIS Q&As Cat 4b Q23.1; CMS OASIS OCCB Q&As 01/08 Q1)



## M0030 START OF CARE DATE

THE DATE THAT REIMBURSEABLE CARE BEGINS.

SOC DATE = DATE WHEN THE FIRST REIMBURSEABLE SERVICE IS DELIVERED.

(CMS OCCB Q&As 5/07 Q7)



## M0100 ~ OASIS TIME POINTS

START  
OF  
CARE  
(SOC)

M0100 – REASON FOR ASSESSMENT (RFA)

**1 – Start of Care**

- 3 – Resumption of Care
- 4 – Recertification (Follow-up)
- 5 – Other Follow-up
- 6 – Transfer to Inpatient Facility – Not Discharged
- 7 – Transfer to Inpatient Facility – Discharged
- 8 – Death at Home
- 9 – Discharge from Agency



## M0100 RFA 1 – START OF CARE FURTHER VISITS PLANNED

START OF CARE (SOC) COMPREHENSIVE ASSESSMENT

MUST BE CONDUCTED DURING A HOME VISIT

COMPLETED ON OR WITHIN 5 DAYS AFTER SOC DATE



## M0090 DATE ASSESSMENT COMPLETED

M0090 = Date last information required to complete the comprehensive assessment is collected.

COMPREHENSIVE ASSESSMENT MAY TAKE MORE THAN ONE DAY TO COMPLETE

USUALLY COMPLETED ON FIRST VISIT

USUALLY COMPLETED ON DATE OF A VISIT

MAY OCCASIONALLY BE A DATE WHICH DOES NOT COINCIDE WITH A VISIT

- Example: Physician or daughter calls back next day  
-(CMS Q&As Cat 4b Q16 & 17)
- If RN admits on Monday and confers with therapist on Tuesday regarding M0825(M0826), then Tuesday = M0090 Date Assessment Completed  
-(CMS OASIS Q&As Cat 4b Q19.1)



## COMPLETING THE COMPREHENSIVE ASSESSMENT

MUST BE COMPLETED BY ONE CLINICIAN

- If two clinicians are seeing the patient at the same time:
  - Reasonable to confer about the interpretation of assessment data
  - Reasonable for the clinician performing the assessment to follow-up on any observations of patient status reported by other agency staff  
-(CMS OASIS Q&As Cat 2 Q52)
- Clerical staff may enter demographic and agency ID items – assessing clinician must verify accuracy  
(CMS Q&A Cat 4b Q3)
- Assessment, however, is the responsibility of one clinician – RN, PT, OT, or SLP.  
-(OASIS User's Manual, pg. 4.9)



## DIFFERENTIATING TERMS: SOC ORDERS: RN+ ...

SUN	MON	TUE	WED	THU	FRI	SAT
	INITIAL ASSESSMENT VISIT					
	X RN					
	START OF CARE VISIT/DATE					
	X RN					
	COMPREHENSIVE ASSESSMENT					
	X RN					
	COMPLETE WITHIN 5 CALENDAR DAYS FROM SOC					

-(CMS Q&As Cat 2 Q20)



## SOC ORDERS: THERAPY ONLY

SUN	MON	TUE	WED	THU	FRI	SAT
	INITIAL ASSESSMENT VISIT					
	X PT					
	START OF CARE VISIT/DATE					
	X PT					
	COMPREHENSIVE ASSESSMENT					
	X PT					
	COMPLETE WITHIN 5 CALENDAR DAYS FROM SOC					



## SOC ORDERS: RN OPENS FOR PT ONLY CASE

SUN	MON	TUE	WED	THU	FRI	SAT
	INITIAL ASSESSMENT VISIT					
	X RN					
	START OF CARE VISIT/DATE					
	X PT					
	COMPREHENSIVE ASSESSMENT					
	X RN					
COMPLETE WITHIN 5 CALENDAR DAYS FROM SOC						



## UPDATE OF THE COMPREHENSIVE ASSESSMENT – STANDARD (D)

COMPREHENSIVE ASSESSMENT (INCLUDING OASIS) MUST BE UPDATED AND REVISED

- Not less frequently than the last five days of every 60-day episode beginning with the SOC date – that is **days 56-60 of each cert period**
- **Major decline or improvement** in patient's health
- Within 48 hours of **patient's return home** from an inpatient facility admission of 24 hours or more for reasons other than diagnostic tests
  - At **discharge**

TIME POINTS AFTER START OF CARE (SOC)



DISCIPLINE IS NOT MANDATED AFTER SOC  
- (CMS Q&As Cat.2 Q10; Cat 4b Q23.9)



## M0100 ~ OASIS TIME POINTS

M0100 – REASON FOR ASSESSMENT (RFA)

1 – Start of Care

**3 – Resumption of Care**

**4 – Recertification (Follow-up)**

**5 – Other Follow-up**

6 – Transfer to Inpatient Facility – Not Discharged

7 – Transfer to Inpatient Facility – Discharged

8 – Death at Home

**9 – Discharge from Agency**

TIME POINTS AFTER START OF CARE (SOC)



## M0100 RFA 3 – RESUMPTION OF CARE (AFTER INPATIENT STAY)

RESUMPTION OF CARE (ROC)

- Following an inpatient stay of 24 hours or longer
- For reasons other than diagnostic tests
- Requires home visit
- Must be completed within 2 calendar days of patient's return home (or knowledge of the patient's return home)

- (OASIS Assessment Reference Sheet)  
- (CMS Q&As Cat 2 Q2)



## M0100 RFA 3 – RESUMPTION OF CARE (AFTER INPATIENT STAY)

RETURN HOME FROM  
INPATIENT STAY DURING THE  
LAST 5 DAYS OF AN EPISODE

S	M	T	W	T	F	S
48	49	50	51	52	53	54
55	56	57	58	59	60	61

EFFECTIVE OCTOBER 1, 2004

- If patient returns home during the last 5 days of the current episode, complete the RFA 3, ROC only
- Recertification assessment not required
- ROC determines case mix assignment for subsequent 60-day episode
  - Answer M0110 & M0826 accordingly

- (OASIS Considerations for Medicare PPS Patients)



## M0100 RFA 4 – RECERTIFICATION (FOLLOW-UP) REASSESSMENT

COMPREHENSIVE ASSESSMENT (REASSESSMENT)  
DURING THE LAST FIVE DAYS OF THE 60-DAY  
CERTIFICATION PERIOD

REQUIRES A HOME VISIT

IF AGENCY MISSES RECERT WINDOW, BUT STILL  
PROVIDES CARE:

- Do not discharge & readmit
- Make a visit and complete Recertification assessment as soon as oversight identified
- M0090 = the date the assessment completed
- A warning message will result
- Explain circumstances in clinical documentation

- (CMS Q&As Cat 3 Q11)



## M0100 RFA 5 – OTHER FOLLOW-UP

COMPREHENSIVE ASSESSMENT (REASSESSMENT) DUE TO  
MAJOR DECLINE OR IMPROVEMENT IN PATIENT CONDITION

- At time other than during the last 5 days of the episode
- Requires home visit
- May indicate need to update the patient's plan of care
- Policies regarding criteria for RFA 5 must be determined by individual agencies

- (CMS Q&As Cat 3 Q12)

MUST BE COMPLETED WITHIN 2 CALENDAR DAYS OF  
IDENTIFYING A MAJOR IMPROVEMENT OR DECLINE IN  
PATIENT'S HEALTH STATUS

-(OASIS Assessment Reference Sheet)

SCIC PAYMENT ADJUSTMENT REMOVED FROM 2008 PPS  
MODEL

-Must still complete the Other Follow-Up comprehensive assessment when  
patient experiences a major in their health status

-(CMS OASIS OCCB Q&As 4/08)



## M0100 RFA 6 – TRANSFER TO AN INPATIENT FACILITY PATIENT NOT DISCHARGED FROM AGENCY

TRANSFERRED TO INPATIENT FACILITY

- Transferred and **admitted** to inpatient bed of inpatient facility
- **Stay of 24 hours** or longer
- For **reasons other than diagnostic tests**
- Does not require a home visit
- Must be completed within 2 calendar days of Transfer date (M0906) or knowledge of transfer that meets criteria
- Agency's choice to place on "hold" (vs. DC)
- If patient does not return to agency after inpatient admission, no further assessment required

- (OASIS Considerations for MC PPS Patients)

- (CMS Q&As Cat 2 Q41)



## M0100 RFA 6 – TRANSFER TO AN INPATIENT FACILITY

PATIENT NOT DISCHARGED FROM AGENCY

YOU MAKE A ROUTINE VISIT AND DISCOVER THE PATIENT HAD A QUALIFYING STAY IN AN INPATIENT FACILITY AND YOU HAD NOT BEEN INFORMED

- Within 2 calendar days of knowledge of transfer
  - Complete the RFA 6 – Transfer to Inpatient Facility
  - Then, complete the RFA 3 – Resumption of Care

- (CMS OASIS Q&As Cat 4b Q23.3)



## M0100 RFA 7 – TRANSFER TO AN INPATIENT FACILITY

PATIENT DISCHARGED FROM AGENCY

TRANSFERRED TO INPATIENT FACILITY

- Transferred and admitted to inpatient bed of inpatient facility
- Stay of 24 hours or longer
- For reasons other than diagnostic tests
- Does not require a home visit
- Must be completed within 2 calendar days of Transfer date (M0906) or knowledge of transfer that meets criteria
- Agency's choice to discharge (vs. "hold")

- (CMS Q&As Cat 2 Q8; OASIS Considerations for MC PPS Patients)



## M0100 RFA 8 – DEATH AT HOME

RFA 8 DEATH AT HOME

DEATH ANYWHERE EXCEPT IN AN INPATIENT FACILITY OR IN THE EMERGENCY DEPARTMENT

- Examples: Patient dies at home, at church, in an ambulance, is pronounced DOA in ER

MUST BE COMPLETED WITHIN 2 CALENDAR DAYS OF DEATH DATE (M0906)

DOES NOT REQUIRE A HOME VISIT

- (CMS Q&As Cat 2 Q22)

- (OASIS Assessment Reference Sheet)



## M0100 RFA 9 – DISCHARGE FROM AGENCY

DISCHARGE

NOT DUE TO AN INPATIENT FACILITY ADMISSION

NOT DUE TO DEATH

MUST BE COMPLETED WITHIN 2 CALENDAR DAYS OF DISCHARGE DATE (M0906) OR KNOWLEDGE OF NEED TO DISCHARGE

VISIT IS REQUIRED TO COMPLETE THIS ASSESSMENT

- (OASIS Assessment Reference Sheet)





## UNPLANNED OR UNEXPECTED DISCHARGES

IF DISCHARGE IS UNPLANNED – THE REQUIREMENTS MUST STILL BE MET

DISCHARGE ASSESSMENT MUST REPORT PATIENT STATUS AT AN ACTUAL VISIT – *Not information gathered on a telephone call*

- (CMS Q&As Cat 2 Q37[3])

ASSESSMENT DATA SHOULD BE BASED ON THE LAST VISIT CONDUCTED BY A QUALIFIED ASSESSING CLINICIAN– RN, PT, OT, OR SLP

- (CMS OASIS Q&As Cat 4b Q37)

- Explain this in the clinical documentation

DON'T INCLUDE ANY EVENTS - GOOD OR BAD - THAT OCCURRED AFTER THE LAST VISIT BY A QUALIFIED CLINICIAN, E.G. ER VISIT, FOLEY DC'D, CHANGE IN MEDICAL TREATMENT

- (CMS OASIS Q&As Cat 4b Q181.3)



## UNPLANNED OR UNEXPECTED DISCHARGES

DATES:

M0090 DATE ASSESSMENT COMPLETED

▪Actual date agency completed assessment

M0903 DATE OF THE LAST (MOST RECENT) HOME VISIT

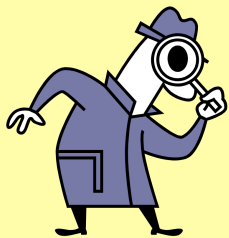
▪Date of the last visit by agency staff

▪Visit by any agency staff included on the plan of care

M0906 DISCHARGE DATE

▪Determined by agency policy

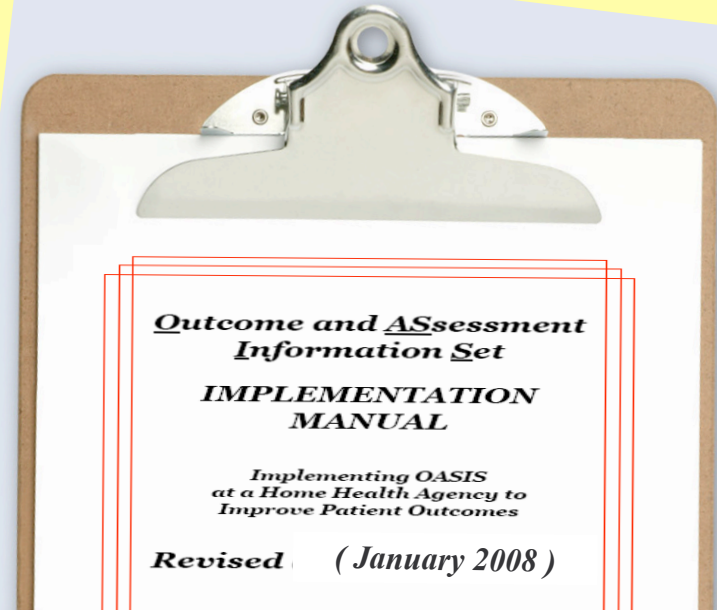
▪Can't be before the last visit



**Where should I look  
when I have OASIS  
Questions???**



## OASIS IMPLEMENTATION MANUAL





## OASIS REGULATION RESOURCES

COMPREHENSIVE ASSESSMENT REQUIREMENTS FOR MEDICARE-APPROVED HHAS			
PATIENT CLASSIFICATION/PAYOR	Does OASIS Apply?	Comprehensive Assessments Only Excluding OASIS	Timing of Follow-up Comprehensive Assessment
<b>SKILLED</b> Medicare (traditional fee-for-service) Medicaid (HMO/Managed Care) Medicaid (traditional fee-for-service) Medicaid (HMO/Managed Care)	Yes	NA	Day 56-60*
<b>SKILLED</b> Non-Medicare/Non-Medicaid Workers' Compensation Title Programs Other Government Private Insurance Private HMO/Managed Care Self-Pay; other, unknown			Anytime after SOC
<b>PERSONAL CARE ONLY</b> Medicaid (traditional fee-for-service) Medicaid (HMO/Managed Care) Waiver service or HH aide services Without skilled services Non-Medicaid: Workers' Compensation Title Programs Other Government Private Insurance Private HMO/Managed Care Self-Pay; other, unknown OASIS EXCLUDED	No		4

[www.cms.hhs.gov/oasis/downloads/patientclassificationtable.pdf](http://www.cms.hhs.gov/oasis/downloads/patientclassificationtable.pdf)



### OASIS ASSESSMENT REFERENCE SHEET

RFA * Type	RFA Description	Assessment Completed	Locked Date	Submission Timing
01	SOC - further visits planned	Within 5 calendar days after the SOC Date (SOC = Day 0)	Effective 6/21/2006 No required lock date	Effective 6/21/2006 Transmission required within 30 calendar days of completing the assessment (M0090)
03	ROC - after inpatient stay	Within 2 calendar days of the facility discharge date or knowledge of		
	F/U	every 60 days, i.e., days 56-60 of the		

• [https://www.qtso.com/download/hha/OASIS\\_Ref\\_Sheet.07.19.06.pdf](https://www.qtso.com/download/hha/OASIS_Ref_Sheet.07.19.06.pdf)



## OASIS REGULATION RESOURCES

3784 Federal Register/Vol. 64, No. 15/Monday, January 25, 1999/Rules and Regulations

### Conditions of Participation: The Comprehensive Assessment of Patients

OASIS Collection Regulation – published January 1999

Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items, as specified by the Secretary.  
(a) *Standard*: Initial assessment visit. (1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient, and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within patient's return to physician-ordered status. (2) When re-assessment is required, the administration of the OASIS as

assessment if the need for occupational therapy established program eligibility.  
(c) *Standard*: Drug regimen review. The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and discontinuance with drug therapy.

[www.cms.hhs.gov/OASIS/Downloads/collection.pdf](http://www.cms.hhs.gov/OASIS/Downloads/collection.pdf)

### OASIS CONSIDERATIONS FOR MEDICARE PPS PATIENTS revised August, 2004

Type of Episode or Adjustment	OASIS Assessment: M0100 & M0825* Response Selection	Comments
1. PPS Start-up for new home health patients	Start of Care: (M0100) RFA 1 and (M0825) select 0-No, 1-Yes, or NA.  <b>All new Medicare patients after October 1, 2000:</b> All applicable Medicare patients accepted for care on or after October 1 will be assessed according to the established time points at 42 CFR 484.55, i.e., a patient whose start of care date is October 15 would be re-assessed for the need to continue services for another certification period during the last 5 days of the current 60-day certification period. In this example, the follow-up assessment would be conducted during the period 12/9/04 through 12/13/04.	OASIS data elements are not required for Private Pay individuals effective December 2003.  Requirements for non-Medicare patients are found in S&C Memorandum 04-26.

<http://www.cms.hhs.gov/OASIS/Downloads/OASISConsiderationsforPPS.pdf>



## CMS Q&As – BY CATEGORY

**OASIS Download**

Home ASPEN CASPER suggestions Data links Education HAVEN IRE-PAI IRVEN MDS MDS 3.0 OASIS RAVEN RAVEN Swinn Red Swinn Red Vendors Password Protected CMS Contractors States Online Training CONTACT Us Help

Archives Download FAQ Hot Spot

OASIS Downloads/Documentation

File Name File Size

PPS Patients - OASIS Considerations (new) 7/07/2004 4230406.pdf 35 KB

April 23, 2004 - WOCN Satellite C-Checklist.pdf 1.09 MB

WOCN\_OASIS.pdf 10.1 KB

WOCN\_OASIS.pdf 43.0 KB

WOCN\_OASIS.pdf 90.0 KB

WOCN\_OASIS.pdf 14.5 KB

Nov. 2004.xls

Clarification Effective When a Branch question M0016 CMS and Inform OASIS

QTSO Questions and Answers Worksheets (04/25) Questions\_Worksheets.pdf Questions\_Worksheets\_Answers.pdf

SCROLL TO THE BOTTOM OF THE SCREEN TO FIND 12 CATEGORIES OF OASIS Q&As

OASIS Q&As

Questions and Answers About OASIS

August 2008

Department of Health and Human Services  
Center for Medicare & Medicaid Services

<https://www.qtso.com/hhdownload.html>



## CMS OCCB Q&As

LAST CMS OCCB Q&As POSTED 07/08  
Updates planned Quarterly



### OASIS Certificate and Competency Board

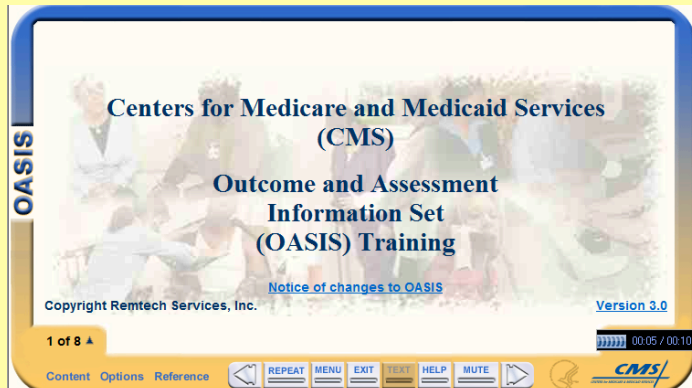
Link	Description/Instructions	Date Updated
<a href="#">CMS Q&amp;A's: January 2008</a>	From the January 16, 2008 OASIS Quarterly Update Teleconference	1.17.08
<a href="#">CMS Q&amp;A's: October 2007</a>	From the October 17, 2007 OASIS Quarterly Update Teleconference	12.11.07
<a href="#">CMS Q&amp;A's: July 2007</a>	From the July 18, 2007 OASIS Quarterly Update Teleconference - All questions incorporated into CMS OASIS Q&A's	12.11.07
<a href="#">CMS Q&amp;A's: May 2007</a>	From the May 16, 2007 OASIS Quarterly Update Teleconference - All questions incorporated into CMS OASIS Q&A's	12.11.07
<a href="#">CMS OASIS Q&amp;As</a>	Click on "OASIS" in left margin, then scroll to bottom of page.	12.11.07
<a href="#">CMS OCCB Q&amp;As - July 2006</a>		12.11.07
<a href="#">CMS OCCB Q&amp;A March 2005</a>	All questions incorporated into CMS OASIS Q&As.	12.11.07
<a href="#">CMS OCCB Q&amp;As October 2004</a>	All questions incorporated into CMS OASIS Q&As.	12.11.07
<a href="#">CMS OCCB Q&amp;A August 2004</a>	All questions incorporated into CMS OASIS Q&As, except question 16.	12.11.07
<a href="#">CMS Policy Change for Accurate Coding Of Surgical Wounds July 2006</a>		12.11.07
<a href="#">CMS Policy Change for Accurate Coding Of OASIS Pressure Ulcer Items 2004</a>		12.11.07

[www.oasiscertificate.org](http://www.oasiscertificate.org)



## CMS OASIS WEB-BASED TRAINING (OWBT)

FAQs, SPECIAL ALERTS & GUIDANCE



ADVANCED  
SCENARIOS

OASIS GAME

OASIS TEST

STAFF  
DEVELOPMENT  
GUIDE

FIND "IMPORTANT RESOURCES"  
UNDER REFERENCES

Enhanced Version 3.0  
[www.oasistraining.org](http://www.oasistraining.org)



## RESOURCES

OASIS Management for Single Visit at Start of Care (SOC) or Resumption of Care (ROC)

		Comprehensive Assessment Required?	OASIS Required?	Discharge OASIS Required?	Agency Discharge (Documented Explanation) Required?
SOC	Only one visit planned & provided	Yes	<ul style="list-style-type: none"> <li>Not required by regulation.</li> <li>Payor may require OASIS (HHRG items).</li> <li>If OASIS collected for payment, and M0150 = 1, 2, 3, or 4, may be submitted to State system</li> </ul>	No	Yes
SOC	More visits planned but none provided after SOC	Yes (may not have been completed, or even started on the first and only visit)	<ul style="list-style-type: none"> <li>Not required by regulation.</li> <li>Payor may require OASIS (HHRG items).</li> <li>If OASIS collected, and M0150 = 1, 2, 3, or 4, OASIS data may be submitted to State system</li> </ul>	No	Yes
SOC	One visit made, then patient admitted for qualifying inpatient facility stay before 2 <sup>nd</sup> visit	Yes (may not have been completed or even started on the first and only visit)	<ul style="list-style-type: none"> <li>Not required by regulation.</li> <li>Payor may require OASIS (HHRG items).</li> <li>If OASIS collected, and M0150 = 1, 2, 3, or 4, OASIS data may be submitted to State system</li> <li>If SOC OASIS is collected and submitted, may also complete and submit Transfer (RFA 6 or 7), but not required to do so since SOC OASIS is not required</li> </ul>	No	Yes
SOC	One visit made but patient died before 2 <sup>nd</sup> visit	Yes (may not have been completed or even started on the first and only visit)	<ul style="list-style-type: none"> <li>Not required by regulation.</li> <li>Payor may require OASIS (HHRG items).</li> <li>If OASIS collected, and M0150 = 1, 2, 3, or 4, OASIS data may be submitted to State system</li> <li>If SOC OASIS is collected and submitted, may also complete and submit RFA 6 Death at Home, but not required to do so since SOC OASIS is not required</li> </ul>	No	Yes
SOC	Visit made but patient not taken under care	No	Not Required by regulation	No	No
SOC	RN open (nonbillable) for one time billable therapy visit	Yes	<ul style="list-style-type: none"> <li>Required by regulation.</li> <li>More than one visit made</li> </ul>	Yes	Yes

Centers for Medicare and Medicaid Services

Page 1 of 5

OAI: 10.10.97

[www.qtso.com/hhdownload.html](http://www.qtso.com/hhdownload.html)



## REFERENCES

HOME HEALTH AGENCY CENTER

[www.cms.hhs.gov/center/hha](http://www.cms.hhs.gov/center/hha)

CMS OASIS WEBSITE

[www.cms.hhs.gov/oasis](http://www.cms.hhs.gov/oasis)

OASIS-B1 (01/2008) DATA SET

[http://www.cms.hhs.gov/HomeHealthQualityInits/12\\_HHQIOASISDataSet.asp#TopOfPage](http://www.cms.hhs.gov/HomeHealthQualityInits/12_HHQIOASISDataSet.asp#TopOfPage)

CASE MIX PROFILE- OBQM MANUAL

[www.cms.hhs.gov/HomeHealthQualityInits/downloads/HHQIOASISOBQMCaseMix.pdf](http://www.cms.hhs.gov/HomeHealthQualityInits/downloads/HHQIOASISOBQMCaseMix.pdf)

CMS OCCB Q&As [www.oasiscertificate.org](http://www.oasiscertificate.org)



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**Good Luck with your  
Data Collection Efforts!**

## Conditions of Participation: The Comprehensive Assessment of Patients

OASIS Collection  
Regulation –  
published  
January 1999

### **§484.55 Condition of participation:** **Comprehensive assessment of patients.**

Each patient must receive, and an HHA must provide a patient-specific, comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward achievement of desired outcomes. The comprehensive assessment must identify the patient's continuing need for home care and meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs. 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. The comprehensive assessment must also incorporate the use 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.

(a) *Standard: Initial assessment visit.*

(1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.

(2) When rehabilitation therapy service (speech language pathology, physical therapy, or occupational therapy) is the only service ordered by the physician, and if the need for that service establishes program eligibility, the initial assessment visit may be made by the appropriate rehabilitation skilled professional.

(b) *Standard: Completion of the comprehensive assessment.*

(1) The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.

(2) Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.

(3) When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, a physical therapist, speech-language pathologist or occupational therapist may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive

assessment if the need for occupational therapy established program eligibility.

(c) *Standard: Drug regimen review.* The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.

(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—

(1) Every second calendar month beginning with the start of care date;

(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;

(3) At discharge.

(e) *Standard: Incorporation of OASIS data items.* The OASIS data items determined by the Secretary must be incorporated into the HHA's own assessment and 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. [64 FR 3784, Jan. 25, 1999]

(Source: [www.access.gpo.gov/su\\_docs/fedreg/a990125c.html](http://www.access.gpo.gov/su_docs/fedreg/a990125c.html))

**COMPREHENSIVE ASSESSMENT REQUIREMENTS  
FOR MEDICARE-APPROVED HHAS**

<b>PATIENT CLASSIFICATION/PAYER</b>	<b>Does OASIS Apply?</b>	<b>Comprehensive Assessment Only Excluding OASIS<sup>1</sup></b>	<b>Timing of Follow-up Comprehensive Assessment</b>
<b>SKILLED</b> Medicare (traditional fee-for service) Medicare (HMO/Managed Care) Medicaid (traditional fee-for-service) Medicaid (HMO/Managed Care)	Yes	NA	Day 56-60 <sup>2</sup>
<b>SKILLED</b> Non-Medicare/Non-Medicaid: Workers' Compensation Title Programs Other Government Private insurance Private HMO/Managed Care Self-pay; other; unknown	No <sup>3</sup>	Yes	Anytime after SOC assessment up to day 60; subsequent Follow-up assessment must be within 60 days. <sup>4</sup>
<b>PERSONAL CARE ONLY</b> Medicaid (traditional fee-for service) Medicaid (HMO/Managed Care) Waiver service or home health aide services without skilled services Non-Medicaid: Workers' Compensation Title Programs Other Government Private insurance Private HMO/Managed Care Self-pay; other; unknown	No	Yes	Anytime after SOC assessment up to day 60; subsequent Follow-up assessment must be within 60 days.
<b>OASIS EXCLUDED</b> Patients under age 18; regardless of payer source Patients receiving pre & post partum maternity services; regardless of payer source	No <sup>5</sup>	Yes	Anytime after SOC assessment up to day 60; subsequent Follow-up assessment must be within 60 days.
<b>OASIS EXCLUDED</b> Patients receiving only chore and housekeeping services <sup>6</sup>	No	No	NA

<sup>1</sup> HHAs may develop own comprehensive assessment for each time point excluding OASIS.

<sup>2</sup> 42 CFR 484.55(d).

<sup>3</sup> HHAs may collect OASIS information for their own use.

<sup>4</sup> S&C Memo 04-45, published 9/9/04.

<sup>5</sup> HHAs expecting payment for a pediatric or maternity Medicare patient must collect payment items to provide a HIPPS code.

<sup>6</sup> S&C Memo 05-06, published 11/12/04



# OASIS ASSESSMENT REFERENCE SHEET

RFA * Type	RFA Description	Assessment Completed	Locked Date	Submission Timing
01	SOC - further visits planned	Within 5 calendar days after the SOC Date (SOC = Day 0)	Effective 6/21/2006 No required lock date  <	

(Source: [www.cms.hhs.gov/apps/hha/hharefch.asp](http://www.cms.hhs.gov/apps/hha/hharefch.asp) Modified 7/19/06 to reflect change posted in Federal Register/Vol. 70, #246/Friday, December 23,2005/Rules and Regulations, pg. 76199)

Revisions for RFA 3, 6, & 7 based on CMS 6/05Q&As Cat 2, Questions 2& 8 and 8/06 OCCB Q&As.  
Revisions to RFA 1 based on OASIS-B1 Data Specification Notes July 24, 2003 pg. 6