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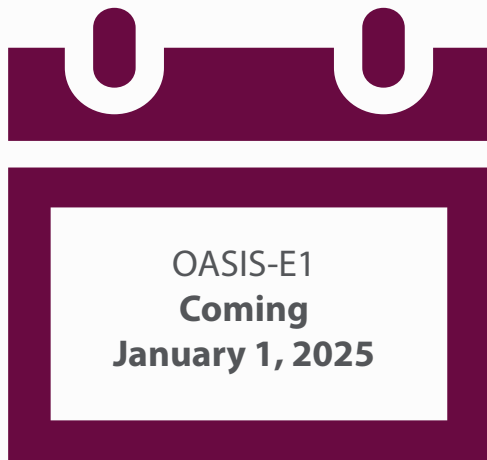


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OASIS Q&A UPDATE

Wednesday, July 17, 2024

UPCOMING OASIS CHANGES



M0110
Episode Timing



M2200
Therapy Need



**GG Discharge
Goals**
(GG0130 & GG0170)



00350

Patient's COVID-19
vaccination is up to date.

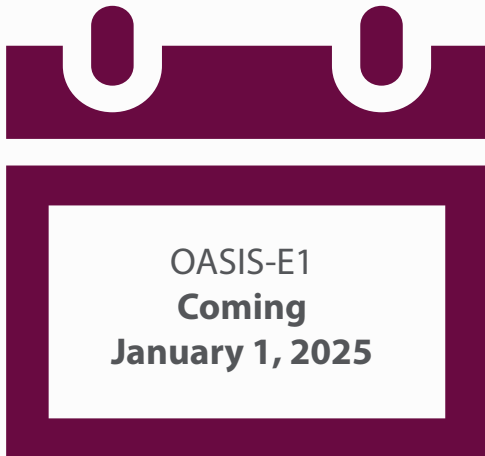
- 0. No, patient is not up to date.
- 1. Yes, patient is up to date.



UPCOMING OASIS CHANGES



M2420 – Discharge Disposition
language in response 1 and response 2 to
replace “formal assistive services” with “skilled
services from a Medicare Certified HHA”.



M2420. Discharge Disposition

Where is the patient after discharge from your agency? (Choose only one answer.)

Enter Code

1. **Patient remained in the community (without formal assistive services)** → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge
 2. **Patient remained in the community (with formal assistive services)** → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
 3. **Patient transferred to a non-institutional hospice** → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
 4. **Unknown because patient moved to a geographic location not served by this agency** → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge
- UK **Other unknown** → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge

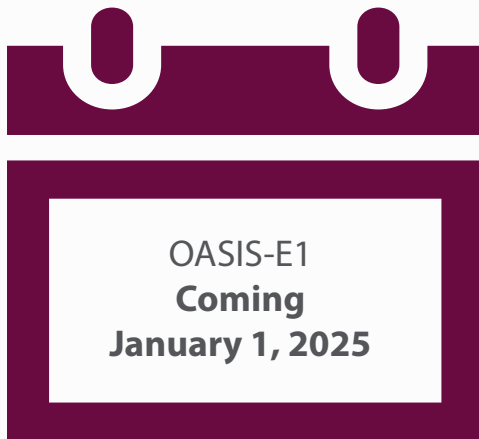


UPCOMING OASIS CHANGES



Updating instructions in **D0150 – Patient Mood Interview.**

If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise continue.



D0150. Patient Mood Interview (PHQ-2 to 9)			
Determine if the patient is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, code D0150A1 and D0150B1 as 9, No response, leave D0150A2 and D0150B2 blank, end the PHQ-2 interview, and leave D0160, Total Severity Score blank. Otherwise, say to patient: “Over the last 2 weeks, have you been bothered by any of the following problems?”			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence. If yes in column 1, then ask the patient: “About how often have you been bothered by this?” Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)	2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)	1. Symptom Presence	2. Symptom Frequency
		↓Enter Scores in Boxes↓	
A. <i>Little interest or pleasure in doing things</i>		<input type="checkbox"/>	<input type="checkbox"/>
B. <i>Feeling down, depressed, or hopeless</i>		<input type="checkbox"/>	<input type="checkbox"/>
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.			



KNOWLEDGE CHECK #1

When Nurse Nancy asked Edith OASIS about

- A. feeling bad about having little interest or pleasure in doing things and;
- B. feeling down, depressed, or hopeless

while conducting the mood interview during the SOC, Edith responded she felt she couldn't do anything for 2-3 days before she went into the hospital. However, upon receiving help her spirits lifted.

How would Nancy complete the mood interview?

D0150. Patient Mood Interview (PHQ-2 to 9)			
Determine if the patient is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, code D0150A1 and D0150B1 as 9, No response, leave D0150A2 and D0150B2 blank, end the PHQ-2 interview, and leave D0160, Total Severity Score blank. Otherwise, say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"			
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1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	↓Enter Scores in Boxes↓	
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.			

	A1.	A2.	B1.	B2.	Continue?
a.)	0	0	0	0	No
b.)	1	0	1	0	Yes
c.)	1	1	1	1	No
d.)	1	1	1	1	Yes



KNOWLEDGE CHECK # 1

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1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	↓Enter Scores in Boxes↓	
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.			

	A1.	A2.	B1.	B2.	Continue?
a.)	0	0	0	0	No
b.)	1	0	1	0	Yes
c.)	1	1	1	1	No
d.)	1	1	1	1	Yes



KNOWLEDGE CHECK #2

OASIS-E1 will add, remove, and change several questions in the OASIS.

When is CMS applying changes to the OASIS?

- a) October 31, 2024
- b) January 1, 2024
- c) May 31, 2025
- d) January 1, 2025



KNOWLEDGE CHECK #2

OASIS-E1 will add, remove, and change several questions in the OASIS.

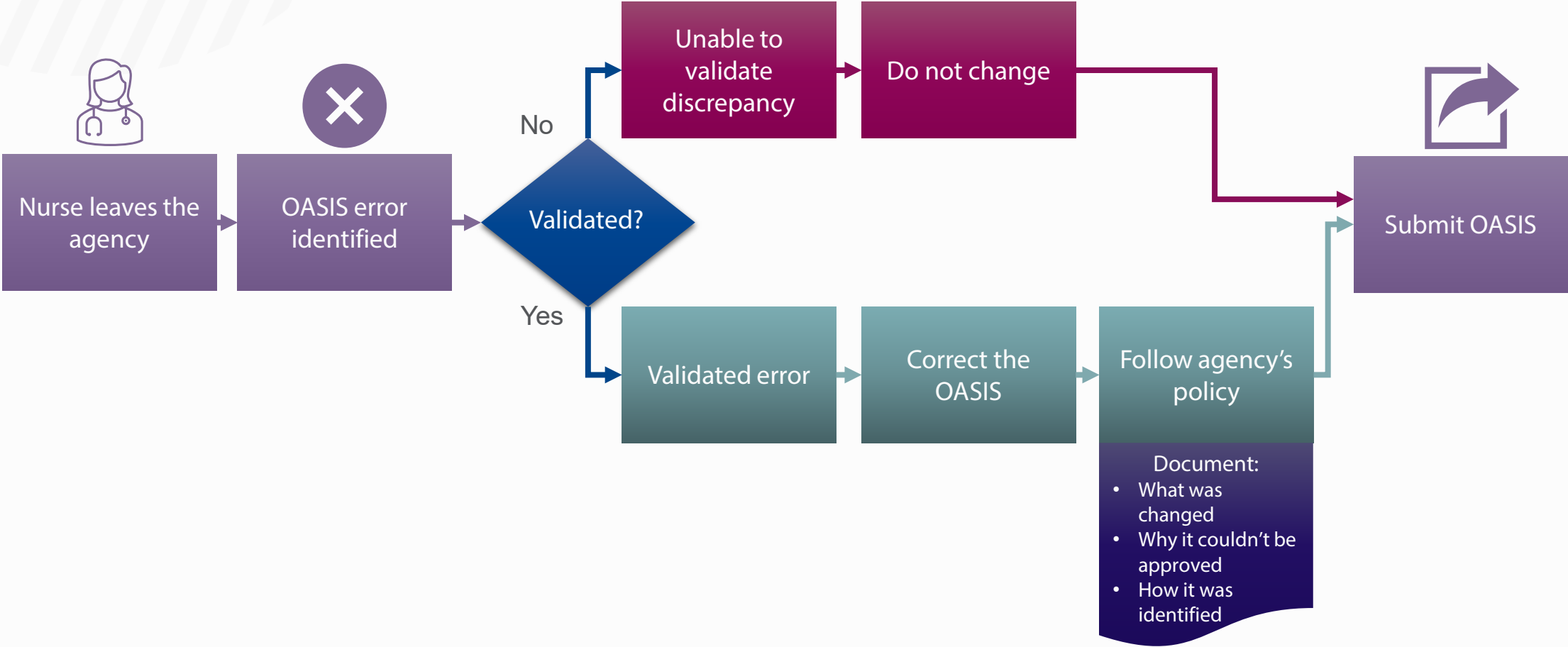
When is CMS applying changes to the OASIS?

- a) October 31, 2024
- b) January 1, 2024
- c) May 31, 2025
- d) January 1, 2025**

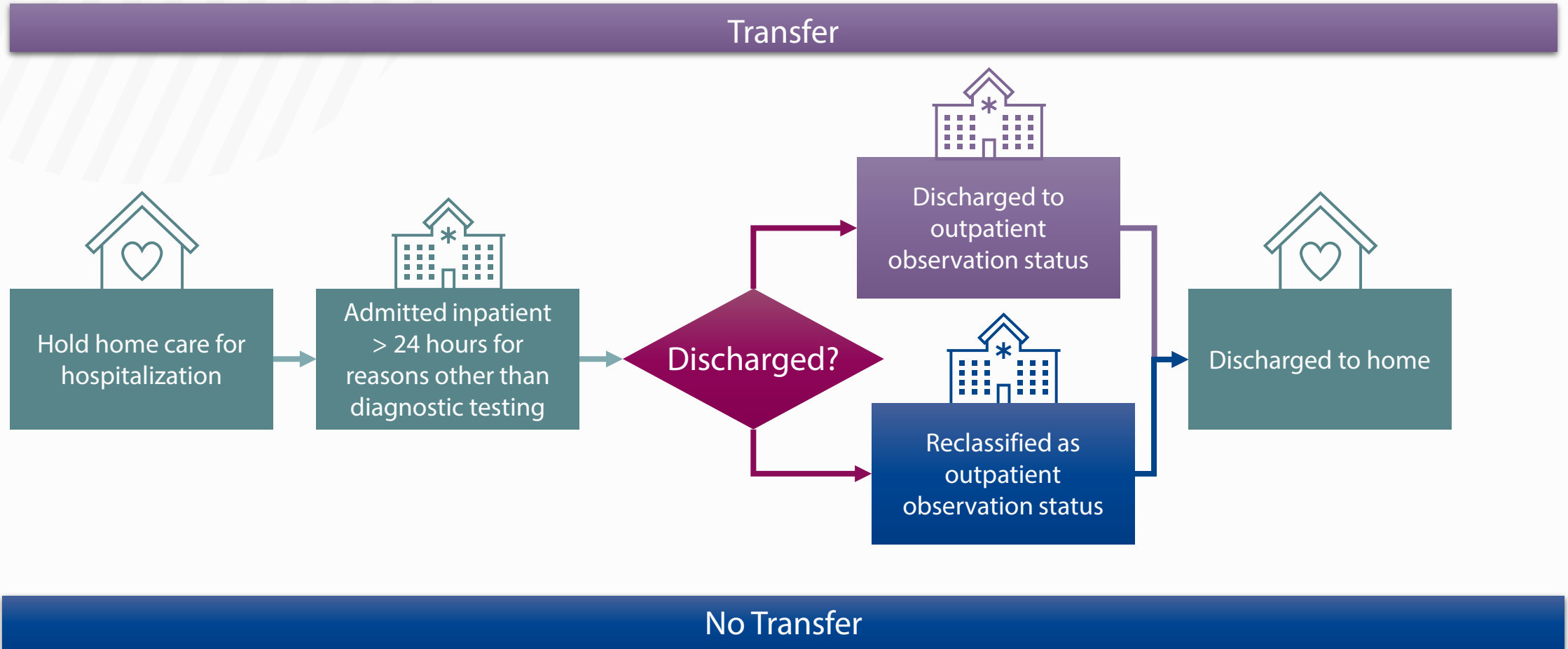


OASIS CORRECTIONS:

SOC clinician no longer available



TO TRANSFER OR NOT TO TRANSFER?

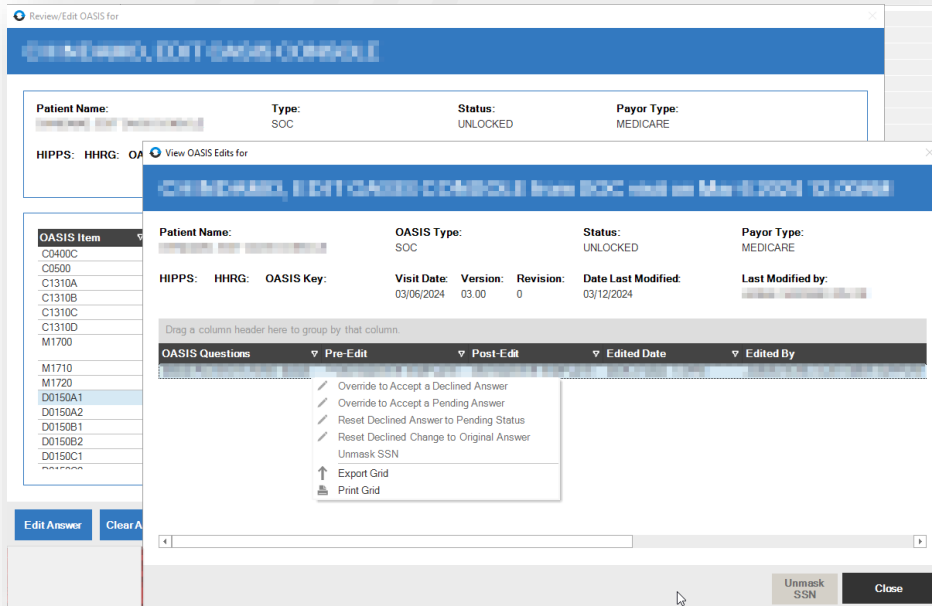


TO DISCHARGE OR NOT?



KNOWLEDGE CHECK #3

When the admitting clinician is not available to make OASIS corrections, but there is a validated discrepancy, what action should the agency take?

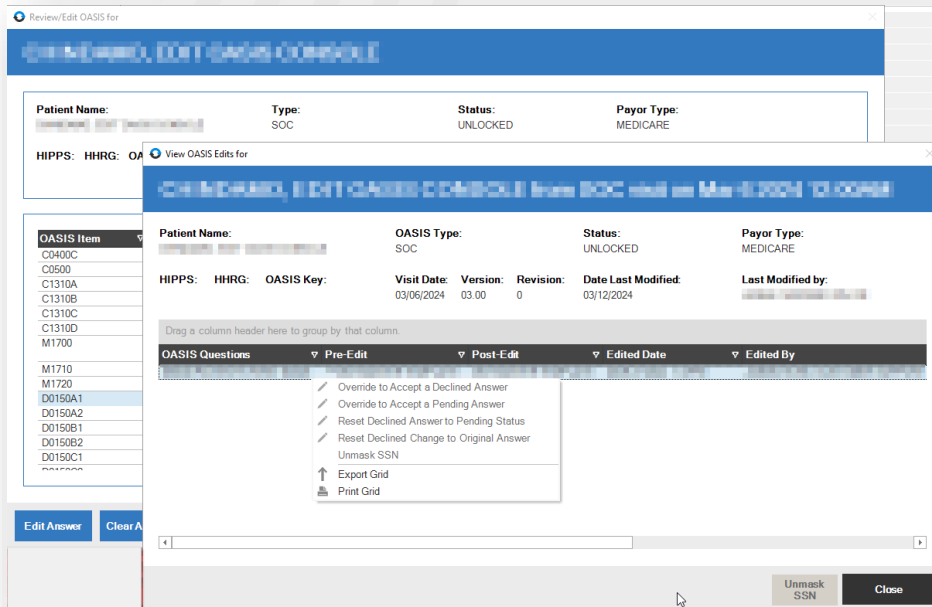


- Validate the error, change the OASIS and override approval of the change
- Change the OASIS and document what was changed, why it couldn't be approved, and how it was identified
- Change the OASIS and document approval of the case manager
- Do not change the OASIS when it cannot be approved.



KNOWLEDGE CHECK #3

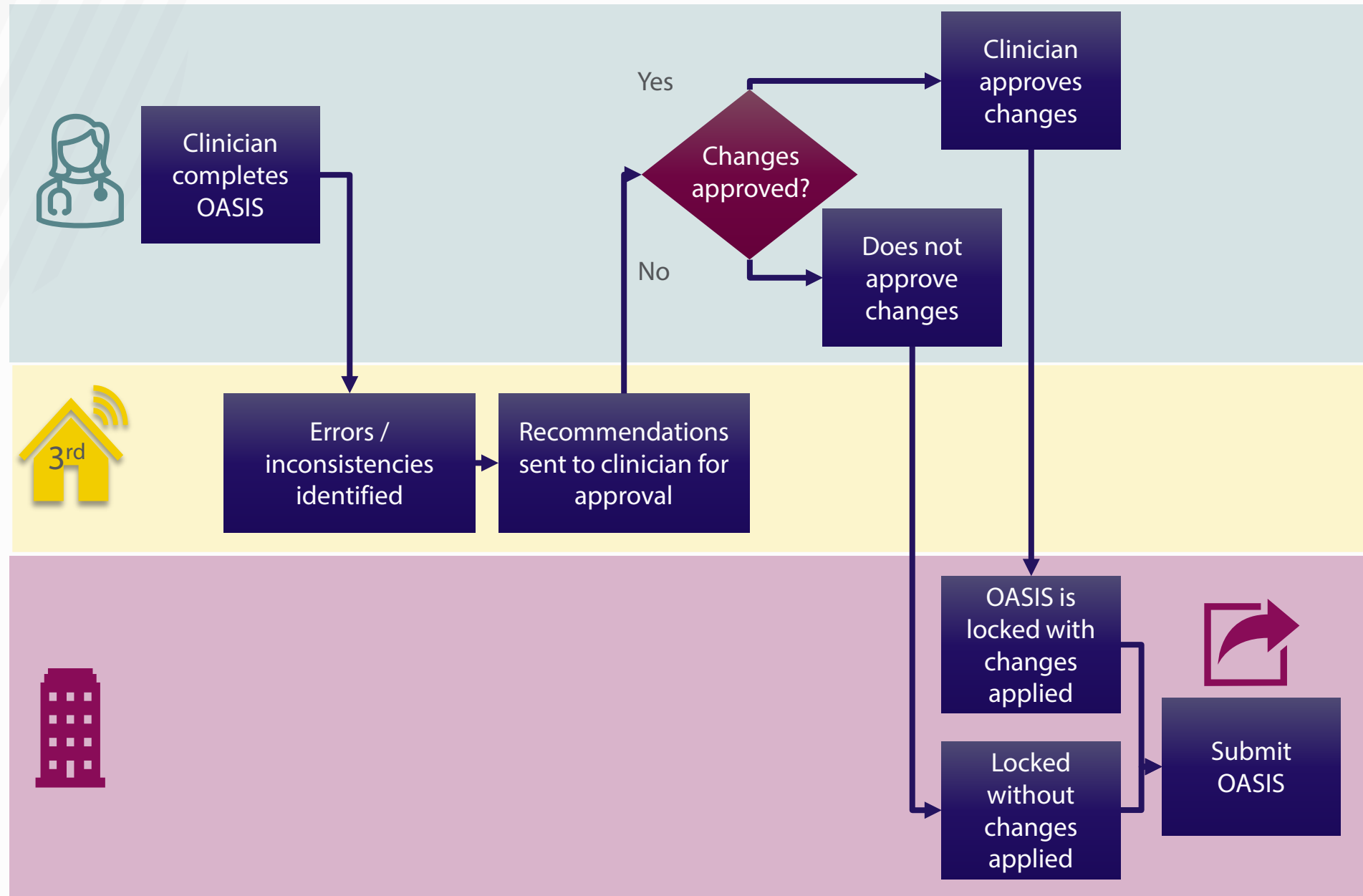
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- Validate the error, change the OASIS and override approval of the change
- Change the OASIS and document what was changed, why it couldn't be approved, and how it was identified**
- Change the OASIS and document approval of the case manager
- Do not change the OASIS when it cannot be approved.



3RD PARTY AUDITOR



M1000:

M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days?	
↓ Check all that apply	
<input type="checkbox"/>	1. Long-term nursing facility (NF)
<input type="checkbox"/>	2. Skilled nursing facility (SNF/TCU)
<input type="checkbox"/>	3. Short-stay acute hospital (IPPS)
<input type="checkbox"/>	4. Long-term care hospital (LTCH)
<input type="checkbox"/>	5. Inpatient rehabilitation hospital or unit (IRF)
<input type="checkbox"/>	6. Psychiatric hospital or unit
<input type="checkbox"/>	7. Other (specify)
<input type="checkbox"/>	NA Patient was not discharged from an inpatient facility → Skip to B0200, Hearing at SOC, Skip to B1300, Health Literacy at ROC



Hospital at Home

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				DC H@H		
		HH SOC				



KNOWLEDGE CHECK #4



Opal Oasis has been treated for pneumonia with respiratory therapy, IV antibiotics, VS monitoring, and telehealth monitoring under the care of Mayo Clinic's Hospital-at-Home program. She is being transitioned to a Home Health Care after 1 week of care from the Hospital-at-Home program.

How should the nurse answer M1000 regarding the type of **inpatient facility** the patient was discharged from within the past 14 days?

- a) Long-term nursing facility (NF)
- b) Skilled nursing facility (SNF/TCU)
- c) Short-stay acute hospital (IPPS)
- d) NA - Patient was not discharged from an inpatient facility



KNOWLEDGE CHECK #4



Hospital at Home



Opal Oasis has been treated for pneumonia with respiratory therapy, IV antibiotics, VS monitoring, and telehealth monitoring under the care of Mayo Clinic's Hospital-at-Home program. She is being transitioned to a Home Health Care after 1 week of care from the Hospital-at-Home program.

How should the nurse answer M1000 regarding the type of **inpatient facility** the patient was discharged from within the past 14 days?

- a) Long-term nursing facility (NF)
- b) Skilled nursing facility (SNF/TCU)
- c) **Short-stay acute hospital (IPPS)**
- d) NA - Patient was not discharged from an inpatient facility

M1021/M1023: SYMPTOM CONTROL RATING

M1021. Primary Diagnosis & M1023. Other Diagnoses	
Column 1	Column 2
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	ICD-10-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses
M1021. Primary Diagnosis	
a. _____	V, W, X, Y codes NOT allowed a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
M1023. Other Diagnoses	
b. _____	All ICD-10-CM codes allowed b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
c. _____	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
d. _____	
e. _____	
f. _____	

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

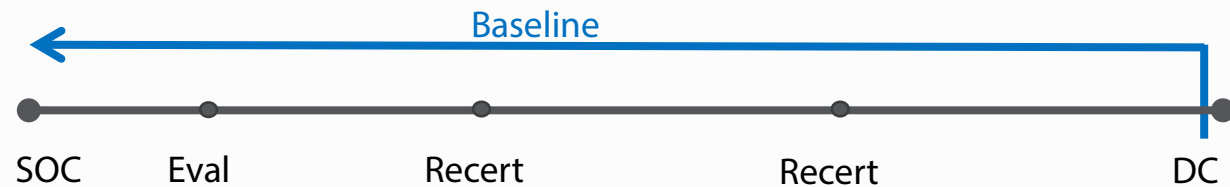
4

Symptoms poorly controlled; history of re-hospitalizations



C1310: THE COMATOSE PATIENT

C1310. Signs and Symptoms of Delirium (from CAM©)	
Code after completing Brief Interview for Mental Status and reviewing medical record.	
A. Acute Onset of Mental Status Change	
Enter Code <input type="text" value="0"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	↓ Enter Codes in Boxes
	<input type="text" value="1"/> B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	<input type="text" value="0"/> C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="text" value="1"/> D. Altered level of consciousness – Did the patient have altered level of consciousness, as indicated by any of the following criteria? <ul style="list-style-type: none"> ▪ vigilant – startled easily to any sound or touch ▪ lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch ▪ stuporous – very difficult to arouse and keep aroused for the interview ▪ comatose – could not be aroused



KNOWLEDGE CHECK #5

Opal Oasis was admitted to home health care following 1 week of care under the Hospital-at-Home program. Home care continued her IV therapy, respiratory therapy, and monitoring. She is cared for at home by her very attentive husband and a paid caregiver. She was comatose at the time of admission and throughout her quality episode.

C1310. Signs and Symptoms of Delirium (from CAM©)	
Code after completing Brief Interview for Mental Status and reviewing medical record.	
A. Acute Onset of Mental Status Change	
Enter Code <input type="checkbox"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	↓ Enter Codes in Boxes
	<input type="checkbox"/> B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	<input type="checkbox"/> C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/> D. Altered level of consciousness – Did the patient have altered level of consciousness, as indicated by any of the following criteria? <ul style="list-style-type: none"> ▪ vigilant – startled easily to any sound or touch ▪ lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch ▪ stuporous – very difficult to arouse and keep aroused for the interview ▪ comatose – could not be aroused

How should the nurse answer C1310 at discharge?

- a) A - 0
- b) A - 1, B - 0, C - 0, D - 0
- c) A - 0, B - 1, C - 0, D - 1
- d) A - 0, B - 1, C - 1, D - 1



KNOWLEDGE CHECK #5

Opal Oasis was admitted to home health care following 1 week of care under the Hospital-at-Home program. Home care continued her IV therapy, respiratory therapy, and monitoring. She is cared for at home by her very attentive husband and a paid caregiver. She was comatose at the time of admission and throughout her quality episode.

C1310. Signs and Symptoms of Delirium (from CAM©)	
Code after completing Brief Interview for Mental Status and reviewing medical record.	
A. Acute Onset of Mental Status Change	
Enter Code <input type="checkbox"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	↓ Enter Codes in Boxes
	<input type="checkbox"/> B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	<input type="checkbox"/> C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/> D. Altered level of consciousness – Did the patient have altered level of consciousness, as indicated by any of the following criteria? <ul style="list-style-type: none"> ▪ vigilant – startled easily to any sound or touch ▪ lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch ▪ stuporous – very difficult to arouse and keep aroused for the interview ▪ comatose – could not be aroused

How should the nurse answer C1310 at discharge?

- a) A - 0
- b) A - 1, B - 0, C - 0, D - 0
- c) A - 0, B - 1, C - 0, D - 1**
- d) A - 0, B - 1, C - 1, D - 1



M1830: BATHING

Code 2:

Able to bathe in shower or tub with the **intermittent** assistance of another person:

- a) For intermittent supervision or encouragement or reminders, OR
- b) To get in and out of the shower or tub, OR
- c) For washing difficult to reach areas

Code 3:

Able to participate in bathing self in shower or tub; **but** requires presence of another person **throughout** the bath for assistance or supervision.



GG0100: PRIOR LEVEL OF FUNCTIONING



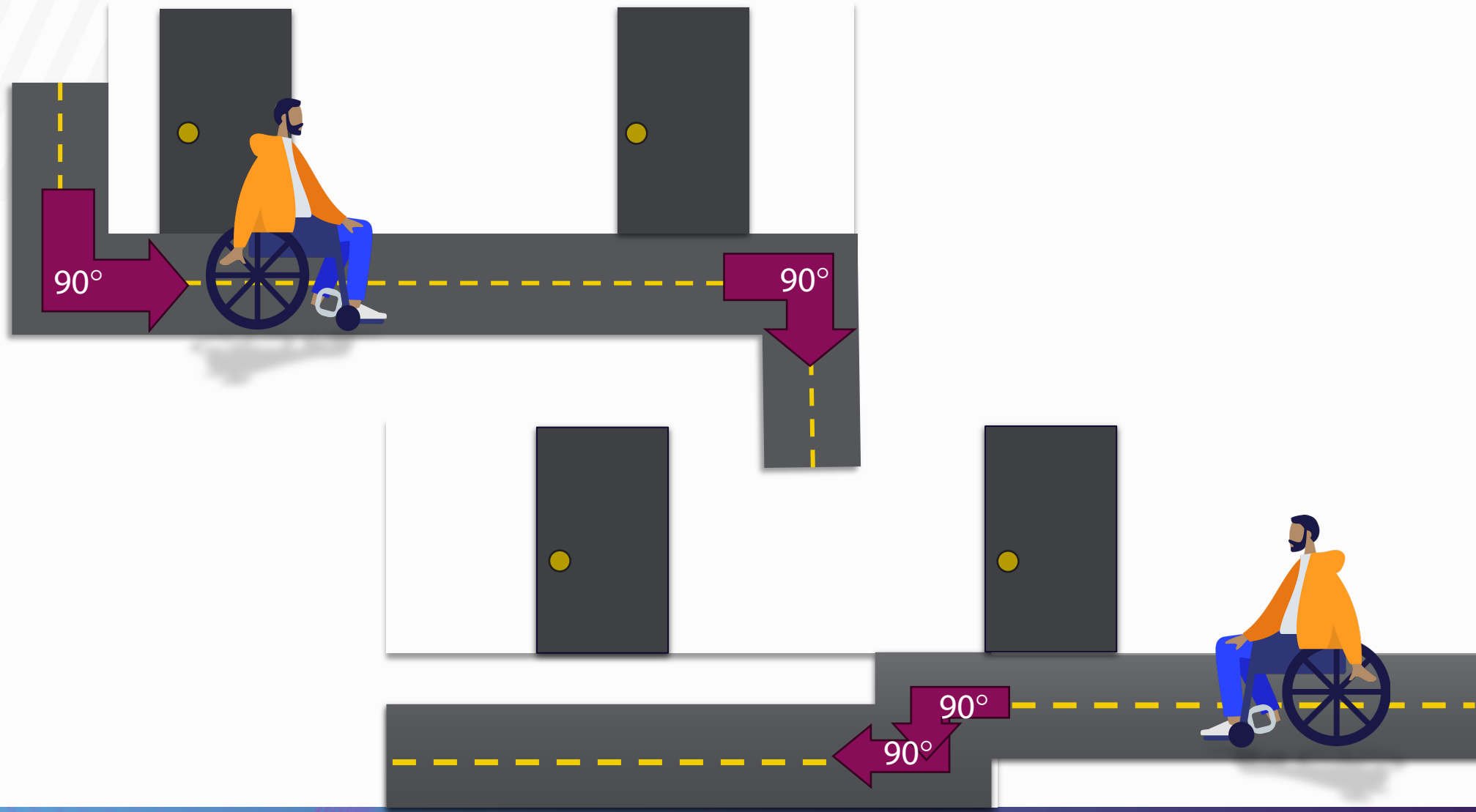
GG0100. Prior Functioning: Everyday Activities	
Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.	
Coding: 3. Independent – Patient completed all the activities by themselves, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help – Patient needed partial assistance from another person to complete any activities. 1. Dependent – A helper completed all the activities for the patient. 8. Unknown 9. Not Applicable	Enter Codes in Boxes <input type="checkbox"/> A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury. <input type="checkbox"/> B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury. <input type="checkbox"/> C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. <input type="checkbox"/> D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

Code 3. Independent Assistance available

Code 2. Needed some help Assistance required



GG0170R: WHEEL 50 FEET WITH 2 TURNS



KNOWLEDGE CHECK #6

Paul Patient is being admitted to home care following right shoulder replacement. Prior to admission, his wife would help him with bathing due to limited range of motion of his shoulder. After surgery, he requires assistance throughout bathing to keep the surgical site dry for 3 days, clean difficult to reach areas, and maintain safety.



How should the nurse complete GG0100A and M1830?

KNOWLEDGE CHECK #6

How should the nurse complete GG0100A and M1830?

- a) **GG0100A: 3.** Independent
M1830: 2. Able to bathe in shower or tub with the intermittent assistance of another person
- b) **GG0100A: 2.** Needed some help
M1830: 3. Able to participate in bathing self in shower or tub **but** requires presence of another person throughout the bath for assistance or supervision.
- c) **GG0100A: 1.** Dependent
M1830: 2. Able to bathe in shower or tub with the intermittent assistance of another person
- d) **GG0100A: 1.** Dependent
M1830: 3. Able to participate in bathing self in shower or tub **but** requires presence of another person throughout the bath for assistance or supervision.



KNOWLEDGE CHECK #6

How should the nurse complete GG0100A and M1830?

- a) **GG0100A: 3.** Independent
M1830: 2. Able to bathe in shower or tub with the intermittent assistance of another person
- b) **GG0100A: 2.** Needed some help
M1830: 3. Able to participate in bathing self in shower or tub **but** requires presence of another person throughout the bath for assistance or supervision.
- c) **GG0100A: 1.** Dependent
M1830: 2. Able to bathe in shower or tub with the intermittent assistance of another person
- d) **GG0100A: 1.** Dependent
M1830: 3. Able to participate in bathing self in shower or tub **but** requires presence of another person throughout the bath for assistance or supervision.



M1600: UTI TREATMENT

M1600. Has this patient been treated for a Urinary Tract Infection in the past 14 days?	
Enter Code <input type="checkbox"/>	0. No 1. Yes NA Patient on prophylactic treatment UK Unknown [Omit "UK" option on DC]

Required for (1.) Yes response:

Treatment of
suspected
urinary tract
infection in the
past 14 days

Treatment of
confirmed
urinary tract
infection in the
past 14 days

~~Specific ICD-10
diagnosis~~

M1033: IS THIS A FALL?



M1033. Risk for Hospitalization	
Which of the following signs or symptoms characterize this patient as at risk for hospitalization?	
↓ Check all that apply	
<input checked="" type="checkbox"/>	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months
<input type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above

An unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat).

An intercepted fall occurs when the patient would have fallen if they had not caught themselves or had not been intercepted by another person.

A result of an overwhelming external force (e.g., another person pushes the patient)

An anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training.



M1033, J1800, J1900: IS THIS A FALL?



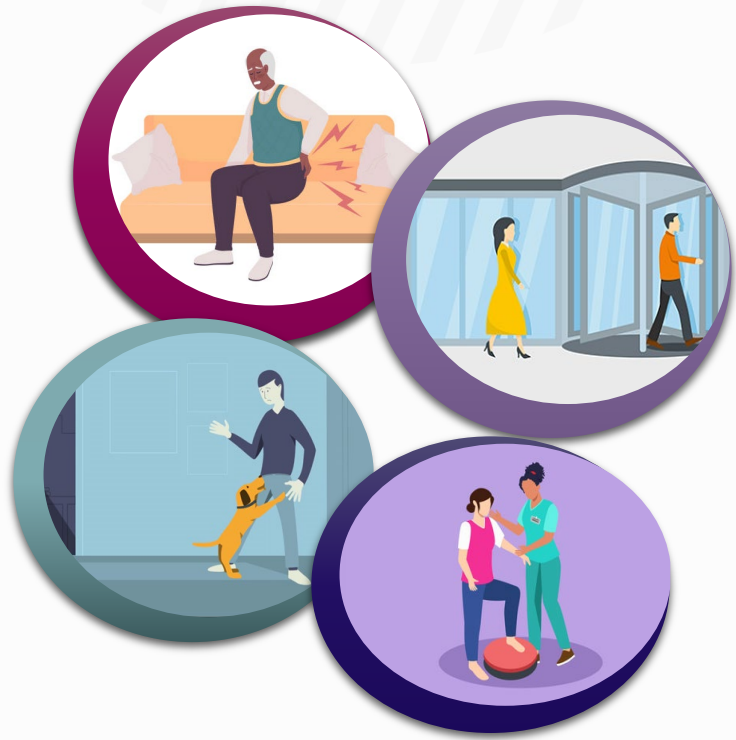
M1033. Risk for Hospitalization	
Which of the following signs or symptoms characterize this patient as at risk for hospitalization?	
↓ Check all that apply	
<input type="checkbox"/>	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months
<input type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code	Has the patient had any falls since SOC/ROC, whichever is more recent?
<input type="checkbox"/>	0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH
	1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
Coding: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma



KNOWLEDGE CHECK #7



Which of these is a fall for the purposes of M1033?

- a) Peter Patient lost balance after standing and had to rise from the couch again.
- b) Omar Oasis fell to his knees when a revolving door hit him. He was able to get up without injury.
- c) Pablo Patient fell into his nephew when his neighbor's dog jumped on him. His nephew intercepted the fall.
- d) Odette Oasis lost balance during balance testing and her PT steadied her to prevent a fall.



KNOWLEDGE CHECK #7



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- a) Peter Patient lost balance after standing and had to rise from the couch again.
- b) Omar Oasis fell to his knees when a revolving door hit him. He was able to get up without injury.
- c) Pablo Patient fell into his nephew when his neighbor's dog jumped on him. His nephew intercepted the fall.
- d) Odette Oasis lost balance during balance testing and her PT steadied her to prevent a fall.



M1033: IS THIS A “HOSPITALIZATION”?

M1033. Risk for Hospitalization	
Which of the following signs or symptoms characterize this patient as at risk for hospitalization?	
↓ Check all that apply	
<input type="checkbox"/>	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months
<input checked="" type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above



KNOWLEDGE CHECK #8

Patty Patient fell at home when her neighbor's dog jumped on her. Fracturing her hip she was hospitalized for 3 days. She was discharged to inpatient rehab for 2 weeks prior to home. Patty told the admitting therapist about having fallen during therapy while doing exercises at the rehab facility. She was especially fearful since her last fall resulted in the hip fracture. These are the only falls she reported at admission.

How would the therapist answer M1033?

- a) History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
- b) Multiple hospitalization (2 or more) in the past 6 months
- c) Both A and B
- d) Neither A nor B



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How would the therapist answer M1033?

- a) History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
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- c) Both A and B
- d) Neither A nor B**



K0520: NPO ORDERS

SOC/ROC
K0520. Nutritional Approaches
1. On Admission Check all of the nutritional approaches that apply on admission
Discharge
K0520. Nutritional Approaches
4. Last 7 days Check all of the nutritional approaches that were received in the last 7 days
5. At discharge Check all of the nutritional approaches that were being received at discharge
A. Parenteral/IV feeding
B. Feeding tube (e.g., nasogastric or abdominal (PEG))
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)
Z. None of the above



SOC



Last 7 Days



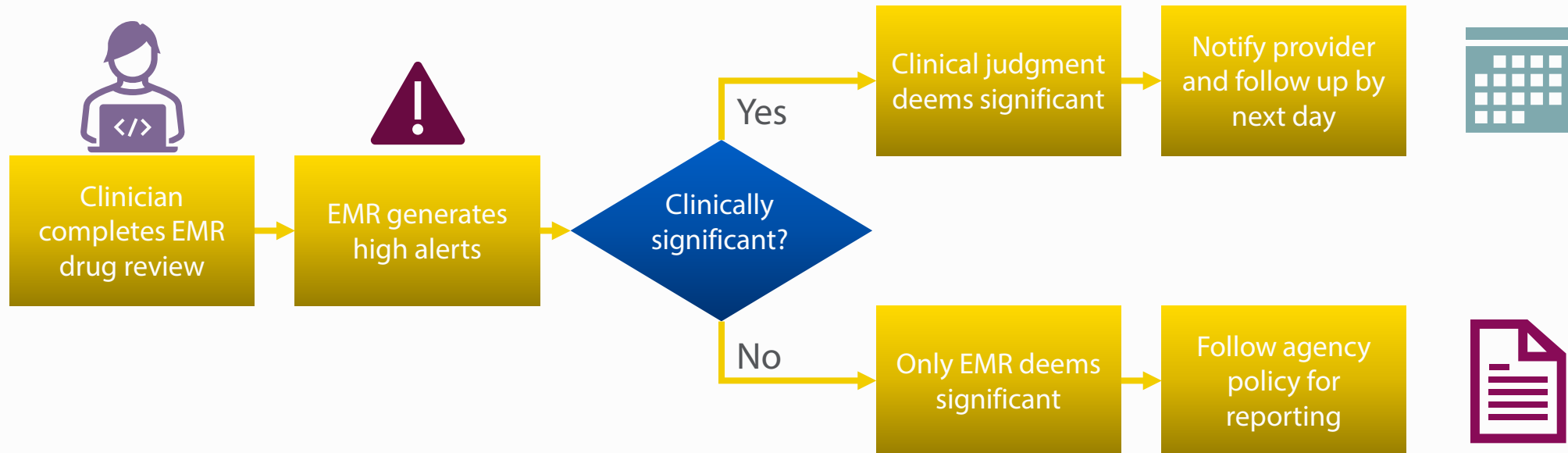
Discharge



Post Discharge



M2001, M2003, M2005: CLINICALLY SIGNIFICANT MEDICATION ISSUES



KNOWLEDGE CHECK #9

Peggy patient is being admitted to home care after a total hip replacement. After entering all her medications, Rebecca RN completed the Medication Review in her EMR. It returned a potential interaction between Fluoxetine and Levothyroxine which Peggy has taken in tandem for years without incident.

What should Rebecca do?

- a) Report the interaction to the surgeon who referred home care.
- b) Follow up with Peggy's PCP who ordered the medications to request a change.
- c) Answer M2001. Drug Regimen Review: Yes – Issues found during review. After hearing back from the doctor, answer M2003. Medication Follow-up: Yes.
- d) Answer M2001. Drug Regimen Review: No – No issues found during review.



KNOWLEDGE CHECK #9

Peggy patient is being admitted to home care after a total hip replacement. After entering all her medications, Rebecca RN completed the Medication Review in her EMR. It returned a potential interaction between Fluoxetine and Levothyroxine which Peggy has taken in tandem for years without incident.

What should Rebecca do?

- a) Report the interaction to the surgeon who referred home care.
- b) Follow up with Peggy's PCP who ordered the medications to request a change.
- c) Answer M2001. Drug Regimen Review: Yes – Issues found during review. After hearing back from the doctor, answer M2003. Medication Follow-up: Yes.
- d) **Answer M2001. Drug Regimen Review: No – No issues found during review.**



KNOWLEDGE CHECK #10



Peggy patient is being discharged to outpatient therapy. While Theo Therapist is reviewing the chart he sees that Rebecca RN followed up with the surgeon to let him know Peggy could not afford the Eliquis ordered at SOC. The doctor gave an order to take Aspirin instead. Rebecca informed the patient during the visit, and Peggy started the Aspirin the day of admission because she already had it in her home.

How should Theo answer M2005: Medication Intervention at discharge?

- a) 0. No – There were no medication interactions returned.
- b) 1. Yes – Rebecca called the doctor regarding the interaction between Fluoxetine and Levothyroxine.
- c) 1. Yes – Rebecca received an order to change from Eliquis to Aspirin, and the patient was able to take the Aspirin on the day of SOC.
- d) 9. NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

KNOWLEDGE CHECK #10

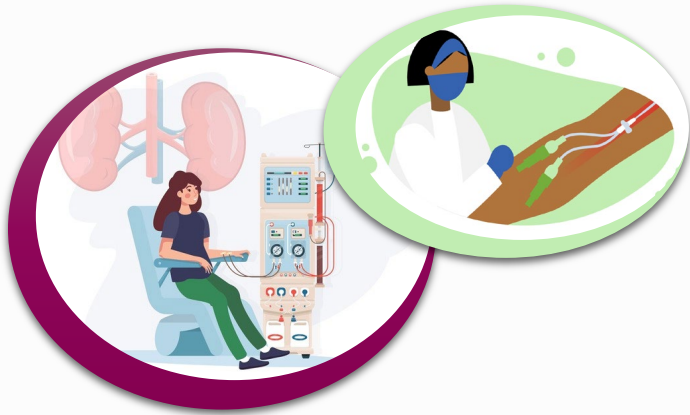


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How should Theo answer M2005: Medication Intervention at discharge?

- a) 0. No – There were no medication interactions returned.
- b) 1. Yes – Rebecca called the doctor regarding the interaction between Fluoxetine and Levothyroxine.
- c) **1. Yes – Rebecca received an order to change from Eliquis to Aspirin, and the patient was able to take the Aspirin on the day of SOC.**
- d) 9. NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

O0110: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

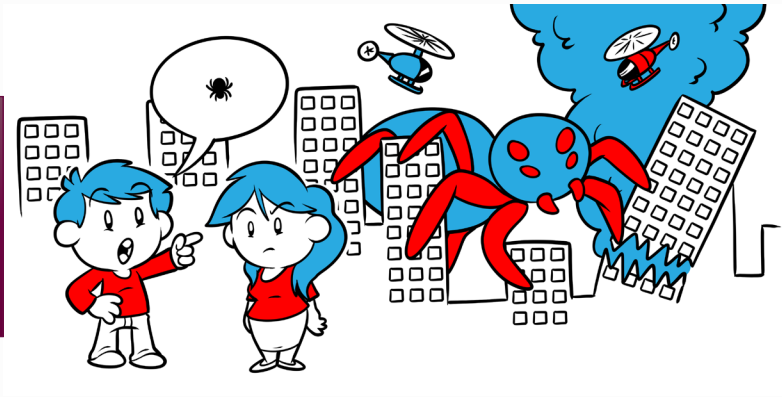


SOC/ROC	
O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission.	a. On Admission Check all that apply ↓
Discharge O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge.	c. At Discharge Check all that apply ↓
O1. IV Access	<input checked="" type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Mid-line	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>



TOP 5 OASIS TIPS

i Show, don't tell what the patient can do



i Focus on safety



i Consider timing (day of the assessment)



i Assistance means people power



i Read answers from the bottom up

M1850. Transferring	
Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	
Enter Code	0. Able to independently transfer.
<input type="checkbox"/>	1. Able to transfer with minimal human assistance or with use of an assistive device.
	2. Able to bear weight and pivot during the transfer process but unable to transfer self.
	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.



QUESTIONS?
FEEDBACK?



RESOURCES

Bernier, M. (2024, January 2). CMS posts the new draft OASIS-E1 instrument. *OASIS Answers, Inc.*
<https://oasisanswers.com/cms-posts-the-new-draft-oasis-e1-instrument/>

Centers for Medicare and Medicaid Services. (2024). April 2024 CMS Quarterly OASIS Q&As.

Centers for Medicare and Medicaid Services. (2024). January 2024 CMS Quarterly OASIS Q&As.

Centers for Medicare and Medicaid Services. (2023). July 2023 CMS Quarterly OASIS Q&As.

Centers for Medicare and Medicaid Services. (2023). October 2023 CMS Quarterly OASIS Q&As.

Centers for Medicare and Medicaid Services. (2022). Outcome and Assessment Information Set OASIS-E
Manual

