



OASIS Class 1

Home Health VNA
Merrimack Valley Hospice
HomeCare, Inc.



The Leaders in Home Health and Hospice Care

Syllabus Class 1

- ▶ What is OASIS
- ▶ Qualifying criteria
- ▶ Who requires an OASIS
- ▶ Star Rating/Value Based Purchasing
- ▶ Initial assessment
- ▶ Comprehensive assessment
- ▶ General OASIS guidelines
- ▶ RFA'S (Reason for Admission)
- ▶ Episode timing
- ▶ Inpatient diagnosis
- ▶ Diagnosis requiring changed medical treatment
- ▶ Diagnosis code selection
- ▶ Symptom control rating



What is OASIS?

- ▶ Outcome and Assessment Information Set
- ▶ Series of questions ranging from demographic information to functional abilities, skin integrity, medication management etc. etc.
- ▶ OASIS documents are completed at various time points, SOC, ROC, Recertification, Transfer, D/C, SCIC



Why is OASIS Important

- ▶ OASIS helps us develop our plan of care
- ▶ OASIS helps us determine pt needs for additional services
- ▶ OASIS paints a picture of how sick the pt is



- ▶ OASIS provides outcome measures that are publicly reported (our report card) ***Star Ratings
- ▶ OASIS provides outcome measures and other results that factor into our Value Based Purchasing Scores

Star Rating

- ▶ These ratings spotlight differences in health care quality and identifies areas for improvement using OASIS items
- ▶ Consumers, consumer advocates, health care providers, and other stakeholders can use this information to pick the home health agency they want to send their patients to
- ▶ [CMS.GOV](https://www.cms.gov)–Home health Star Ratings

Value Based Purchasing

- ▶ Centers for Medicare and Medicaid CMS, have made changes to the Medicare home health perspective payment system
- ▶ 10 outcome measures
- ▶ 6 process measures
- ▶ 3 new measures
- ▶ 5 HHCAPS –patient satisfaction survey



Apply what you learn

The OASIS should help us to ???

1. Develop the patient plan of care
2. Determine any additional services the pt may need
3. Paint a picture of how sick the pt is
4. All of the above

5 Qualifying Criteria for Home Care for Medicare Beneficiaries

1. Homebound
2. Under the care of a physician
3. Face to face encounter
4. Receiving services under a plan of care established and periodically reviewed by a physician
5. Be in need of skilled nursing care on an intermittent basis,
PT or ST or continuing need for OT



Homebound and Qualifying Criteria

Pt is homebound if the following exists:
The individual has a condition due to an illness or injury that restricts his ability to leave their place of residence except with: the aid of supportive devices such as crutches, cane, wheelchair, and walkers OR if leaving the home is medically contraindicated.

AND

Both of these:

- ▶ The individual does not have to be bedridden to be considered confined to the home. However, the condition of the patient should be such that:
 1. There exists a normal inability to leave the home and consequently
 2. Leaving the home would require a considerable and taxing effort.
- ▶ Determining homebound is a clinical judgment and critical thinking applied to the patient's ability to leave the home setting
- ▶ Absences from the home are infrequent, of short duration, or needed to receive healthcare treatment
- ▶ Must be a considerable and taxing effort to leave the home

Leaving the home includes ...

- ▶ Getting washed, dressed, fed etc.
- ▶ Getting out of the home
- ▶ Completing the task of getting to the appointment
- ▶ Returning home
- ▶ Being able to function after the trip

Allowable Destinations

- ▶ Medical appointment
- ▶ Attendance at licensed or state certified or state accredited adult day centers
- ▶ For therapeutic psychosocial or medical treatment

Methadone clinic is acceptable

Non medical reasons

- ▶ Church beauticians/barber (part of well being)



Under the care of MD

- ▶ MD
 - ▶ Doctor of Osteopathic Medicine
 - ▶ Podiatrist
- **Must call MD @ SOC/ROC/Recertification to confirm MD, POC, & do medication reconciliation**

Face To Face Encounter

- ▶ F2F encounter
- ▶ 90 days prior to SOC or w/in the first 30 days after SOC



Plan of Care includes ...

- ▶ Services, interventions, goals, allergies, nutritional requirement
- ▶ Functional limitations, activity limitations, medication, dx, interventions, goals
- ▶ Certifies that the pt is homebound and needs skilled care
- ▶ Periodically reviewed at least every 60 days



Skilled Services

- ▶ Skilled nursing on an intermittent basis
- ▶ PT
- ▶ ST
- ▶ or a continued need for OT



▶ Intermittent skilled nursing care

- ▶ Provided or needed on fewer than 7 days a week less than 8 hours a day for 21 days or less
- ▶ Medically predictable recurring need for skilled nursing services
- ▶ Have an established plan for more than one visit
- ▶ If daily need to have a plan to reduce to less than daily in 21 day

▶ Services must be reasonable and necessary

▶ EXCEPTION:

- For diabetics can be seen daily for insulin administration if no willing or able caregiver

OT is a dependent service not a qualifying service

- **OT can perform the SOC in a therapy only case**
- **OT can remain the qualifying service after the case is open and SN PT ST has d/c**
- **HHA and MSW cannot stand alone there must also be PT, OT, SN, or ST in as well**
- **PT is allowed to do a onetime evaluation and get paid by Medicare**



Apply what you learn

Can OT do a SOC under Covid Waiver ?

- ▶ Yes
- ▶ No

Who requires an OASIS

- ▶ All patient's w/ Medicare, Medicare products, Medicaid or Medicare as a secondary insurance
- ▶ Children on military insurance require an Oasis

EXCEPT

- ▶ Pts receiving maternity services
- ▶ Under the age of 18



Apply what you learn

What are the 5 qualifying criteria for patients with Medicare insurance, to be covered for homecare services ?



Initial Assessment

- Initial= 1st visit
- Determines immediate care needs
- Determines eligibility and homebound status (for Medicare pts)
- Must be within 48 hours of referral
- Or within 48 hours of return home from the hospital (or knowledge of return)
- On physician ordered SOC date



- We do the initial assessment and the comprehensive assessment on the same day most of the time in this agency


- Not done same day would be IV hook up late at night or pt too fatigued to complete comprehensive assessment



- If skilled nursing is ordered at SOC nursing **MUST** conduct the initial assessment/comprehensive assessment
- If PT & ST only PT or ST can do the initial assessment & comprehensive assessment
- Under Covid Waiver OT can do the soc in therapy only case



Components of the Comprehensive Assessment

- ▶ OASIS
 - ▶ Agency specific assessment
 - ▶ Discipline evaluation
 - ▶ Medication Reconciliation
- 



OASIS is the responsibility one clinician but

- Collaboration is now allowed on all items!!!!
- The assessing clinician does not need to have seen what the other clinicians saw in order to change an Oasis item
- Still only one person can complete the Oasis



- MOO90 is the date OASIS assessment completed
- It may not coincide w/ a visit as it may take more than one day to complete and gather all information
- May be waiting for the MD to call you back
- OASIS allows 5 days to complete the assessment, but agency policy is that oasis needs to be signed by the next a.m. by 8 or by the next scheduled visit whichever comes first



Oasis Conventions

- What is true on day of assessment unless a different time period is indicated in the item or related guidance
- Day of assessment=24 hours immediately preceding the visit and the time spent in the pt home
- Within the last 14 days -day of assessment is day 0 then count back

- Usual status/most of the time
- Refers to the pts usual status most of the time during the day under consideration greater than 50 % of the time (sometimes status changes day to day)
- Assistance refers to another person unless otherwise specified in the item
- Collaboration is allowed for all OASIS questions



- ▶ Hands on assist, **verbal cues**, or **reminders** are assistance
- ▶ 1 clinician completes the Oasis
- ▶ Minimize N/A option
- ▶ Do not look back over previous Oasis for answers
- ▶ Direct observation is preferred for functionals as it provides the most accurate data
- ▶ Oasis walk must be done at SOC/ROC (if applicable)
- ▶ Answer the questions from the bottom up



Types of Oasis

- SOC referral to agency from inpatient facility or MD office
- Recertification– day 56–60 of the certification period
- Other or SCIC –(significant change in condition) major decline or improvement in condition
- ROC– within 48 hours of return from inpatient stay
- D/C
- Transfer



Recertification–RFA 4

- Comprehensive assessment during the last 5 days of the certification period
- Requires a home visit–should be done by case manager
- May be completed over days 56–60 by the same clinician
- If F/U is late document, why
- Follow up Oasis should not be done early
- Must contact the MD to get orders for the new certification period



Recertification cont.

- If a pt is returning from an inpatient stay w/in the last 5 days of the certification period only the ROC is required



Other– RFA 5 SCIC

- Due to a major change in status
- May indicate need for a change in poc
- Requires a home visit
- Must be completed within 2 days of identifying major improvement or decline in condition



ROC-RFA 3

- ▶ Following an inpatient Stay of 24 hours or longer
- ▶ For reasons other than diagnostic testing
- ▶ Requires a home visit
- ▶ Must be completed within 2 days of pt's returning home or knowledge of return home
- ▶ Must contact MD after ROC to confirm POC and do medication reconciliation



Transfer to inpatient Facility not d/c from agency–RFA 6

- ▶ Transferred admitted to an inpatient facility 24 hours or greater other than for diagnostic testing
- ▶ Must be completed within 2 days of transfer or knowledge of transfer

Transfer to an inpatient facility d/c from agency–RFA 7

- ▶ Criteria as above
- ▶ You know the pt will not be coming back to us



Death at home RFA 8

- ▶ Died at home
- ▶ Died in the community
- ▶ Died in ambulance on way to the hospital
- ▶ Died in outpt surgery or in recovery room
- ▶ Pt died in hospital less than 24 hours after being admitted to the facility
- ▶ Must be completed within 2 days of death



D/C RFA 9

- ▶ Not due to inpatient facility admission
- ▶ Not due to death
- ▶ Goals met, not homebound, other reason
- ▶ Must be completed within 2 days of discharge or knowledge of need to d/c

- ▶ Visit is required to complete assessment

- ▶ **D/C planning should begin on SOC**–forms must be provided to Medicare pt's prior to last visit
- ▶ **Limit telephone d/c**



Episode Timing MO110

- ▶ 1st = early

2nd or more = late episode

- ▶ If pt has prior episode with > 60 days in between it does not count



Diagnosis selection and coding

- ▶ M1020–primary diagnosis–chief reason pt is receiving homecare
- ▶ M1022 secondary diagnosis=coexisting conditions actively addressed in the poc

- ▶ Co morbidities with the potential to affect responsiveness to treatment and rehab progress even if not the focus of care need to be listed
- ▶ List secondary diagnosis in order that best reflects the degree they impact the patients health and need care (to support disciplines and services provided)



Rate Degree Symptom Control

0 asymptomatic

1 symptoms controlled well with current therapy

2 symptoms controlled with difficulty, affecting daily functioning pt needs ongoing monitoring

3 symptoms poorly controlled pt need frequent adjustment in treatment and dose monitoring

4 symptoms poorly controlled history of re-hospitalization

▶ Degree of Symptom Control

0- should not be prime ever or probably even 2nd

1- should not be used for prime dx

2- Anything we are going to be monitoring is a 2

3- most prime dx would fall here having trouble controlling symptoms frequent changes in treatment /medications

4- can be for any dx that has caused rehospitalization, does not have to be the prime dx



Apply what you learn

QA should order the primary diagnosis and the first secondary dx for the admitting clinician.

True or False