FAQ

OASIS-D1 to OASIS-E:
A glimpse of the new data elements

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CMS has released its draft OASIS-E guidance manual, including the initial guidance for the new data elements that will be collected beginning on January 1, 2023. Now is the perfect time to begin introducing your agency stakeholders to these new data elements.

To successfully transition to OASIS-E, agencies should add knowledge of the new items on top of a solid foundation of existing OASIS-D1 knowledge. OASIS educator Valarie Johnson recently presented an important webinar that walked agencies through the OASIS-E changes and showed a glimpse of the guidance surrounding the new data elements. This webinar is now available to watch on-demand. In this tip sheet, Valarie answers frequently asked questions about OASIS items.

Q: Has the outcome measure for M1242 been removed or replaced with one of these new measures?

A: The "Improvement in Pain Interfering with Activity" outcome measure has been removed. However, it has not been replaced with any other outcome measure (specifically related to pain) at this time.

Q: Have you heard any talk about O0110 being inclusive of outpatient treatments that patients may be receiving as part of their home care?

A: Per the draft OASIS-E guidance:

"'Check all treatments, programs and procedures that are part of the patient's current care and treatment plan."

This would include any of the listed treatments in O0110 that are performed on an outpatient basis:

- *"Include treatments, programs, and procedures performed by others and those that the patient performed themselves independently or after set-up by agency staff or family/caregivers."*

- *"Check treatments, procedures, and programs that are performed in the patient's home, or in other settings (e.g., dialysis performed in a dialysis center)."*

Q: Where do you look for medication indication?

A: Documentation for indication can be found on either the medication bottle or in a patient's medical history, as the guidance does not exclude either. Medication bottles are considered "provider orders" and would meet the criteria of documented indication.

Q: Since M1021/M1023 will no longer be on the recertification OASIS, how will they be documented so that they flow to the 485?

A: M1021/M1023 is no longer required on the recertification OASIS or follow-up OASIS. In WellSky Home Health software, there will be an optional field where you can change the diagnoses on the OASIS, if it's necessary. This will then flow to the 485. If you choose not to change the diagnoses, this field will remain "greyed out" and the diagnoses will remain intact from M1021/M1023 from Start of Care (SOC)/ Resumption of Care (ROC). If you are not a WellSky Home Health software client, you will need to check with your electronic health record (EHR) vendor.

Q: Will the section GG items be used for a functional score like Skilled Nursing PDPM?

A: Although there is speculation that this will occur in the future, per the CY2023 proposed rule, GG items will not affect PDGM at this time.

Q: Do you have sample documentation of how the assessment should be documented for all new A items?

A: Most of the A items require the clinician to ask the patient the exact questions as they are written on the OASIS document, and to select the appropriate responses based on the guidance. Per the narrative

documentation, inclusion of these findings and relation to the POC is indicated and should be part of the patient's story as portrayed in the narrative.

Q: How often do you screen for depression?

A: The PHQ-2 to PHQ-9 is collected on the SOC, ROC, and Discharge OASIS; however, depression screening should occur whenever necessary, per clinician judgement.

Q: Where can we find a copy of the Mini-Mental State Examination that patients can complete in writing if they are hearing impaired?

A: There are written instructions for the Brief Interview for Mental Status (BIMS) within the OASIS-E guidance manual that can be used for patients with hearing impairments.

Q: How do you evaluate pain during a therapy assessment if there are no prescribed exercises during the initial OASIS RN-only assessment?

A: If, during the assessment, the patient is found to not be participating in therapy as per the guidance definition, the best response would be "Code 0, Does not apply" (if the patient has not participated in rehabilitation therapy in the past five days or if the patient responds that they did not participate in rehabilitation therapy for reasons unrelated to pain

(e.g., therapy not needed, unable to schedule) in the past five days).

Q: Does section A need to be filled out on the SOC?

A: Yes, section A needs to be filled out on a SOC.

Q: Can you explain "indication noted" in section N a little bit more?

A: In medical terminology, an "indication" for a drug refers to the use of that drug for treating a particular disease. Per the OASIS-E draft guidance, the clinician should look for documentation that the patient needs to take the high-risk medication. This indication would then be documented as provided in column 2 of N0415. The purpose of this data collection is to alert the clinician to contact the physician or prescribing provider for clarification and verification of the need for all high-risk medications.

Q: How is the POC impacted if the clinical diagnosis is no longer in OASIS-E?

A: M1021/M1023 is no longer required on the recertification follow-up OASIS; if you choose not to change the diagnoses, they will remain intact from the SOC/ROC. You will need to check with your EHR vendor.

Q: Is it the clinician's discretion if the patient is able to answer the Patient Health Questionnaire (PHQ) scale?

A: Yes, determine if the patient is "rarely understood" or "never understood" verbally, in writing, or using another method. If they are rarely or never understood, use codes D0150A1 and D0150B1 as 9 (No response) and leave D0150A2 and D0150B2 blank. Then end the PHQ-2 interview and skip D0160.

About the author

Valarie Johnson is a nationally recognized educator within home health, specializing in OASIS education. Valarie has spent the past 20 years in the home care industry in a variety of roles from frontline patient care as a physical therapist to leadership in clinical education and operations. She has a passion for helping agencies and individual clinicians simplify the complex nature of home care data collection so that they can provide efficient, patient-focused care to those in need, within the comfort of their home environments. Valarie has specialized in educating clinicians of all disciplines on OASIS, best practice patient care strategies, documentation, utilization, and regulatory compliance. She holds advanced certifications in OASIS, coding, and case management. As an experienced physical therapist and a subject matter expert in OASIS, she has a strong understanding of how to efficiently assess and accurately translate patient status and functional ability in the home to the OASIS, which affects all aspects of agency health.

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