OASIS-D1 Considerations in PDGM

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OASIS-D1 Changes

- Addition of M1033 and M1800 to the Follow-Up assessment instrument (with corresponding revisions to the All Items instrument).
- Guidance revisions include a change from required to optional data collection at certain time points for 23 items
- *No revised version of the OASIS-D Guidance Manual for 2020.*
- The changes to the OASIS data set and data collection guidance are effective for OASIS assessments with an M0090 Date Assessment Completed of January 1, 2020 or later.

OASIS-D1 Changes

- The new valid response of an equal sign is optional for certain OASIS items at specified time points (RFA 4 and 5). By coding an item with an equal sign, HHAs are indicating that they are treating the allowed item as optional and have chosen not to report on the item.
- When a clinician/agency chooses not to report on an optional item, the only valid response is an equal sign. *An equal sign and a blank or dash are not the same.*
- ***Remember the CoPs still require a comprehensive assessment.***

PDGM Components

- Timing—Early and Late 30 day payment period
- Admission Source—Community or Institutional
- Clinical Grouping from Principal Diagnosis
- Comorbidity Adjustment—Secondary Diagnoses (up to 24 additional diagnoses)
- **Functional Score (only part of payment equation from OASIS)**

PDGM Functional Items

- M1033 Risk for Hospitalization
- M1800 Grooming
- M1810 Upper Body Dressing
- M1820 Lower Body Dressing
- M1830 Bathing
- M1840 Toilet Transferring
- M1850 Bed Transferring
- M1860 Ambulation/Locomotion

What's missing compared to PPS and OASIS-D?

Note: PDGM only applies to traditional Medicare FFS

Functional Status

- Relationship exists between functional status, rates of hospital readmission, and the overall costs of health care services.
  - As functional status declines, resource use increases.
- Functional score is derived from last OASIS transmitted which may be a SOC, Follow-up for Recertification, ROC or Other Follow-up *(remember any changes to diagnoses are not from the OASIS – all diagnoses are captured from the claim)*

Functional Scoring (Table 8)

	Responses	Points (2018)	Percent of Periods in 2018 with this Response Category
M1800: Grooming	0 or 1	0	39.6%
	2 or 3	5	60.4%
M1810: Current Ability to Dress Upper Body	0 or 1	0	37.5%
	2 or 3	6	62.5%
M1820: Current Ability to Dress Lower Body	0 or 1	0	18.0%
	2	5	60.5%
	3	12	21.5%
M1830: Bathing	0 or 1	0	4.6%
	2	3	16.5%
	3 or 4	13	54.0%
	5 or 6	20	24.9%
M1840: Toilet Transferring	0 or 1	0	66.2%
	2, 3 or 4	5	33.8%
M1850: Transferring	0	0	2.5%
	1	3	32.3%
	2, 3, 4 or 5	7	65.3%
M1860: Ambulation/Locomotion	0 or 1	0	6.2%
	2	9	22.5%
	3	11	55.8%
	4, 5 or 6	23	15.4%
M1032: Risk of Hospitalization	Three or fewer items marked (Excluding responses 8, 9 or 10)	0	81.2%
	Four or more items marked (Excluding responses 8, 9 or 10)	11	18.8%

Source: CY 2018 home health claims and OASIS data (as of July 31, 2019).

Functional Score

- Low, medium, high with approximately 1/3 in each functional group (see Table 9)
- Future use of GG items
- Thresholds by functional level
- Each of the responses associated with the functional OASIS items which are then converted into a table of points corresponding to increased resource use (see Table 8).

Table 9 Functional Impairment Thresholds

TABLE 9: CY 2020 THRESHOLDS FOR FUNCTIONAL IMPAIRMENT LEVELS BY CLINICAL GROUP

Clinical Group	Level of Impairment	Points (2018 Data)
MMTA - Other	Low	0-36
	Medium	37-52
	High	53+
Behavioral Health	Low	0-36
	Medium	37-52
	High	53+
Complex Nursing Interventions	Low	0-38
	Medium	39-58
	High	59+
Musculoskeletal Rehabilitation	Low	0-38
	Medium	39-52
	High	53+
Neuro Rehabilitation	Low	0-45
	Medium	46-60
	High	61+
Wound	Low	0-41
	Medium	42-59
	High	60+
MMTA - Surgical Aftercare	Low	0-37
	Medium	38-50
	High	51+
MMTA - Cardiac and Circulatory	Low	0-36
	Medium	37-52
	High	53+
MMTA - Endocrine	Low	0-34
	Medium	35-52
	High	53+
MMTA - Gastrointestinal tract and Genitourinary system	Low	0-41
	Medium	42-54
	High	55+
MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Low	0-36
	Medium	37-52
	High	53+
MMTA - Respiratory	Low	0-37
	Medium	38-52
	High	53+

Source: CY 2018 home health claims and OASIS data (as of July 31, 2019).

M1033

PDGM

(M1033) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)**

- ☐ 1 - History of falls (2 or more falls - or any fall with an injury - in the past 12 months)
- ☐ 2 - Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- ☐ 3 - Multiple hospitalizations (2 or more) in the past 6 months
- ☐ 4 - Multiple emergency department visits (2 or more) in the past 6 months
- ☐ 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- ☐ 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- ☐ 7 - Currently taking 5 or more medications
- ☐ 8 - Currently reports exhaustion
- ☐ 9 - Other risk(s) not listed in 1 - 8
- ☐ 10 - None of the above

Any 4 except 8, 9 & 10 means 11 points

Payment item in PDGM, will be added to RFA 4 and 5

M1033—1 History of Falls

- Any fall in the last 12 months, with or without an injury, whether witnessed or unwitnessed.
  - 2 or more falls occurred OR
  - A single fall resulting in ANY injury
- Fall—an unintentional change in position coming to rest on the ground, floor, or the next lowest surface (such as a bed or chair). Falls resulting from an overwhelming force and falls resulting from therapeutic balance retraining **are** considered falls. Intercepted falls **are not** included for M1033.
- October 2019 Q&A #16

M1033—2 Weight Loss

- Unintentional weight loss of a total of 10 pounds or more in the past 12 months
  - Key: *unintentional* – often patients don't realize they have lost the weight
- When weighing the patient for M1060, ask patient and family/caregiver if this is usual weight, any changes (gain or loss) of 10 pounds or more in the last year? Has patient been dieting during that time?

M1033—3-Hospitalization

- Only acute inpatient hospital stays in last 6 months
  - No LTCHs or inpatient psych hospitalizations
- Hospitalization = being admitted for 24 hours or more to an inpatient acute bed for more than diagnostic testing. Observation stays are not included.
- If discharged from the acute hospital and then readmitted later that day to the acute hospital, that counts as two hospitalizations.
- October 2019 Q&A #s 13, 14 & 15

M1033—4-Multiple ED Visits

Response 4 - Two or more ED trips in the last 6 months

- Hospital emergency departments only (as defined in M2301)
  - Does not include walk-in clinics, Urgent care centers, same-day physician office visits
- Includes all visits to ED whether instructed to go by physician, agency or patient/family decision
- October 2019 Q&A #s 17, 18, 19

M1033—5-Decline in Mental…

Response 5 – Decline in mental, emotional or behavioral status in past 3 months

- Patient, family, caregiver or physician has noted a decline regardless of the cause
- Anything that may impact the patient's ability to remain safely in the home, increase likelihood of hospitalization
  - May be temporary or permanent
  - Physician consultation or treatment may or may not have occurred
- October 2019 Q&A #s 17, 18, 19

M1033 - 6 Difficulty complying

Response 6 – Reported/observed history of difficulty complying with any medical instructions (for example medications, diet, exercise) in the past 3 months

- Interview patient/family/caregiver: any time(s) patient has missed/skipped a medication? Eaten foods not on ordered diet? Failed to follow recommended fluid intake or restriction? Failed to follow through with prescribed exercise and/or activities?
- Review medical record, referral information
- Check med planner for compliance

M1033 - 7 Five + medications

Response 7 – Currently taking 5 or more medications

- Rx or OTC
- By any and all routes
- Includes prn medications
- Includes nutritional supplements, vitamins, homeopathic and herbal products, TPN, oxygen

M1033 – 8 and 9

- These do not provide any case-mix points in PDGM scoring (only responses 1-7 count)
- Response 8 – Currently reports exhaustion
- Response 9 – Other risk(s) not listed in 1-8
  - Anything that might potentially increase the risk of hospitalization
  - Slower movement during sit to stand and walking
  - Ex: dialysis treatment, terminal diagnosis, low literacy, blindness, unstable caregiver, limited financial resources, unsafe environment, etc.

OASIS Conventions for ADL Items

- Identify ***ability***, not actual performance or willingness
- Assess patient's ability to ***safely*** complete the specified activities listed in the OASIS item and only those specific tasks
- Patient's ability to access needed items and/or location where the task occurs is INCLUDED, unless specifically excluded in guidance
  - M1845 Toileting hygiene—excludes getting to the location where the toileting occurs
  - M1870 Feeding/Eating—excludes getting to location where meal is consumed and excludes transporting food to table
- Consider what the patient is able to do on the day of assessment; if ability varies over the 24 hour period, select the response that describes the patient's ability more than 50% of the time
- If patient's ability varies between multiple tasks included in the item, report ability to perform a majority of the included tasks, giving more weight to tasks that are performed more frequently

Conventions for ADL Items (con't)

- Consider medical restrictions when determining ability
- While the presence or absence of a caregiver may impact actual performance of activities, it does not impact the patient's ability to perform a task
- Response scales present the most optimal (independent) level first, then proceed to less optimal (most dependent) levels. ***Read the responses from the bottom up!***
- "Assistance" means help from another human being
- Service animals are considered "devices" not "assistance"
- Do not assume the patient would be able to safely use equipment that is not in home at the time of assessment

OASIS Conventions for ADL Items

- Ability can be temporarily or permanently limited by:
  - physical impairments (for example, limited range of motion, impaired balance)
  - emotional/cognitive/behavioral impairments (for example, memory deficits, impaired judgment, fear)
  - sensory impairments, (for example, impaired vision or pain)
  - environmental barriers (for example, accessing grooming aids, mirror and sink, stairs, narrow doorways, location where dressing items are stored).
    - Environmental barriers may be different dependent on the tasks.

CMS Q&A Feb 2019 "Understanding OASIS Function M and GG Item Coding"

- The intention is not for the codes on the GG and M items to be duplicative or always "match"
- Each OASIS item should be considered individually and *coded based on guidance specific to that item*
- **There are differences between items that have the same or similar names**
  - What is **included** or **excluded** in the activity
  - What coding instructions apply to the activity, i.e. **differing conventions** related to assistive device use
  - Majority of tasks rule doesn't apply

GG0130 and GG0170 Responses

- **06** Independent: no assistance from another person
- **05** Set-up/Clean-up assistance: assistance from ONE other person before *and/or* after the activity but not during the actual performance of the activity
- **04** Supervision/touching assistance: verbal/non-verbal cueing or touching/steadying/contact guard assistance from ONE person
- **03** Partial/moderate assistance: physical assistance from ONE person who provides LESS than half the effort of the activity
- **02** Substantial/maximal assistance: physical assistance from ONE person who provides MORE than half the effort of the activity
- **01** Dependent: physical assistance from ONE person who provides ALL the effort to complete the activity, OR patient requires the assistance of TWO or MORE persons to complete the activity

Bedfast Defined

- "Bedfast refers to being confined to the bed, either per physician restriction or due to a patient's inability to tolerate being out of the bed." If the patient can tolerate being out of bed, they are not bedfast unless they are medically restricted to the bed. The patient is not required to be out of bed for any specific length of time.
- The assessing clinician will have to use her/his judgment when determining whether or not a patient can tolerate being out of bed. For example, a severely deconditioned patient may only be able to sit in the chair for a few minutes and is not considered bedfast as she/he is able to tolerate being out of bed. A patient with Multiple System Atrophy becomes severely hypotensive within a minute of moving from the supine to sitting position and is considered bedfast due to the neurological condition which prevents him from tolerating the sitting position.

Key to Remember

- **What is the difference between "willingness" and "adherence" (which do not impact OASIS scoring) and "cognitive/mental/emotional/behavioral impairment" (which may impact OASIS scoring)?**
- In absence of pathology, patients may make decisions about how and when they perform their activities of daily living that may differ from what the clinician determines to be acceptable. A patient may choose to shave and brush his teeth infrequently because he doesn't value doing it at a frequency that the clinician deems as socially appropriate. There are differences in the frequency at which grooming or bathing is performed, or expected to be performed based on age, religion, culture and familial practices, and this is not necessarily indicative of pathology.

Things to Remember

- Patient 1 demonstrates that they can safely ambulate while using a walker, but then as a *matter of choice*, decides to walk without it.
- Patient 2 demonstrates that they can safely ambulate while using a walker, but then consistently walks without it, *forgetting* that they have a walker.
- For OASIS scoring, non-conformity or non-adherence should not automatically be considered indicative of a deeper psychological impairment. The assessing clinician will have to use clinical judgment to determine if the patient's actions are more likely related to impairment, or to personal choice made in awareness of the potential related risk.

ADL Assessment Strategies

- Observation/demonstration is the *preferred method*
- Patient/caregiver interview
- Physical assessment
- Physician orders
- Plan of Care
- Referral information
- Review of past health history
- Document any inconsistencies

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M1800 Grooming

PDGM

(M1800) **Grooming:** Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).		
Enter Code ☐	0	Able to groom self unaided, with or without the use of assistive devices or adapted methods.
	1	Grooming utensils must be placed within reach before able to complete grooming activities.
	2	Someone must assist the patient to groom self.
	3	Patient depends entirely upon someone else for grooming needs.

5 Points

Excludes bathing, shampooing hair, and toileting hygiene.
Includes getting to the area where grooming takes place and accessing grooming aids, sink, or mirror.
Added to the FU (RFA 4 and 5) since a payment item in PDGM

M1800 Grooming

- Patient's ability to safely perform grooming, given the current physical and mental/emotional/cognitive status, activities permitted, and environment.
- Select the response that best describes the patient's level of ability to perform the majority of grooming tasks.
- Patients able to do more frequently performed activities (for example, washing hands and face) but unable to do less frequently performed activities (trimming fingernails) should be considered to have more ability in grooming.

Assessment Tips for M1800

- Observe the patient get to the location where grooming takes place and where items are kept; assess for environmental barriers.
- Ask the patient to go through the motions involved in grooming: assess upper extremity range of motion, balance when bending over the sink.
- Observe patient's appearance, hygiene and grooming to determine if patient has been able to do tasks on day of assessment; ask patient or caregiver if any assistance has been needed.
- Determine patient's ability to perform a majority of grooming tasks safely, consider frequency.

M1800 Grooming

- Response 0: patient can independently get to grooming location, access all supplies used, and has the ability to do the majority of grooming tasks with no help from another person.
- Response 1: patient needs assistance to get to grooming location **or** access supplies used, but once at the location with supplies in reach, patient has the ability to do the majority of tasks with no help from another person.
- Response 2: patient needs help from another person to do some of the grooming tasks, but is able to do part of the actions him/herself.
- Response 3: patient is not able to do any grooming tasks and requires another person to do all grooming tasks for patient.

CMS Q&A July 2019

- **QUESTION 10:** OASIS guidance says ability to access the location and items needed to complete grooming tasks are considered in M1800, so if patient needs to be assisted to the bathroom for safety, or needs grooming items placed within reach, then could complete the tasks with no further assistance, they would be scored a "1" for grooming. Some clinicians refer to M1800 "1" for grooming as "set up". My concept of set up means doing things like opening the toothpaste tube and putting toothpaste on the toothbrush, not just placing an item within reach. For OASIS scoring, if a patient needs assistance to open and/or set up grooming items (i.e. put toothpaste on toothbrush, opening the top of the toothpaste tube or other items such as items to apply make-up), is this considered providing access to the items and scored as a "1", or is it considered providing assistance and scored a "2" as long as the majority of the grooming tasks required this assistance?
- **ANSWER 10:** Each OASIS item should be considered individually and coded based on the guidance provided for that item. Response 1 for M1800 relates to patient access of "utensils" needed for grooming (e.g., accessing grooming aids, mirror, sink). Response 1 for M1800 is placing grooming items within reach and is ***not to be considered the same as Response 05-Set-up or Clean-up assistance for GG0130*** items which includes assistance a helper provides only prior to or following the activity, but not during the activity.
- In your scenario, putting toothpaste on the toothbrush and opening the top of the toothpaste goes beyond placing the items within reach and would be considered providing assistance for **M1800 Response 2**.

Quiz

- Mr. Kingsley's wife helps him to the bathroom because of his unsteady gait. Once there, he sits on the stool in front of the sink and completes his grooming by himself (everything he needs is kept on the counter). When he's finished, he calls for his wife who helps him back to his recliner.

(M1800) **Grooming:** Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	
Enter Code ☐	0 Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 Grooming utensils must be placed within reach before able to complete grooming activities. 2 Someone must assist the patient to groom self. 3 Patient depends entirely upon someone else for grooming needs.

How can this score be improved by discharge?

Contrast and Compare

☐	☐	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures from and to the mouth, and manage equipment for soaking and rinsing them. Oral hygiene without teeth included

Do not consider assistance provided to get to or from the bathroom to score Oral hygiene.

Do consider assistance needed to get to area for scoring Grooming.

(M1800) **Grooming:** Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up teeth or denture care or fingernail care).	
Enter Code ☐	0 Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 Grooming utensils must be placed within reach before able to complete grooming activities. 2 Someone must assist the patient to groom self. 3 Patient depends entirely upon someone else for grooming needs.

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M1810/M1820 Dress Upper/Lower Body

(M1810) Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	
Enter Code ☐	0 Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 Someone must help the patient put on upper body clothing. 3 Patient depends entirely upon another person to dress the upper body.

6 Points

(M1820) Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	
Enter Code ☐	0 Able to obtain, put on, and remove clothing and shoes without assistance. 1 Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 Patient depends entirely upon another person to dress lower body.

12 pts

5 points

M1810/M1820 Dressing

- Ability to obtain, put on, and remove upper body and lower body clothing items.
- Assess ability to put on whatever clothing is *routinely worn*.
- Specifically includes the ability to manage zippers, buttons, and snaps if these are routinely worn.
- Consider the clothing to be "routine" if:
  - It is what the patient usually wears and will continue to wear
  - Patient modifies the clothing worn due to a physical impairment and the new styles are expected to become the patient's new routine clothing
  - There is no reasonable expectation that the patient could return to their previous style of dressing. There is no specified timeframe at which the modified clothing style will become the routine clothing

M1810/M1820 Dressing

- Prosthetic, orthotic, or other support devices applied to the upper body (for example, upper extremity prosthesis, cervical collar, or arm sling) and/or lower body (for example, lower extremity prosthesis, ankle-foot orthosis [AFO], or TED hose) should be considered as dressing items.
  - Elastic bandages, including ACE Wraps, worn for support and compression should be considered as a dressing item, but wraps utilized solely to secure a wound dressing would not be considered a dressing (clothing) item for M1810 or M1820.
- Answer based on majority of tasks (each piece of clothing or prosthetic/orthotic is a dressing task).
- Do NOT consider the importance of one item over another. 4b132.2.
- Patient must dress in stages due to shortness of breath – Still can be independent

Environment Modification

- If the environment is modified (e.g., the patient decides to start storing clothing in the dresser instead of hanging in the closet), and the patient can now access clothes from a location without anyone's help, then this new arrangement could now represent the patient's current status (e.g., clothing's new "usual" storage area and patient's ability). The appropriate score would be a "0" if the patient was also able to put on and remove a majority of his clothing items safely. Remember day of assessment.
  - Temporary storage because of weakness—1 (Patient could then work to gain independence in accessing clothing from its usual storage location, or decide to make long-term environmental modifications, and possibly achieve improvement in the outcome if successful.)
  - Permanent storage—0

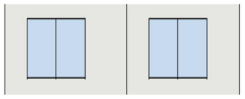
Assessment Tips for M1810/M1820

- Ask the patient if he/she has difficulty dressing upper body. Includes getting to where clothing items are stored and accessing items, including orthotics, prosthetics, etc.
- Opening and removing garments during the physical assessment of heart, lungs, and extremities provides opportunity to evaluate spinal flexion, joint range of motion, shoulder and arm strength, coordination, and manual dexterity needed for dressing. The patient also can be asked to demonstrate the body motions involved in dressing.
- Observe the patient's general appearance and clothing and ask questions to determine if the patient has been able to dress independently and safely.

M1810/M1820 Dressing

- Response 0: No assistance from another person needed for patient to get to dressing location, obtain clothing and other items and don/doff items safely.
- Response 1: patient needs assistance to get items out of storage location, but once items are in reach, patient can put on and take off the majority of items without help.
- Response 2: patient requires some help from another person to don/doff items, is not able to safely obtain and put on / take off the majority of clothing items without help. This help may be verbal cueing/reminders, stand-by assistance, or hands on help.
- Response 3: patient is not able to participate in dressing and undressing him/herself and requires another person to dress and undress the patient.

Contrast and Compare



F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

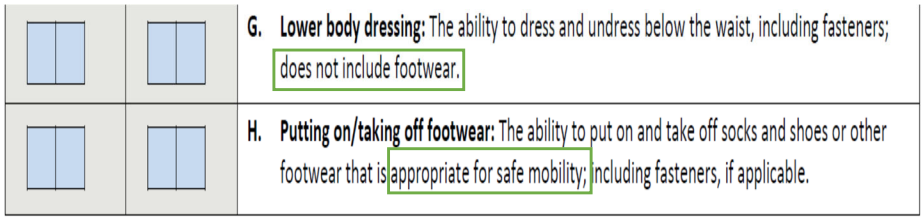
What is routinely worn

Need assist getting clothes out: 05

Clothing items PLUS elastic bandages, prosthetics, collars **IF patient puts on and off with clothing**

(M1810) Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:		
Enter Code ☐	0	Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
	1	Able to dress upper body without assistance if clothing is laid out or handed to the patient.
	2	Someone must help the patient put on upper body clothing.
	3	Patient depends entirely upon another person to dress the upper body.

Contrast and Compare



G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

If an item covers all/part of foot (even if it extends up the leg), it is considered footwear for GG0130H. If an item goes on the lower body and does not cover any part of the foot, it is considered a lower body dressing item for GG0130G.

(M1820) Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:		
Enter Code ☐	0	Able to obtain, put on, and remove clothing and shoes without assistance.
	1	Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
	2	Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
	3	Patient depends entirely upon another person to dress lower body.

Ms. Moana

Ms. Moana wears a muumuu and has gone commando for a year or more because she has a hard time handling her underwear. How should I answer M1810, M1820, GG0130F and GG0130G?

- Score M1810 and GG0130F according to how much assistance she needs to put on her muumuu. If Ms. Moana doesn't wear underwear or any other lower body garment, Score M1820 response 3 and GG0130G with the appropriate activity not attempted code.
- October 2019 Q&A 32

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M1830 Bathing

PDGM

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

Enter Code ☐

3 pts	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.
13 pts	3	Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
	4	Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
20 pts	5	Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
	6	Unable to participate effectively in bathing and is bathed totally by another person.
	0	Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
	1	With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.

M1830 Bathing

- Specifically **excludes** washing face and hands, shampooing hair, and drying off
- The focus is on patient's ability to access the tub/shower, transfer in and out, and bathe entire body once needed items are within reach. The ability to access bathing supplies and prepare water ***in the tub/shower*** are **excluded** from consideration when assessing bathing ability.
- The amount of assistance patient requires to get to the location bathing occurs would be considered. If patient requires assistance (another person to provide verbal cueing, stand-by or hands-on assistance) to safely ambulate down the hallway and no other assistance with transfer and bathing, this is intermittent assistance, therefore M1830 Response 2 - Able to bathe in shower or tub with the intermittent assistance of another person should be reported. (April 2016 Q and A)

M1830 Bathing

- Response 0 – patient needs **no assistance** from another person to get to tub/shower and bathe all of body from neck to toes; patient is totally independent in bathing safely and **no assistive devices** are needed.
- Response 1 – patient needs **no assistance** from another person, and is independent bathing with devices in the home and **all devices are used safely/correctly**.
- Response 2 - patient requires one, two, or all three types of assistance listed in a, b and/or c, but not the continuous presence of another person. If patient needs help to get to bathing location, score 2. If patient requires standby assistance to bathe safely in tub or shower or requires verbal cueing or reminders, then select Response 2 if the **assistance is required only intermittently.**

M1830 Bathing

- Response 3 – patient needs the **continuous** presence of another person to provide **assistance** in bathing in the tub or shower in order to be safe. May use device or not.
- If the patient does not have a tub or shower in the home, or if the tub/shower is nonfunctioning or not safe for patient use, the patient should be considered unable to bathe in the tub or shower.
- Do not assume the patient would be safe using equipment that is not in the home on day of assessment.

M1830 Bathing

- Response 4 - patient must be able to safely and **independently** bathe outside the tub/shower, *including independently accessing water safely* at a sink, or setting up a basin at the bedside, etc.
- Response 5 - patient is unable to bathe in the tub/shower and needs ***intermittent or continuous*** **assistance** to wash their entire body safely at a sink, in a chair, or on a commode.
- Response 6: patient is totally unable to participate in bathing and is **totally bathed by another person**, regardless of where bathing occurs.

M1830: Assessment Techniques

- Check referral orders: does patient have medical restrictions that affect bathing?
- Use combination of interview and observation
- Assess environmental barriers, available safety equipment, functioning tub/shower/sink
- Ask the patient how they currently bathe, and what type of assistance is needed to wash entire body
- Observe patient get to location where bathing occurs or access water in basin/sink
- Observe the patient's general appearance in determining if the patient has been able to bathe self independently and safely

M1830: Assessment Techniques

- Observe patient actually stepping into shower or tub to determine how much assistance the patient needs to perform the activity safely
- Ask the patient to demonstrate the motions involved in bathing the entire body.
- Evaluate the amount of assistance needed for the patient to be able to safely bathe in tub or shower. The patient who only performs a sponge bath may be *able* to bathe in the tub or shower with assistance and/or a device.
- Consider safety: home setting, equipment, ability
- Score at SOC/ROC before you teach or get equipment

Examples

The patient's tub is nonfunctioning or unsafe for use. His bath supplies are kept on the counter and patient bathes himself at the sink without any additional help.

- M1830: ?

What if he can't get to the sink and his wife has to set up a basin at the bedside for the patient to bathe himself?

- M1830: ?

The patient is ordered not to shower until 7 days after surgery when the sutures will be removed. When the nurse arrives, he is just getting out of the shower and his dressing is soaking wet. He showered without any assistance except his wife helped him get into the shower.

- M1830: ?

Examples

The patient is on physician-ordered bed rest.

- M1830 = ?

The patient chooses not to navigate the stairs to the tub/shower.

- M1830 = ?

Examples

The patient is on physician-ordered bed rest.

- M1830 = 5 or 6 depending on whether patient can participate in bathing himself in the bed.

The patient chooses not to navigate the stairs to the tub/shower, and sponge bathes at the sink in the kitchen.

- M1830 = 2 or 3. If the patient *chooses* not to navigate the stairs, but is *able* to do so with supervision, then her ability to bathe in the tub or shower is dependent on that supervision to allow her to get to the tub or shower. 4bQ134
  - How much help does the patient need to get to the shower upstairs? Does she need help with bathing once she gets there? Continuous or intermittent assistance?

Example

The patient fell getting out of the shower on two previous occasions and is now afraid and unwilling to try again.

- If due to fear, she refuses to enter the shower even with the assistance of another person; either Response 4, 5, or 6 would apply, depending on the patient's ability at the time of assessment. If she is able to bathe in the shower when another person is present to provide required supervision/assistance, then Response 3 would describe her ability.

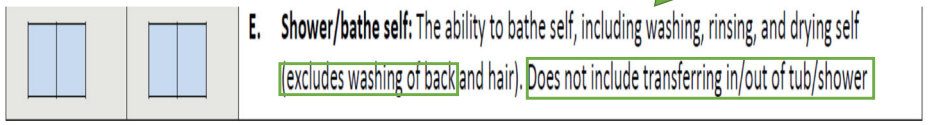
Example

The patient is allowed to bathe in the tub, but is medically restricted from getting the cast on his lower leg and foot wet. He is unable to put the water protection sleeve on over the cast, but once someone applies the protective sleeve for him, he can get into and out of the bathtub using a transfer bench and wash all of his body with a handheld shower.

- M1830: ?

Contrast and Compare

Location does not matter.



E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

Enter Code ☐

0	Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
1	With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
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.
3	Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
4	Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
5	Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
6	Unable to participate effectively in bathing and is bathed totally by another person.

03 or 02

04 Not included

Practice

- Ms Wyatt currently bathes with a plastic tub which the caregiver sets up for her with soap, water, wash cloth and towel. She then bathes by herself. Prior to her hip replacement she hired a contractor to remove her old tub and replace it with a walk-in shower, complete with a built-in ledge for sitting while bathing, grab bars and a hand-held shower. The shower has not been completed at this point. What would her score be on M1830?
- Bonus on GG0130E: Should her performance be coded 05, Set-up or clean-up assistance as the only help she requires is setting up the basin or 10, Not attempted due to environmental limitations since she is NOT bathing in a tub/shower?
- What if the caregiver returns to replace the water for rinsing?

Practice Answers

- M1830 Bathing? **5** Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
- GG0130E: Score based on patient's ability to bathe herself, regardless of where the bathing takes place. Your patient bathes at the sink and only requires assistance for setting up and filling the plastic tub she uses for bathing. If no other assistance is required while the patient washes, rinses and dries off her body, select Code **05 Set-up/Clean-up.**
- If the patient requires any assistance at any time during the bathing activities of washing, rinsing, drying (for instance needs someone to refresh the tub of water for rinsing), Code **03 Partial/moderate assistance, one person provides less than half the effort of the activity**

Current Scores

- Improvement in Bathing

Your agency	NE State Average	National Average
	78.3%	**79.7%**

https://www.medicare.gov/homehealthcompare

SOC
ROC
FU
DC

M1840 Toilet Transferring

PDGM

(M1840) **Toilet Transferring:** Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.		
Enter Code ☐ 5 pts	0	Able to get to and from the toilet and transfer independently with or without a device.
	1	When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
	2	Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
	3	Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
	4	Is totally dependent in toileting.

Assessment Tips for M1840

- Ask pt/cg toileting location, equipment used, assist
- Observe the patient during transfer and ambulation to determine if the patient has difficulty with balance, strength, dexterity, pain, safety awareness
- Determine the level of assistance needed by the patient to safely get to and from *and* on and off the toilet or commode.
- Consider environmental barriers/limitations
- Tasks related to personal hygiene and management of clothing are not considered when responding to this item.

M1840 Toilet Transferring

- Response 0: patient can get to/from and on/off the bathroom toilet independently and safely with no assistance from another person. May use a device or not. If patient uses the bedside commode for convenience at night but can use toilet during day (>12 hrs out of 24), score response 0.
- Response 1: patient needs standby assistance, verbal cueing or reminders, or hands-on help from another person to safely get to and from the bathroom toilet, and transfer on and off the toilet.

M1840 Toilet Transferring

- Response 1 requires patient participation (effectively participate by contributing effort toward the completion of some of the included tasks)
  - If the patient requires standby assistance to get to and from the toilet safely or requires verbal cueing/reminders.
  - If the patient needs assistance getting to/from the toilet ***or*** with toileting transfer ***or*** both.
  - If the patient can independently get to the toilet, but requires assistance to get on and off the toilet.
- Response 2: patient is not able to get to/from and on/off the toilet, but has a bedside commode in the home on day of assessment and is able to get to/from and on/off the bedside commode with or without help from another person. May or may not use device.

M1840 Toilet Transferring

- Response 3: patient has a bedpan/urinal in home day of assessment, and is able to place and remove a full bedpan/urinal independently. This is the best response whether or not a patient requires assistance to empty the bedpan/urinal. Another person may bring the bedpan to the patient and remove the full bedpan once patient is off the bedpan.
  - If bedfast patient needs assistance to get on/off bedpan, the appropriate Response is "4-Is totally dependent in toileting" even if they can place and remove the urinal.
- Response 4: patient is not able to get both to/from and on/off toilet or bedside commode or bedpan, or applicable equipment is not available in home day of assessment.
  - Patient who uses adult diapers **may** be response 4.

No Toilet

- In the absence of a toilet in the home, the assessing clinician would need to determine if the patient is able to use a bedside commode (Response 2), or if unable to use a bedside commode, if he is able to use a bedpan/urinal independently (Response 3).
- If the patient is not able to use the bedside commode or bedpan/urinal as defined in the responses, *or if such equipment is not present in the home to allow assessment*, then Response 4 – totally dependent in toileting would be appropriate.

GG0170F Toilet Transfer

ONLY

☐	☐	F. **Toilet tranfer:** The ability to get on and off a toilet or commode.

- Does not include getting to/from the toilet or BSC
- Can assess with a BSC if patient has equipment
- Toileting hygiene and clothing management are not considered part of the toilet transfer activity

SOC
ROC
FU
DC

M1850 Bed Transferring

PDGM

(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 ☐

7 pts

3 pts

0	Able to independently transfer.
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.

M1850 Bed Transferring

- Identifies the patient's ability to safely transfer from bed (or current sleeping surface) to chair (and chair to bed), or position self in bed if bedfast.
- For most patients, the transfer between bed and chair will include transferring from a supine position in bed to a sitting position at the bedside, then some type of standing, stand-pivot, or sliding board transfer to the closest chair or sitting surface, and back into bed from the chair or sitting surface.
- ***M1850 does not "match" the GG0170 Mobility items in rows A-E***
  - Device use
  - Sitting to standing position
  - Chair vs bed

M1850 Transferring

- If there is no chair in the patient's bedroom or the patient does not routinely transfer from the bed directly into a chair in the bedroom, report the patient's ability to move from a supine position in bed to a sitting position at the side of the bed, and then the ability to stand and then sit on whatever surface is applicable to the patient's environment and need, (for example, a chair in another room, a bedside commode, the toilet, a bench, etc.). Include the ability to return back into bed from the sitting surface.
- The need for assistance with gait may impact the Transferring score if the closest sitting surface applicable to the patient's environment is not next to the bed.

M1850 Transferring

- Response 0 – patient able to transfer independently and safely **without using any device or help from another person.**
- Response 1 – **Minimal human assistance** could include any combination of verbal cueing, environmental set-up, and/or actual hands-on assistance, where the level of assistance required from someone else is equal to or less than 25% of the total effort to transfer and the patient is able to provide >75% of the total effort to complete task.
- Select Response 1 if:
  - Patient transfers ***either*** with minimal human assistance (but not device), ***or*** with the use of a device (but no human assistance)
  - Patient is able to transfer self from bed to chair, but requires standby assistance to transfer safely, or requires verbal cueing or reminders
  - Patient requires another person to position the wheelchair by the bed and apply the brakes to lock the wheelchair for safe transfer from bed to chair

M1850 Transferring

- Response 2 - Able to bear weight refers to the patient's ability to support the majority of his/her body weight through any combination of weight-bearing extremities (for example, a patient with a weight-bearing restriction of one lower extremity may be able to support his/her entire weight through the other lower extremity and upper extremities).
- Select Response 2 if:
  - Patient requires more than minimal assistance (more than 25% of the effort to transfer comes from another person helping)
  - Patient requires ***both*** minimal human assistance ***and*** an assistive device to be safe
  - Patient **can bear weight and pivot**, but requires more than minimal human assist,

M1850 Transferring

- Response 3 – patient cannot bear weight or cannot pivot (one or the other or both), and is not bedfast by the OASIS definition.
- A patient who can tolerate being out of bed is not "bedfast." If a patient is able to be transferred to a chair using a Hoyer lift, Response 3 is the option that most closely resembles the patient's circumstance; the patient is unable to transfer and is unable to bear weight or pivot when transferred by another person. Because he is transferred to a chair, he would not be considered bedfast ("confined to the bed") even though he cannot help with the transfer

M1850 Transferring

- If the patient is bedfast, select Response 4 or 5, depending on the patient's ability to turn and position self in bed.
- Bedfast refers to being confined to the bed, either per physician restriction or due to a patient's inability to tolerate being out of the bed. Responses 4 and 5 do ***not*** apply for the patient who is not bedfast.
- The frequency of the transfers does not change the response, only the patient's ability to be transferred and tolerate being out of bed.

M1850 Assessment Techniques

- Observe the patient lie down on their back in bed or on their usual sleeping surface. Assistance needed?
- Observe the patient roll up into a sitting position on the side of the bed. Assistance needed?
- Identify the nearest sitting surface and observe patient perform some type of transfer to that surface. The transfer may involve standing and taking a few steps to the chair or bench or bedside commode, a stand-pivot, or a sliding board transfer. Assistance needed? What type of assistance? How much assist? By whom? Is a device used/needed to be safe?
- Observe patient transfer back onto the bed from the sitting surface.

M1850 Assessment Techniques

- Ask patient/caregiver what assistance has been needed the day of assessment to do this task.
- Consider environmental barriers, furniture placement, physical strength, balance, ROM, pain, vision, cognition and safety awareness.
- If a chair or bench cannot be placed next to the bed, patient's ability to ambulate to nearest sitting surface may impact scoring.

GG0170a - e and M1850 not same

☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	C. **Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	D. **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	E. **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).

(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. 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.

Current Scores

- Improvement in Bed Transferring

Your agency	NE State Average	National Average
	77.4%	**77.5%**

SOC
ROC
FU
DC

M1860 Ambulation/Locomotion

PDGM

(M1860)	**Ambulation/Locomotion:** Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
Enter Code	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 3 Able to walk only with the supervision or assistance of another person at all times. 4 Chairfast, unable to ambulate but is able to wheel self independently. 5 Chairfast, unable to ambulate and is unable to wheel self. 6 Bedfast, unable to ambulate or be up in a chair.

9 pts

11 pts

23 pts

M1860 Ambulation/Locomotion

- Identifies the patient's ability and the type of assistance required to safely ambulate or propel self in a wheelchair over a variety of surfaces.
  - Variety of surfaces refers to typical surfaces that the patient would routinely encounter in his/her environment, and may vary based on the individual residence.
- Assess patient's ***ability*** to ambulate; endurance is not included in this item.
- Patient may use a wheelchair 75% of the time due to distances and endurance, and ambulates 25% of the time – that patient has the ability to ambulate.
- The patient that is only able to take a few steps to complete the transfer to and from a wheelchair is NOT able to functionally ambulate, that patient is chairfast.
- The patient that stays in bed watching TV all day and gets up to walk to the table for meals has the ability to ambulate – he just chooses to stay in bed most of the time; that doesn't make him bedfast.

M1860 Assessment Techniques

- Observe the patient walk a reasonable distance, if safe
  - Consider all surfaces in patient's environment, assess on steps if routinely used
  - Does patient use a device? Correctly and safely? What type?
  - Does patient use walls or furniture for support?
  - Does patient demonstrate loss of balance or other actions that suggest additional support is needed for safe ambulation?
  - Does the patient demonstrate safe gait pattern?
- If chairfast, does the patient have a wheelchair?
  - Power or manual? Do the brakes work properly?
  - Can the patient demonstrate ability to wheel the chair independently and as directed? Across the floor? Through doorways? Up/down entrance ramp? Safely?
  - Check feet/lower legs for bruises, abrasions

Assessment Techniques M1860

- Do not assume patient would be able to safely use equipment that is not available in home day of assessment.
- Consider environmental barriers, available equipment, amount of supervision / assistance that patient should have to ambulate/locomote safely in home.
- Caregiver availability is not considered: it is not ***does*** the patient have a caregiver present to help, but ***should*** the patient have a caregiver to be safe.

M1860 Ambulation / Locomotion

- Response 0: patient can safely walk on any surface in their environment, including stairs, **without any device or any human assistance AT ALL.**
  - If you mark this response, better document why the patient is homebound!
- Response 1: Safe on all surfaces and stairs **with a one-handed device – NO HUMAN ASSISTANCE** NEEDED AT ALL FOR ANY SURFACE.
  - Includes all kinds of canes, as long as they only require one hand to use safely and correctly.

M1860 Ambulation / Locomotion

- Regardless of the need for an assistive device, if the patient requires human assistance (hands on, supervision and/or verbal cueing) to safely ambulate, select Response 2 or Response 3, depending on whether **assistance required is intermittent ("2") or continuous ("3").**
- Response 2: patient is safely able to ambulate with a two-handed device on all surfaces (includes all types of walkers, crutches, knee scooter as long as device is intended for use with two hands). If patient requires ***intermittent*** assistance of another person on stairs, steps, or uneven surfaces choose response 2, even if no device used. If patient needs assistance at some times of day/night, choose Response 2, regardless if any device is used or not.

M1860 Ambulation/Locomotion

- Response 3: patient needs continuous assist or supervision when ambulating to be safe, regardless if any device is used or not; patient does not have a walking device and is clearly not safe walking alone, *but the patient is not chairfast;* patient forgets to use the walker due to memory impairment and requires supervision at all times when ambulating.
- Responses 4 and 5 refer to a patient who is unable to ambulate, even with the use of assistive devices and/or continuous assistance.
  - A patient who demonstrates or reports ability to take one or two steps to complete a transfer, but is otherwise unable to ambulate should be considered chairfast, and would be scored 4 or 5, based on ability to wheel self
  - Wheelchair may be powered or manual version

M1860 Ambulation/Locomotion

Patient safely ambulates with a quad cane in all areas of the home except her bedroom and bathroom where she has shag carpet that tangles in the prongs of the cane. In those rooms, she switches to a walker to ambulate safely. The patient does not require any human assistance.

- M1860: 2

M1860 Ambulation/Locomotion

- **Patient has no device in home and is not safe ambulating even with assistance from another person all the time**.
- "5-Chairfast, unable to ambulate and is unable to wheel self".
- **Patient ambulates safely with a straight cane, but requires a stair lift to get up and down stairs in her home.**
- If the patient requires no human assistance while ambulating and negotiating the stairs, but requires a stair lift to traverse the stairs safely, she would be scored a "2" for M1860 if she needs two hands to use the stair lift and a "1" if she only needs one hand to safely use the stair lift.

M1860 Ambulation/Locomotion

A patient is able to ambulate independently with a walker, but he chooses to not use the walker, therefore is not safe. Response #2, or Response #3?

- Report the patient's physical and cognitive ability, not their actual performance, adherence or willingness to perform an activity. If observation shows the patient is able to ambulate independently with a walker, without human assistance, *select Response 2 for M1860.*
- However, if the patient forgets to use the walker due to memory impairment, that impacts his ability. The clinician would need to determine if the patient needed someone to assist at all times in order to ambulate safely and if so, M1860 would be a "3". If the patient only needed assistance intermittently, the correct response would be a "2".

Knee Scooter

- If a patient is safely using a knee scooter to facilitate non-weight bearing on one lower extremity, what response would be selected for M1860 - Ambulation?
- First, determine if the knee scooter will be considered an assistive device for the purpose of ambulation. If the assessing clinician determines the knee scooter is an assistive device, then determine if the patient is safe using the scooter without the assistance of another person and assess the number of hands (one-hand or two-hands) the patient requires to safely use the device.

How safe are they?

Patient is wheelchair bound and cannot ambulate but can wheel self. Patient also has advanced dementia or cognitive decline and although the patient can wheel self independently, he/she is unable to do so with any purpose, (i.e., patient could not follow simple instructions to get to another room, or could not self-evacuate in the event of an emergency). What response should be selected?

- The assessing clinician must consider the non-ambulatory patient's ***ability to safely use the wheelchair***, given the patient's current physical and mental/emotional/cognitive status, activities permitted, and the home environment.
- In the scenario, the patient's advanced dementia/cognitive decline is noted as a concern because the patient is unable to wheel self with purpose. Other than addressing safety on surfaces the patient would routinely encounter in their environment, CMS guidance does not detail specific criteria regarding patient ambulation or wheelchair use (i.e., how far the patient must walk, or wheel self; of if they use ambulation or wheelchair mobility with specific purpose, regularity, or efficiency). **It is left to the judgment of the assessing clinician to determine the patient's ability (i.e., does the patient's mental status impacted his/her safety?) and select a response accordingly.**

Current Scores

- Improvement in Ambulation/Locomotion

Your agency	NE State Average	National Average
	76.1%	77.7%

M0110 Episode Timing

Changes under PDGM

- Early: 1st 30-day period
- Late: 2nd and later 30-day period(s)
- Switches back to early only if a gap in home health services of more than 60 days
- M0110 useless in PDGM
- Automatically assigned appropriate timing category by claims system

M0110

(M0110)	**Episode Timing:** Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes?	
Enter Code	1	Early
N A	2	Later
	UK	Unknown
	NA	Not Applicable: No Medicare case mix group to be defined by this assessment.

Wording still works but guidance manual still refers to 60-day episodes

M0110

- Will not change and will not be optional (no equal sign)
- May mark NA on all Medicare (traditional/FFS) assessments (not optional)
- Will still be used for other payers who use the 60-day definition.
- October 2019 OASIS Q&A #s 11 & 12

M2200 Therapy Need

(M2200) **Therapy Need:** In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? **(Enter zero ["000"] if no therapy visits indicated.)**

(☐☐☐) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

☐ NA - Not Applicable: No case mix group defined by this assessment.

1. No longer used for PDGM
2. May be used for other payors
3. MAY code NA for all assessments that do not require data for payment including Medicare FFS
4. However, data is used for risk adjustment for OASIS-based functional outcomes, so may elect to enter estimated therapy visits planned for **60-day certification period**
5. January 1—Agencies may enter = sign at Follow-Up time point only

October 2019 Q&A 27 and 28

Resources for OASIS Accuracy

- OASIS-D1 data set
- OASIS-D Guidance Manual, Ch. 1 and Ch. 3
- CMS OASIS Static Q&As Category 1-4
  - Updated last October 2018
- CMS Quarterly Q&As, resumed April 2018
- OASIS Considerations for Medicare PDGM Patients
- WOCN Guidance for OASIS Wound Items
- OASIS Education Coordinator for your state

Quality Resources

- Home Health Quality Reporting Program website

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html

  - Spotlight and Announcements
  - Home Health Quality measures, Star Measures
  - OASIS data sets and Guidance Manuals
  - HH Quality Reporting Training

- Home Health Quality Help Desk email: homehealthqualityquestions@cms.hhs.gov
- References and Manuals

https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals

And remember…

When guidance from two CMS resources conflicts – use the most recent.

When unable to find an exact answer – use clinical judgement.

If there's no information in the Q&As – consider submitting a question to CMS

Homehealthqualityquestions@cms.hhs.gov

What questions do you have?

- Lisa@selmanholman.com
- Teresa@selmanholman.com

Selman-Holman & Associates, A Briggs Healthcare Company

- www.selmanholman.com

CoDR—Coding Done Right—home health and hospice outsource for coding, OASIS review, and coding audits

CodeProU—comprehensive online ICD-10-CM, OASIS, and regulatory training for home health and hospice