

OASIS Matters

News From The Texas OASIS Help Desk

OASIS-C2



Change is in the air. That's right another change in the OASIS data set. Why the change so soon?

The OASIS data set is being modified in order to comply with the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) of 2014.

The IMPACT requires the collection and reporting of standardized patient assessment data and quality measures across these post-acute care settings:

- Long-term Care Hospitals
- Skilled Nursing Facilities
- Inpatient Rehabilitation Facilities
- Home Health Agencies

For home health, the IMPACT Act requires standardizing the assessment data for skin integrity and medication reconciliation by January 1, 2017.

The new C2 version has:

- 3 new standardized items and guidance incorporated;
- Modification to several existing items' wording & response options;
- Formatting changes;
- 5 items look-back period revised; AND
- Clarifications in response to questions submitted to the CMS OASIS Help Desk.

The OECs will highlight some of the OASIS-C2 changes in this issue of OASIS Matters.



For detailed information see the OASIS-C2 guidance manual, Chapter 3, & Appendix G. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-C2-Guidance-Manual-6-29-16.pdf>

Remember, additional OASIS guidance is found in the CMS OASIS Q&As at:

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

A Must Read: March 2016 - Policy Letter 16-03 Mandatory Reporting of OASIS Data: (ctrl+ click)

<http://www.dads.state.tx.us/providers/communications/2016/letters/PL2016-03.pdf>



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HIGHLIGHTS



A New C2 Look for Many OASIS Items!

Everyone wants a new look sometimes and several OASIS Items have one!

OASIS Item M1800 is an example of one of the items that were reformatted to convert multiple check boxes to a single box for data entry.

(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.
<input type="checkbox"/>	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.

There are 42 OASIS items changed to this format. Check out these items and other changes listed in [Appendix G of the OASIS- C2 Guidance manual](#). (ctrl + click to open)



Back Period...

changed for 5 items along with the item numbering (increased by one), to reflect this change in the time period under consideration.

For example:

Currently with OASIS-C1/ICD-10, the look back period for M1500 Symptoms in Heart Failure Patients, is at the time of or any time since the previous assessment.

OASIS ITEM	
(M1500)	Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the previous OASIS assessment?
<input type="checkbox"/>	0 - No [Go to M2004 at TRN; Go to M1600 at DC]
<input type="checkbox"/>	1 - Yes
<input type="checkbox"/>	2 - Not assessed [Go to M2004 at TRN; Go to M1600 at DC]
<input type="checkbox"/>	NA - Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to M1600 at DC]

Now with OASIS-C2, it is more specific. The look back period for the new M1501 is at the time of or any time since the most recent SOC/ROC assessment.

(M1501)	Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the most recent SOC/ROC assessment?
Enter Code	0 No [Go to M2005 at TRN; Go to M1600 at DC]
<input type="checkbox"/>	1 Yes
	2 Not assessed [Go to M2005 at TRN; Go to M1600 at DC]
	NA Patient does not have diagnosis of heart failure [Go to M2005 at TRN; Go to M1600 at DC]

Other data items impacted by this change:

OLD # _____ **NEW #**

M1510 >>>>>>>**M1511** Heart Failure Follow-up

M2015 >>>>>>>**M2016** Patient/Caregiver Drug Education Intervention

M2300 >>>>>>>**M2301** Emergent Care

M2400 >>>>>>>**M2401** Intervention Synopsis



MORE!

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Section F - Integumentary



The numbering for pressure ulcer staging was changed from Roman to Arabic numerals.



M1306 Does this patient have at least one **Unhealed Pressure Ulcer at Stage 2 or Higher** or designated as Unstageable?
(Excludes Stage 1 pressure ulcers and healed Stage 2 pressure ulcers)



Stage 3 and 4 (full thickness) pressure ulcers heal through a process of granulation, contraction and re-epithelialization. Once the pressure ulcer has fully granulated and the wound surface is completely covered with new epithelial tissue, the wound is considered closed, and will continue to remodel and increase in tensile strength. For the purposes of scoring the OASIS, the wound is considered healed at this point, and should no longer be reported as an unhealed pressure ulcer.

The guidance for M1306 also indicates home health agencies may adopt the NPUAP guidelines in their clinical practice and documentation. However, since CMS has adapted the NPUAP guidelines for OASIS purposes, the definitions do not perfectly align with each stage as described by NPUAP. When discrepancies exist between the NPUAP definitions and the OASIS scoring instructions provided in the OASIS Guidance Manual and CMS Q&As, providers should rely on the CMS OASIS instructions.

Check this out!

The OASIS specific guidance for **M1306** can be found in Chapter 3 on **pages F-3 and F-4 in the OASIS-C2 Guidance Manual.**

M1308 was modified and renumbered to **M1311 Current Number of Unhealed Pressure Ulcers at Each Stage.** M1311 identifies the number of Stage 2 or higher pressure ulcers at each stage present at the time of assessment.



Terminology referring to "healed" versus "unhealed" ulcers refers to whether the ulcer is "closed" versus "open". Recognize, however, that Stage 1 pressure ulcers and Suspected Deep Tissue Injury (sDTI), although closed (intact skin) would not be considered healed. Unstageable pressure ulcers, whether covered with a non-removable dressing or eschar or slough, would not be considered healed.

Check this out!

The OASIS specific guidance for **M1311** can be found in Chapter 3 on **pages F-7 through F-10 in the OASIS-C2 Guidance Manual.**



M1311 (OASIS-C2)
Question 4: In OASIS-C2, M1311 appears to be taking the place of M1308. M1308 has been collected at SOC, ROC, FU & Discharge, but it appears that portions of M1311 will not be completed at all time points? Please clarify?

Answer 4: M1311 will be collected at SOC/ROC, Follow-up and Discharge, although the portions of the item referenced as A2, B2, C2, D2, E2, and F2 should be omitted at the SOC/ROC time points.

(OASIS Q&As July 2016) ctrl+ click <https://www.qtso.com/hhatrain.html>

MORE!

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HIGHLIGHTS



Section L—Medications

M2000 was modified and renumbered to **M2001 Drug Regimen Review**: Did a complete drug regimen review identify potential clinically significant medication issues?

The examples of clinically significant medication issues were removed from the item stem. Also, "Not assessed/reviewed" is no longer a response option.



(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code	0 No - No issues found during review [Go to M2010]
<input type="checkbox"/>	1 Yes - Issues found during review
	9 NA - Patient is not taking any medications [Go to M2040]

Check this out!

The OASIS specific guidance for **M2001** can be found in Chapter 3 on **pages L-1 through L-3 in the OASIS-C2 Guidance Manual.**

M2002 was modified and renumbered to **M2003 Medication Follow-up**.

Within one calendar day clarified as by midnight of the next calendar day in the item stem. To enter Response 1- Yes, the two -way communication AND completion of the prescribed/recommended actions must have occurred by midnight of the next calendar day after the potential clinically significant medication issue was identified.



(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code	0 No
<input type="checkbox"/>	1 Yes

Check this out!

The OASIS specific guidance for **M2003** can be found in Chapter 3 on **pages L-4 and L-5 in the OASIS-C2 Guidance Manual.**

M2004 was modified and renumbered to **M2005 Medication Intervention**. The look back period changed from since the previous OASIS to since the SOC/ROC.

"NA" response is for the patient not taking any medications.

To enter Response 1 – Yes, the two-way communication AND completion of the prescribed/recommended actions must have occurred by midnight of the next calendar day **each time** a potential clinically significant issue was identified.



(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code	0 No
<input type="checkbox"/>	1 Yes
	9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Check this out!

The OASIS specific guidance for **M2005** can be found in Chapter 3 on **pages L-6 through L-8 in the OASIS-C2 Guidance Manual.**

MORE!

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HIGHLIGHTS



New OASIS Data Items



(M1028) Active Diagnoses—Comorbidities and Co-existing Conditions. (Check all that apply.)

See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.

- 1 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- 2 - Diabetes Mellitus (DM)

Time Points Completed: Start of Care and Resumption of Care

Item Intent: M1028 identifies whether two specific diagnoses are present, and active. These diagnoses influence a patient’s functional outcomes or increase a patient’s risk for development or worsening of pressure ulcer(s).

Be sure to check out the **Steps for Assessment:** How to identify diagnoses and determining whether diagnoses are active, included in the guidance for this item. The diseases and conditions in this item require a physician (or nurse practitioner, physician assistant, clinical nurse specialist, or other authorized licensed staff if allowable under state licensure laws) documented diagnosis at the time of assessment.

What’s meant by active diagnoses for this item? Want to know what to do if information regarding active diagnoses is learned after the “Assessment Completed Date?” Are there diagnoses codes listed for active PAD, PVD when selecting Response 1 and active Diabetes Mellitus when selecting Response 2?

Check this out!

The OASIS specific guidance for **M1028** can be found in Chapter 3 on pages **C-13 through C-15 in the OASIS-C2 Guidance Manual.**

(M1060) Height and Weight – While measuring, if the number is X.1 – X.4 round down; X.5 or greater round up

inches

a. Height (in inches). Record most recent height measure since the most recent SOC/ROC

pounds

b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)



Time Points Completed: Start of Care and Resumption of Care

Item Intent: M1060 items support calculation of the patient’s body mass index (BMI) using the patient’s height and weight.

Be sure to check out the **Steps for Assessment:** How to document the patient’s height & weight accurately and what to do if the patient cannot be weighed.

What’s the purpose of knowing the patient’s BMI? Want to know what to do with this data item if this information is not available?

Check this out!

The OASIS specific guidance for **M1060** can be found in Chapter 3 on pages **C-25 & C-26 in the OASIS-C2 Guidance Manual.**

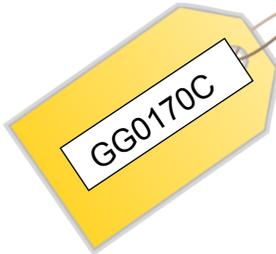
MORE!

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HIGHLIGHTS



New OASIS Data Items (Cont.)



Section GG: FUNCTIONAL ABILITIES and GOALS			
(GG0170C) Mobility			
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not performed at the SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale. Do not use 09, or 88 to code discharge goal.			
Coding:	1. SOC/ROC Performance	2. Discharge Goal	
Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.			
Activity may be completed with or without assistive devices.	↓Enter Response in Boxes↓		Lying to Sitting on Side of Bed: The ability to safely 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.
08 Independent – Patient completes the activity by him/herself with no assistance from a helper.	<input type="text"/>	<input type="text"/>	
05 Setup or clean-up assistance – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.			
04 Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.			



Item GG0170C Intent: This Item identifies the patient's need for assistance with the mobility task of moving from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

Time Points Completed: Start of care and Resumption of care.

The Rationale for this OASIS Item: Mobility limitations can adversely affect wound healing and increase risk for the development of pressure ulcers.

Check this out!

The **complete** OASIS Item and the OASIS specific guidance for Item **GG0170C** can be found in Chapter 3 on pages **K-16 through K-18 of the OASIS-C2 Guidance Manual**.

A Different Kind of OASIS

OECs wanted to give home health agencies a “heads up” about the Texas OASIS: Dementia Training Academy. This is a free, 2-day event, hosted by DADS in collaboration with Dr. Susan Wehry. **This is not on the OASIS data set or related to OASIS item guidance.**

Here is what we know. “The training academy will focus on dementia basics, including person-centered care; managing behaviors and alternatives to antipsychotic medications; assessments and care planning; sexuality in dementia; and cultural and socioeconomic considerations.”

You may find this training beneficial for caring for your patients with dementia. Registration opened Sept. 1, 2016. For more information, contact karen.lose@dads.state.tx.us.

Technically Speaking

Information and Tips from the Texas OASIS Automation Coordinator



Keeping You Informed!

~Standard Data Format and OASIS~

In keeping with Regulation 42 CFR 484.20(d), home health agencies must encode and transmit OASIS data using software that conforms to CMS standard electronic layout, edit specifications, data dictionary, and that includes the required OASIS data set.

Q: How can I make sure I'm doing that?

A: One way is by using the JHAVEN application.

JHAVEN

JHAVEN (Java-based Home Assessment Validation ENtry) is an optional, **FREE** CMS software available to home health agencies. jHAVEN use is not required, but agencies can use jHAVEN software for data entry, editing, and validation of OASIS data in order to transmit OASIS to the QIES ASAP System. **Should we say again that it is free?**

JHAVEN Downloads, Installation and User Guides can be found using the following link: <https://www.qtso.com/havendownload.html>

JHAVEN Help Line: 800-339-9313

New update: jHAVEN 1.1.2 available at the above link! - (Posted 09/12/2016). jHAVEN has been updated with HH PPS Grouper (v5216) and ICD-10 CM codes.

Purchased software-

An agency may choose to purchase software for OASIS transmission from a software vendor. If a home health agency uses software other than jHAVEN, it must conform to all CMS standardized electronic record formats, edit specifications, and data dictionaries. The software must also include the required data sets.

If an agency has difficulty verifying if their purchased software conforms to CMS requirements, then the agency must contact their own computer support personnel and their OASIS data encoding software vendor being used.

Where can I find the CMS
OASIS data submission
specifications?



(Ctrl + click)

Data submission specifications are available at the following link:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html>

OASIS Data sets are available at this link:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets.html>



Resources and Important Links

(CTRL + CLICK to access links!)

DADS OASIS Resource page: <http://www.dads.state.tx.us/providers/HCSSA/oasis.html>

OASIS-C2 Guidance Manual: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

A Guide to OASIS-C2 Guidance Manual changes can be found in Appendix G

OASIS Submission Users Guide available: <https://www.qtso.com/hhatrain.html>

OASIS Questions and Answers: <https://www.qtso.com/hhatrain.html>

