DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
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**Center for Clinical Standards and Quality/Survey & Certification Group**

April 6, 2015

Linda Krulish, PT, MHS, COS-C
President
OASIS Answers, Inc.
PO Box 2768
Redmond, WA 98073

Dear Ms. Krulish:

Thank you for your letter of 04/01/2015 in which you requested review of a number of questions and scenarios related to data collection and accurate scoring of Outcome and Assessment Information Set (OASIS) items. The accompanying questions and answers have been reviewed by CMS staff, selected content experts and contractors, and consensus on the responses has been achieved.

As deemed valuable for providers, OASIS Education Coordinators and others, CMS will consider incorporating these questions and answers into current OASIS-C preparation and education activities, and may include them in future updates to the CMS Q&As posted at https://www.qtso.com/hhatrain.html, and/or in future releases of item-by-item tips.

In the meantime, you are free and encouraged to distribute these responses through educational offerings sponsored by OASIS Answers, Inc. (OAI) or general posting for access by all interested parties. Thank you for your interest in and support for enhancing OASIS accuracy.

Sincerely,

Patricia A. Sevast, BSN, RN
Nurse Consultant
Division of Continuing Care Providers
Survey and Certification Group
Office of Clinical Standards & Quality
Centers for Medicare & Medicaid Services

cc: Cheryl A. Wiseman, MS, MPH
Government Task Leader
Division of Chronic & Post-Acute Care
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# April 2015 CMS Quarterly OASIS Q&As

## Category 4b

### M1033

**QUESTION 1:** When a clinician is responding to M1033, how should exhaustion be defined? Does this refer to mental or physical exhaustion, or both?

**ANSWER 1:** The assessing clinician may consider both physical and/or mental exhaustion when responding to M1033. Note that the information can be gathered by report, and refers to the patient's "current" (day of assessment) status.

### M1308 and M1309

**QUESTION 2:** Upon admission, our patient had two distinct pressure ulcers in close proximity. Over the course of the episode the ulcers deteriorated and no longer had any separating tissue. Do we now call this one pressure ulcer at the worst stage?

**ANSWER 2:** If at the SOC/ROC the patient had two distinct pressure ulcers (for example, one Stage III and one Stage IV), and the surface areas of the pressure ulcers progressed to the point that they "became one ulcer" in that the assessing clinician could no longer differentiate one pressure ulcer from the other; at discharge, if the pressure ulcer was stageable, the patient would have one Stage IV pressure ulcer reported in M1308 row c. Since at discharge, the patient has a Stage IV pressure ulcer in the area that had been a Stage IV at SOC/ROC, the Stage IV would not be reported as "new or worsened" in M1309, row d.

### M1340, M1342

**QUESTION 3:** How would M1340 – Surgical Wound and M1342 – Status of Most Problematic Surgical Wound be answered, if the clinician determines that the steri-strips completely obscure the incision preventing visual assessment of the wound? Would the clinician need to obtain an order from the physician stating the steri-strips are a "non-removable dressing" for the wound to be considered not observable in M1340?

**ANSWER 3:** Steri-strips are skin closures (similar in intent to sutures or staples) and not a dressing or device. Steri-strips will remain in place until they fall off, unless there is a specific clinical reason and/or physician's order to remove them sooner. While they are in place, if the placement of the steri-strips allows sufficient visualization of the wound, the assessing clinician can determine and report on M1342 the appropriate healing status response, based on the WOCN guidance. If the steri-strips completely obscure the incision, or obscure the incision to the point that the assessing clinician is unable to visualize the incision well-enough to determine

the healing status, then M1340 - Surgical Wound should be reported as Response 2 - Surgical wound known but not observable due to non-removable dressing/device, and M1342 would be skipped. Note that while steri-strips are clinically different than a dressing or a device, the limitations of the OASIS data responses make this the best response in the situation described.

## M1610

**QUESTION 4:** We have a patient whose incontinence is managed utilizing a penis pouch. This external device has the appearance of an ostomy bag and drains with a tube like a typical catheter bag. For purposes of M1610 – Urinary Incontinence or Urinary Catheter Presence, which response should be selected?

**ANSWER 4:** When a penis pouch is utilized (for example, with a patient with a retracted penis who cannot effectively wear an external catheter), the assessing clinician should consider the device "like" an external catheter and select Response 2 - Patient requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic) for M1610.

## M2020 and M2030

**QUESTION 5:** A patient resides in an ALF with around the clock assistance (M1100 Patient Living Situation = 11 - Patient lives in congregate situation with around the clock assistance available), and the ALF staff is administering medications to the patient, per facility policy. If the assessing clinician determines that the patient could administer their own medications (pills and injections) but is not being allowed to do so by the facility, how should M2020 Management of Oral Medications and M2030 Management of Injectable Medications be answered?

**ANSWER 5:** M2020 reports the patient's ability to take the correct oral medication(s) and proper dosage(s) at the correct times. M2030 reports the patient's ability to take all injectable medication reliably and safely at all times. In situations where facility policies restrict medication access to residents, thereby creating a artificial barrier for the patient to self-administer their own medications, the assessing clinician will rely on his/her assessment of the patient's vision, strength and manual dexterity in the hands and fingers, as well as cognitive ability and general mobility, and any other relevant barriers, and use clinical judgment and make an inference regarding the patient's current ability. The clinician could gather information by report and/or observation, including asking the patient to describe the oral and injectable medications they take and when, and asking the patient to demonstrate the steps for administration, including needle disposal for injectable medications.

## M2102

**QUESTION 6:** At the SOC, my patient's daughter is present. She lives out of town and has been staying with my patient for 1 week. She will be leaving in 3 days, after which there will not be a regular caregiver in the picture. How should M2102 – Types and Sources of Assistance be answered?

**ANSWER 6:** At SOC/ROC, the assessing clinician should report on M2102 what is known on the day of assessment regarding ability and willingness of caregivers to provide help in the various categories of assistance listed, for the upcoming episode of care. The assessing

clinician would utilize his/her clinical judgment to determine the type of assistance needed by the patient, the ability and willingness of caregivers (other than home health agency staff) to provide the needed assistance, and how long the episode of care is expected to be. In the scenario described the assessing clinician is knowledgeable that the daughter is leaving within the week and would consider not only the daughter's anticipated absence, but also how long the care is expected to continue, when determining the appropriate response for M2102.

If the relative is staying to care for the patient for a week, and the clinician expects to see the patient for 5-6 weeks, then the assessing clinician may use clinical judgment and determine that the relative's temporary presence should not be considered when selecting a response for M2102. If the relative is staying to care for the patient for a week, and the clinician expects the patient to transition to outpatient services within a week or two, the clinician may use clinical judgment and determine that the relative's temporary presence should be considered for M2102.

## M2250 and M2400

**QUESTION 7:** Our home health agency has a physical therapy only patient with a Stage II pressure ulcer. Although we are assessing the patient's skin as part of the comprehensive assessment requirements, the wound care for the pressure ulcer is being provided by an outpatient wound center and family members in the home and includes moist wound healing interventions. Since the wound care is not part of the home health plan of care, or being billed for by the agency, no orders for moist wound treatment were obtained from the physician by our agency. How should M2250 Plan of Care Synopsis Row g. (at SOC) and M2400 Intervention Synopsis Row f. (at discharge) be answered so that our agency's outcomes are not negatively affected, since the patient is getting appropriate care?

**ANSWER 7:** Assuming the pressure ulcer in your scenario at discharge continues to be treated and managed as you describe at SOC, when determining the appropriate responses for M2250g – Physician orders for pressure ulcer treatment based on principles of moist wound healing, and M2400f – Pressure ulcer treatment based on principles of moist wound healing ordered and implemented, the assessing clinician would decide if the patient meets the criteria for a "Yes" or "NA" response, strictly based on CMS data collection guidance. If a "Yes" doesn't apply (because your agency's physician-ordered plan of care does not contain orders for pressure ulcer treatment based on moist wound healing), and the "NA" response does not apply (because the patient does have a pressure ulcer for which moist wound healing is indicated), then the assessing clinician must select "No."