July 2020 CMS Quarterly OASIS Q&As

Temporary Guidance: COVID-19 Public Health Emergency (PHE)

The following Q&As in this category are in effect, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration.

QUESTION 1: Where can agencies find CMS information related to COVID-19 waivers and guidance?

ANSWER 1: For more information on the COVID-19 waivers and guidance, and the Interim Final Rules, please visit the CMS COVID-19 flexibilities webpage: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers.

QUESTION 2: Will OASIS-E be delayed due to the Public Health Emergency (PHE)?

ANSWER 2: Based on the CMS Interim Final Rule [CMS-5531-IFC] announced on April 30, 2020, the implementation of OASIS-E is delayed. HHAs will be required to use OASIS-E beginning on January 1st of the year that is at least 1 full calendar year after the end of the COVID-19 PHE.

QUESTION 3: Some patients are refusing to allow agency staff into their homes due to the current COVID-19 situation, so agencies are having difficulty completing Recertification comprehensive assessments with OASIS on time. The COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers indicates CMS is extending the 5-day completion requirement for the comprehensive assessment to 30 days and waives the 30-day OASIS submission requirement.
Do these waivers and extensions apply to just the SOC OASIS, or to OASIS completion and submission at all timepoints (i.e., SOC, ROC, follow-up, recertification, discharge)?

ANSWER 3: The "COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers" document states:

"CMS is providing relief to HHAs on the timeframes related to OASIS Transmission through the following actions below**:**

- Extending the 5-day completion requirement for the comprehensive assessment to 30 days.

- Waiving the 30-day OASIS submission requirement. Delayed submission is permitted during the PHE."

CMS intends to apply the extension to the completion requirement to all comprehensive assessment time points: SOC, ROC, recertification, other follow-up and discharge. CMS is waiving the 30-day OASIS submission requirement for all OASIS submissions.

QUESTION 4: The last registered nurse in-person visit was on April 1. Physical therapy completes an in-person discipline discharge on April 7. The registered nurse continued to monitor the patient via telehealth visits through April 15. During the April 15 telehealth visit, the patient wishes to be discharged from home health services and declines an in-person visit to complete the discharge comprehensive assessment with OASIS. Would the physical therapist complete the discharge comprehensive assessment with OASIS since they completed the last in-person visit, or would the registered nurse complete the discharge comprehensive assessment with OASIS based on the last telehealth visit?

If the physical therapist completes the discharge OASIS, can information from the last telehealth visit and any telehealth visit made in the four days prior be used to complete the discharge OASIS? Or does this guidance apply only to in-person visits?

ANSWER 4:
Based on the CMS Interim Final Rule [CMS-5531-IFC] announced on April 30, 2020, agencies have the flexibility, in addition to remote patient monitoring, to use various types of technology during the PHE. As per the Home Health Agencies: CMS Flexibilities to Fight COVID-19, agencies can provide more services to beneficiaries using telecommunications technology within the 30-day period of care, so long as it's part of the patient's plan of care and does not replace needed in-person visits as ordered on the plan of care. The nurse that performed the 4/15 Telehealth encounter could complete the discharge comprehensive assessment with OASIS using information collected at the 4/15 encounter and may use additional information available from other staff, from 4/15 plus the four preceding days.

QUESTION 5: If weeks after the fact, it is determined that a SOC was completed in March 2020 by a Physical Therapist versus the RN that was on the case, do we need to submit a new SOC?

ANSWER 5: We are assuming in your scenario that at SOC there were orders for both nursing and physical therapy and the SOC was completed on or after March 1, 2020.

- Because the initial assessment, SOC visit and SOC comprehensive assessment done by the physical therapist all took place ***on or after March 1, 2020 through the end of the Public Health Emergency (PHE)***, your agency does not need to complete a new SOC. CMS has waived the requirements in 42 CFR § 484.55(a)(2) and § 484.55(b)(3) that rehabilitation skilled professionals may only perform the initial and comprehensive assessment when only therapy services are ordered. This temporary blanket modification allows any rehabilitation professional (OT, PT, or

SLP) to perform the initial and comprehensive assessment for all patients receiving therapy services as part of the plan of care, to the extent permitted under state law, regardless of whether or not the service establishes eligibility for the patient to be receiving home care. More information on this waiver can be found at: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf.

QUESTION 6: Can I complete a discharge OASIS via an audio-only telehealth encounter?

ANSWER 6: Based on the CMS Interim Final Rule [CMS-5531-IFC] announced on April 30, 2020, HHAs have the flexibility, in addition to remote patient monitoring, to use various types of technology.

As per Home Health Agencies: CMS Flexibilities to Fight COVID-19 (https://www.cms.gov/files/document/covid-home-health-agencies.pdf):
Telecommunications technology can include, for example: remote patient monitoring; telephone calls (**audio only** and TTY); and 2-way audio-video technology that allows for real-time interaction between the clinician and patient. However, only in-person visits can be reported on the home health claim. Providers are expected to determine if the patient's needs and the requirements of the Conditions of Participation can be met using telehealth encounter(s). Providers will also have to consider the technical capabilities of the agency and of the patient using telehealth encounter(s).
Therefore, when the telehealth encounter is used to deliver care, the telehealth encounter reflects the agency's determination that the patient's needs related to completion of the Discharge Comprehensive Assessment including OASIS may be completed using audio-only telecommunications technology.

Category 4b

M1033

QUESTION 7: For M1033 - Risk for Hospitalization, Response 7 - Currently taking 5 or more medications, does this include medications that the patient is not taking due to non-compliance? For example, we have a patient that is prescribed 8 medications but is only actually taking 3 because of non-compliance with the other 5. Would we select Response 7 because the patient is prescribed more than 5 medications, even though the patient is not taking more than 5 medications?

ANSWER 7: For M1033 – Risk for Hospitalization, medications include prescribed and over the counter (OTC) medications, nutritional supplements, vitamins, and homeopathic and herbal products administered by any route and as noted on the reconciled medication profile. Medications may also include total parenteral nutrition (TPN) and oxygen (as defined in M2001 Drug Regimen Review).
In your scenario, if your patient has 8 medications on their reconciled medication profile, M1033 – Risk for Hospitalization coding would include "Response 7 - Currently taking 5 or more medications," even if the patient is not consistently taking the medication as prescribed.

M1870

QUESTION 8: We have a patient who has been medically advised to obtain a feeding tube due to the patient's inability to safely take in oral nutrition due to risk (and recent history) of aspiration. The patient continues to eat against medical advice and refused alternate nutrition, such as tube feeding or TPN.

In this situation, would M1870 be answered as a 2 or a 5? The patient has the motor skills to bring the food to his mouth; however, is unsafe in swallowing.

ANSWER 8: M1870 - Feeding or Eating identifies the patient's ability to feed him/herself, including the process of eating, chewing, ***and*** swallowing food. The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "adherence" are not the focus of these items. These items address the patient's ability to safely self-feed, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. Responses 4 and 5 include non-oral intake.

In your scenario, the patient is feeding himself orally and is at risk for aspiration due to unsafe swallowing. If a patient requires constant supervision throughout the meal in order to complete this activity safely, the appropriate M1870 response is a "2-Unable to feed self and must be assisted or supervised throughout the meal/snack".

Response 5 - Unable to take in nutrients orally or by tube feeding, is the best response for patients who are not able to take in nutrients orally or by tube feeding. This may be the case for patients who receive all nutrition intravenously (such as TPN) or for patients who are receiving only intravenous hydration.

GG0130C

QUESTION 9: We have a question about GG0130C - Toileting Hygiene. We have a patient who wears a Thoracic-Lumbar-Sacral Orthosis (TLSO) brace. She can pull down her underwear and pants without assistance. However, she insists on removing (or loosening) the brace while sitting on the commode prior cleaning herself and she requires assistance with the doffing/donning of the brace. She can then pull up her underwear/pants without assistance. How should we code GG0130C -Toileting Hygiene?

ANSWER 9: The intent of GG0130C- Toileting hygiene is to assess the patient's ability to maintain perineal hygiene and adjust clothes before and after voiding or having a bowel movement.

Code GG0130C- Toileting Hygiene based on the type and amount of assistance to complete the ENTIRE activity; including toileting hygiene and adjusting any clothing relevant to the individual patient (in this case removing or loosening of the TLSO and managing her underwear and pants).

If in the assessing clinician's clinical judgment, the patient requires a helper to provide less than half the effort to complete the entire activity, then code 03 - partial/moderate assistance; or if the patient

required the helper to provide more than half the effort to complete the entire activity, code 02 - substantial/maximal assistance.

GG0170F

QUESTION 10: If a patient gets up off the side of the bed, walks to the bathroom, and then sits down on the toilet, is the effort necessary to lift up off the bed considered for coding GG0170F – Toilet transfer?

ANSWER 10: No, in the scenario described, the effort necessary to lift up off the bed does not count towards the toilet transfer in GG0170F – Toilet transfer.

The intent of GG0170F – Toilet transfer is to assess the patient's ability to get on and off a toilet (with or without a raised toilet seat) or commode once the patient is at the toilet or commode.

GG0170M

QUESTION 11: Regarding the GG0170M - 1 step or curb item, when we initiate the assessment to code this item with a curb and the patient is not able to perform due to medical/safety reasons, are we then required to assess using a single step (i.e. the bottom step of a set of practice steps)?

ANSWER 11: There is no requirement to assess a patient going up and down both a curb AND a step. However, coding GG0170M – 1 step or curb with a 07, 09, 10 or 88 when a patient is unable to go up and down a curb results in skipping GG0170N – 4 Steps and GG0170O – 12 Steps. Providers may want to consider assessing the patient's ability to go up and down 1 step in order to capture performance codes of 06 through 01 for one or more of the stair items if the patient can complete the activities with a railing.

GG0170Q

QUESTION 12: A patient does not use a wheelchair at SOC and GG0170Q -– Does the patient use a wheelchair/scooter? is coded as "No." Then, during the episode, the patient does use a wheelchair. Would it be appropriate to go back to the SOC assessment and change the response to "YES" and add the corresponding goals, even though the wheelchair use occurred after the SOC assessment time period has ended?

ANSWER 12: The intent of GG0170Q – Does the patient use a wheelchair/scooter? is to document whether a patient uses a wheelchair or scooter at the time of the assessment. Only code 0 - no if, at the time of the assessment, the patient does not use a wheelchair or scooter under any condition.

If, at the SOC, GG0170Q is answered "no" correctly and following the SOC assessment period the patient begins to use a wheelchair under any condition, there is no need to update the SOC performance and/or discharge goals for GG0170 activities on the SOC assessment. The gateway wheelchair item (GG0170Q1 and GG0170Q3) might not be the same on SOC and discharge assessments.

If, at the time of SOC, GG0170Q was answered incorrectly then corrections to the assessment should be made following Federal, State, and facility policy guidelines.