Answers from CMS on OASIS FAQ

Please open the attached document or click on the link.

Questions answered in this document include:

Question 1: Can our agency send out a non-clinical person to be the initial contact with a patient, to explain forms, collect signed consent forms, HIPAA forms, patient rights forms, etc, and collect demographic information to pass on to the assessing clinician who will visit the patient at some point after this "intake visit" to conduct the initial assessment visit, and the comprehensive assessment? Does this practice violate the need to have an RN, PT, OT or SLP conduct the initial assessment visit? Would the answer change if the person going to the home first to do the "intake visit" was an LPN?

Question 2: We are seeking guidance related to the following scenarios: A) A qualified clinician completes the visit for the initial visit and comprehensive assessment, however before finishing the documentation of the corresponding OASIS, the clinician quits. The other pieces of the comprehensive assessment documentation are complete. What are the appropriate steps to complete the OASIS? B) The qualified clinician completes an OASIS and then quits. During review of the documentation, a clinical supervisor notes a discrepancy between an OASIS response and other clinical documentation. What are the appropriate steps to correct the OASIS assessment? C) Are there any other circumstances when it is appropriate for the director or supervisor to make a correction to an OASIS answer in lieu of the assessing clinician?

Question 3: In reviewing CMS OCCB 10/2008 Q1, the response states that “there may be situations when a Discharge Assessment cannot be completed if no one clinician has all the information needed to complete it”, in which cases the circumstances related to the non-compliance should be documented. Our documentation software program does not allow us to begin a new SOC for a patient, unless they have had a discharge assessment from a previous episode. Therefore, our internal documentation of the discharge and explanation of circumstances is not sufficient to allow us to readmit the patient at a later date. Please advise.

Question 4: Who can complete the OASIS data collection that occurs at the Transfer and Death at Home time points? Can someone in the office who has never seen the patient complete them? Does it have to be an RN, PT, OT or SLP?

Question 5: My patient was released from hospital. She needs an injection that evening and the case manager is unavailable and is going to resume care the following day. Can the on call nurse visit and give the injection before the resumption of care assessment is done? Is there a time frame in which care (by an LPN or others) can be provided prior to the

completion of the ROC assessment?

Question 6: For therapy only cases where the therapist is completing the comprehensive assessment, is it acceptable practice to have an office based RN complete the medication review by reviewing the med profile completed by the therapist during the home visit, and making telephone contact with the patient/caregiver for any necessary discussion of side effects, interactions, duplicate or compliance issues? My understanding is that one clinician must complete the comprehensive assessment. Is this practice out of compliance with that rule?

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Question 8: In answering M0290 High Risk Factors, what does CMS consider "drug dependency" (response 4)? A consultant instructed our agency to interpret it to mean any drugs that the patient is dependent on. The consultant then commented that response 4 should be marked for most patients. The specific example in the reviewed chart was a patient who was very dependent on all of their respiratory drugs. We previously interpreted this to mean dependency on illegal drugs. Please clarify.

Question 9: I recently attended a conference on wounds. It was stated in the conference that stage II pressure ulcers do not granulate, therefore the best match per the WOCN guidelines is "not healing". I am hesitant to instruct my staff on this change, since there is no such guidance in the literature other than all stage I pressure ulcers are not healing. Is there any advice you can give me?

Question 10: Would an oral surgical wound (incision/stitches) be counted as a surgical wound?

Question 11: I have a patient with a surgical incision where staples have been removed, but the incision is not yet a scar - not totally epithelialized. There are two openings along the incision line where the edges are not approximated. I know those two openings are counted as separate wounds, but do you also count the original incision – i.e. are there 3 wounds or just 2?

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Question 12: A patient is able to ambulate independently with a walker, but the patient chooses to not use the walker, therefore not being safe. When selecting a response for M0700 Ambulation/Locomotion, should I select Response #1, that the patient is able to ambulate safely with the walker or should I select Response #2 that the patient is only safe when walking with another person at all times, because he chooses to not use his walker?

Question 13: It is our understanding that if the nurse is ordered to administer a medication, the patient is considered dependent for that (oral, inhalant/mist or injectable) medication. At SOC, if a patient has been in the hospital where all medications were administered by hospital nursing staff, would this make the patient dependent because the majority of medications over the past 24 hours were administered by the acute care nurse at the hospital?

Question 14: How would you respond to M0800 if a patient is able to self-inject a pre-filled injectable medication such as Lovenox? Obviously the patient cannot be observed "preparing" a pre-filled injectable. Which response best fits this scenario?

Question 15: I was wondering on how to handle M0810 & M0820 regarding equipment when we are only performing a flush. I understand from the CMS guidance that a flush is considered an infusion for M0250, as long as it is provided in the home. Would I then consider the syringe as the equipment for M0810 and M0820? Also, we recently had a patient with a fully implanted subcutaneous infusion device. There was no external equipment to assess. Since this was an ongoing infusion, the patient did receive this in the home, and therefore we answered response "1" in M0250- but since there is no equipment to even assess, how do we answer M0810/820?

Question 16: Q&A #16 released in January 2008 states that "At this time there is not OASIS guidance suggesting that you must rank diagnoses by their severity rating". The December 2008 release of Attachment D states: "Ensure that secondary diagnoses assigned to the OASIS are listed in the order to best reflect the seriousness of the patient's condition and to justify the disciplines and services provided." Please clarify.

http://occb.affiniscape.com/associations/3264/files/CMS%20OCCB%204th%20Qtr%202008%20QAs_01_2

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50393.aspx