OASIS-C Guidance Manual Errata

December 10, 2009

Section / Page#	Item #	Change
Preface		**ADDED** Preface and Acknowledgements
Chapter 1 / Page 11	-	**CHANGED** point number 4 in Table 4 to read: For OASIS items that require review of the episode, the phrase “since the previous OASIS assessment" should be interpreted to mean "at or since the time of the last OASIS assessment."
Chapter 3 / Page C-5	M1012	**CHANGED** the last bullet in Response-Specific Instructions to read: The term “past fourteen days” is the two-week period immediately preceding the start/resumption of care. The 14-day time period applies to the timing of the inpatient discharge, not the date of the procedure. This means that for purposes of counting the 14-day period, the date of admission is day 0 and the day immediately prior to the date of admission is day 1. For example, if the patient’s SOC date is August 20, any procedures related to inpatient stays with discharges falling on or after August 6 and prior to the HHA admission would be reported.
Chapter 3 / Page C-16	M1040	**ADDED** to Item Intent (last sentence): This item does not assess flu vaccine given by another care provider or provision of the vaccine by your agency prior to the most recent SOC/ROC, as that information will be reported in M1045. Responses to M1040 and M1045 are combined to report the percentage of eligible patients who received influenza immunization for the current flu season.
Chapter 3 / Page C-17	M1045	**ADDED** to Item Intent (last sentence): Responses to M1040 and M1045 are combined to report the percentage of eligible patients who received influenza immunization for the current flu season. **ADDED** to last bullet in Response-Specific Instructions: If an agency has elected not to administer vaccines to their patients, and the reasons listed in Responses 1-6 (such as vaccine received from another health care provider) do not apply, then Response 7 - None of the above, would be the appropriate response.

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Chapter 3 / Page C-19	M1050	**CHANGED** OASIS item skip instructions for response 1 to match the OASIS-C: All Items version: Yes - [Go to M1500 at TRN; Go to M1230 at DC] **ADDED** to Item Intent (last sentence): Responses to M1050 and M1055 are combined to report the percentage of eligible patients who ever received PPV.
Chapter 3 / Pages C-20, C-21	M1055	**ADDED** to Item Intent (last sentence): Responses to M1050 and M1055 are combined to report the percentage of eligible patients who ever received PPV.
Chapter 3 / Pages C-20, C-21	M1055	**ADDED** to the last bullet in Response-Specific Instructions: If an agency has elected not to administer vaccines to their patients, and the reasons listed in Responses 1-4 (such as vaccine received from another health care provider) do not apply, then Response 5 - None of the above, would be the appropriate response.
Chapter 3 / Page D-1	M1100	**CHANGED** Item Intent to read: This item identifies, using the care provider's professional judgment, a) whether the patient is living alone or with other(s) and b) the availability of caregiver(s) (other than home health agency staff) to provide in-person assistance.
Chapter 3 / Page E-5	M1240	**CHANGED** first bullet in Response-Specific Instructions to read: A standardized tool is one that 1) has been scientifically tested on a population with characteristics similar to that of the patient being assessed and shown to be effective in identifying level of pain; and 2) includes a standard response scale (e.g., a scale where patients rate pain from 0-10). The standardized tool must be appropriately administered as indicated in the instructions and must be relevant for the patient's ability to respond. Severe pain is defined according to the scoring system for the standardized tool being used. CMS does not endorse a specific tool. **ADDED** a bullet below first bullet in Response-Specific Instructions: If the standardized tool does not define levels of "severe" pain, then the agency or care provider should use the level(s) of pain identified in the standardized tool that best reflect the concept of "severe."

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Chapter 3/ Page F-1	M1300	**CHANGED** third bullet in Response-Specific Instructions to read: Select Response 2 only if the patient was screened using a validated standardized screening tool. This is defined as a tool that 1) has been scientifically tested and evaluated with a population with characteristics similar to the patient who is being evaluated and shown to be effective in identifying people at risk for developing pressure ulcers; and 2) includes a standard response scale.) The standardized tool must be appropriately administered as indicated in the instructions.
Chapter 3 Page F-2	M1302	**ADDED** a new bullet after the first bullet in Response-Specific Instructions: A validated standardized screening tool is a tool that 1) has been scientifically tested and evaluated with a population with characteristics similar to the patient who is being evaluated and shown to be effective in identifying people at risk for developing pressure ulcers; and 2) includes a standard response scale. The standardized tool must be appropriately administered as indicated in the instructions.
Chapter 3 / Pages F-5, F-6	M1307	**DELETED** last bullet in Response-Specific Instructions including all 3 sub-bullets. **REPLACED WITH:** An ulcer that is suspected of being a Stage II, but is unstageable, should not be identified as the "oldest Stage II pressure ulcer." For this item, "unstageable" refers to pressure ulcers that are known to be present or that the care provider suspects may be present based on clinical assessment findings (e.g., patient report of discomfort, past history of skin breakdown in the same area), but that are unobservable due to dressings or devices (e.g., casts) that cannot be removed to assess the skin underneath.
Chapter 3 / Pages F-7, F-8	M1308	**CHANGED** wording for OASIS-C item responses d.1 and d.2 from "not stageable" to "unstageable" to match the wording in the OASIS-C: All Items version. **DELETED** sub-bullet under Stage III and IV ulcer bullet that reads: For this item, a closed Stage III or Stage IV pressure ulcer should be reported as a pressure ulcer at its worst stage, even if it has re-epithelialized. **REPLACED WITH:** Although the wording in M1308 includes the term 'non epithelialized,' for this item, a closed Stage III or Stage IV pressure ulcer should be reported as a pressure ulcer at its worst stage, even if it has re-epithelialized.

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Chapter 3 / Pages F-10, F-11	M1310 M1312 M1314	**CHANGED** the first bullet in Response-Specific Instructions to read: Complete these items only if M1308 Column 1, rows b, c, or d.2 is greater than 0. Otherwise, leave these items blank. **CHANGED** the third bullet in Response-Specific Instructions to read: If all existing Stage III or IV pressure ulcers are closed (completely re-epithelialized) and the patient has no pressure ulcers that are unstageable due to coverage of the wound bed by slough and/or eschar, enter 00.0 for M1310, M1312, and M1314. **DELETED** the first bullet on the top of page 11 that stated: For the purpose of this OASIS item, when epithelialization has been present for more than 30 days, the pressure ulcer is no longer described as a pressure ulcer and should not be included in this item.
Chapter 3 / Page F-12	M1320	**ADDED** to Item Intent (last sentence): Please note, Stage I pressure ulcers are not considered for this item. **ADDED** a new bullet in Response-Specific Instructions after the 8th bullet: The healing status of deep tissue injury in evolution should always be considered not healing.
Chapter 3 / Page H-1	M1500	**CHANGED** the third sub-bullet under the first bullet in Response-Specific Instructions to read: M1020/1022/1024: Primary/Secondary diagnoses for home care.
Chapter 3 / Page J-4	M1730	**ADDED** “na” next to OASIS-C item response boxes to match the OASIS-C: All Items version. **ADDED** a new bullet after the first bullet in Response-Specific Instructions that reads: To meet the definition of “standardized,” the depression screening tool must be 1) scientifically tested on a population with characteristics similar to that of the patient being assessed and shown to be effective in identifying people with depression; and 2) include a standard response scale. The standardized tool must be appropriately administered as indicated in the instructions.

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Chapter 3 / Page K-6	M1830	**CHANGED** the item text to match the OASIS-C: All Items version: Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair)**. (Note: this change also made for M1830 in Table G.1 in Appendix G, see below)
Chapter 3 / Page K-12	M1850	**CHANGED** the first sentence of the Item Intent to read: Identifies the patient's ability to safely transfer from bed to chair (and chair to bed), or position self in bed if bedfast. **CHANGED** the first bullet in Response-Specific Instructions to read: 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 a chair. **CHANGED** the first letter of "Environmental" to lower case in the last bullet in Item Intent.
Chapter 3 / Page K-21	M1900	**ADDED** missing numbers to OASIS-C item response boxes to match the OASIS-C: All Items version.
Chapter 3 / Page K-22	M1910	**CHANGED** first paragraph of Item Intent to read: Identifies whether the home health agency has assessed the patient and home environment for characteristics that place the patient at risk for falls. Patients under the age of 65 will be excluded from the denominator of the publicly reported measure. The multi-factor falls risk assessment must include at least one standardized tool that 1) has been scientifically tested on a population of community dwelling elders and shown to be effective in identifying people at risk for falls; and 2) includes a standard response scale. The standardized tool must be appropriately administered as indicated in the instructions.
Chapter 3 / Page L-12	M2040	**ADDED** missing numbers to OASIS-C item response boxes to match the OASIS-C: All Items version.

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Chapter 3 / Page M-1	M2100	**ADDED** missing numbers to OASIS-C item response boxes to match the OASIS-C: All Items version. **CHANGED** first sentence of the Item Intent to read: Identifies availability and ability of the caregiver(s) (other than home health agency staff) to provide categories of assistance needed by the patient.
Chapter 3 / Pages N-3, N-4	M2250	**ADDED** missing numbers to OASIS-C item response boxes to match the OASIS-C: All Items version. *The following changes were made to the Response-Specific Instructions:* **ADDED** new 1st bullet: Select "Yes" if the POC contains orders for best practice interventions as specified in each row, based on the patients needs. **DELETED** bullet that read: Select "No" if the best practice interventions specified in this item are not included in the plan of care that was developed as a result of the comprehensive assessment. **REPLACED WITH:** Select "No" if the best practice interventions specified in this item are not included in the plan of care that was developed as a result of the comprehensive assessment, unless the plans/ interventions specified in that row are not appropriate for this patient - see guidance on selecting NA for each row below. **CHANGED** row c bullet to read: Row c: If the physician-ordered plan of care contains specific interventions to reduce the risk of falls, select "Yes." Environmental changes and strengthening exercises are examples of possible fall prevention interventions. If the plan of care does not include interventions for fall prevention, mark "No" for the applicable line, whether or not an assessment for falls risk was conducted. Select "NA" if the clinician completed an assessment that indicated the patient was at low, minimal, or no risk for falls. **CHANGED** row d bullet to read: Row d: If the physician-ordered plan of care contains orders for further evaluation or treatment of depression, select "Yes." Interventions for

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		depression may include new medications, adjustments to already-prescribed medications, or referrals to agency resources (e.g., social worker). If the patient is already under physician care for a diagnosis of depression, interventions may include monitoring medication effectiveness, teaching regarding the need to take prescribed medications, etc. Select "NA" if the patient has no diagnosis of depression or the clinician completed an assessment that indicated the patient has no symptoms of depression (or does not meet criteria for further evaluation or treatment if a standardized depression screening tool is used). **CHANGED** row e bullet to read: Row e: If the physician-ordered plan of care contains interventions to monitor AND mitigate pain, select "Yes." Medication, massage, visualization, biofeedback, and other intervention approaches have successfully been used to monitor or mitigate pain severity. If the physician-ordered plan of care contains orders for only one (or none) of the interventions (e.g., pain medications but no monitoring plan), select "No." Select "NA" only if the clinician completed an assessment that indicated the patient has no pain. **CHANGED** row f bullet to read: Row f: If the physician-ordered plan of care includes planned clinical interventions to reduce pressure on bony prominences or other areas of skin at risk for breakdown, select "Yes." Planned interventions can include teaching on frequent position changes, proper positioning to relieve pressure, careful skin assessment and hygiene, use of pressure-relieving devices such as enhanced mattresses, etc. Select "NA"only if the clinician completed an assessment that indicated the patient is not at risk for pressure ulcers.
Chapter 3 / Pages P-1, P-2, P-3	M2400	**ADDED**: Numbers in response boxes to match OASIS-C: All Items version. **DELETED** bullet that read: If the interventions are not on the plan of care or if the interventions were not implemented by the time the assessment was completed, select Response 0 – No. In this case, the care provider should document rationale in the clinical record. **REPLACED WITH:** Select "No" if the interventions are not on the plan of care OR if the interventions are on the plan of care but the interventions were not implemented by the time the discharge or transfer assessment was completed. For "No"

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		responses, the care provider should document rationale in the clinical record. If the plans/interventions specified in the row are not appropriate for this patient, NA is the correct response - see guidance on selecting NA for each row below. **CHANGED** Row b bullet to read: Row b: If the physician-ordered plan of care contains specific interventions to reduce the risk of falls and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Environmental changes, strengthening exercises, and consultation with the physician regarding medication concerns are examples of possible falls prevention interventions. If the plan of care does not include interventions for fall prevention, and/or there is no documentation in the clinical record that these interventions were performed at the time of the previous OASIS assessment or since that time, mark "No." Select "NA" if a formal multi-factor Fall Risk Assessment indicates the patient was at low, minimal or no risk for falls since the last OASIS assessment. **CHANGED** row c bullet to read: Row c: If the physician-ordered plan of care contains interventions for evaluation or treatment of depression and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Interventions for depression may include new medications, adjustments to already-prescribed medications, or referrals to agency resources (e.g., social worker). If the patient is already under physician care for a diagnosis of depression, interventions may include monitoring medication effectiveness, teaching regarding the need to take prescribed medications, etc. If the plan of care does not include interventions for treating depression and/or if no interventions related to depression are documented in the clinical record at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if formal assessment indicates patient did not meet criteria for further evaluation or treatment of depression AND patient did not have diagnosis of depression. **CHANGED** row d bullet to read: Row d: If the physician-ordered plan of care contains interventions to monitor AND mitigate pain and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Medication, massage, visualization, biofeedback, and other intervention approaches have successfully been used to

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		mitigate pain severity. If the physician-ordered plan of care contains orders for only one of the interventions (e.g., pain medications but no monitoring plan) and/or only one type of intervention (i.e., administering pain medications but no pain monitoring) or no interventions were documented at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if formal assessment did not indicate pain. **CHANGED** row e bullet to read: Row e: If the physician-ordered plan of care includes planned clinical interventions to reduce pressure on bony prominences or other areas of skin at risk for breakdown and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Planned interventions can include teaching on frequent position changes, proper positioning to relieve pressure, careful skin assessment and hygiene, use of pressure-relieving devices such as enhanced mattresses, etc. If the plan of care does not include interventions to prevent pressure ulcers and/or no interventions were documented in the clinical record at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if formal assessment indicates the patient was not at risk of pressure ulcers. **CHANGED** row f bullet to read: Row f: If the physician-ordered plan of care contains orders for pressure ulcer treatments based on principles of moist wound healing (e.g., moisture retentive dressings) and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." If the plan of care does not contain orders for pressure ulcer treatments based on principles of moist wound healing and/or no pressure ulcer treatments based on principles of moist wound healing were documented in the at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if dressings that support the principles of moist wound healing were not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing.
Chapter 5		**ADDED** additional resource links.

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Appendix C – OASIS-C Item Uses		**REPLACED** OASIS-B1 grouper items with OASIS-C grouper items **REPLACED** "Skip Logic" entry with "Consistency" **REPLACED** first note with the following: * "Consistency" – item is used by payment grouper to enforce OASIS-C data consistency specifications "$" – item potentially scores points used in assigning case to an HHRG for payment
Appendix C – OASIS-C Item Uses	M1308	**DELETED** current row for M1308. **ADDED** one row for M1308, Column 1 – ulcers currently present - Completed at SOC/ROC/FU & D/C - Earns points for Medicare payment **ADDED** one row for M1308, Column 2 – Number of ulcers listed in Column 1 that were present on admission (most recent SOC / ROC) - Completed at FU & D/C only - Used only in data consistency checks Medicare payment group calculation
Appendix C – OASIS-C Item Uses	M1310, M1312, M1314, M1320, M2000	**ADDED:** "Consistency" in Medicare Payment column to indicate that item is used in data consistency checks for Medicare payment group calculation
Appendix C – OASIS-C Item Uses	M0090, M0906	**ADDED: "X"** to indicate that item is used in constructing quality measures
Appendix G – Table G.1: Comparison of OASIS-B1 to OASIS-C	M0104, M1308, M1324, M1334, M1830, M1845, M2250	**CHANGED:** Item wording to match final version of OASIS-C (8/2009) (see Chapter 2)
Appendix G – Table G.1: Comparison of OASIS-B1 to OASIS-C	M1500, M1620, M1910, M2410	**CHANGED:** Item skip directions and timepoint protocol instructions to match final version of OASIS-C (8/2009) (see Chapter 2)