

OASIS Alert

Assessment: Another Unneeded Assessment Bites The Dust

Agencies spoke and the feds listened.

Providers - especially agencies that use OASIS for all assessments - have been keeping their fingers crossed that CMS would see the light. The agency finally did.

Many home health agencies provide only chore services and other non-medical services to some clients. Up until last April, most providers didn't think it was necessary to complete a comprehensive patient assessment for these clients. But suddenly the **Centers for Medicare & Medicaid Services** insisted they did need to.

Problem: CMS clarified its suspension of OASIS data collection on non-Medicare/non-Medicaid patients in an April 8 letter to state survey directors (S&C-04-26). The agency stated that the Medicare Conditions of Participation (42 CFR) required agencies to complete a comprehensive assessment for all patients, "including patients receiving only chore and housekeeping services" (see Eli's OASIS Alert, Vol. 5, No. 5, p. 43).

Providers protested this expansion of comprehensive assessments, and the **National Association for Home Care & Hospice** asked CMS to address this issue.

Result: In a response that should please providers, CMS agrees that an agency is not required to conduct a comprehensive assessment "on individuals where HHA services are entirely limited to housekeeping, chore, or certain other non-medical services," according to a Nov. 12 letter (S&C-05-06) to state survey agency directors. Other non-medical services some HHAs provide include household maintenance and repair, lawn and tree services and clearing walkways, CMS says in the letter. These non-medical services may be private pay or Medicaid-provided services.

Because the statutory directive requires "effective and efficient use of public moneys," CMS says it "will **not** consider the individual [receiving only non-medical services] to be a patient of the HHA in the traditional sense of the term and requirements that must apply to patients [the comprehensive assessment] will not be required in such limited situations."

From the federal perspective, you may now discontinue comprehensive assessments on clients for whom you provide only chore/ housekeeping services, advises **Mary St. Pierre** with the **National Association for Home Care & Hospice**.

But some of these services may be paid for by state or local governments or through a contract with another payer, she explains. In that case, before stopping the assessments on these patients, HHAs should check to be sure the agreement with the payer doesn't require one, she tells **Eli**.

Caution: In its letter, CMS offers the following caveats:

1. **Define non-medical narrowly.** If the agency provides any hands-on service, such as "personal care service, cueing, or activity that is in any way involved in monitoring the patient's health condition," that is considered a medical service, CMS says.

2. **Understand the limits.** As soon as the agency provides any Medicare service or "any standard service permitted by Federal law under the Medicaid State Plan," the individual is receiving medical care and the COPS apply.

3. **Educate patients.** The HHA must explain to a patient being discharged from Medicare services, but who will continue to receive chore services, that Medicare doesn't pay for those services.

4. **Look to state law.** If the state law is more restrictive, the agency must comply with the state requirements.

5. **Don't neglect accounting.** Agencies providing non-medical services must be sure "fiscal accounts are structured and maintained in conformance with CMS regulations and generally accepted accounting policies," the agency instructs.

Editor's Note: The Nov. 12 letter is at www.cms.hhs.gov/medicaid/survey-cert/sc0506.pdf.