

OASIS Alert

Assessment: APPLY THE CORRECT LIVING SITUATION LABEL IN 3 STEPS

Just one mistake early on will throw off your entire assessment.

Take note -- answering M1100 without doing your research could cause your outcomes to suffer.

Even the most experienced clinician can waste valuable time and energy trying to correctly assess a patient's living situation and caregiver availability for M1100 -- and still come up with the wrong answer.

OASIS C breaks M1100 (Patient Living Situation) into a multi-factor chart (see p. 73) meant to make it easy for clinicians to note whether a patient lives alone and if there are people living with the patient who can provide the patient with physical assistance.

However, the chart can be a bit overwhelming until you get used to it, warns **Judy Adams**, president of Adams Home Care Consulting in Chapel Hill, N.C. Adams offers these steps for correctly and efficiently using the chart to determine your response for M1100:

1) Determine where the patient lives. You can't answer M1100 accurately if you aren't sure whether a patient lives in an assisted or non-assisted setting, Adams says. For OASIS C purposes, you'd consider a home or apartment (including a personal room in a boarding house) to be a non-assisted setting. Any living situation where the patient receives supervision or oversight as part of the arrangement is considered an assisted setting, the **Centers for Medicare & Medicaid Services** states in the OASIS C Guidance Manual, Chapter 3. This includes assisted living communities, residential home care, and personal home care.

2) Determine who lives with the patient. Item M1100 uses three separate rows to distinguish who a person lives with. Row A is for patients living alone, Row B is for patients living with others, and Row C is for patients in an assisted setting.

Ideally, a clinician can quickly surmise whether a patient is living alone in a non-assisted setting or if they share a residence with others. However, this distinction can be the most challenging, Adams warns.

Deciding factor: You should select from Row A for "any patient where there is not another person who claims the residence as a home," Adams defines. This would include patients who live by themselves in an independent living facility, room in a boarding house, or a house.

Crucial: Someone temporarily residing with the patient in the setting to provide assistance would not count as another person claiming the residence as a home -- even if the person has his or her own room and has no definite timeframe for moving out of the setting.

If any other people designate the patient's house as their home -- no matter if it's a relative, friend, or non-related housemate -- you'd select from Row B.

3) Determine how much assistance is available. Unfortunately, determining the availability of assistance is one of your biggest challenges. That's because this portion of the item "is based, in part, on the concept that someone **just one mistake early on will throw off your entire assessment.**

Take note -- answering M1100 without doing your research could cause your outcomes to suffer.

Even the most experienced clinician can waste valuable time and energy trying to correctly assess a patient's living situation and caregiver availability for M1100 -- and still come up with the wrong answer.

OASIS C breaks M1100 (Patient Living Situation) into a multi-factor chart (see p. 73) meant to make it easy for clinicians to note whether a patient lives alone and if there are people living with the patient who can provide the patient with physical assistance.

However, the chart can be a bit overwhelming until you get used to it, warns **Judy Adams**, president of Adams Home Care Consulting in Chapel Hill, N.C. Adams offers these steps for correctly and efficiently using the chart to determine your response for M1100:

1) Determine where the patient lives. You can't answer M1100 accurately if you aren't sure whether a patient lives in an assisted or non-assisted setting, Adams says. For OASIS C purposes, you'd consider a home or apartment (including a personal room in a boarding house) to be a non-assisted setting. Any living situation where the patient receives supervision or oversight as part of the arrangement is considered an assisted setting, the **Centers for Medicare & Medicaid Services** states in the OASIS C Guidance Manual, Chapter 3. This includes assisted living communities, residential home care, and personal home care.

2) Determine who lives with the patient. Item M1100 uses three separate rows to distinguish who a person lives with. Row A is for patients living alone, Row B is for patients living with others, and Row C is for patients in an assisted setting.

Ideally, a clinician can quickly surmise whether a patient is living alone in a non-assisted setting or if they share a residence with others. However, this distinction can be the most challenging, Adams warns.

Deciding factor: You should select from Row A for "any patient where there is not another person who claims the residence as a home," Adams defines. This would include patients who live by themselves in an independent living facility, room in a boarding house, or a house.

Crucial: Someone temporarily residing with the patient in the setting to provide assistance would not count as another person claiming the residence as a home -- even if the person has his or her own room and has no definite timeframe for moving out of the setting. If any other people designate the patient's house as their home -- no matter if it's a relative, friend, or non-related housemate -- you'd select from Row B.

3) Determine how much assistance is available. Unfortunately, determining the availability of assistance is one of your biggest challenges. That's because this portion of the item "is based, in part, on the concept that someone 'living in the home' is available for assistance even if they cannot meet all of a patient's needs," Adams says.

Reality: Many patients live with spouses, children, and housemates who are not capable of providing assistance on a regular basis or pre-determined frequency. For instance, a spouse may have planned to be home with the patient, but is forced to pick up extra work hours due to the economic downturn. While the chart allows you to select Row B-#09 for "Occasional/short-term assistance," this choice doesn't adequately account for a spouse or adult child's irregular schedule.

Likewise, "No assistance available" doesn't tell the whole story.

For more information on home caregiver turnover, read "Economic Hardship Forcing Family Caregivers' Hands" (this page).

Best bet: Choose the availability of assistance based on the choice that most closely reflects the patient's situation. If an adult child can care for the patient on an irregular basis,

occasional is the best choice. If the caregiver never works at night, "Regular nighttime" is the best choice.

Important: For M1100, you can only select availability for persons living in the home, Adams points out. That means even if the spouse arranges for another family member or friend to assist with the patient when the spouse is away, you would still choose "Occasional/short-term assistance" because that helper doesn't reside in the home.

Though you don't indicate external help in M1100, you will need to take note of it. OASIS C asks you to capture all actual

assistance later on in item M2100 (Types and Sources of Assistance). **Resources:** For examples of patient situations and appropriate scoring, download

Chapter 3 of the OASIS C Guidance Manual at www.cms.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp.

