

OASIS Alert

Assessment: Don't Let Unnecessary OASIS Assessments Cut Into Profits

4 questions you can ask to predict the future.

No clinician wants to complete an OASIS assessment if she doesn't have to -- these six strategies can help avoid that.

Problem: Agencies that complete OASIS assessments and then decide the patient is not appropriate for home care (or the family decides a nursing home is the only option) have wasted both staff time and money. But lacking a crystal ball, how do you know that before you make the visit or do the assessment?

Solution: Intake is the key. "Complete and appropriate intake information will prevent unnecessary admission visits," says **Terry Cichon** with **FR&R Consulting** in Deerfield, IL.

How to do it:

1. Focus on the referral. The more information you obtain from the referral source, the easier it is to determine if the patient is appropriate for home care, says Chapel Hill, NC-based consultant **Judy Adams** with the **LarsonAllen Health Care Group**.

Referral sources often prefer to provide the minimum information about the patient, sometimes citing privacy concerns, experts say. But try to obtain as much information as possible during the initial referral, Cichon advises. Ask about the patient's condition. Don't hesitate to call the hospital and speak to the floor nurse to get a better picture of the patient if homebound status or the need for skilled services is in question, she says.

2. **Ask the right questions.** When the clinician schedules the first appointment, ask questions that are likely to determine if the patient is appropriate for home care. For example, asking about a typical daily schedule or whether the patient has any plans to be out of the house in the next few days can help determine homebound status, Cichon suggests.

It's also important to determine the patient and/or caregiver's expectations for home care, Adams advises. Some questions that should elicit this information are: "What types of assistance do you need from our home care staff? What do you think you need help with? Tell me a little about your situation. How often do you leave home? Who do you have to help you at home?"

3. **Empower clinicians.** If the preliminary screening is unclear or indicates home care is appropriate, schedule a visit, but don't consider the admission a done deal, Adams says.

If it is apparent to the clinician arriving for the admission visit that the patient does not meet eligibility criteria for home care, the clinician should be empowered to not conduct the admission/assessment visit, Cichon urges. Many clinicians believe they must admit every patient. Provide a policy that gives direction to nurses and therapists about who to contact and how to handle this situation.

4. Determine the payor first. Have the admitting clinician start with the paperwork to determine the appropriate payor source, Cichon advises. Be sure to complete the Medicare secondary payor questionnaire and other insurance

documents to validate the information collected during the intake process. "If it becomes apparent the OASIS is not required and your agency uses a different comprehensive assessment for these patients -- don't do the OASIS," she says.

5. **Develop a cheat sheet.** Clinicians need clear guidelines -- preferably in a cheat sheet format -- for determining when they can skip the OASIS, Cichon recommends.

Agencies should emphasize to clinicians that patients need to have more than homebound status and need for skilled care to make them appropriate candidates for home care, counsels Burtonsville, MD attorney **Elizabeth Hogue**. Patients need to be in a home environment that supports home care, be able to care for themselves or have a paid or volunteer primary caregiver to meet their needs between HHA visits, and have clinical needs that can be met at home, Hogue emphasizes.

6. **Check your policies.** Have a clear policy about admission criteria and about when you will provide an advance beneficiary notice if the patient doesn't qualify for Medicare coverage. Be sure to document what referrals you made if you determined that the patient was not appropriate for home care, experts say.