

## OASIS Alert

### Assessment: OVERCOME M0610/620 PROBLEMS

Home health agencies have a duty to monitor patients for signs of behavior problems, but sometimes clinicians forget that those problems can extend beyond those listed in M0610.

OASIS item M0610 asks clinicians to mark all behavior problems that apply to a given patient, and offers the following list of possibilities: memory deficit; impaired decision-making; verbal disruption; physical aggression; disruptive, infantile or socially inappropriate behavior; and delusional, hallucinatory or paranoid behavior.

M0610 also gives agencies the option of marking that the patient demonstrates none of these behavior problems.

"You should observe the patient for the presence of behaviors noted in M0610 throughout the entire assessment," consultant **Cyndi Rohret** with **Briggs Corp.** in West Des Moines, IA reminds HHAs. If at some point you discover one or more of these behaviors, you must "validate the frequency of their occurrence."

That's where M0620 comes into play, which asks agencies to mark whether behavioral problems never occur or if they happen less than once a month, once a month, several times per month, several times a week or at least daily.

#### Look Beyond M0610 When Assessing Frequency in M0620

Sometimes clinicians are unsure whether the behaviors listed in M0610 are the only ones they should consider when answering M0620, observers note. But that's not the case at all. The OASIS Manual spells out that "behavior problems' are not limited to only those identified in M0610."

That means an agency can mark on M0610 that the patient exhibits none of the behavioral problems listed, but could mark that the same patient exhibits some other kind of problem several times a day on M0620. Since M0620 isn't limited to M0610-listed actions, that would not be an inconsistent response, assures consultant **Terri Ayer** with **Ayer Associates** in Annandale, VA.

For example, the OASIS Manual offers "wandering episodes, self abuse, verbal disruption and physical aggression" as examples of behavior problems an agency might consider under M0620. But those are only a few of the possibilities "any behavior of concern for the patient's safety or social environment can be regarded as a problem behavior," the manual explains.

Agencies can determine whether a patient exhibits problematic behavior, and if so, can establish the frequency of that behavior through either direct observation or through interviews with the patient, family members or other involved parties, the manual instructs.