

OASIS Alert

Education: OASIS Doesn't Capture All Emergent Care

Don't create adverse events unnecessarily.

Scenario: The therapist made the last home visit on Nov. 1. The home health aide made a scheduled visit on Nov. 5. The patient went to the emergency room on Nov. 7, and was observed overnight. On Nov. 8 she was discharged from the ER and went home to stay indefinitely with her daughter who lives outside your agency's service area. The family notifies you to discontinue home care.

Question: Which is the correct discharge assessment?

- (A) An RFA 9 based on the latest information from the aide's visit on Nov. 5.
- (B) An RFA9 based on the therapist's Nov. 1 visit but with no mention of the emergent care visit when answering M0830.
- (C) An RFA9 based on the therapist's Nov. 1 visit, reporting the ER visit in M0830.

Answer: B. If the discharge is un-planned and a discharge assessment visit is impossible, you must base the RFA9 assessment on the last visit by a qualifying clinician, the **Centers for Medicare & Medicaid Services** instructs. You report the health status as of that visit, and do not capture either improvements or declines that occur after that visit. So you do not report the Nov. 7 emergent care visit in M0830, CMS instructs in question and answer 181.3 under Category 4b.

Note: The CMS questions and answers are at <http://www.qtso.com>. Q&As are at the bottom of the page. Scroll down and select questions by category. Questions answered more recently than Oct. 1 are available on at http://www.oasiscertificate.org/display_associationlinks.cfm, and will later be included in the consolidated questions..