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OASIS Alert

Survey & Certification: Agency Confusion May Mean Survey Deficiencies

Watch out for this survey hotspot.

If you thought the recent suspension of OASIS data collection on private pay patients changed their assessment timing -- think again.

Medicare-certified home health agencies usually must conduct a complete assessment at each of the required time points for all patients, including those with private payors, the **Centers for Medicare & Medicaid Services** warns.

The Medicare Modernization Act temporarily suspends the requirement to collect OASIS data on non-Medicare, non-Medicaid patients, CMS confirms in an April 8 memorandum to surveyors (S&C-04-26). But the law "does not suspend any other aspects of the Comprehensive Assessment regulation," CMS reminds surveyors.

For private pay patients, that means agencies must complete a comprehensive assessment -- though not an OASIS assessment -- at start of care, by day 60 of the episode beginning with SOC, within 48 hours of the patient's return to the home from a hospital admission, and at discharge.

Good news: HHAs don't have to wait until days 55-60 to perform comprehensive assessments on private pay patients, CMS spells out in S&C-04-26. "The assessment may be performed any time up to and including the 60th day," CMS says.

The timetable for the next 60-day period would start whenever the last assessment is conducted, the memo specifies.

Issue: Before OASIS began, agencies performed a comprehensive assessment at start of care as part of developing the plan of care, says **Rachel Hammon** director of clinical practice for the **Texas Association for Home Care**. The clinician completed further assessments as needed to update the POC and completed a discharge summary, she tells **Eli**.

Many agencies understood the time points to be specific to OASIS, to provide comparable data, and no longer applying when OASIS wasn't required, Hammon says. Some confusion about when assessment is required for private pay patients results from different interpretation of the comments attached to the COP final rule changes, she says.

Counterpoint: The **National Association for Home Care & Hospice** says its understanding was always that the comprehensive assessment was required at the time points indicated in the memo, according to NAHC's **Mary St. Pierre**. Prior to the OASIS regulations, the comprehensive assessment was merely part of the duties spelled out for nurses and therapists generating a plan of care, she adds.

When a provider participates in Medicare, "COPs will mandate that it apply Medicare operational policies and procedures to non-Medicare patients being provided services similar to Medicare home health services," says **John Beard** president of Birmingham, AL-based **Alacare Home Health & Hospice**.

The Conditions of Participation assessment requirements apply to an HHA as an entity, not just to certain patients, unless the agency serves non-Medicare patients in a separate division, Burtonsville, MD-based health care attorney **Elizabeth Hogue** tells **Eli**.

Protect yourself: Surveyors have their marching orders, so agencies need to reflect in their policies and practice the timing requirements CMS outlined in the memo, experts say.

Editor's Note: The memo is at www.cms.hhs.gov/medicaid/survey-cert/sc0426.pdf. For comments on COPs for assessment timing go to Federal Register, Jan. 25, 1999, Vol. 64, No. 15, p. 3764.