OASIS Alert

Surveys: Survey-Proof Your OASIS Processes

Do you know when a SCIC assessment is required?

The home health survey process has changed, making your agency vulnerable to new sanctions if you're found to be in non-compliance. Make sure your OASIS processes don't trigger harsh survey consequences.

What's at stake: As of July 2013, the **Centers for Medicare & Medicaid Services** can now impose the following alternative sanctions on agencies determined to be out of compliance:

- **Temporary management.** A CMS "authorized agent" will be appointed. The home health agency will pay the new manager's salary directly. In the 2013 home health prospective payment system final rule, CMS clarifies that "the HHA's governing body must ensure that the temporary manager has authority to hire, terminate or reassign staff, obligate funds, alter procedures, and manage the HHA to correct deficiencies identified in the HHA's operation."
- **Directed plan of correction.** CMS or the temporary manager must develop specific POC actions, which would include patient outcomes and deadlines.
- **Directed in-service training.** Training will be based on staff's "lack of knowledge" that led to a deficiency and would retrain "the staff in the use of clinically and professionally sound methods to produce quality outcomes," the rule says.

Watch OASIS-Related COPs

To guard against these sanctions as the result of poor OASIS practices, make sure you have a handle on the pertinent Conditions of Participation.

484.55 COP: Comprehensive Assessment of Patients (G330-342)

This condition requires that a qualified clinician must collect the OASIS data, said **Arlene Maxim, RN** founder of **A.D. Maxim Consulting, LLC, A.D. Maxim Seminars, and The National Coding Center** in Troy, Mich.

Each patient must have a comprehensive assessment, regardless of payment source, within the required timeframe, Maxim explained during the **Eli**-sponsored audioconference "Rules of Engagement: Getting Back to Basics Conditions of Participation, Part II." Remember, you must develop the plan of care (POC) based upon the assessment and review it at least every 60 days.

Surveyors are training on the OASIS assessment and will go through the items in detail, Maxim cautioned.

484.55A Standard: Initial Assessment Visit G331-G333

This standard requires that a registered nurse completes the initial assessment and the comprehensive assessment when skilled nursing is ordered, Maxim said. For non-Medicare patients, if the patient will receive only physical therapy, speech therapy, or occupational therapy, the appropriate therapist can conduct the start of care visit.

The initial assessment must occur within 48 hours of referral, Maxim said. If the visit happens after the 48-hour window, be sure to document the patient's request for a more convenient time in the record, and notify the physician of the

patient's request for a delayed start of care. If the physician ordered the later start of care, make sure there is an order in the chart specifying the delayed SOC date.

Tip: If a patient has sutures that require removal before a PT-only case, the RN must do the initial assessment, Maxim said.

484.55B Standard: Completion Of Comprehensive Assessment (G334-G336)

This standard requires that the comprehensive assessment be completed in a timely manner, consistent with the patient's immediate needs, but no later than five calendar days after the start of care, Maxim said.

"Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status," according to the COPs.

Mind the dates: Expect surveyors to review the SOC visit date (M0030) and compare it with the first billable visit, Maxim said. If a nurse does all OASIS assessments for your agency, but the therapist doesn't get out to see a therapy-only patient until two days after the assessment, the first billable visit is the day the therapist sees the patient.

Surveyors will also compare M0030 (SOC date) with M0090 (OASIS completion date) for inconsistencies, Maxim said. Be sure to review your referral documents with inconsistent dates and make appropriate corrections or documentation.

"The surveyor will be looking for inconsistent dates and documentation to support the reason for late SOC dates," Maxim said.

484.55c Standard: Drug Regimen Review (G 337)

This standard requires the comprehensive assessment to include a review of all medications the patient is currently using. The assessment should identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy, Maxim said.

Don't miss: The surveyor will expect to see a thorough review of all patient drugs, including prescription drugs, over-the-counter drugs, vitamins, herbs, etc, Maxim said. Problems found in your compliance with this standard can result in a condition-level citation as well as an immediate jeopardy situation.

Surveyors will be looking for agency policies regarding medication reconciliation when therapists complete a SOC assessment, Maxim said.

484.55D Standard: Update Of The Comprehensive Assessment (G338)

This standard requires agencies to update and revise the comprehensive assessment (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status.

The term "major decline or improvement in the patient's health status" is the impetus for collecting and reporting OASIS data in the following situations, Maxim said:

- As defined by the HHA (reason for assessment 5, other follow-up);
- To assess a patient on return from an inpatient facility, other than a hospital, if the patient was not discharged upon transfer (resumption of care); and
- As determined by CMS.

The surveyor can determine that the patient's care plan/OASIS should have been updated for an unexpected significant improvement or decline, Maxim said. Staff not completing significant change in condition (SCIC) assessments could be found out of compliance for this "high-priority" standard, she cautioned. Although financial SCIC payments are a thing of the past, new assessments and care plans due to clinical SCICS are still required.