

## Home Health – Change Table for OASIS-E1 (OASIS effective date 1/1/2025)

### List of Abbreviations

|     |                       |         |   |     |                           |      |                                   |
|-----|-----------------------|---------|---|-----|---------------------------|------|-----------------------------------|
| DAH | Death at home         | IRF-PAI | Inpatient Rehabilitation Facility-Patient Assessment Instrument | OMH | Office of Minority Health | SDOH | Social Determinants of Health     |
| DC  | Discharge from Agency | LCDS    | Long-term Care Data Set   | QM  | Quality Measure           | TRN  | Transfer to an Inpatient Facility |
| FU  | Follow-up             | MDS     | Minimum Data Set  | ROC | Resumption of Care        | (v)  | Voluntary                         |
| HH  | Home Health           | OASIS   | Outcome and Assessment Information Set                          | SOC | Start of Care             |      |                                   |

| # | Time points      | Item                 | Dash (Y/N) | OASIS-E Effective January 1, 2023   | OASIS-E1 Effective January 1, 2025 (Note: modifications highlighted in yellow) | Comment - Rationale  |
|---|------------------|----------------------|------------|---|--|--|
| 1 | SOC<br>ROC<br>FU | M0110 Episode Timing | N          | Is the Medicare home health payment episode, for which this assessment will define a case mix group, an “early” episode or a “later” episode in the patient’s current sequence of adjacent Medicare home health payment episodes?<br><b>1. Early</b><br><b>2. Later</b><br><b>UK. Unknown</b><br><b>NA. Not Applicable:</b> No Medicare case mix group to be defined by this assessment | Item removed   | Per CY 2024 Home Health PPS Final Rule, 88 Fed. Reg. pg. 77768, M0110—Episode Timing and M2200—Therapy Need effective January 1, 2025. These items are no longer used in the calculation of quality measures already adopted in the HH QRP, nor are they being used currently for previously established purposes unrelated to the HH QRP, including payment, survey, the HH VBP Model or care planning.<br><br>Commenters unanimously supported the removal of the M0110— Episode Timing data element<br><br>Removed from SOC, ROC and FU timepoints- 1 DE each |

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|---|-------------|-------------------------|------------|---|--|--|
| 2 | SOC<br>ROC  | M2200 Therapy Need      | N          | <p>In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero [“000”] if no therapy visits indicated.)</p> <p><b>Number of therapy visits indicated</b> (total of physical, occupational and speech-language pathology combined).</p> <p><b>NA – Not Applicable:</b> No case mix group defined by this assessment.</p> | Item removed   | <p>Per CY 2024 Home Health PPS Final Rule (88 Fed. Reg. pg. 77768), M0110—Episode Timing and M2200—Therapy Need effective January 1, 2025. These items are no longer used in the calculation of quality measures already adopted in the HH QRP, nor are they being used currently for previously established purposes unrelated to the HH QRP, including payment, survey, the HH VBP Model or care planning.</p> <p>Some commenters opposed removal of the M2200—Therapy Needs data element out of concern that it would limit CMS’ ability to evaluate a patient’s therapy need. Response: CMS appreciates the concern from commenters regarding CMS’s ability to evaluate patient’s therapy needs. With a broad set of new and current data elements on the OASIS–E assessment tool, CMS has improved the ability of providers to assess functional status and therapy needs that allows for the removal of the M2200-Therapy Need data element. CY 2024 HH PPS Final Rule (88 Fed. Reg. pg 77768)</p> <p>Removed from SOC and ROC timepoints-1 DE each.</p> |
| 3 | SOC<br>ROC  | GG0130.2 Discharge Goal | N          | <p><b>GG0130. Self-Care</b></p> <p>Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</p>  | <p><b>GG0130. Self-Care</b></p> <p>Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</p> | <p>Removed Column 2, Discharge Goal, and instructions for coding discharge goal(s) due to retiring quality measure: Application of Percent of Long-Term Care Hospital Patients with an Admission &amp; Discharge Functional Assessment and a Care Plan that Addresses Function.</p>  |

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|---|-------------|------|------------|---|--|---|
|   |             |      |            | <p><b>Coding:</b></p> <p><b>Safety and Quality of Performance</b> – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b><br/>                     05. <b>Setup or clean-up assistance</b><br/>                     04. <b>Supervision or touching assistance</b><br/>                     03. <b>Partial/moderate assistance</b><br/>                     02. <b>Substantial/maximal assistance</b><br/>                     01. <b>Dependent</b></p> <p>If activity was not attempted, code reason:</p> <p>07. <b>Patient refused</b><br/>                     09. <b>Not applicable</b><br/>                     10. <b>Not attempted due to environmental limitations</b><br/>                     88. <b>Not attempted due to medical condition or safety concerns</b></p> <p>(Column 1) 1. SOC/ROC Performance<br/>                     (Column 2) 2. Discharge Goal</p> <p>↓ Enter Codes in Boxes ↓</p> <ul style="list-style-type: none"> <li>• A. Eating</li> <li>• B. Oral Hygiene</li> <li>• C. Toileting Hygiene</li> <li>• E. Shower/bathe self</li> <li>• F. Upper body dressing</li> <li>• G. Lower body dressing:</li> <li>• H. Putting on/taking off footwear</li> </ul> | <p><b>Coding:</b></p> <p><b>Safety and Quality of Performance</b> – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b><br/>                     05. <b>Setup or clean-up assistance</b><br/>                     04. <b>Supervision or touching assistance</b><br/>                     03. <b>Partial/moderate assistance</b><br/>                     02. <b>Substantial/maximal assistance</b><br/>                     01. <b>Dependent</b></p> <p>If activity was not attempted, code reason:</p> <p>07. <b>Patient refused</b><br/>                     09. <b>Not applicable</b><br/>                     10. <b>Not attempted due to environmental limitations</b><br/>                     88. <b>Not attempted due to medical condition or safety concerns</b></p> <p>1. SOC/ROC Performance<br/>                     2. <b>Discharge Goal</b></p> <p>↓ Enter Codes in Boxes ↓</p> <ul style="list-style-type: none"> <li>• A. Eating</li> <li>• B. Oral Hygiene</li> <li>• C. Toileting Hygiene</li> <li>• E. Shower/bathe self</li> <li>• F. Upper body dressing</li> <li>• G. Lower body dressing:</li> <li>• H. Putting on/taking off footwear</li> </ul> | <p>Per the CY 2024 HH PPS Final Rule, (88 Fed. Reg. pg 77851), As discussed in section III.C.2. of this final rule, we proposed to remove a measure from the HH QRP, the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (Application of Functional Assessment/Care Plan) measure, beginning with admission assessments completed on January 1, 2025. We also proposed to remove OASIS items for Self-Care Discharge Goals (that is, GG0130.2) and for Mobility Discharge Goals (that is, GG0170.2).</p> |

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|---|-------------|----------------------------|------------|--|---|--|
| 4 | SOC<br>ROC  | GG0170.2<br>Discharge Goal | N          | <p><b>GG0170. Mobility</b></p> <p>Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</p> <p><b>Coding:</b></p> <p><b>Safety and Quality of Performance</b> – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b><br/>                     05. <b>Setup or clean-up assistance</b><br/>                     04. <b>Supervision or touching assistance</b><br/>                     03. <b>Partial/moderate assistance</b><br/>                     02. <b>Substantial/maximal assistance</b><br/>                     01. <b>Dependent</b></p> <p><b>If activity was not attempted, code reason:</b></p> <p>07. <b>Patient refused</b><br/>                     09. <b>Not applicable</b><br/>                     10. <b>Not attempted due to environmental limitations</b><br/>                     88. <b>Not attempted due to medical condition or safety concerns</b></p> <p><b>(Column 1) 1. SOC/ROC Performance</b><br/> <b>(Column 2) 2. Discharge Goal</b></p> <p>↓ Enter Codes in Boxes ↓</p> <ul style="list-style-type: none"> <li>• A. Roll left and right</li> <li>• B. Sit to lying</li> <li>• C. Lying to sitting on side of bed</li> <li>• D. Sit to stand</li> <li>• E. Chair/bed-to-chair transfer</li> </ul> | <p><b>GG0170. Mobility</b></p> <p>Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. <b>Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</b></p> <p><b>Coding:</b></p> <p><b>Safety and Quality of Performance</b> – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b><br/>                     05. <b>Setup or clean-up assistance</b><br/>                     04. <b>Supervision or touching assistance</b><br/>                     03. <b>Partial/moderate assistance</b><br/>                     02. <b>Substantial/maximal assistance</b><br/>                     01. <b>Dependent</b></p> <p><b>If activity was not attempted, code reason:</b></p> <p>07. <b>Patient refused</b><br/>                     09. <b>Not applicable</b><br/>                     10. <b>Not attempted due to environmental limitations</b><br/>                     88. <b>Not attempted due to medical condition or safety concerns</b></p> <p><b>(Column 1) 1. SOC/ROC Performance</b><br/> <b>(Column 2) 2. Discharge Goal</b></p> <p>↓ Enter Codes in Boxes ↓</p> <ul style="list-style-type: none"> <li>• A. Roll left and right</li> <li>• B. Sit to lying</li> <li>• C. Lying to sitting on side of bed</li> <li>• D. Sit to stand</li> <li>• E. Chair/bed-to-chair transfer</li> </ul> | <p>Removed Column 2, Discharge Goal, and instructions for coding discharge goal(s), due to retirement of cross-setting function measure (as listed in row 3 notes for GG0130).</p> |

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|---|--------------|---|------------|--|---|--|
|   |              |   |            | <ul style="list-style-type: none"> <li>• F. Toilet transfer</li> <li>• G. Car transfer</li> <li>• I. Walk 10 feet</li> <li>• J. Walk 50 feet with two turns:</li> <li>• K. Walk 150 feet</li> <li>• L. Walking 10 feet on uneven surfaces</li> <li>• M. 1 step (curb)</li> <li>• N. 4 steps</li> <li>• O. 12 steps</li> </ul>  | <ul style="list-style-type: none"> <li>• F. Toilet transfer</li> <li>• G. Car transfer</li> <li>• I. Walk 10 feet</li> <li>• J. Walk 50 feet with two turns:</li> <li>• K. Walk 150 feet</li> <li>• L. Walking 10 feet on uneven surfaces</li> <li>• M. 1 step (curb)</li> <li>• N. 4 steps</li> <li>• O. 12 steps</li> </ul> |  |
| 5 | TOC Death DC | O0350. COVID-19: Percent of Patients/Residents Who Are Up to Date | Y          | N/A - New item   | <ul style="list-style-type: none"> <li>0. No, patient is not up to date</li> <li>1. Yes, patient is up to date</li> </ul>   | New item added for quality measure: COVID-19: Percent of Patients/Residents Who Are Up to Date. (1 DE).                              |
| 6 |              | D0150. Patient Mood Interview (PHQ-2 to 9)                        |            | <p><b>D0150. Patient Mood Interview (PHQ-2 to 9)</b><br/> <b>Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"</b></p> <p>If symptom is present, enter 1 (yes) in column 1, Symptom Presence.</p> <p>If yes in column 1, then ask the patient: "About how often have you been bothered by this?"</p> <p>Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <p><b>1. Symptom Presence</b></p> <p>0. No (enter 0 in column 2)</p> <p>1. Yes (enter 0-3 in column 2)</p> <p>9. No response (leave column 2 blank).</p> <p><b>2. Symptom Frequency</b></p> <p>0. Never or 1 day</p> <p>1. 2-6 days (several days)</p> <p>2. 7-11 days (half or more of the day)</p> <p><b>A. Little interest or pleasure in doing things</b></p> <p><b>B. Feeling down, depressed, or hopeless</b></p> | <p><b>D0150. Patient Mood Interview (PHQ-2 to 9)</b></p> <p>Revise instruction above part C to say:<br/> <b>"If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview, otherwise continue."</b></p>   | This instruction was moved from guidance to the item, to highlight this procedure for assessing clinicians. (Sub-regulatory change). |

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|   |             |      |            | <p><b>If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview</b></p> <p>C. Trouble falling or staying asleep, or sleeping too much</p> <p>D. Feeling tired or having little energy</p> <p>E. Poor appetite or overeating</p> <p>F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</p> <p>G. Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</p> <p>I. Thoughts that you would be better off dead, or of hurting yourself in some way</p> |  |                     |