VOLUME 4

OASIS CHRONICLE AND RECOMMENDATIONS

in the report series entitled

OASIS and Outcome-Based Quality Improvement in Home Health Care: Research and Demonstration Findings, Policy Implications, and Considerations for Future Change

for three interrelated studies:

The National Medicare Quality Assurance and Improvement Demonstration The New York State Outcome-Based Quality Improvement Demonstration A Project to Assist Home Care Providers to Effectively Use Patient Outcomes

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This document is part of the report series for three studies: The National Medicare Quality Assurance and Improvement Demonstration project, funded by the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, (Contract No. 500-94-0054), the CMS Project Officer for this contract is Dr. Armen Thoumaian of the Quality Measurement and Health Assessment Group; The New York State Outcome-Based Quality Improvement Demonstration project, funded by the New York Department of Health (NYDoH), (Contract No. C-015111), the NYDoH Project Officer for this contract is Dr. Nancy Barhydt; and the Assisting Home Care Providers in Effectively Monitoring and Using Patient Outcomes project, funded by the Robert Wood Johnson Foundation (RWJF), (Grant No. 031950), the Program Officer for this grant is Dr. David Colby.

SYNOPSIS AND RATIONALE FOR THE FOUR-VOLUME REPORT

The volumes in the report on

OASIS and Outcome-Based Quality Improvement in Home Health Care: Research and Demonstration Findings, Policy Implications, and Considerations for Future Change

are entitled

Volume 1: Policy and Program Overview Volume 2: Research and Technical Overview Volume 3: Research and Clinical Supporting Documentation Volume 4: OASIS Chronicle and Recommendations

This report series documents findings and conclusions resulting from two large-scale demonstration projects to assess the value of a continuous quality improvement (CQI) methodology to measure and improve outcomes of home health care. A third project to assist nondemonstration agencies interested in the CQI methodology supported information dissemination and refinements to the approach during and after the latter stages of the demonstrations. The methodology, termed outcome-based quality improvement (OBQI), was designed primarily to benefit both Medicare and non-Medicare patients who receive home health care. OBQI relies on accurate and uniform information on the health status of patients collected at regular time intervals to measure the outcomes of care provided. Outcome measures are adjusted for factors that may differentially predispose patients to attaining or not attaining specific outcomes. The second objective of OBQI is to assist home care providers to evaluate and improve their own performance. Reports generated through OBQI allow providers to understand and use patient outcomes as performance indicators, changing care behaviors to enhance patient outcomes when appropriate.

In the interest of readability, the four-volume report proceeds from general to progressively more technical and clinical topics. This necessitates a certain amount of redundancy among the volumes, particularly the first two (portions of Volume 1 are excerpted from or closely paraphrase material in Volume 2). A summary of selected topics from Volume 1 stands apart from the four-volume set. It highlights major points and conclusions but provides only exceptionally terse discussion of the rationale for the main conclusions and recommendations. The first volume is a relatively brief document intended for a wide audience of individuals interested in (1) how to evaluate the adequacy of home health care for Medicare beneficiaries under a payment climate that has powerful incentives to underprovide services needed by patients, and (2) how to improve the quality of care in areas for which patient outcomes are poor and should be improved. An overview of the success that is attainable through OBQI to enhance patient outcomes is provided in this document.

Volume 1 is framed in the context of issues and events that led to the present-day environment for home health care. It is this environment and its likely future that the programs at the Centers for Medicare & Medicare Services (CMS)¹ must address on behalf of Medicare and Medicaid recipients. The recommendations presented in this volume are based on a 15year research and development effort. They are focused on ways to guide the continued evolution of the Outcome and Assessment Information Set (OASIS) and, most importantly, the quality monitoring, quality improvement, payment, certification, and program integrity applications that rely on OASIS. These recommendations are intended to strike the appropriate balance between CMS's primary responsibility to beneficiaries and its secondary responsibilities to other governmental agencies, providers, payers, commercial interests, and voluntary accreditation programs.

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¹ The Health Care Financing Administration (HCFA) changed its name to Centers for Medicare & Medicaid Services in June 2001. Both names (and acronyms) are used in this report depending on context and dates.

Volume 2 also is reasonably brief and highlights the research approach and technical findings from the OBQI demonstration trials. Written for a more technical audience, it summarizes the research methodology, experimental approach, and statistical findings from the demonstration. A one-page research abstract is presented that encapsulates the methods, findings, and conclusions. Cross-references to Volume 3 guide the reader to further information on several technical, clinical, statistical, and programmatic topics. Conclusions that derive from the demonstration findings and their relevance to current policy and programmatic considerations are summarized in the final section (these conclusions are discussed in more detail in the final sections of Volume 1).

The third volume consists of supporting documents covering (1) a chronology of research and policy developments that form the backdrop for the results and conclusions of the first two volumes; (2) findings from OASIS reliability studies; (3) an overview of the measurement constructs and issues germane to the research; (4) the OASIS data set with an explanatory prologue; (5) an operations manual for implementing and maintaining OBQI in a home health agency; (6) illustrative agency-level outcome, case mix, and adverse event reports; (7) a summary of the operational components of the demonstration trials; (8) methods used by home health care providers in successfully enhancing patient outcomes; and (9) a bibliography of relevant literature.

Volume 4 contains points of rationale for why certain steps are prerequisite to or inherent in collecting and processing accurate OASIS data in order to measure and improve patient outcomes. An "OASIS Chronicle" constitutes the largest portion of Volume 4. This document provides an item-by-item summary of key attributes and recommendations for every OASIS data item. The attributes provided for each item include its precise wording, the time points at which data are recorded, clarifying or explanatory information, the rationale for the item, uses for the item that pertain to both agency-specific and CMS applications, the developmental and empirical testing history for the item, information on validity and reliability, perceived and real constraints or limitations, other points of information as appropriate, the overall necessity of the item, and a recommendation for retention or change. The OASIS Chronicle and its introductory documentation are intended to form a starting point for the continued evolution and improvement of OASIS and its applications.

PREFACE

The Center for Health Services Research in the Division of Health Care Policy and Research is a multidisciplinary research organization established in 1976 at the University of Colorado Health Sciences Center. The research programs of the Center focus on health policy, clinical issues, health outcomes, quality measurement, quality evaluation and improvement, performance measurement and analysis, case mix assessment and measurement, cost and payment analysis, health care regulation, and research and quantitative methods. Substantively, the primary research undertakings of the Center have been in longterm, geriatric, gerontological, chronic, and managed care in both noninstitutional and institutional provider environments.

This four-volume report was prepared as part of three separate studies: (1) the National Medicare Quality Assurance and Improvement Demonstration, (2) the New York State Outcome-Based Quality Improvement Demonstration, and (3) the Assisting Home Care Providers in Effectively Monitoring and Using Patient Outcomes study, with project or program officers Dr. Armen Thoumaian, Dr. Nancy Barhydt, and Dr. David Colby from three respective funding organizations: the Centers for Medicare & Medicaid Services, the New York State Department of Health, and the Robert Wood Johnson Foundation. The principal investigator for these three studies is Peter W. Shaughnessy, PhD; co-principal investigators on these or other studies that have contributed to the foundation for these reports include Robert E. Schlenker, PhD; Kathryn S. Crisler, MS, RN; David F. Hittle, PhD; Martha C. Powell, PhD; Angela A. Richard, MS, RN; James M. Beaudry, BA; and Andrew M. Kramer, MD. Study and program managers include Karin S. Conway, MBA, RN; Lecia R. West, MA; Rachael E. Bennett, MA; Angela G. Brega, PhD; and Nancy S. Donelan-McCall, PhD.

The findings and conclusions documented in this four-volume report derive from several projects conducted during the past 15 years that provided the research, clinical, and analytic approaches and framework employed in the demonstration trials documented here. This entire program is indebted to over one thousand home health care clinicians and administrators who contributed to all facets of outcome measurement and quality improvement research during this period.

We are grateful to several individuals for assisting with and enabling the OBQI demonstrations and promulgation of information about OBQI. Captain Armen H. Thoumaian, PhD, USPHS, was significantly and substantively involved in the National Demonstration trial and in facilitating ongoing national OBQI applications resulting from the demonstration. The interest and support of Steven Clauser, PhD, MPA throughout the demonstration and later stages of the CMS-sponsored research was integral to maintaining the entire OBQI program. CMS staff members Elizabeth Goldstein, PhD; Tony Hausner, PhD; and Barbara Greenberg, PhD helped guide early research activities that shaped this work. Other staff who were instrumental in guiding OBQI and OASIS applications and analyses at CMS include Helene Fredeking, BA, MEd; John Thomas, BS; Mary Wheeler, MS, RN; Mary Weakland, MS, RN; Tracey Mummert, BS, MT (ASCP); Heidi Gelzer, MSPH, RN; and Mavis Connolly, RN, MSW. Nancy Barhydt, DrPH, at the New York State Department of Health, provided leadership essential to the success of the New York State Demonstration, with assistance from Keith Servis, MA, and Mary Anne Tosh, MS, RN of the New York State Department of Health. Beth Stevens, PhD; Andrea Kabcenell, MPH, RN; Alan Cohen, ScD; and David Colby, PhD from the Robert Wood Johnson Foundation and Karen Pace, MS, RN from the National Association for Home Care assisted on several studies and programs that were part of the OBQI developmental effort.

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The National Advisory Committee for the demonstration programs has played a critical role in formulating the foundational research and programmatic applications of OASIS and OBQI. Its members include Nancy Barhydt, DrPH, Director, Division of Home and Community Based Care, State of New York Department of Health; Andrea Kabcenell, MPH, RN, Deputy Director, Pursuing Perfection; A. E. Benjamin, PhD, Professor, Department of Social Welfare, School of Public Policy and Social Research, University of California at Los Angeles; Joan Marren, MEd, MA, RN, Vice President for Clinical Services, Visiting Nurse Service of New York; Barbara McCann, MSW, Vice President, Interim Health Care, Inc.; Peter Boling, MD, Professor of Internal Medicine, Virginia Commonwealth University; Sharon Johnson, MS, RN, Director, Jefferson Homecare Network; Paula Reichel, BSN, RN, CEO Community Health Center; and Randall Brown, PhD, Senior Fellow, Mathematica Policy Research, Inc.

Over 80 faculty and staff at the Center for Health Services Research were involved in the several phases of this research. We particularly wish to acknowledge the efforts of Dee Smyth, Natasha Floersch, Patti DeVore, Laura McLaughlin, Karis May, and Lanee Bounds in all facets of editing, word processing, proof reading, and producing these four volumes. We deeply appreciate the efforts and contributions of all the aforementioned individuals.

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CHAPTER 1

IMPLEMENTATION AND ADMINISTRATION OF OASIS

A. ORIGIN, IMPLEMENTATION, AND REVISION HISTORY OF OASIS

The Outcome and Assessment Information Set (OASIS) is a product of a series of research and demonstration efforts designed to develop a patient-centered system of outcome measures and outcome improvement methods for home health care. As documented in Volume 2, the initial data set was developed with extensive input from home care clinicians, researchers, and others, for the purpose of measuring outcomes of care and controlling for patient risk factors that are predictive of patient outcomes. This data set was modified to include additional items in response to recommendations from a HCFA-convened task force of home care experts who reviewed the data set from the perspective of items judged essential for assessment. The items that had been developed and tested in the national research program, along with those added by the expert panel, became known collectively as OASIS.

OASIS was used operationally in two outcome-based quality improvement (OBQI) demonstration programs beginning in late 1995 and 1996. The initial demonstration experience suggested the need for selected refinements to the initial version of the data set (OASIS-A), eliminating a few items, adding others, and simplifying or clarifying the wording of many items. Despite these changes, the substance of the revised data set (OASIS-B) remained virtually unchanged. The initial version of OASIS mandated for use by Medicare-certified home health providers in the context of comprehensive patient assessment was OASIS-B1 (dated 10/98 to distinguish it from an earlier draft of OASIS-B1). Differences between OASIS-B and OASIS-B1 consisted of minor modifications to clinical record items, additional patient identifiers, and rewording of one demo-These modifications were intended to assist HCFA in tracking and graphic item. managing data, and to make OASIS consistent with federal data collection standards. Additional revisions were made necessary by the implementation of the Medicare Prospective Payment System (PPS) for home health care. This resulted in a new item (M0825) related to therapy need, revision of one item (M0175: Inpatient Discharge), and several additional items for follow-up assessments that had previously been restricted to other time points (M0175: Inpatient Discharge, M0230/240: Home Care Diagnoses, and M0390: Vision). With these revisions, OASIS is now used as the data source for determining case mix adjustment for per-episode payment as well as outcome monitoring for quality improvement. This version of the data set, OASIS-B1 (8/2000), is the one in use today.

When the requirement for a comprehensive assessment incorporating OASIS items and the companion requirement for reporting of OASIS data were adopted as part of the Medicare Conditions of Participation in 1999, several hundred home health agencies already had significant experience with OASIS. However, most of the more than 7000 Medicare-certified home health providers had only a superficial exposure to OASIS and OBQI. CMS-sponsored training programs were held throughout the country, and training materials (in the form of the OASIS Implementation Manual, OASIS Data Submission Specifications, and Home Health Agency System User's Guide) were made available to home health agencies in both electronic and hard copy form. In addition, CMS produced an assessment training videotape, continues to provide ongoing guidance for home health agencies by posting answers to frequently-asked questions on the CMS Web site, and is currently developing a Web-based OASIS assessment training program. These training efforts have as their goal assisting home health agencies to collect accurate, uniform data in an efficient, cost-effective manner without imposing undue burden on care providers or home health patients. CMS provides home health agencies with free software for encoding OASIS data and maintains a system for electronic submission of OASIS data. Concurrent with OASIS implementation, research was undertaken (and is ongoing) to develop the means for evaluating and monitoring the accuracy of OASIS data, both nationally and for specific home care providers. Results of this and other research will be used to monitor and correct data accuracy problems at individual home health agencies as well as to continue the process of evaluating, testing, and refining OASIS over time.

B. OASIS ADMINISTRATION AND HOME HEALTH ASSESSMENT

OASIS is not a comprehensive assessment instrument; rather it is a collection of standardized data items to be incorporated into a home health assessment. Additional items are needed for a truly comprehensive assessment. For example, OASIS does not include items for assessment of vital signs, breath sounds, or fluid intake, which are typically part of a complete assessment, nor does it include detailed assessment items that would be required for patients with specific medical problems such as diabetes. Although some agencies encode the entire assessment, they are required to encode and transmit to CMS only the OASIS data. At certain time points, a comprehensive assessment is not required, but selected OASIS items must be collected for patient outcome monitoring.

Comprehensive assessment is required at start or resumption of care, at discharge from home health care, and at 60-day intervals in between (or more frequently, if a change in the patient's condition warrants reassessment and a corresponding change in care plan). A much-abridged set of OASIS items is collected for a transfer to inpatient facility or death at home. Therefore, the total volume of OASIS data (and the amount of effort required to collect, encode, and transmit data) for a particular patient depends on that patient's stay while under the care of the home health agency and whether the patient is hospitalized during the home health episode of care. For most home health patients, two assessments are required. The average number of OASIS time points (taking into account long stay patients and others who require several assessments) is 2.6 per patient.

Patient assessment data are collected through a combination of methods that include interaction with patient/family, observation, and measurement. A standard assessment of health status and related factors must involve more than reading to a patient (or caregiver) questions from a form and recording the respondent's choices. Such an approach is not only inefficient and burdensome, but also highly ineffective for the purpose of obtaining an accurate picture of the patient's health status. An experienced clinician who is well trained in assessment uses a combination of methods. Interaction and interview data must be verified through observation and measurement, while information obtained from observation can also be used to identify factors which require additional interview questions. Assessment skills always have been extremely important in home health care. The introduction of OASIS items into the comprehensive assessment does not require any greater skill than pre-OASIS assessments, but it imposes a more uniform set of standards for assessment than prevailed before OASIS was required.

C. REACTIONS TO OASIS IMPLEMENTATION BY HOME HEALTH PROVIDERS

1. Concerns Raised

Reaction to OASIS has varied widely among home health agencies. As documented in Volumes 1 and 2, before the implementation of the comprehensive assessment and OASIS reporting requirements, agencies participating in OBQI demonstrations had implemented OASIS voluntarily and found it to be a worthwhile investment. Many providers view OASIS as a valuable tool for multiple purposes, such as clinical management, performance evaluation, resource allocation, and contract negotiation with payers. However, a number of particularly vocal providers perceive the comprehensive assessment and OASIS data reporting requirements to be overly burdensome and unnecessary. Such providers have expressed concerns about specific OASIS items and issues related to Medicare regulatory provisions, including the following:

- Assessment timing requirements sometimes do not fit well with planned visit frequency or require reassessment at shorter intervals than some staff believe to be needed for selected patients;
- Some providers view OASIS data collection to be unwarranted for short stay or low utilization patients. Assessment requirements for "significant change in patient condition" and for resumption of care after short stay hospitalizations (between 24 and 72 hours) are viewed as problematic;
- Multiple assessment forms for specific time points at which OASIS data collection is required are perceived by some as confusing and burdensome;
- There is some duplication of effort when similar information is required on multiple forms, such as OASIS, the plan of care (HCFA-485), and billing forms (HCFA-1450 or UB-92);
- Including non-Medicare patients in the comprehensive assessment and OASIS reporting requirements is an issue for providers who view OASIS primarily as a tool for Medicare reimbursement; and
- Payment is perceived to be inadequate to cover the full costs of collecting, encoding, and transmitting OASIS data.

2. <u>Resolutions and Next Steps in Addressing Concerns</u>

Home health providers participating in OBQI demonstrations faced and successfully addressed most of the issues enumerated above. For example, most patients receiving skilled care from Medicare-certified home health agencies are visited with sufficient frequency that, with a reasonable degree of advance planning, it is possible to schedule follow-up assessments to comply with regulatory provisions without disrupting care plans or making extra visits merely for the purpose of assessment. Patients who require skilled services at intervals exceeding 60 days (or at shorter intervals that do not readily add up to 60-day intervals) are relatively rare, and demonstration participants were able to accommodate the prescribed assessment schedule without making a large number of unpaid visits. On the other hand, if home health care providers can document (through analysis of actual utilization data rather than anecdote) that the 60-day assessment schedule is inconsistent with appropriate care patterns for a significant portion of home health care patients, some accommodation may be needed. Anv proposed adjustment to the prescribed assessment frequency would need to be based on specific empirical criteria.

The contention that short stay and low utilization home health patients should not require a comprehensive assessment rests on the dual assumptions that (1) it is possible to identify, without first conducting a comprehensive assessments, which patients will require visits for a short period of time or only a few visits, and (2) analysis of outcomes of care for short stay or low utilization patients is not meaningful for monitoring and improving quality of care. Both of these assumptions are questionable. One of the unanticipated advantages of OASIS cited by a number of OBQI demonstration participants was its use in care planning and justifying the level of required services. These agencies indicated that, using OASIS, they were more readily able to document both the need for services (including recommended frequency and duration) and instances when services were not needed. Outcomes of short stay patients are important because the reason for a short duration home health episode often is hospitalization. Without OASIS data collection for short stay patients, valuable indicators of potentially inadequate care would be lost.

Another area where the experience of OBQI demonstration agencies is relevant is the incorporation of OASIS items into assessment forms. Some providers have indicated that the use of different assessment forms for different time points is problematic. However, demonstration agencies found that a limited number of time-point-specific forms was considerably more efficient than adopting a universal form to cover all time points. It is not necessary to have a distinct form for each of the ten unique reasons for assessment, but using two to four different forms rather than a single form (a substantial portion of which would be left blank for some assessment time points) is efficient and, in the experience of demonstration agencies, causes minimal confusion.

While some OASIS items are duplicative of data items required on other forms, including plan of care and billing forms, it is not clear that entirely eliminating such duplication is feasible. OASIS data systems at CMS are distinct from claims processing systems, and both have specific needs that include some common data elements. Home

health providers with integrated information systems can avoid duplicate data entry of selected items by sharing data between applications. It should be clarified that data elements in OASIS that are purely provider, patient, or episode identifiers need not be transcribed by hand from one paper form to another if an alternative means is available to encode the data for transmission.

Including non-Medicare patients in OASIS data collection and OBQI reporting, as indicated in Volume 1, is fundamental to maintaining organization-wide quality improvement processes. Indeed, most demonstration agencies found that not only did it enhance the effectiveness of quality improvement efforts to include all patients, regardless of payer, in outcome analyses, but it was also more convenient and cost-effective to use a single set of assessment forms and protocols for all patients rather than maintaining separate forms and protocols for different patient groups. In addition, it is a matter of principle that CMS and state survey agencies are responsible for monitoring care provided to all patients served by Medicare-certified health care providers, not just Medicare beneficiaries. This is particularly important under PPS, which can create incentives to underserve patients.

The issue of adequate reimbursement for the costs of collecting, encoding, and transmitting OASIS data is one that deserves further consideration and analysis. Estimates of the burden associated with conducting OASIS assessments vary widely depending on the source of the information, as indicated in Supporting Document 2 of Volume 3. Research results presented in that document indicate that demonstration agencies were able to incorporate OASIS assessments into their agencies' routine procedures, without increasing assessment burden. Moreover, these agencies were able to implement OASIS data collection and OBQI and survive financially, even in the face of the reduced payment rates, cost limits, and utilization limits that characterized Medicare's Interim Payment System. Further research regarding actual time spent on assessments by home care clinicians is needed, as well as analysis of variations in assessment time from one provider to another. Analyzing such variations is important, particularly for identifying those agency-level characteristics or practices that are related to unusually high or low assessment time. In addition to assessment time, the costs of encoding and transmitting data should be objectively examined, as indicated in Volume 1. It would be shortsighted not to address these issues precisely and realistically.

D. ORGANIZATION OF OASIS CHRONICLE DOCUMENT

The OASIS Chronicle has been prepared to serve as a reference source for understanding and evaluating OASIS items as well as providing, in a single document, a summary of the multiple uses of OASIS. The remainder of this volume consists of two chapters that serve these purposes. Chapter 2 includes the OASIS Chronicle (Section B), which presents detailed information on every OASIS item (devoting two pages to each item), preceded by a reader's guide (Section A) which assists the reader to interpret the information in the OASIS Chronicle Item-Specific Record. In addition to presenting information on the rationale, current and planned uses, reliability, and validity of each item, specific concerns raised by home health providers regarding individual items are addressed. Recommendations regarding the retention of specific items in OASIS as well as future evaluation and development activities to improve measurement for specific items are included. Chapter 3 provides much of the same information presented in Chapter 2, but in summary form. It consists of a reader's guide, followed by a table summarizing in a highly compressed manner the information presented in more detail in Chapter 2. These two formats (the detailed approach of the OASIS Chronicle and the overview approach in Chapter 3) are provided so that the reader can analyze the material from either an "in-depth" or a "big picture" perspective, focusing on specific reasons for including OASIS items, or examining the entire data set in a summary manner.

CHAPTER 2

OASIS CHRONICLE

A. READER'S GUIDE TO THE OASIS CHRONICLE

This section provides documentation to assist the reader in understanding and interpreting information in the OASIS Chronicle. The following terms are used uniformly throughout this section:

- The *OASIS Chronicle* is a document (presented in Section B) that summarizes a variety of characteristics of each item in OASIS. Its intent is to describe on an item-by-item basis the background, research activities, technical properties, applications, strengths, limitations, and qualifications that characterize each OASIS item in order to recommend whether the item should be retained, refined, or considered for deletion in future versions of OASIS.
- Within the OASIS Chronicle, each OASIS data item has an *Item-Specific Record* that contains the aforementioned characteristics for the item, concluding with the recommendation to retain or change the item.
- Within each Item-Specific Record in the OASIS Chronicle is a set of attributes, termed *elements*. The first four elements are taken directly from OASIS for any given data item. These four elements are: item category, item number, item name, and time points. They are not numbered in the Item-Specific Record. For purposes of clarity in this documentation only (i.e., Section A of Chapter 2, not in the item-specific forms that appear in the OASIS Chronicle), they are termed Elements A, B, C, and D. The remaining elements that appear in the Item-Specific Record for each OASIS data item are numbered from 1 through 11 and respectively consist of: precise wording of the item; item clarification; rationale for item; item use/application; item research, development, clinical, and testing history; validity; recent reliability, perceived or real constraints/limitations; additional comments; overall necessity of item; and recommendation for retention or change.

The remainder of this section contains an explanation of the information that is provided within each element of the Item-Specific Record for every OASIS data item (appearing in the OASIS Chronicle in Section B).

ELEMENT A. Item Category: OASIS is organized into the 16 categories of items described below. The entry in Element A indicates the category to which the OASIS item under consideration belongs.

1. <u>Clinical Record Items</u>: These consist primarily of home health agency and patient identifiers. Within the agency, these items are used to track assessments and episodes of care for specific individuals, and to enable agency staff to locate clinical records associated with specific OASIS assessments. When OASIS records are submitted to the national repository, these items serve the additional functions of

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linking individual assessments to specific home health agencies. They also permit linking OASIS data to claims (and potentially other data sets) for administrative purposes. Very few of these items represent 'new' data collection for the home health agency. They are already collected for other administrative purposes, and can be transcribed (or transferred), often electronically, for OASIS data submission.

- 2. <u>Demographics and Patient History</u>: These items include payment sources, recent inpatient facility stay, changed treatment regimen information, diagnoses, prognosis, and items related to specific aspects of the patient's clinical history.
- 3. <u>Living Arrangements</u>: The items in this category summarize the physical environment in which the patient lives and care is delivered.
- 4. <u>Supportive Assistance</u>: Assistance provided by family, friends, and others is a crucial adjunct to the care provided by home health clinicians. This category of items includes information on whether assistance is available and, if so, the type and frequency of assistance available.
- 5. <u>Sensory Status</u>: Items in this category pertain to vision, hearing, speech, and pain experienced by the patient.
- 6. <u>Integumentary Status</u>: Skin lesions and wounds of specific types are included in this category.
- 7. <u>Respiratory Status</u>: Two items that pertain to shortness of breath and current respiratory treatments comprise this category.
- 8. <u>Elimination Status</u>: This category includes four items that deal with incontinence of urine or bowel, urinary tract infection, and bowel ostomy.
- 9. <u>Neuro/Emotional/Behavioral Status</u>: Items in this category reflect the presence and severity of problems related to cognition, anxiety, depression, and behavioral items, as well as psychiatric nursing service provision.
- 10. <u>Activities of Daily Living (Functional Status)</u>: These items reflect selected <u>physical</u> <u>abilities</u> of the patient to perform activities that are <u>needed to function</u> in the home environment.
- 11. <u>Instrumental Activities of Daily Living (Functional Status)</u>: This category of items consists of selected <u>cognitive and physical</u> abilities that <u>facilitate</u> independent patient functioning within the home environment.
- 12. <u>Management of Medications</u>: Items in this category reflect the patient's ability to safely manage medications, which is a crucial factor for independent living.
- 13. <u>Equipment Management</u>: This category is similar to the previous category, but relates to patient (or caregiver) management of equipment needed for treatment.

- 14. <u>Therapy Need</u>: This is a single item used (for payment purposes only) to project the need for physical or occupational therapy.
- 15. <u>Emergent Care Utilization</u>: Items in this OASIS category reflect the use of emergent care services and reasons for emergent care. This category is crucial to the use of OASIS data for outcome-based quality monitoring (OBQM).
- 16. <u>Discharge or Transfer to Inpatient Facility Status</u>: These items help track the patient's status upon discharge from home health care, including whether the discharge is planned or unplanned (due to an urgent or emergent inpatient facility admission).

ELEMENT B. Item No.: This element contains the number for the OASIS item under consideration. Each OASIS item is assigned an identifying number between 0001 and 9999, prefixed by the letter "M." The numbering system reflects the sequence of items within the data set. As items have changed over time, the numbering system has changed somewhat. Generally, when an item is changed in a significant way, it is assigned a new number to avoid confusion with prior versions of the item.

ELEMENT C. Item Name: This is the short descriptive name used in OASIS for the specific item.

ELEMENT D. Time Points: A comprehensive assessment including OASIS must be completed at admission to home health care and upon resumption of care following an inpatient facility stay of 24 hours or more (these time points are referred to as Start or Resumption of Care), at 60-day intervals and whenever a change in the patient's condition warrants reassessment (the Follow-up point), and upon discharge from the home health agency (the Discharge point). Selected OASIS items also are required to be completed and submitted (although a comprehensive assessment is not required) when a patient is admitted to an inpatient facility for 24 hours or more (the Transfer-to-Inpatient-Facility time point). A check mark (\checkmark) corresponding to one or more of these time points indicates the item is required for the specified time point(s).

ELEMENT 1. Precise Wording of Item: This element contains the precise wording of each item as it appears in OASIS. Home health agencies are expected to include all OASIS items in clinical documentation forms using the exact wording reproduced here. Where the wording varies among different assessment time points, these changes are indicated.

ELEMENT 2. Item Clarification: Information provided in this element clarifies the definition of the item and includes, where appropriate, a brief explanation of the information source (e.g., agency administrative records). This element does not present assessment strategies for the clinician to utilize in obtaining the information, as these are found in the *OASIS Implementation Manual* published by CMS.

ELEMENT 3. Rationale for Item: A brief explanation of the primary purpose(s) of and justification for the item is provided in this element.

ELEMENT 4. Item Use/Application: This element describes the specific purposes for which each item has been or can be used by home health agencies, CMS, or others. Nearly all OASIS items are used for one or more of the following applications. Each application has a corresponding check box. An item's particular applications are identified with an "X" or a check mark (\checkmark).

Identifier (for data management/tracking): Patient, episode, and assessment identifiers are needed by the home health agency to accurately associate an electronic OASIS record with a patient's permanent clinical record (or "chart"), readily access OASIS data in the agency's database, and track submission of data to CMS. CMS uses patient identifiers for tracking data submissions, matching assessments from a single episode of care for reporting purposes, and linking to other administrative databases.

<u>HOME HEALTH AGENCY APPLICATIONS</u>: This subsection of Element 4 includes the uses that home health agencies have found for OASIS items, either for treating individual patients, analyzing OASIS data for decision-making, or communicating with other entities.

Assessment: The item is used routinely to characterize the patient's health status or provide other information important for a clinician to consider in determining the care requirements of the patient. Virtually all (non-identifier) OASIS items were recommended by clinicians in the home health industry as crucial to comprehensive patient assessment.

Care planning: The item is recognized by clinicians as necessary for planning the care to be provided by the home health agency, including determining the type, frequency, and duration of services, and documenting the need for services.

Quality improvement/outcome enhancement: The item is used in the computation of at least one outcome measure for the national reporting system or the OBQI demonstration programs, or it is a predictor of patient outcomes and therefore is used in outcome risk adjustment, or it is used by agencies for the process-of-care component of outcome enhancement.

Patient mix/origin/discharge disposition monitoring: The item currently is used in the case mix reports available to home health providers using OASIS national repository data, or it has contributed to reports that are used for this purpose, or it assists in monitoring patient origin or discharge disposition by demonstration agencies and others.

Utilization/cost/resource consumption monitoring: The item is used for case mix adjustment of payment under home health PPS, or it is used by home health agencies either to predict utilization and cost or to stratify patients for monitoring utilization and costs within specific patient groups.

Marketing (e.g., public relations, payer negotiations): Home health agencies may use the item in the context of information on patient outcomes, utilization patterns,

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patient mix, discharge disposition, or other characteristics of the agency or patients served in marketing the agency's services within the community or as part of negotiations with insurers, including managed care organizations.

Feedback to other providers (e.g., physicians, discharge planners): Demonstration agencies and others have used the OASIS data item in preparing reports for physicians to monitor individual patient progress toward care goals and analyze other aspects of health status. In addition, the item may be used in aggregated agency-level reports for hospital discharge planners when making decisions concerning post-hospital care.

Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks): All JCAHOaccredited home health providers must use an approved ORYX performance measurement system (PMS) vendor to periodically report performance data to JCAHO. The CHAP program also includes outcome benchmarking. Most of the measurement systems use OASIS data in some way, including outcome measurement and risk adjustment. This application is checked when the item is known to be used for accreditation purposes.

<u>CMS APPLICATIONS</u>: Uses enumerated in this subsection of Element 4 are those that CMS has implemented or planned for providing feedback to home health providers -- as well as those related to payment systems, program integrity, provider certification, and public information dissemination applications.

Outcome measurement for outcome reporting: Items are checked that contribute to the computation of one or more of the outcome measures that appear in the agency-level outcome reports produced using the national OASIS data repository.

Risk factor measurement for outcome reporting: Most OASIS items contribute in some way to risk adjustment of outcomes for home health provider use. An item receives a check for this particular application if it is used in one or more statistical risk adjustment models for outcomes that appear in agency-level outcome reports.

Number of risk adjustment models: This is the number of outcome measures for which the OASIS item under consideration is included as (or used in the computation of) a risk factor. Only risk factors that have a statistically significant relationship to the outcome, and for which the direction and magnitude of the relationship are clinically plausible, are included in each risk adjustment model. The number of risk adjustment models to which an item contributes is an indicator of that item's total importance in the risk adjustment process -- although some items that contribute to only a few risk models can be imperative to risk adjustment for these models.

Adverse event measurement for adverse event report: An item is checked if it contributes to the computation of one or more adverse event outcome measures that appear in the adverse event outcome reports.

Case mix measurement for case mix profiling: An item is checked if it contributes to the computation of one or more measures that appear in the case mix profile reports that are released to home health providers.

Case mix adjustment for prospective payment system: An item is checked if it contributes to the grouping of patient episodes to determine case mix adjustment for prospective payment. A grouping algorithm is used to determine home health resource group (HHRG) assignment based on OASIS data at start of care, at recertification every 60 days for continuing patients, and, under certain circumstances, when a significant change in the patient's condition occurs.

Performance indicator for consumer reporting (planned): Reporting of providerlevel performance data for Medicare beneficiaries, their families, and other members of the public is planned for all provider types, including home health agencies. Risk-adjusted outcome rates for a subset of the measures used by providers, possibly including additional outcome measures, are expected to be an important part of reporting for consumers. An item is checked for this use if it currently contributes to outcome measures or risk factors in the context of agencylevel reporting and has a reasonable likelihood of contributing to consumer reporting.

Survey & certification use (planned): CMS expects to use both risk-adjusted patient outcomes and adverse event outcomes in the survey process -- as screening mechanisms and to focus on-site survey efforts. OASIS-based case mix reports may also play a role in survey activities. While the precise nature of these activities is not yet fully developed, if this application is checked for an item, it reflects a high likelihood that the item will contribute to outcome-oriented survey activities.

Program integrity (planned): Medicare program integrity activities encompass issues related to payment accuracy, program eligibility, and verification of service provision, among others. Program integrity applications likely will utilize not only those OASIS items directly related to case mix adjustment of payment, but also a variety of items that may corroborate or contradict payment-related items, as well as items related to homebound status, medical necessity, and other eligibility issues. An item is checked for this application if it is expected to have any such uses.

<u>OTHER APPLICATIONS UNDER DEVELOPMENT</u>: Other potential uses for OASIS data are under development. At present, this category includes only uses of OASIS data proposed in a study sponsored by the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE) (Donelson et al., 2001) examining homebound status and medical necessity determination in the context of Medicare payment for home health care services. Other applications may be added in the future.

Homebound status determination: A check for this application indicates the item is included in an algorithm for objectively verifying homebound status developed under the study sponsored by DHHS/ASPE.

Medical necessity determination: Items are checked that are included in an algorithm for evaluating medical necessity of home health services developed under the DHHS/ASPE study.

ELEMENT 5. Item Research, Development, Clinical, and Testing History: All but a few of the data items in the current version of OASIS have undergone considerable conceptual development, testing, refinement, and use for multiple applications in home health settings over a number of years. This section briefly highlights the research and development history of each item, indicating when and how it was used, tested, and refined over time.

ELEMENT 6. Validity: The most important types of validity undertaken in the OASIS research and development process were six in number. Each type of validity has a corresponding check box; a check mark (\checkmark) indicates that the item under consideration underwent the indicated type of validity analysis. The six categories are:

Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement: This indicates whether an item was reviewed by panels of researchers and clinicians and was recommended for measuring patient outcomes relevant to home health care provision and quality measurement, or for risk adjustment of outcome analyses.

Consensus validity by expert clinical panels for patient assessment and care planning: This indicates whether an item was reviewed by a panel of clinical experts and was recommended for inclusion in a core set of data items for patient assessment and care planning -- for example, in addition to research project clinical panels, the Health Standards and Quality Bureau (HSQB) convened a panel consisting of HCFA staff, researchers, clinicians in a variety of disciplines, and home health industry representatives to review and possibly expand the OASIS items needed for assessment.

Criterion or convergent/predictive validity for outcome measurement/risk factor measurement: This type of validity indicates that the item has been tested empirically for use in conjunction with outcome measures or risk factors predictive of patient outcomes and, by virtue of such testing, has been found to be related to other indicators of health status and patient outcomes in a statistically significant and clinically meaningful way.

Convergent/predictive validity: Case mix adjustment for payment: This type of validity indicates that the item has been tested and is now used in the grouping algorithm that, in part, determines the per-episode payment to home health agencies for care provided under the Medicare home health benefit.

Validation by patient assessment and care planning: This type of validity indicates that the item has been used by clinicians for patient assessment and care planning in several hundred home health agencies for several years, and has been reported by practicing clinicians to be effective and useful for these purposes.

Validation by outcome enhancement: This type of validity indicates that home health agencies have used the item (among others) for outcome analyses, process-of-care investigations, or ongoing monitoring for quality improvement -- with demonstrated success in improving patient outcomes.

ELEMENT 7. Recent Reliability: This element has as its first entry an indication of interrater reliability for the OASIS item under consideration. A box is checked indicating that reliability is substantial, moderate, or fair/slight according to interrater reliability as reflected by a weighted kappa (or percent agreement) value. The results indicate that the

Rating Is	If the Weighted Kappa (or % agreement) Is
Substantial	Greater than 0.60
Moderate	Equal to or greater than 0.40 but no greater than 0.60
Fair/Slight	Less than 0.40
Not Evaluated	The item was not tested for reliability

This rating scheme is commonly used in reliability research. (See Hughes & Ash, 1997; Madigan, Tullai-McGuiness, & Fortinsky, 2001; Morris et al., 1997; and Landis & Koch, 1997 for research that uses this rating scheme.)

The ratings are based on a study of OASIS interrater reliability that employed independent assessments by two clinicians within a period of 24 hours. This study was conducted by the University of Colorado Center for Health Services Research (CHSR) and is described in Supporting Document 2 in Volume 3.

Interrater reliability (weighted kappa or percent agreement): For OASIS items that were tested for reliability up to three reliability coefficients (or agreement ratings) are provided in the second component of Element 7. They were obtained from three separate reliability studies. For a discussion of the merits of each study, see Volume 1 of this report and the aforementioned Supporting Document 2. To summarize, the results from Study 1 were used to determine the above rating for each item, since this study was regarded as the most accurate of the two independent assessment reliability studies (the third study below was not an independent assessment interrater reliability study):

- Study 1: Independent assessment interrater reliability study conducted by CHSR (see Supporting Document 2 in Volume 3).
- Study 2: Independent assessment interrater reliability study conducted by Berg (1999).
- Study 3: Concurrent assessment interrater reliability study conducted by Madigan, Tullai-McGuiness, & Fortinsky (2001).

ELEMENT 8. Perceived or Real Constraints/Limitations: This element summarizes both perceived and real problems, limitations, or assessment burdens associated with each item. It includes not only issues that have arisen in research and demonstration projects using these items, but also perceptions articulated by individuals

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or groups in the home health industry and other interested parties. In instances where problems or concerns are (largely) perceived rather than actual, a brief explanation is given either of the reason for the perception or how to deal with it.

ELEMENT 9. Additional Comments: This element includes relevant issues or facts that do not fall under any other element.

ELEMENT 10. Overall Necessity of Item: This rating is a synthesis of the overall utility of the item for multiple purposes. It predominantly takes into account information summarized in Element 4 reflecting the level of contribution of an item to applications used by home health agencies, CMS, and other organizations. Necessity is rated according to the following five-level scale:

Essential:	Item is very important for multiple purposes or is crucial for a single use.
Highly useful:	Item is important for several purposes.
Useful:	Item is important for one purpose and used for several others.
Potentially useful:	Item is used for one or more purposes or, if refined, may be important for several purposes.
Marginal:	Item is unnecessarily redundant or has no current or program- matic use.

ELEMENT 11. Recommendation for Retention or Change: This recommendation is based on a combination of the information in Elements 3 through 10 above. Retention of OASIS items is generally recommended because most OASIS data are rated as essential or highly useful and have been found to be of value over a period of many years. Essential or highly useful items with questionable reliability are indicated as needing further improvement. Deletion is recommended for items that appear to have no current or planned use, or for which the benefit derived from the information provided is exceeded by the burden of data collection.

B. OASIS CHRONICLE

The Item-Specific Records for all OASIS data items are presented in this section. Thus, the following pages constitute the full OASIS Chronicle, with information presented on the elements defined and described in the preceding section (Section A) for each OASIS item. The order of data items is based on their order of appearance in OASIS.

	Item-Spe		
ltem Catego	ry: Clinical Record Items		
Item No.: M0010	Item Name: Agency Medicare Provider Number	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility	⊠ Follow-Up ⊠ Discharge
I. Precise	Wording of Item:		
	ency Medicare Provider Number: 		
	Issues and Recommendation	s Unique to Selected Identifiers	
This item		level identifiers, some of which are redundan	t. These are:
M0012 M0014 M0016 M0040	Agency Medicare Provider Number Agency Medicaid Provider Number Branch State (Optional) Branch ID Number (Optional) Patient Name Patient State of Residence	M0060 Patient ZIP Code M0063 Medicare Number M0064 Social Security Number M0065 Medicaid Number M0072 Primary Referring Physician ID (UPI	N)
Some of	these identifiers are essential.		
• All of the	se items are rated as potentially useful in this	s document.	
	eral recommendation is to determine which a naining items.	re the most essential and eliminate as many	as possible
electroni	c data submission. Left blank if agency is no	he agency needs to make sure number is inc t a Medicare provider.	cluded in the
8. Rationa			
For data		ant records to a specific home health agency	,
For data		ent records to a specific home health agency	
I. Item Us Home H □ Asse □ Care	base management; links individual assessme a/Application:	gement/tracking) <u>CMS Applications</u> □ Outcome measurement for outcome rep □ Risk factor measurement for outcome ref	porting
I. Item Us Home H Asse Care Quali Patie moni Utiliz Mark nego	base management; links individual assessme a/Application: ☑ Identifier (for data mana ealth Agency Applications ssment planning ty improvement/outcome enhancement nt mix/origin/discharge disposition	gement/tracking) CMS Applications □ Outcome measurement for outcome rep	porting eporting e event report ofiling yment system

Form	n No. OC:1-02.02	Item-Specific Record
M00	010 Agency Medicare P	rovider Number (Cont'd)
5.	Item Research. Developmen	t. Clinical. and Testing History:
5.	1995-2000: Demonstration tes only. Item revised	It, Clinical, and Testing History: sting in the National and New York State Demonstrations as an agency identifier d to include full provider number after first year of data collection. MB review with subsequent 6-month reviews.
6.	 Consensus validity by expe Criterion or convergent/pre 	
7.	Recent Reliability: Subs	stantial 🛛 Moderate 🔲 Fair/Slight 🗹 Reliability not evaluated
	Interrater reliability (weighted l	kappa or percent agreement):Study 1Study 2Study 3
8.		, merger, or other administrative changes. Provider number is redundant to some purposes because each home health agency is assigned a separate data
9.	Additional Comments:	
	This item is required by CMS of	on many forms, including 485 and claims.
10.	Overall Necessity of Item:	🗆 Essential 🛛 Highly useful 🗖 Useful 🗹 Potentially useful 🗖 Marginal
11.	Recommendation for Retent	tion or Change:
	as indicated under Element 1	
ł		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

(for OASIS Version B1 8/2000)

Item-Specific Record

Form No. OC:1	12.02 Item-Spe	ecific Record			
Item Category: Clinical Record Items					
Item No.: M0012	Item Name: Agency Medicaid Provider Number	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility ☑ Discharge			
1. Precise	Wording of Item:				
(M0012) Ag	ency Medicaid Provider Number:				
	Issues and Recommendatio	ns Unique to Selected Identifiers			
M001 M001 M001 M001 M004	i is one of a group of agency-level or patien Agency Medicare Provider Number Agency Medicaid Provider Number Branch State (Optional) Branch ID Number (Optional) Patient Name	t-level identifiers, some of which are redundant. These are: M0060 Patient ZIP Code M0063 Medicare Number M0064 Social Security Number M0065 Medicaid Number M0072 Primary Referring Physician ID (UPIN)			
	these identifiers are essential. se items are rated as potentially useful in th	sic document			
The gen	· ·	are the most essential and eliminate as many as possible			
0 Home 01					
Agency		ency by State. Home health agency should make sure e. Left blank if agency is not a Medicaid Provider.			
3. Rationa	le for Item:				
	base management; links individual assessn I-only home health agencies to meet Medic	nents to a specific home health agency. Some States require are Conditions of Participation.			
Home H Asse Care Qua Patie mon Utiliz Marl nego Feeo discl	e/Application: ☑ Identifier (for data man ealth Agency Applications ssment planning ty improvement/outcome enhancement nt mix/origin/discharge disposition toring ation/cost/resource consumption monitoring eting (e.g., public relations, payer tiations) back to other providers (e.g., physicians, arge planners) ntary accreditation (e.g., JCAHO ORYX, P Benchmarks)	 CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models Adverse event measurement for adverse event report Case mix measurement for case mix profiling 			

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Form	n No. OC:1-02.02 Item-Specific Record
M00	012 Agency Medicare Provider Number (Cont'd)
5.	Item Research, Development, Clinical, and Testing History: 1998: New for national implementation. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity: Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning Validation by outcome enhancement
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived or Real Constraints/Limitations: Provider number may change. One Medicare home health agency may have several Medicaid provider numbers. Provider number is redundant to some extent for data management purposes, because each home health agency is assigned a unique data submission identifier by the State.
9.	Additional Comments: Strongly desired by States with large Medicaid home care programs.
10.	Overall Necessity of Item: 🗆 Essential 🗆 Highly useful 🗖 Useful 🗹 Potentially useful 🗆 Marginal
11.	Recommendation for Retention or Change: Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.
	Date Recorded: 02 / 01 / 2002

Form No. OC:1-02.02 Item-Specific Record					
Item Category	: Clinical Record Items				
Item No.: M0014	Item Name: Branch State (Optional)	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up ☑ Transfer to Inpatient Facility ☑ Discharge			
1. Precise W	ording of Item:				
	ch State:				
M0010 A M0012 A M0014 E M0016 E M0040 F M0050 F Some of th All of these The genera	Issues and Recommendations Unique to Selected Identifiers • This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: M0010 Agency Medicare Provider Number M0060 Patient ZIP Code M0012 Agency Medicaid Provider Number M0063 Medicare Number M0014 Branch State (Optional) M0064 Social Security Number M0016 Branch ID Number (Optional) M0065 Medicaid Number M0040 Patient Name M0072 Primary Referring Physician ID (UPIN) M0050 Patient State of Residence Some of these identifiers are essential. • All of these items are rated as potentially useful in this document. The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.				
2. Item Clari The State agency.		This item is optional, to be used at the discretion of the			
		ility to track patients by branch. May be used for branch-			
Home Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedba dischar	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination			

Form	n No. OC:1-02.02		Item-Specific	Record		
M00	014 Branch State (Op	tional) (Cor	nt'd)			
5.	Item Research, Developm	ent, Clinical	, and Testing His	tory:		
	1998: New for nationa	al implementa	ation.			
	1999-2000: Initial intensive	OMB review	with subsequent 6	6-month reviews.		
6.	Validity:					
•	Consensus validity by e					or measurement
	Consensus validity by e					
	 Criterion or convergent/ Convergent/predictive value 				chactor measurement	
	□ Validation by patient ass	sessment and				
	□ Validation by outcome e					
7.	Recent Reliability:	ubstantial	□ Moderate	□ Fair/Slight	Reliability not e	evaluated
	Interrater reliability (weighte		-): <u>Stud</u>	y 1Study 2 _	Study 3
8.	Perceived or Real Constra	aints/Limitat	ions:			
	Not applicable.					
9.	Additional Comments:					
	None.					
40				ul 🛛 Useful		Marginal
	Overall Necessity of Item:				Potentially useful	□ Marginal
"	Recommendation for Reto Determine which identifiers		-	ninate as many a	s possible of the rema	ainina identifiers
	as indicated under Element			mate as many a		
				Date Recorded:	02 / 01	/ 2002

Form	Form No. OC:1-02.02 Item-Specific Record				
Iten	Item Category: Clinical Record Items				
Iten MOC	No.: Item Name: 116 Branch ID Number (Optional)	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility ☑ Discharge			
	Precise Wording of Item: 016) Branch ID:				
	Issues and Recommendatio	ns Unique to Selected Identifiers			
•		-level identifiers, some of which are redundant. These are:			
	M0010 Agency Medicare Provider NumberM0060 Patient ZIP CodeM0012 Agency Medicaid Provider NumberM0063 Medicare NumberM0014 Branch State (Optional)M0064 Social Security NumberM0016 Branch ID Number (Optional)M0065 Medicaid NumberM0040 Patient NameM0072 Primary Referring Physician ID (UPIN)M0050 Patient State of ResidenceM0072 Primary Referring Physician ID (UPIN)				
•	Some of these identifiers are essential.				
•	All of these items are rated as potentially useful in th	is document.			
	The general recommendation is to determine which of the remaining items.	are the most essential and eliminate as many as possible			
2.	Item Clarification: Branch identification code, as defined by the agency. This item is optional, to be used at the discretion of the agency. Any combination of numeric and/or alphabetic characters may be used for this code. Coding of item is up to the agency, and no standards apply.				
3.	3. Rationale for Item: For tracking individual patients and assessments by branch. May enable branch-specific reporting to home health agencies in the future.				
4.	 Item Use/Application: ☐ Identifier (for data mana Home Health Agency Applications Assessment Care planning Quality improvement/outcome enhancement Patient mix/origin/discharge disposition monitoring Utilization/cost/resource consumption monitoring Marketing (e.g., public relations, payer negotiations) Feedback to other providers (e.g., physicians, discharge planners) Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	CMS Applications □ Outcome measurement for outcome reporting □ Risk factor measurement for outcome reporting Number of risk adjustment models □ Adverse event measurement for adverse event report □ Case mix measurement for case mix profiling			

Form	No. OC:1-02.02 Item-Specific Record
M00	16 Branch ID Number (Optional) (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1998: New for national implementation.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	Convergent/predictive validity: case mix adjustment for payment
	□ Validation by patient assessment and care planning
7.	□ Validation by outcome enhancement Recent Reliability: □ Substantial □ Moderate □ Fair/Slight ☑ Reliability not evaluated
1.	
0	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3 Perceived or Real Constraints/Limitations:
8.	Lack of uniform coding standards and edits results in data of questionable consistency and accuracy.
9.	Additional Comments:
	For large agencies, branch-specific reports are desirable.
10.	Overall Necessity of Item: Essential Highly useful Useful Ø Potentially useful Marginal
	Recommendation for Retention or Change:
	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers,
	as indicated under Element 1 above.
	Date Recorded: 02 / 01 / 2002

Form	orm No. OC:1-02.02 Item-Specific Record		
lten	n Category	: Clinical Record Items	
lten M00	n No.:)20	Item Name: Patient ID Number	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility ☑ Discharge
1.	Precise W	ording of Item:	
(M0	020) Patie	ent ID Number:	
2.			ation code the agency assigns to the patient and uses for
3.	Rationale		
		entifier to cross-reference the patient and a estem. Each agency determines its own ap	ssessment within the home health agency's internal record oproach to format and coding.
4.	Home Heat ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati ✓ Market negotia ✓ Feedbaa dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination

Form	n No. OC:1-02.0	2		lte	em-Specific	Record			
M0020 Patient II			lumber (Cont'd)					
5.	5. Item Research, Development, Clinical, and Testing History:								
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				quality				
		-	sistency testing	of out	tcome measur	es and data	a items.		
	1994-1995:		onstration testi					d approach) in Colo	rado home
	1995-2000:	Demonst	ration testing in	the Na	ational and Ne	w York Sta	te Demo	nstrations.	
	1999-2000:	Initial inte	ensive OMB rev	iew wit	th subsequent	6-month re	eviews.		
6.	Validity:	eue validitv	v hv ovport rosc	arch/c	linical nanele	for outcome	moseur	ement and risk facto	or measurement
			y by expert clini						measurement
								actor measurement	
			ctive validity: ca ent assessment			Ji payment			
			ome enhancem						
7.	Recent Rel	iability:	□ Substantial	C	Moderate	□ Fair/S	Slight	Reliability not e	evaluated
		• •	eighted kappa		-	it):	_Study	1Study 2 _	Study 3
8.			onstraints/Lim		-				
								r, this item is extreme ormance improveme	
	nome neuk	rugenelee	, lot routering i	lainaa			inty/point		it douvidoo.
9.	Additional	Common	te:						
9.				ndividı	ual patients ar	id care enis	odes wit	hout names. This u	nique identifier is
								IS on 485 (as Medic	
10.	Overall Ne	cessity of	Item: 🗹 Esse	ential	Highly use	eful 🗆 Us	seful [Detentially useful	Marginal
			r Retention or						
			ven if other ide	-					
						Date Rec	orded: _	02 / 01	/ 2002

Form No. OC:1-02.02 ITEM-Specific Record				
Item Category: Clinical Record Items				
Item No.: M0030	Item Name: Start of Care Date	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge	
1. Precise	Wording of Item:	· · ·		
	rt of Care Date:/// month day year			
	rification: that care begins. When the first reimbursat	ble service is delivered, this is the start of car	e.	
3. Rational	e for Item:			
Determin claim). U	es start of episode of care as well as beginn Ised in calculating length of stay and in timin		with payment	
Home He ✓ Asses ✓ Care ✓ Qualit ✓ Patier monit ✓ Utiliza ✓ Marke negot ✓ Feedl discha	planning y improvement/outcome enhancement nt mix/origin/discharge disposition	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome report of risk adjustment models <u>41</u> Adverse event measurement for advers Case mix measurement for case mix prediction of the prospective part of the program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination 	eporting e event report ofiling yment system	

Form	n No. OC:1-02.0	2		Item-Specific	Record		
M0030 Start of Care Date (Cont'd)							
5.	Item Resea	rch, Developme	nt, Clinical,	and Testing His	tory:		
	Admission date has been used administratively for as long as home health care has been covered by Medicare. Some clarification to definition of start of care has been added based on demonstration feedback.						
	1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.						
		Field testing of o	-	-			
		•	/iew, includii		ndustry input and	d endorsement of outco	ome measures
	1989-1991:	Feasibility testing	g of clinical a	and operational u	tility of outcome	measures and data ite	ms.
		Initial consistenc	y testing of a	outcome measure	es and data item	IS.	
	1991-1994:	Empirical field te improvement app		uate measures a	nd items for use	in an outcome-based	quality
		Feasibility/consis	stency testing	g.			
	1994-1995:	Pilot demonstrati health agencies.	on testing (i	ncluding practica	lity of measures	and approach) in Colo	rado home
		Endorsed as ess No changes reco			ive assessment	by a home health indu	stry workgroup.
	1995-2000:	Demonstration te	esting in the	National and Nev	v York State De	monstrations.	
	1999-2000:	Initial intensive C	MB review	with subsequent	6-month reviews	S.	
6.	Validity:						
	 Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning 				or measurement		
						sk factor measurement	
		jent/predictive val					
	☑ Validation	on by patient asse	ssment and				
		on by outcome en					
7.		iability: 🛛 Sub		□ Moderate	□ Fair/Slight	Reliability not e	evaluated
		liability (weighted		-):Stud	dy 1Study 2 _	Study 3
8.		or Real Constrai	nts/Limitati	ons:			
	None.						
9.	Additional	Comments:					
		also required by	CMS on 485	and claim forms			
10.	Overall Ne	cessity of Item:	🗹 Essentia	I D Highly usef	ul 🛛 Useful	Potentially useful	Marginal
11.	Recommer	ndation for Reter	tion or Cha	inge:			
	Retain. Es	sential data eleme	ent.				
					Date Recorded	: <u>02</u> / <u>01</u>	/ 2002

Form No. OC:1-02	.02 Item-Spe	cific Record			
Item Category	: Clinical Record Items				
Item No.:	Item Name:	Time Points:			
M0032	Resumption of Care Date	☑ Start or Resumption of Care ☑ Follow-Up			
		☑ Transfer to Inpatient Facility ☑ Discharge			
1. Precise W	Vording of Item:				
(M0032) Post	Imption of Care Date:/ //	NA – Not Applicable			
(110032) 11030	month day	vear			
	monal day	jour			
2. Item Clari					
	The date of the first visit following an inpatient stay by a patient currently receiving service from the home health				
agency.					
3. Rationale	for Item:				
		rt purposes. May coincide with significant change in			
condition ((SCIC) for payment purposes, or start of a r	new payment episode. Used in calculation of length of stay.			
	Application: Identifier (for data mana				
	alth Agency Applications	CMS Applications			
Assess		□ Outcome measurement for outcome reporting			
☑ Care p		Risk factor measurement for outcome reporting			
	/ improvement/outcome enhancement	Number of risk adjustment models <u>41</u>			
	t mix/origin/discharge disposition	Adverse event measurement for adverse event report			
monito	•	Case mix measurement for case mix profiling			
	ion/cost/resource consumption monitoring	Case mix adjustment for prospective payment system			
	ting (e.g., public relations, payer	Performance indicator for consumer reporting (planned)			
	ack to other providers (e.g., physicians,	Survey & certification use (planned)			
	rge planners)	Program integrity (planned) Other Applications Under Development			
	ary accreditation (e.g., JCAHO ORYX,	□ Homebound status determination			
	Benchmarks)	Medical necessity determination			
01.74					

Form	No. OC:1-02.02			Item-Specific	Record		
M00)32 Resum	ption of Ca	re Date (Co	nt'd)			
5.	Item Research, I	Developme	nt, Clinical	, and Testing Hi	story:		
	1996: Item	added durir	ng National a	and New York St	ate Demonstratio	ons to allow agency fle to inpatient facility.	xibility in
	1999-2000: Initia	-		-	-		
6.	Validity:						
	 ☑ Consensus va ☑ Consensus va 					surement and risk fact	or measurement
	Criterion or co	onvergent/pr	edictive vali	idity for outcome	measurement/ris	sk factor measurement	I
	 Convergent/p Validation by 				or payment		
	☑ Validation by						
7.	Recent Reliabili	ty: 🛛 Sut	ostantial	□ Moderate	□ Fair/Slight	Reliability not	evaluated
	Interrater reliabilit	ty (weighted	kappa or p	ercent agreemer	nt):Stu	dy 1Study 2	Study 3
8.	Perceived or Re	al Constrai	nts/Limitati	ions:			
	None.						
9.	Additional Com	ments:					
	None.						
10.	Overall Necessi	ty of Item:	I Essentia	al 🛛 Highly use	eful 🛛 Useful	Potentially useful	Marginal
	Recommendatio	-					
				-	nd useful as a cr	oss-check for payment	t purposes.
					Date Recorded	d: <u>02</u> / <u>01</u>	/ 2002

Itom Specific De

Form No. OC:1-02.02 Item-Specific Record								
Item Category: Clinical Record Items								
Item No.: M0040	Item Name: Patient Name	Time Points:☑ Start or Resumption of Care☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge					
1. Precise V	Vording of Item:							
(M0040) Pati	ent Name:							
(First)	First) (MI) (Last) Suffix)							
	Issues and Recommendation	s Unique to Selected Identifiers						
This item	is one of a group of agency-level or patient-	level identifiers, some of which are redundan	t. These are:					
M0010 Agency Medicare Provider Number M0060 Patient ZIP Code M0012 Agency Medicaid Provider Number M0063 Medicare Number M0014 Branch State (Optional) M0065 Medicaid Number M0016 Branch ID Number (Optional) M0065 Medicaid Number M0040 Patient State of Residence M0072 Primary Referring Physician ID (UPIN)								
Some of the second	hese identifiers are essential.							
All of thes	e items are rated as potentially useful in this	document.						
The gener		re the most essential and eliminate as many	as possible					
2. Item Clar	ification: ame of the patient: first name, middle initial	last name and suffix (e.g., Ir, III, etc.)						
		, nast name, and sumk (e.g., or., m, etc. <i>)</i> .						
3. Rationale	e for Item:							
	Identifier; supplements other identifiers and provides home health agency with easy to use cross-reference.							
	/Application: I Identifier (for data mana alth Agency Applications							
 ☑ Asses ☑ Care p ☑ Quality ☑ Patien monito □ Utiliza □ Marke negoti ☑ Feedb discha 	sment blanning y improvement/outcome enhancement t mix/origin/discharge disposition bring tion/cost/resource consumption monitoring ting (e.g., public relations, payer ations) ack to other providers (e.g., physicians, irge planners)	 CMS Applications Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models Adverse event measurement for adverse Case mix measurement for case mix pro Case mix adjustment for prospective pay Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development 	porting e event report ofiling yment system					
	Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) Image: Homebound status determination Medical necessity determination							

Forn	No. OC:1-02.02 Item-Specific Record				
MO	040 Patient Name (Cont'd)				
5.	Item Research, Development, Clinical, and Testing History:				
	Routinely used as an identifier to match up assessments. Stripped from analytic files to protect individual privacy.				
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.				
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.				
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.				
6.	Validity: Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement				
	□ Consensus validity by expert clinical panels for patient assessment and care planning				
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement				
	 Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning 				
	□ Validation by patient assessment and care planning				
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated				
	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3				
8.	Perceived or Real Constraints/Limitations:				
	None.				
9.	Additional Comments:				
	This item is also required by CMS on 485 and claim forms.				
10.	Overall Necessity of Item: Essential Highly useful Useful Vertex Arginal				
11.	Recommendation for Retention or Change:				
	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers,				
	as indicated under Element 1 above.				
1	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>				

Form No. OC:1-	02.02 Item-Spe	fic Record	
Item Catego	ry: Clinical Record Items		
Item No.:	Item Name:	Time Points:	
M0050	Patient State of Residence	I Start or Resumption of ☑ Transfer to Inpatient Fa	
	Wording of Item: tient State of Residence:		
	Issues and Recommendation	Unique to Selected Identifiers	
M0010 M0012 M0014 M0016 M0040 M0040	n is one of a group of agency-level or patient- O Agency Medicare Provider Number Agency Medicaid Provider Number Branch State (Optional) Branch ID Number (Optional) O Patient Name O Patient State of Residence these identifiers are essential.	vel identifiers, some of which are re 40060 Patient ZIP Code 40063 Medicare Number 40064 Social Security Number 40065 Medicaid Number 40072 Primary Referring Physician	
 All of the 	ese items are rated as potentially useful in this	document.	
	eral recommendation is to determine which a maining items.	e the most essential and eliminate a	is many as possible
	Ie for Item: es tracking of patient case mix and outcomes	y State of residence.	
Home H Asse Care Qual Patie moni Utiliz Mark	e/Application: I Identifier (for data mana lealth Agency Applications essment e planning ity improvement/outcome enhancement ent mix/origin/discharge disposition itoring cation/cost/resource consumption monitoring teting (e.g., public relations, payer otiations)	 ement/tracking) CMS Applications Outcome measurement for outc Risk factor measurement for out Number of risk adjustment mode Adverse event measurement for Case mix measurement for case Case mix adjustment for prospe Performance indicator for consu Survey & certification use (planned) 	tcome reporting els adverse event report e mix profiling ctive payment system imer reporting (planned

Form	No. OC:1-02.02		Item-Specific F	Record		
M00	D50 Patient State of	Residence (C	ont'd)			
5.	Item Research, Develop	nent. Clinical	and Testing Hist	orv:		
•	1995-2000: Demonstratio		-	-	onstrations	
	1999-2000: Initial intensiv					
			with outbooquerit o	inonarroviewe.		
6.	Validity:					
	Consensus validity by					or measurement
	 Consensus validity by Criterion or convergent 					
	□ Convergent/predictive					
	□ Validation by patient as			. ,		
	□ Validation by outcome					
7.	Recent Reliability:	Substantial	☐ Moderate	□ Fair/Slight	Reliability not e	evaluated
	Interrater reliability (weight	ted kappa or p	ercent agreement)	Study	y 1Study 2	Study 3
8.	Perceived or Real Const	raints/Limitat	ions:			
	None.					
0	Additional Comments:					
9.		by CMS on 19	5 and alaim forma			
	This item is also required					
10	Overall Necessity of Iten		al 🛛 Highly usefu	I Useful	Potentially useful	Marginal
	Recommendation for Re					
	Determine which identifier		-	nate as many a	s possible of the rema	aining identifiers
	as indicated under Elemen			nate as many a		
			1	Date Recorded.	02 / 01	/ 2002
1					//	

Itom Specific De

Form No. OC:1-02.02 Item-Specific Record							
Item Catego	Item Category: Clinical Record Items						
Item No.: M0060	Item Name: Patient ZIP Code	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility ☑ Discharge					
1. Precise	Wording of Item:						
(M0060) Pa	ntient Zip Code:	-					
	Issues and Recommendation	s Unique to Selected Identifiers					
M001 M001 M001 M004 M005 • Some o • All of the • The ger	 This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: M0010 Agency Medicare Provider Number M0012 Agency Medicaid Provider Number M0060 Patient ZIP Code M0063 Medicare Number M0064 Social Security Number M0064 Social Security Number M0065 Medicaid Number M0065 Medicaid Number M0072 Primary Referring Physician ID (UPIN) M0050 Patient State of Residence Some of these identifiers are essential. All of these items are rated as potentially useful in this document. The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items. 						
	 Item Clarification: The ZIP code for the address at which the patient is currently residing while receiving home care. 						
Facilitat	 Rationale for Item: Facilitates regional comparisons of patient case mix and outcomes within and between States (as well as rural/urban comparisons). 						
Home I Asse Care Qua Pati Mari Ntiliz Mari Nege Case Case Volu	Se/Application: I Identifier (for data mana Health Agency Applications essment e planning lity improvement/outcome enhancement ent mix/origin/discharge disposition itoring zation/cost/resource consumption monitoring keting (e.g., public relations, payer obtations) dback to other providers (e.g., physicians, harge planners) intary accreditation (e.g., JCAHO ORYX, AP Benchmarks)	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination 					

Form	n No. OC:1-02.02		Item-Specific F	ecord		
M00	060 Patient ZIP Co	de (Cont'd)				
5.	Item Research, Develo	oment, Clinical	and Testing Histo	orv:		
•.	1995-2000: Demonstrati		-	-	onstrations	
	1999-2000: Initial intens	-				
			with bubbeequent e			
6.	Validity:					
	Consensus validity by					or measurement
	 Consensus validity by Criterion or converge 					
	□ Convergent/predictive					
	□ Validation by patient		l care planning			
	Validation by outcom					
7.	Recent Reliability:	Substantial	□ Moderate	□ Fair/Slight	Reliability not e	evaluated
	Interrater reliability (weig	hted kappa or p	ercent agreement):	Study	1Study 2 _	Study 3
8.	Perceived or Real Cons	straints/Limitati	ions:			
	None.					
9.	Additional Comments:					
5.	This item is also required	t by CMS on 48	5 and claim forms			
10	Overall Necessity of Ite	m: T Essentia	al 🛛 Highly usefu	Useful	Potentially useful	Marginal
	Recommendation for R					
• • •	Determine which identifie		-	nate as many as	s possible of the rema	ining identifiers
	as indicated under Elem			nate de many de		activities,
			г)ate Recorded:	02 / 01	/ 2002
			L			·

Form No. OC:1-02.02 Item-Specific Record							
Iten	n Category	: Clinical Record Items					
lten M00	n No.: 063	Item Name: Medicare Number	Time Points: ☑ Start or Resump ☑ Transfer to Inpa				
1.	Precise W	ording of Item:					
(M0	(M0063) Medicare Number:(including suffix, if any)						
		Issues and Recommendation	Inique to Selected Identif	iers			
•	M0010 A M0012 A M0014 E M0016 E M0040 F M0050 F Some of th All of these The genera	s one of a group of agency-level or patient- gency Medicare Provider Number gency Medicaid Provider Number franch State (Optional) Branch ID Number (Optional) Patient Name Patient State of Residence ese identifiers are essential.	0060 Patient ZIP Code 0063 Medicare Number 0064 Social Security Numb 0065 Medicaid Number 0072 Primary Referring Phy ocument.	er ysician ID (UPIN)			
	of the rema	aining items.					
2.	2. Item Clarification: For Medicare patients only. The patient's Medicare number, including any prefixes or suffixes. Use Railroad Retirement Board (RRB) number for railroad retirement program.						
3.	 Rationale for Item: For Medicare patients; facilitates linkage to claims records. Used to match up multiple assessments for the same individual. 						
4.	Home Hear ✓ Assess ✓ Care pl □ Quality ✓ Patient monitor ✓ Utilizati □ Market negotia ✓ Feedba dischar □ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	MS Applications Outcome measurement for Risk factor measurement Number of risk adjustmer Adverse event measurem Case mix measurement for Case mix adjustment for	for outcome reporting th models thent for adverse event report or case mix profiling prospective payment system consumer reporting (planned) e (planned) d) <u>Development</u> mination			

Form	n No. OC:1-02.02	2		Item-Specific	Record		
MO)63 Me	edicare Nu	umber (Cont'd)				
5.	Item Resea	irch, Deve	elopment, Clinical	, and Testing His	tory:		
	1983-1986:	Evaluation	n research of impa	ct of hospital PPS	on home health	patient outcomes.	
	1988-1989:	Field testi	ing of outcome me	asures.			
	1989-1991:	Feasibility	y testing of clinical	and operational ut	tility of outcome n	neasures and data ite	ms.
		Initial con	sistency testing.				
	1991-1994:		field testing to evanent approach.	luate measures a	nd items for use i	n an outcome-based	quality
		Feasibility	y/consistency testir	ıg.			
	1994-1995:		l as essential for a ges recommended		ive assessment b	by a home health indu	stry workgroup.
	1995-2000:		ration testing in the ata collection.	National and Nev	v York State Dem	nonstrations. Item rev	ised after first
	1999-2000:	Initial inte	ensive OMB review	with subsequent	6-month reviews.		
6.	Validity:		1	1. / . I [.]			
			/ by expert researc / by expert clinical			urement and risk facto	or measurement
						factor measurement	
			tive validity: case				
			nt assessment and				
_		<u> </u>	ome enhancement				
7.	Recent Rel	•	□ Substantial	□ Moderate	□ Fair/Slight	☑ Reliability not e	
			eighted kappa or p):Stud	y 1Study 2 _	Study 3
8.		or Real Co	onstraints/Limitat	ions:			
	None.						
9.	Additional	Comment	te'				
			ired by CMS on 48	5 and claim forms			
		aloo loqui			•		
10.	Overall Neo	cessitv of	Item: 🛛 Essentia	al 🛛 Highly usef	ul 🛛 Useful	Potentially useful	Marginal
		-	r Retention or Ch			· , · · · ·	<u> </u>
				•	ninate as manv a	s possible of the rema	aining identifiers.
1			ement 1 above.		- , -		J
					Date Recorded:	02 / 01	/ 2002

Itom Specific De

	Form No. OC:1-02.02 Item-Specific Record							
Iter	Item Category: Clinical Record Items							
	n No.: 064	Item Name: Social Security Number		Time Points:☑ Start or Resumption of Care☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge			
1.	Precise W	/ording of Item:						
(M0	064) Socia	al Security Number:						
	UK - Unknown or Not Available							
		Issues and Recommendation	s Uniq	ue to Selected Identifiers				
•	This item is				t. These are:			
	This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: M0010 Agency Medicare Provider Number M0012 Agency Medicaid Provider Number M0014 Branch State (Optional) M0064 Social Security Number M0065 Medicaid Number M0065 Medicaid Number M0060 Patient Name M0065 Medicaid Number M0065 Patient State of Residence							
		ese identifiers are essential.						
		e items are rated as potentially useful in this						
•		al recommendation is to determine which a aining items.	re the r	nost essential and eliminate as many	as possible			
2.	 Item Clarification: Refers to the <u>patient's</u> social security number only. If unknown, do <u>not</u> use social security number of another family member. 							
3.	Rationale							
	Facilitates matching of multiple assessments for a single individual and matching to claims when Medicare number is incorrect.							
4.		Application: Identifier (for data mana Ith Agency Applications		t/tracking) Applications				
	 Assess Care pl Quality Patient monitoi Utilizati Market negotia Feedba dischar Volunta 	iment inprovement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	Out O	Applications atcome measurement for outcome rep sk factor measurement for outcome re- umber of risk adjustment models dverse event measurement for adverse ase mix measurement for case mix pro- ase mix adjustment for prospective pay erformance indicator for consumer rep- urvey & certification use (planned) ogram integrity (planned) r Applications Under Development prebound status determination edical necessity determination	porting e event report ofiling yment system			

Form	No. OC:1-02.02			Item-Specific	Record		
M00)64 Social	Security Nu	umber (Con	t'd)			
5.	Item Research, 1998: New Added to OASIS	Developme w for nationa S-B1 to facilit	ent, Clinical, l implementa ate tracking	and Testing Hi ation. of assessments	-	son throughout an epis s.	sode of care.
6.	Consensus v Criterion or c	validity by ex convergent/p predictive va v patient asse	pert clinical p redictive vali lidity: case r essment and	panels for patien dity for outcome mix adjustment f	t assessment an measurement/ris	asurement and risk fac d care planning sk factor measuremen	
7.	Recent Reliabi	-	bstantial	□ Moderate	□ Fair/Slight	Reliability not	
				ercent agreemer	nt):Stu	dy 1Study 2	Study 3
8.	Perceived or R None.		ints/Limitati	ons:			
9.	Additional Con None.	nments:					
10.	Overall Necess	ity of Item:	Essentia	I Highly use	eful 🛛 Useful	Potentially useful	Marginal
	Recommendat	ion for Rete	ntion or Cha	ange:	iminate as many	as possible of the rem	aining identifiers,

Itom Specific De

Form No. OC:1-02.02 Item-Specific Record							
Item Categor	Item Category: Clinical Record Items						
Item No.: M0065	Item Name: Medicaid Number	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility ☑ Discharge					
1. Precise V	Nording of Item:						
(M0065) Mec	licaid Number:	NA – No Medicaid					
	Issues and Recommendation	s Unique to Selected Identifiers					
M0010 M0012 M0014 M0016 M0050 Some of the All of thes The gener of the rem	 This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: M0010 Agency Medicare Provider Number M0060 Patient ZIP Code M0012 Agency Medicaid Provider Number M0063 Medicare Number M0014 Branch State (Optional) M0065 Medicaid Number M0065 Medicaid Number M0060 Patient Number M0064 Social Security Number M0016 Branch ID Number (Optional) M0065 Medicaid Number M0072 Primary Referring Physician ID (UPIN) Some of these identifiers are essential. All of these items are rated as potentially useful in this document. The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items. 						
	 Item Clarification: The patient's <u>Medicaid</u> number, assigned to the person by the State Medicaid program. 						
For non-N have futu	 Rationale for Item: For non-Medicare patients, it provides identifier to facilitate matching assessments for an individual patient. <u>May</u> have future applications for State programs, particularly for dually-eligible patients (i.e., those with both Medicare and Medicaid). 						
Home He ☑ Asses ☑ Care p □ Quality ☑ Patien monito ☑ Utiliza □ Marke negoti ☑ Feedb discha	olanning y improvement/outcome enhancement it mix/origin/discharge disposition	gement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination					

Form	No. OC:1-02.02 Item-Specific Record
M00	065 Medicaid Number (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1998: New for national implementation.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	□ Convergent/predictive validity: case mix adjustment for payment
	☑ Validation by patient assessment and care planning
-	Validation by outcome enhancement
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
•	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived or Real Constraints/Limitations: None.
	NOIC.
9.	Additional Comments:
	Strongly desired by States with large Medicaid home care programs.
10.	Overall Necessity of Item: Essential Highly useful Useful Vertically useful Marginal
	Recommendation for Retention or Change:
	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers,
	as indicated under Element 1 above.
	Date Recorded: 02 / 01 / 2002

Form	Form No. OC:1-02.02 Item-Specific Record						
Item	n Category	r: Clinical Record Items					
ltem M00	n No.: 066	Item Name: Birth Date	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge			
1.	Precise W	/ording of Item:					
	Precise W 066) Birth	-					
	Item Clari Birth date	fication: of the patient, including month, day, and fo	ur digits for the year.				
		alculate age of patient. Also used to resolve	e matching of assessments for the same pati ely collected for clinical and administrative pu				
	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning ' improvement/outcome enhancement : mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome report of risk adjustment models <u>24</u> Adverse event measurement for adverse Case mix measurement for case mix procession Case mix adjustment for prospective pa Performance indicator for consumer report of Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination 	eporting e event report ofiling yment system			

Item-Specific Record

Form No. OC:1-02.02

M00	6 Birth Date (Cont'd)	
5.	em Research, Development, Clinical, and Testing History:	
	ge has routinely been used in clinical research of all kinds, predating the research underpinning the current ASIS.	
	983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
	988-1989: Field testing of outcome measures.	
	988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
	989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.	
	Initial consistency testing of outcome measures and data items.	
	991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.	
	Feasibility/consistency testing.	
	994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
	994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	-
	995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
	999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6.	 alidity: Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning Validation by outcome enhancement 	nt
7.	ecent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated	
	terrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3	3
8.	erceived or Real Constraints/Limitations:	
	one.	
9.	dditional Comments:	
	his item is also required by CMS on 485 and claim forms.	
10.	verall Necessity of Item: 🗹 Essential 🗆 Highly useful 🔷 Useful 🔷 Potentially useful 🗅 Marginal	
	ecommendation for Retention or Change:	
	etain. Essential risk factor and important adjunct for matching.	
	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

Item Category: Clinical Record Items							
Item Name: Gender (ording of Item:	Time Points:☑ Start or Resumption of Care☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge					
-							
- Male							
		r matching					
alth Agency Applications ment lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer ations) ack to other providers (e.g., physicians, rge planners) ary accreditation (e.g., JCAHO ORYX,	CMS Applications □ Outcome measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Number of risk adjustment models _ 27 □ Adverse event measurement for adverse ☑ Case mix measurement for case mix pro □ Case mix adjustment for prospective pa ☑ Performance indicator for consumer rep ☑ Survey & certification use (planned) □ Program integrity (planned) Other Applications Under Development □ Homebound status determination	e porting e event report ofiling yment system					
	Item Name: Gender /ording of Item: der: - Male - Female	Item Name: Gender Time Points: Start or Resumption of Care Transfer to Inpatient Facility ording of Item: Image: Start or Resumption of Care Transfer to Inpatient Facility der: - - Male - - Female - fication: - ar of the patient. - for Item: - c factor. Also used to resolve matching of assessments for the same patient when other ambiguous. May also be used in analysis of outcome variations by group. Application: Identifier (for data management/tracking) tth Agency Applications improvement/outcome enhancement mix/origin/discharge disposition ring CMS Applications Outcome measurement for outcome rep Risk factor measurement for case mix adjustment modes _27. Adverse event measurement for adverse ring - case mix adjustment for prospective pa Survey & certification use (planned) _27. - act to other providers (e.g., physicians, ge planners) - Program integrity (planned) act to other providers (e.g., physicians, ge planners) - Program integrity (planned) act to other providers (e.g., ACHO ORYX, Homebound status determination - -					

Form	n No. OC:1-02.0	Item-Specific Record	
MOO	069 Ge	ider (Cont'd)	
5.	Item Resea	ch, Development, Clinical, and Testing History:	
	1983-1986:	Evaluation research of impact of hospital PPS on home h	nealth patient outcomes.
	1988-1989:	Field testing of outcome measures.	
	1988-1990:	Clinical panel review, including home health industry inpu and necessary data items.	ut and endorsement of outcome measures
	1989-1991:	Feasibility testing of clinical and operational utility of outc	come measures and data items.
		nitial consistency testing.	
	1991-1994:	Empirical field testing to evaluate measures and items fo mprovement approach.	r use in an outcome-based quality
		Consistency testing of outcome measures and data item	S.
	1994-1995:	Pilot demonstration testing (including practicality of meas nealth agencies.	sures and approach) in Colorado home
		Endorsed as essential for a core comprehensive assessing to changes recommended to the data item.	ment by a home health industry workgroup.
	1995-2000:	Demonstration testing in the National and New York Stat vear of data collection.	e Demonstrations. Item revised after first
	1997-1998:	Reliability testing.	
	1999-2000:	nitial intensive OMB review with subsequent 6-month re	views.
6.		is validity by expert research/clinical panels for outcome	
	Criterior	is validity by expert clinical panels for patient assessmer or convergent/predictive validity for outcome measurement nt/predictive validity: case mix adjustment for payment by patient assessment and care planning	
		by outcome enhancement	
7.	Recent Rel	•	
			_Study 1 _ <u>1.00</u> _Study 2Study 3
8.	None.	r Real Constraints/Limitations:	
9.	Additional		
	This item is	lso required by CMS on 485 and claim forms.	
10.	Overall Ne	essity of Item: 🗹 Essential 🛛 Highly useful 🛛 Us	eful D Potentially useful D Marginal
11.	Recommer	lation for Retention or Change:	-
	Retain. Ess	ential risk factor and important adjunct for matching.	
		Date Reco	orded: <u>02</u> / <u>01</u> / <u>2002</u>
L			

Form	No. OC:1-02.	02 Item-Spe	cific Record
Item	n Category	: Clinical Record Items	
Iten M00	1 No.: 072	Item Name: Primary Referring Physician ID (UPIN)	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up
			☑ Transfer to Inpatient Facility ☑ Discharge
1.	Precise W	/ording of Item:	
(M0	072) Prim	ary Referring Physician ID:	
			UK – Unknown or Not Available
		Issues and Recommendation	s Unique to Selected Identifiers
•	This item is	s one of a group of agency-level or patient-	level identifiers, some of which are redundant. These are:
	M0012 A M0014 E M0016 E M0040 F	Agency Medicare Provider Number Agency Medicaid Provider Number Branch State (Optional) Branch ID Number (Optional) Patient Name Patient State of Residence	M0060 Patient ZIP Code M0063 Medicare Number M0064 Social Security Number M0065 Medicaid Number M0072 Primary Referring Physician ID (UPIN)
•	Some of th	ese identifiers are essential.	
•	All of these	e items are rated as potentially useful in this	s document.
•	The genera	· ·	re the most essential and eliminate as many as possible
2.		git UPIN number.	
3.	Rationale	for Item:	
	Potential li utilization	patterns.	sources (e.g., providers, claims) to review referral and
4.		Application: Identifier (for data mana	
	 Assess Care pl Quality Patient monitor Utilizati Market negotia Feedbaa dischar 	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	CMS Applications □ Outcome measurement for outcome reporting □ Risk factor measurement for outcome reporting Number of risk adjustment models □ Adverse event measurement for adverse event report □ Case mix measurement for case mix profiling □ Case mix adjustment for prospective payment system □ Performance indicator for consumer reporting (planned) □ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination
		Benchmarks)	Medical necessity determination

Forn	No. OC:1-02.02 Item-Specific Record
MO	072 Primary Referring Physician ID (UPIN) (Cont'd)
5.	·
6.	Validity: Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning Validation by outcome enhancement
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
•	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3 Perceived or Real Constraints/Limitations:
8.	None.
9.	Additional Comments: This item is also required by CMS on claim forms.
10.	Overall Necessity of Item: Essential Highly useful Useful Vertically useful Marginal
11.	Recommendation for Retention or Change: Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above. Date Recorded: 02 / 01 / 2002

Form	n No. OC:1-02.	02 Item-Spo	cific Record						
Iten	n Category	: Clinical Record Items							
lten M00	n No.: 080	Item Name: Discipline of Person Completing Assess		☑ Follow-Up					
	Due elle e M		☑ Transfer to Inpatient Facility	☑ Discharge					
1.		/ording of Item:							
(M0	(M0080) Discipline of Person Completing Assessment:								
		□ 1-RN □ 2-PT □ 3-SLP/ST	□ 4-OT						
2.	Item Clari								
			comprehensive assessment at the specified tin ity, death at home, or discharge (no further visit						
3.	Rationale	for Item:							
-		nical discipline for data quality research, p DASIS items.	rmits evaluation of discipline-specific bias in ass	sessment and					
	J								
4.		Application: Identifier (for data man							
	Home Hea	alth Agency Applications	CMS Applications Outcome measurement for outcome report	ina					
	☑ Assess ☑ Care p		□ Risk factor measurement for outcome report						
	☑ Quality	improvement/outcome enhancement	Number of risk adjustment models						
		mix/origin/discharge disposition	Adverse event measurement for adverse e						
	monito	ion/cost/resource consumption monitoring	 Case mix measurement for case mix profili Case mix adjustment for prospective paym 	•					
		ing (e.g., public relations, payer	 Performance indicator for consumer report Survey & certification use (planned) 						
	☑ Feedba	ack to other providers (e.g., physicians,	Program integrity (planned)						
		rge planners)	Other Applications Under Development						
		ary accreditation (e.g., JCAHO ORYX, Benchmarks)	 Homebound status determination Medical necessity determination 						

Form	n No. OC:1-02.02 Item-Specific Record
M00	080 Discipline of Person Completing Assessment (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	Feasibility/consistency testing of outcome measures and data items.
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
	1995-2000: Demonstration testing in the National and New York State Demonstrations.
	1998: Modified for national implementation.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	Consensus validity by expert clinical panels for patient assessment and care planning
	 Criterion or convergent/predictive validity for outcome measurement/risk factor measurement Convergent/predictive validity: case mix adjustment for payment
	☑ Validation by patient assessment and care planning
	□ Validation by outcome enhancement
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived or Real Constraints/Limitations:
	None.
9.	Additional Comments:
	Signature and discipline of assessing clinician are already required in clinical documentation.
10.	Overall Necessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🖾 Potentially useful 🖾 Marginal
11.	Recommendation for Retention or Change:
	Retain for monitoring data quality patterns.
	Date Recorded: 02 / 01 / 2002

Form	No. OC:1-02.	02 Item-S	pecific F	Record	
Item	Category	: Clinical Record Items			
Iten M00	90	Item Name: Date Assessment Completed		Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1.	Precise W	ording of Item:			
(M0	090) Date	Assessment Completed: month	//_ day	year	
2.	Item Clari	fication:			
		date the assessment is completed. If a isit date, the last date (when the assess			
-	Rationale				
	over time.	up assessments, provides the effective Used to calculate length of stay for cas timeliness of assessment.			
	Home Hea	Application: I Identifier (for data ma Ith Agency Applications	CMS	Applications	
	☑ Assess☑ Care pl			utcome measurement for outcome rep isk factor measurement for outcome re	
	☑ Quality	improvement/outcome enhancement mix/origin/discharge disposition	N	umber of risk adjustment models <u>24</u> dverse event measurement for adverse	
	monitor	ring	⊠C	ase mix measurement for case mix pro	ofiling
		on/cost/resource consumption monitorining (e.g., public relations, payer	Ĩ Ø P	ase mix adjustment for prospective pa erformance indicator for consumer rep	
	☑ Feedba	ack to other providers (e.g., physicians, ge planners)	ΜP	urvey & certification use (planned) rogram integrity (planned) r Applications Under Development	
	☑ Volunta	ary accreditation (e.g., JCAHO ORYX, Benchmarks)	ПΗ	omebound status determination ledical necessity determination	

Form	n No. OC:1-02.02	2		Item-Specific	Record		
M00	M0090 Date Assessment Completed		(Cont'd)				
5.	Item Resea	rch, Developmen	t, Clinical,	and Testing His	tory:		
		•	ting to eval	•	•	e in an outcome-based	quality
		Feasibility/consist		g of outcome me	asures and data	items.	
	1994-1995:	Pilot demonstration health agencies.	n testing (i	ncluding practica	lity of measures	and approach) in Col	orado home
	1995-2000:	Demonstration tes	ting in the	National and Nev	w York State De	monstrations.	
	1998:	Modified for nation	nal implem	entation.			
	1999-2000:	Initial intensive Of	MB review	with subsequent	6-month reviews	3.	
6.	Validity:						
		us validity by expe	ert research	n/clinical panels f	or outcome mea	surement and risk fac	tor measurement
		us validity by expe					
						sk factor measuremen	t
		ent/predictive valid n by patient asses			r payment		
		n by outcome enha		g			
7.	Recent Rel	ability: Subs	tantial	□ Moderate	□ Fair/Slight	☑ Reliability not	evaluated
	Interrater re	iability (weighted k	appa or pe	ercent agreement):Stu	dy 1Study 2	Study 3
8.	Perceived of	or Real Constrain	ts/Limitati	ons:			
	None.						
-							
9.	Additional			_			
	This item is	also required by C	MS on clai	m forms.			
			-				
		essity of Item:			ul 🛛 Useful	Potentially useful	Marginal
11.		dation for Retent		•			6 - 1 1
	Retain. Ess patient prog	-	limeliness	or assessments a	ind determining	current length of stay	tor tracking
	patient prog						
							1 0000
					Date Recorded	l: <u>02</u> / <u>01</u>	/ 2002

Forn	n No. OC:1-02.	.02 Item-Spec	cific Record	·
Iter	n Category	r: Clinical Record Items		
	n No.: 100	Item Name: Reason for Assessment	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1.	Precise W	/ording of Item:		
(MC	0100) This	Assessment is Currently Being Comple	ted for the Following Reason:	
	□ 1 □ 2 □ 3 Follo □ 4 □ 5 <u>Tran</u> 0 6 □ 7 <u>Disc</u> 8 □ 9	 Transferred to an inpatient facility—patient harge from Agency — Not to an Inpatient Death at home [Go to M0150] Discharge from agency [Go to M0150] 	y) nt [Go to <i>M0150</i>] ient not discharged from agency [Go to <i>M0</i> ient discharged from agency [Go to <i>M0150</i> i t Facility)] ⁻
2.	response i	he reason why the assessment data are be	ing collected and reported. Accurate record will accept or reject certain data according to	
3.	Rationale	for Item:		
		gulatory compliance; guides home health ag	gency clinical staff regarding which OASIS ite	ems must be
4.	Home Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedba dischar Volunta	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> ☑ Outcome measurement for outcome rep □ Risk factor measurement for outcome rep □ Risk factor measurement for outcome rep ☑ Adverse event measurement for advers ☑ Case mix measurement for case mix product of the second secon	eporting e event report ofiling yment system

Form No. OC:1-02.02 Item-Specific Record							
M0 1	100 Re	ason for Asses	sment (Con	t'd)			
5.	5. Item Research, Development, Clinical, and Testing History:						
	1991-1994:	Empirical field te improvement ap		luate measures	and items for use	e in an outcome-based	quality
		Initial feasibility/	•	testing of outcon	ne measures and	d data items.	
	1994-1995:	Pilot demonstrat health agencies		including practic	ality of measures	and approach) in Colo	orado home
	1995-2000:	Demonstration t year of data coll		National and Ne	ew York State De	emonstrations. Item re-	vised after first
	1998:	Modified for nati	ional implem	entation.			
	1999-2000:	Initial intensive (OMB review	with subsequent	6-month review	S.	
6.	Validity:						
						surement and risk fact	tor measurement
		sus validity by ex				d care planning sk factor measurement	ł
		ent/predictive va					L
	☑ Validatio	n by patient asse	essment and				
		n by outcome en				_	
7.	Recent Rel	iability: D Sul	bstantial	□ Moderate	□ Fair/Slight	☑ Reliability not	evaluated
	Interrater re	liability (weighted	d kappa or pe	ercent agreemer	nt):Stu	dy 1Study 2	Study 3
8.	Perceived of	or Real Constrai	ints/Limitati	ons:			
	None.						
9.	Additional	Comments:					
	This item is	also required by	CMS on clai	im forms.			
10.	Overall Nec	cessity of Item:	🗹 Essentia	I D Highly use	eful 🛛 Useful	Potentially useful	Marginal
11.	Recommen	dation for Rete	ntion or Cha	ange:			
	Retain. Eva	aluate potential re	efinements to	o improve trackin	g of assessment	ts in future versions of	OASIS.
					Date Recorded	d: <u>02</u> / <u>01</u>	/ 2002

Form No. OC:1-02.02 Item-Specific Record							
Item Category: Demographics and Patient History							
Item No.: M0140	Item Name: Race/Ethnicity	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	□ Follow-Up □ Discharge				
1. Precise W	/ording of Item:						
(M0140) Race	e/Ethnicity (as identified by patient): (Mar	k all that apply.)					
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ UK	 Black or African-American Hispanic or Latino Native Hawaiian or Pacific Islander White 						
2. Item Clari							
i në group	The groups or populations to which the patient is affiliated, as identified by the patient or caregiver.						
3. Rationale	for Item:						
Potential analysis of outcome and patient mix variations by population groups of particular interest to those evaluating quality of care provided to underserved populations.							
Home Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedba discha	lanning r improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models Adverse event measurement for adverse Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination 	eporting e event report ofiling yment system				

Forn	n No. OC:1-02.0	2		Item-Specific	Record	b		
M0 ⁷	140 Ra	ce/Ethnicity (Cont'	d)					
5.	Item Resea	rch, Development,	Clinical,	and Testing Hi	story:			
	1988-1989:	Field testing of outco	ome mea	sures.				
	1988-1990:	Clinical panel review and necessary data		ng home health i	ndustry ii	nput and en	dorsement of outco	ome measures
	1989-1991:	Feasibility testing of	clinical a	nd operational u	utility of o	utcome mea	asures and data ite	ms.
		Initial validity/consis	tency tes	ting of outcome	measure	s and data i	items.	
	1991-1994:	Empirical field testin improvement approx	0	uate measures a	and items	for use in a	an outcome-based	quality
		Feasibility/consisten	icy testing	g.				
	1994-1995:	Pilot demonstration health agencies.	testing (ir	ncluding practica	ality of me	easures and	l approach) in Colo	rado home
		Endorsed as essent No changes recomm			sive asse	ssment by a	a home health indu	stry workgroup.
	1995-2000:	Demonstration testin year of data collection		National and Ne	w York S	itate Demon	strations. Item rev	ised after first
	1997-1998:	Reliability testing.						
	1998:	Modified for nationa	l impleme	entation to incor	oorate Ce	ensus definit	tions.	
	1999-2000:	Initial intensive OME	3 review v	with subsequent	6-month	reviews.		
6.	Validity:							
		sus validity by expert sus validity by expert						or measurement
		or convergent/predi						
	Converg	ent/predictive validity	/: case m	nix adjustment fo				
		n by patient assessm		care planning				
7.	Recent Rel	n by outcome enhan		□ Moderate	П Faiı	r/Slight	Reliability not e	evaluated
		liability (weighted ka				•	-	
8.		or Real Constraints			t). <u>1.0</u>	<u>o </u> Study i	<u>1.00</u> 3tudy 2	Study 5
0.	Some conce	erns have been expre or case mix adjustme	essed abo	out the cultural s				
	A -1 -1:4: 1	0						
9.		Comments:						
	None.							
10.	Overall Ne	cessity of Item:	Essential	☑ Highly use	ful 🛛	Useful 🛛	Potentially useful	Marginal
		dation for Retentio						
		tem due to its import		-	care pla	nning, and a	assess utility for oth	ner applications.
					Date Re	ecorded:	02 / 01	/ 2002

Form No. OC:1-02		sific Record		
Item Category: Demographics and Patient History				
Item No.: M0150	Item Name: Current Payment Sources for Home Care	Time Points:☑ Start or Resumption of Care☑ Follow-U☑ Transfer to Inpatient Facility☑ Discharg		
	Vording of Item:			
 0 1 2 3 4 5 6 7 8 9 10 11 UK * At follow-up ** On a combin M0830. If R 2. Item Clar Identifies recording differently and Medic discharge (start of ca 3. Rationale Determine	 Medicare (traditional fee-for-service) Medicare (HMO/managed care) Medicaid (traditional fee-for-service) Medicaid (HMO/managed care) Workers' compensation Title programs (e.g., Title III, V, or XX) Other government (e.g., CHAMPUS, V Private insurance Private HMO/managed care Self-pay Other (specify) Unknown * discharge, and transfer, omit "UK - Unknowned discharge/transfer assessment form, ad transfer of this item is important because assessment for M0100 is 8 or 10, go to M0906. If Reference than assessments for other payers. If patier caid; private insurance and self-pay; etc.), in or transfer (RFA = 6, 7, 8, 9, or 10) mark patier, resumption, or follow-up) assessment. 	A, etc.) vn." d "If reason for assessment (RFA) for M0100 is 6 or 7, go		
Home Hea ☑ Assess ☑ Care p ☑ Quality ☑ Patien monito ☑ Utilizat ☑ Marke negotia ☑ Feedb discha ☑ Volunt	olanning y improvement/outcome enhancement t mix/origin/discharge disposition oring tion/cost/resource consumption monitoring ting (e.g., public relations, payer	gement/tracking) CMS Applications □ Outcome measurement for outcome reporting № Risk factor measurement for outcome reporting Number of risk adjustment models _23 □ Adverse event measurement for adverse event report ☑ Case mix measurement for case mix profiling ☑ Case mix adjustment for prospective payment system ☑ Performance indicator for consumer reporting (planne) ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development ☑ Homebound status determination ☑ Medical necessity determination		

Form No. OC:1-02.02 Item-Specific Record					
M0 1	150 Cı	irrent Payment Sources for Home Care (Cont'd)			
5.	5. Item Research, Development, Clinical, and Testing History:				
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measu and necessary data items.				
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data iter					
	Initial consistency/validity testing of outcome measures and data items.				
	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				
		Feasibility/consistency testing.			
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.			
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.			
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.			
	1997-1998:	Reliability testing.			
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.			
6.	Validity:				
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement			
		sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement			
		ent/predictive validity: case mix adjustment for payment			
		in by patient assessment and care planning			
	Validation	on by outcome enhancement			
7.	Recent Rel	iability: ☑ Substantial			
	Interrater re	liability (weighted kappa or percent agreement): <u>0.70</u> Study 1 <u>0.29</u> Study 2Study 3			
8.	Perceived	or Real Constraints/Limitations:			
		ay not have accurate information during SOC home visit, requiring verification with office staff.			
	However, a	ccurate data are required for agency to bill for services provided. If item is miscoded, patient may be d as non-Medicare, non-Medicaid patient, for whom OASIS data submission is not required.			
	misiacritine				
9.	Additional	Comments:			
0.	None.				
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🔷 Useful 🔷 Potentially useful 🗍 Marginal			
11.	Recommer	idation for Retention or Change:			
		consider refining specific response options.			
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>			

Form No. OC:1-02.02 Item-Specific Record				
Item Category	: Demographics and Patient History			
K N.				
Item No.: M0160	Item Name: Financial Factors	Time Points: ☑ Start or Resumption of Care	G Follow-Up	
1010100		□ Transfer to Inpatient Facility	□ Discharge	
1. Precise V	Vording of Item:		go	
	-	ent/family to meet basic health needs: (Mark	(all that apply)	
_			ali tilat apply.)	
		••	(acade (manta)	
	 Unable to afford rent/utility bills 	t are not covered by insurance/Medicare (e.g	J., copayments)	
_	- Unable to afford food			
_	- Other (specify)			
2. Item Clar				
		basic health needs (medicine, medical supp		
agency to		led in the OASIS, but not reported by the hor	ne nealth	
ugonoy to				
3. Rationale	for Item:			
		the patient can afford medicine, proper nutrit		
appropriat	te living environment. Serves as trigger to r	efer patient for health or financial assistance	programs.	
	Application: □ Identifier (for data mana			
	alth Agency Applications	CMS Applications	antin a	
⊠ Assess ⊠ Care p		 Outcome measurement for outcome rep Risk factor measurement for outcome rep 		
	/ improvement/outcome enhancement	Number of risk adjustment models	porting	
	t mix/origin/discharge disposition	Adverse event measurement for advers	e event report	
monito	-	□ Case mix measurement for case mix pro		
	tion/cost/resource consumption monitoring	Case mix adjustment for prospective pa		
	ting (e.g., public relations, payer ations)	 Performance indicator for consumer rep Survey & certification use (planned) 	ording (planned)	
	ack to other providers (e.g., physicians,	 Program integrity (planned) 		
discha	rge planners)	Other Applications Under Development		
	ary accreditation (e.g., JCAHO ORYX,	Homebound status determination		
CHAP	Benchmarks)	Medical necessity determination		

Form	lo. OC:1-02.02 Item-Specific Record			
M0′	0 Financial Factors (Cont'd)			
5.	5. Item Research, Development, Clinical, and Testing History:			
•.	994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed			
	by a home health industry workgroup.			
	995-2000: Demonstration testing in the National and New York State Demonstrations.			
	997-1998: Reliability testing.			
	999-2000: Initial intensive OMB review with subsequent 6-month reviews.			
6.	/alidity:			
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement			
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement 			
	Convergent/predictive validity: case mix adjustment for payment			
	2 Validation by patient assessment and care planning			
	Validation by outcome enhancement			
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated			
	nterrater reliability (weighted kappa or percent agreement): <u>0.32</u> Study 1 <u>0.17</u> Study 2 Study 3			
8.	Perceived or Real Constraints/Limitations:			
	ocumented poor reliability. Perceived sensitivity (as a personal privacy issue) caused omission from OASIS			
	ata submission requirement.			
9.	Additional Comments:			
5.	lone.			
10	Dverall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal			
	Recommendation for Retention or Change:			
	Delete item from OASIS. However, some information regarding financial status is essential to assessment and			
	are planning.			
	Date Recorded: 02 / 01 / 2002			

Form No. OC:1-02.02 Item-Specific Record						
Item Category	Item Category: Demographics and Patient History					
Item No.: M0175	Item Name: Inpatient Facility Discharge During the Pa Days	Time Points: Image: Start or Resumption of Care Image: Start or Resumption of Care Image: Transfer to Inpatient Facility Image: Start or Resumption of Care Image: Start or Resumption of Ca				
1. Precise W	ording of Item:					
	n which of the following Inpatient Facilities nat apply.)	was the patient discharged <u>during the past 14 days</u> ? (Mark				
	1	natient facility [If NA, go to M0200]				
Identifies v 14 days er	2. Item Clarification: Identifies whether the patient has recently (within past 14 days) been discharged from an inpatient facility. Past 14 days encompasses the two-week period immediately preceding the start of care/resumption of care or the first day of the new certification period.					
3. Rationale for Item: Inpatient stay prior to home health admission has a strong statistical relationship with outcomes and with resource utilization and is an important factor in care planning. The time interval of 14 days is used in defining an "acute" event per clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.						
Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications □ Outcome measurement for outcome reporting № Risk factor measurement for outcome reporting Number of risk adjustment models _ 38 □ Adverse event measurement for adverse event report ☑ Case mix measurement for case mix profiling ☑ Case mix adjustment for prospective payment system ☑ Performance indicator for consumer reporting (planned) ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination □ Medical necessity determination				

Form	No. OC:1-02.0	2 Item-Specific Record			
M01	M0175 Inpatient Facility Discharge During the Past 14 Days (Cont'd)				
5.	Item Resea	arch, Development, Clinical, and Testing History:			
	1988-1989:	Field testing of outcome measures. Item revised.			
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.			
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.			
		Initial consistency/validity testing of outcome measures and data items.			
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.			
		Reliability/validity testing of outcome measures and data items.			
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.			
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.			
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.			
		Reliability testing.			
		Initial intensive OMB review with subsequent 6-month reviews.			
	2000:	Revised for PPS implementation.			
	Validitor				
6.	 Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 				
7.	Recent Rel	liability: □ Substantial ☑ Moderate □ Fair/Slight □ Reliability not evaluated			
	Interrater re	liability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.72</u> Study 2Study 3			
8.	Perceived	or Real Constraints/Limitations:			
		usion may exist in the case of very short inpatient stays as obtaining the information relies to some atient report. Definition of skilled nursing facility is ambiguous for some.			
9.	Additional	Comments:			
•	None.				
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🗂 Useful 🔲 Potentially useful 🗍 Marginal			
		ndation for Retention or Change:			
		em for both payment and outcome analysis. Retain and continue to evaluate options for improving			
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>			

Item-Specific Reco

Form No. OC:1-02.02 Item-Specific Record							
Item Category: Demographics and Patient History							
Item No.: M0180	Item Name: Inpatient Discharge Date	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	□ Follow-Up □ Discharge				
1. Precise W	/ording of Item:						
	tient Discharge Date (most recent):						
month	month day year						
	- Unknown						
	-						
2. Item Clari		an inpatient facility (within last 14 days). Pas	t 14 days				
	ses the two-week period immediately prece		a rradyo				
3. Rationale	for Item:						
Cross-che	ck on the response to M0175 and can be u	sed as an additional risk factor for outcome r	eporting.				
4 14 11 1							
Home Hea	Application: Identifier (for data managed and the second s	CMS Applications					
☑ Assess ☑ Care p		 Outcome measurement for outcome rep Risk factor measurement for outcome rep 					
Quality	improvement/outcome enhancement	Number of risk adjustment models					
monito	-	Adverse event measurement for adverse	ofiling				
Market	ion/cost/resource consumption monitoring ing (e.g., public relations, payer	Case mix adjustment for prospective pa					
	ack to other providers (e.g., physicians,	 ✓ Survey & certification use (planned) ✓ Program integrity (planned) ✓ Other Applications Under Development 					
🗹 Volunta	rge planners) ary accreditation (e.g., JCAHO ORYX, Benchmarks)	Other Applications Under Development					
UNAF	Denominario	Medical necessity determination					

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Form	n No. OC:1-02.02 Item-Specific Record				
M01	180 Inpatient Discharge Date (Cont'd)				
5.	5. Item Research, Development, Clinical, and Testing History:				
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.				
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.				
	Initial consistency/validity testing of outcome measures and data items.				
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				
	Feasibility/consistency testing of outcome measures and data items.				
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.				
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.				
	1995-2000: Demonstration testing in the National and New York State Demonstrations.				
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.				
6.	Validity:				
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement				
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement 				
	Convergent/predictive validity: case mix adjustment for payment				
	✓ Validation by patient assessment and care planning				
7.	□ Validation by outcome enhancement Recent Reliability: □ Substantial □ Moderate □ Fair/Slight ☑ Reliability not evaluated				
<i>'</i> .					
8.	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3 Perceived or Real Constraints/Limitations:				
0.	Patient self-report may be inaccurate, although data can be verified from referral paperwork or by call to facility.				
9.	Additional Comments:				
ν.	None.				
10.	Overall Necessity of Item: Essential 🗹 Highly useful 🗆 Useful 🗆 Potentially useful 🗆 Marginal				
11.	Recommendation for Retention or Change:				
	Retain.				
1	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>				

Form No. OC:1-02.02 Item-Specific Record						
Item Category: Demographics and Patient History						
Item M01	90	Item Name: Inpatient Diagnoses	Time Points: ☑ Start or Resumption of Care □ Follow-Up □ Transfer to Inpatient Facility □ Discharge			
1.	Precise W	ording of Item:				
(M0			(three digits required; five digits optional) for only those			
			ay within the last 14 days (no surgical or V-codes):			
	Inpatient Facility Diagnosis ICD					
	b	((·))			
•	Itom Clark	fi a chi a ma				
2.	Item Clari		ng treatment in an innatient facility within the nast 14 days			
	Identifies diagnosis(es) for which patient was receiving treatment in an inpatient facility within the past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.					
3.	Rationale	for Item:				
			ldition to PPS case mix adjustment algorithm (as a			
			on clinical panel recommendation. Early home care industry val; empirical testing established 14 days as a better			
	predictor.					
4.	Item Use/	Application: □ Identifier (for data mana	gement/tracking)			
	Home Hea	Ith Agency Applications	CMS Applications			
	☑ Assess		 Outcome measurement for outcome reporting Risk factor measurement for outcome reporting 			
	 ☑ Care pl ☑ Quality 	improvement/outcome enhancement	Number of risk adjustment models <u>40</u>			
	Patient	mix/origin/discharge disposition	□ Adverse event measurement for adverse event report			
	monitor		Case mix measurement for case mix profiling			
		on/cost/resource consumption monitoring ing (e.g., public relations, payer	 Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) 			
	negotia	itions)	☑ Survey & certification use (planned)			
	✓ Feedba dischar	ack to other providers (e.g., physicians, ge planners)	Program integrity (planned) Other Applications Under Development			
		ary accreditation (e.g., JCAHO ORYX,	□ Homebound status determination			
		Benchmarks)	Medical necessity determination			

Forn	n No. OC:1-02.0	2 Item-Specific Record						
M0 ⁻	190 In	patient Diagnoses (Cont'd)						
5.	Item Resea	rch, Development, Clinical, and Testing History:						
	1988-1989: Field testing of outcome measures. Item revised.							
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.						
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.						
		Consistency/feasibility testing of outcome measures and data items.						
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.						
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.						
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.						
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.						
6.	Validity:							
0.		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement						
	🗹 Consens	sus validity by expert clinical panels for patient assessment and care planning						
		or convergent/predictive validity for outcome measurement/risk factor measurement						
		ent/predictive validity: case mix adjustment for payment on by patient assessment and care planning						
		on by outcome enhancement						
7.	Recent Rel	iability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🔹 Reliability not evaluated						
	Interrater re	liability (weighted kappa or percent agreement): <u>79%</u> Study 1Study 2Study 3						
8.	Perceived	or Real Constraints/Limitations:						
		-9 coding is a challenge for home care clinicians; PPS has required additional agency attention to this						
		A regulations may require some changes in coding practices. Only a 3-digit code is needed for alysis. May require communication between HHA and physician; perceived as a burden to HHA.						
		nowledge of reason(s) for inpatient facility care is essential for planning and providing care.						
9.	Additional	Comments:						
	None.							
10.	Overall Ne	cessity of Item: ☑ Essential						
11.	Recommer	ndation for Retention or Change:						
		sential measure for risk adjusted outcome reports and other applications. Consider omitting fourth and						
	fifth digits fr	om OASIS to reduce perceived burden.						
1		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>						

Form No. OC:1-02	.02 Item-Spe	cific Record	
Item Category	: Demographics and Patient History		
Item No.: M0200	Item Name: Medical or Treatment Regimen Change V Past 14 Days	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. Precise W	/ording of Item:		
med		in Past 14 Days: Has this patient experience treatment, or service change due to new or	
	 No [If No, go to M0220]* Yes 		
* At discharge,	change M0220 to M0250.		
to a new d	f any change has occurred to the patient's liagnosis or exacerbation of an old diagnos od immediately preceding the start/resumpt	treatment regimen, health care services, or r is within past 14 days. Past 14 days encom ion of care, the first day of the new certificati	passes the two-
3. Rationale	for Itom		
For use in problems to based on the second s	combination with inpatient facility discharg from patients with long-standing chronic pro clinical panel recommendation. Early home	e to distinguish patients with acute or subact oblems or impairments. The time interval of e care industry input had suggested 21 days al testing established 14 days as a better pre	14 days is as an
	Application: Identifier (for data mana		
 ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta 	lanning ' improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer ations) ack to other providers (e.g., physicians, rge planners) ary accreditation (e.g., JCAHO ORYX,	 CMS Applications □ Outcome measurement for outcome report outcome report of Risk factor measurement for outcome report outcome of risk adjustment models34 □ Adverse event measurement for adverse ☑ Case mix measurement for case mix pr □ Case mix adjustment for prospective part of the performance indicator for consumer report of Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination ☑ Medical necessity determination 	eporting e event report ofiling yment system
🗹 Volunta			

Form	n No. OC:1-02.0	2 Item-Specific Record						
M02	200 Me	edical or Treatment Regimen Change Within Past 14 Days (Cont'd)						
5.	Item Resea	rch, Development, Clinical, and Testing History:						
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.							
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.						
		Reliability/validity testing of outcome measures and data items.						
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.						
		Reliability/validity testing of outcome measures and data items.						
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.						
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.						
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.						
		Reliability testing.						
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.						
6.	Validity:	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement						
		sus validity by expert clinical panels for patient assessment and care planning						
	Criterior	or convergent/predictive validity for outcome measurement/risk factor measurement						
		ent/predictive validity: case mix adjustment for payment						
		on by patient assessment and care planning on by outcome enhancement						
7.	Recent Rel							
		liability (weighted kappa or percent agreement): <u>0.78</u> Study 1 <u>0.55</u> Study 2Study 3						
8.		or Real Constraints/Limitations:						
•		f questions have arisen regarding interpretation of this item, but reliability is adequate.						
		Comments:						
9.		Comments:						
	None.							
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🗖 Useful 🗖 Potentially useful 🗍 Marginal						
		Indation for Retention or Change:						
		nsider refining instructions to enhance understandability.						
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>						

Form N	lo. OC:1-02	litem-Spe	cific Record
Item	Categor	y: Demographics and Patient History	
Item I M021		Item Name: Medical Regimen Change Diagnoses	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge
1. P	Precise V	Vording of Item:	
	10) List <u>thos</u> a b c	the patient's Medical Diagnoses and ICD of the conditions requiring changed medical or t anged Medical Regimen Diagnosis	code categories (three digits required; five digits optional) for reatment regimen (no surgical or V-codes): ICD
lo c	dentifies are servi		tion or change to the patient's treatment, regimen, health 14 days. Past 14 days encompasses the two-week period or the date of the follow-up/discharge visit).
3. F	Rationale	e for Item:	
V n	/ery impo nodels.	ortant for risk adjustment of outcomes and c The time interval of 14 days is based on clin	are planning. May be used in future payment adjustment ical panel recommendation. Early home care industry input npirical testing established 14 days as a better predictor.
<u>H</u> מימי מימי	Iome He I Asses I Care p I Care p I Quality I Patien monito I Utiliza I Marke negoti I Feedb discha Volunt	olanning y improvement/outcome enhancement t mix/origin/discharge disposition	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reporting Misk factor measurement for outcome reporting Number of risk adjustment models <u>40</u> Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination

Form	No. OC:1-02.0	2		Item-Specific	Record			
M02	210 Me	edical Regimen	Change Dia	gnoses (Cont'o	l)			
5.	Item Resea	rch, Developme	ent, Clinical,	and Testing H	istory:			
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.							me measures
	1989-1991:			and operational	utility of outc	ome mea	sures and data iter	ms.
		Initial consistend	cy testing of	outcome measu	res and data	items.		
	1991-1994:	Empirical field te improvement ap	•	uate measures	and items fo	r use in a	n outcome-based o	quality
		Consistency tes	ting of data i	tems.				
	1994-1995:	Pilot demonstrat health agencies		ncluding practic	ality of meas	sures and	approach) in Colo	rado home
		Endorsed as ese No changes rec			sive assessr	ment by a	home health indus	stry workgroup.
	1995-2000:	Demonstration t year of data coll		National and No	ew York Stat	e Demon	strations. Item rev	ised after first
	1999-2000:	Initial intensive	OMB review	with subsequen	t 6-month rev	views.		
6.	Validity:				6			
		sus validity by ex					ment and risk facto	or measurement
							ctor measurement	
		ent/predictive va			or payment			
		n by patient asse n by outcome en		care planning				
7.	Recent Rel		bstantial	□ Moderate	□ Fair/S	light	□ Reliability not e	evaluated
		liability (weighted				-	Study 2 _	
8.		or Real Constrai		-	ity. <u>1170</u>		0100 2 _	01000 0
0.	Correct ICD skill. HIPA	-9 coding is a ch regulations may	allenge for h / require son	ome care clinici ne changes in c	oding practic	es. Only	d additional agency a three-digit code i perceived as a burc	is required for
							for planning and pr	
								-
9.	Additional	Comments:						
	None.							
10.	Overall Ne	cessity of Item:	☑ Essentia	I D Highly us	eful 🛛 Us	eful 🛛	Potentially useful	Marginal
11.	Recommer	dation for Reter	ntion or Cha	inge:				
		ential measure f			orts and oth	er applica	ations. Consider or	nitting fourth
					Date Reco	orded:	02 / 01	/ 2002

Form	No. OC:1-02.	02 Item-Spec	ific Record
lten	n Category	: Demographics and Patient History	
Item No.: M0220		Item Name: Conditions Prior to Hospitalization/Regime Change	n ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge
1.	Precise W	/ording of Item:	
(M0	this past	patient experienced an inpatient facility disc 14 days, indicate any conditions which exis ment regimen. (Mark all that apply.)	gimen Change or Inpatient Stay* Within Past 14 Days: If harge* or change in medical or treatment regimen within the ted <u>prior to</u> the inpatient stay* or change in medical or
	$ \begin{array}{c} \square & 2 \\ \square & 3 \\ \square & 4 \\ \square & 5 \end{array} $	 Indwelling/suprapubic catheter Intractable pain Impaired decision-making 	avior
	□ 6 □ 7 □ NA □ UK	 None of the above No inpatient facility discharge <u>and</u> no c 	ion required nange in medical or treatment regimen in past 14 days**
		, omit all references to inpatient stay or inpa , omit "NA" and "UK."	itient facility discharge.
2.	14 days er	existence of condition(s) prior to medical reg	imen change or inpatient stay within past 14 days. Past ely preceding the start/resumption of care, the first day of
3.	Rationale	for Item:	
	14 days is	based on clinical panel recommendation.	versus problems of recent origin. The time interval of Early home care industry input had suggested 21 days as ns; empirical testing established 14 days as a better
4.	Home Heat ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito Utilizat ✓ Utilizat ✓ Market negotia Feedbaa ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models30 Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination

Form	n No. OC:1-02.02 Item-Specific Record							
M02	220 Conditions Prior to Hospitalization/Regimen Change (Cont'd)							
5.	Item Research, Development, Clinical, and Testing History:							
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.							
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.							
	Reliability/validity testing of outcome measures and data items.							
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.							
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.							
	1995-2000: Demonstration testing in the National and New York State Demonstrations.							
	1997-1998: Reliability testing.							
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.							
6.	Validity:							
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement							
	☑ Consensus validity by expert clinical panels for patient assessment and care planning							
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement							
	 Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning 							
	☑ Validation by outcome enhancement							
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated							
	Interrater reliability (weighted kappa or percent agreement): 0.52 Study 1 0.47 Study 2 Study 3							
8.	Perceived or Real Constraints/Limitations:							
	Retrospective nature of item may be responsible for lower reliability.							
L								
9.	Additional Comments:							
	None.							
40								
	Overall Necessity of Item: 🗹 Essential 🗆 Highly useful 🗆 Useful 🗆 Potentially useful 🖾 Marginal							
EI.	Recommendation for Retention or Change:							
	Retain. Explore refinement to enhance reliability.							
	Data Departed: 02 / 01 / 2002							
	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>							

Form No. 00:1 00	02	Item-Spe	cific R		(-				DT 0/2000)
Form No. OC:1-02.	Demographics and Pat								
nom outogory		lone motory							
Item No.:	Item Name:			Time Poi					
M0230/ M0240	Diagnoses and Severity	Index				esumption Inpatie			✓ Follow-Up □ Discharge
1. Precise W	ording of Item:								
code seve 0 - 1 - 2 - 3 -	ving home care and ICD s) and rate them using the re rating appropriate for a Asymptomatic, no treath Symptoms well controlled Symptoms controlled with Symptoms poorly control	code category (ti e following seven each diagnosis.) nent needed at th d with current the h difficulty, affect lled, patient need	nree dig ity inde is time erapy ting dail Is frequ	its required x. (Choose y functionin ent adjustr	d; five d e one v ng; pati	ligits op alue tha ent nee	tional – it repres ds ongo	no sur sents th	gical or V- ne most onitoring
	Symptoms poorly contro		hospital	izations	Sav	ority Do	ting		
	0230) Primary Diagnosis			_	<u>Sev</u>	erity Ra	-	_	
			_)	0 🗆	□ 1	□ 2	□ 3	□ 4	
<u>(M</u>	0240) Other Diagnosis	<u>ICD</u>			<u>Sev</u>	verity Ra	ating		
b		(·	_)	0 🗆	□ 1	□ 2	□ 3	□ 4	
C		(·	_)	0 🗆	□ 1	□ 2	□ 3	□ 4	
d		(_)	□ 0	□ 1	□ 2	□ 3	□ 4	
				□ 0	□ 1	□ 2	□ 3	□ 4	
		(_/			 □ 2			
2. Item Clari		\·	_/						
categorize reason for the UB-92	each diagnosis for which d according to its severity providing home care. Th (HCFA-1450, item 67) m	 The primary di e principal diagn 	agnosis osis rep	(M0230) s orted on th	should I	be the c	onditior	n which	is the chief
3. Rationale									
measures.	is essential to payment d	etermination and	care pi	anning. Ai	souse		sk aujus	unent	oroutcome
Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome e mix/origin/discharge disp ring ion/cost/resource consun ing (e.g., public relations,	s nhancement position nption monitoring payer g., physicians,	CMS □ OI □ AI □ AI □ AI □ AI □ CI □ CI □ CI □ CI □ CI □ CI □ PI □ PI □ PI □ He	Application atcome me sk factor me amber of ri dverse eve ase mix me ase mix ad	asuren neasure sk adju nt mea asuren justmer indicat tificatio grity (p ons Ur status	ement for stment i suremen nent for nt for pro- tor for c n use (p lanned) nder De determi	or outco models nt for ac case m ospectiv onsume olanned velopm nation	me rep 40 lverse ix prof ve payr er repo	event report

	n No. OC:1-02.02	Item-Specific Record
M0	230/M0240	Diagnoses and Severity Index (Cont'd)
5.	Item Researc	ch, Development, Clinical, and Testing History:
	1983-1986: E	valuation research of impact of hospital PPS on home health patient outcomes.
	1988-1989: F	ield testing of outcome measures.
		Clinical panel review, including home health industry input and endorsement of outcome measures nd necessary data items.
	1989-1991: F	easibility testing of clinical and operational utility of outcome measures and data items.
	In	nitial consistency testing of outcome measures and data items.
		impirical field testing to evaluate measures and items for use in an outcome-based quality nprovement approach.
	F	easibility/consistency testing of data items.
		ilot demonstration testing (including practicality of measures and approach) in Colorado home ealth agencies.
		lew data item, severity index, suggested as essential for a core comprehensive assessment. Prafted and endorsed by a home health industry workgroup.
	ye	emonstration testing in the National and New York State Demonstrations. Item revised after first ear of data collection.
	1999-2000: Ir	nitial intensive OMB review with subsequent 6-month reviews.
6.	 ☑ Consensus ☑ Criterion o ☑ Converger ☑ Validation 	s validity by expert research/clinical panels for outcome measurement and risk factor measurement s validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement nt/predictive validity: case mix adjustment for payment by patient assessment and care planning
_		by outcome enhancement
7.	Recent Relial	
	Interrater relia	ability (weighted kappa or percent agreement): <u>75%</u> Study 1Study 2Study 3
8.	Correct ICD-9 conflict with O	Real Constraints/Limitations: coding is a challenge for home care clinicians, and guidelines promulgated by some experts ASIS instructions. Diagnosis coding may be subject to gaming to maximize reimbursement. PPS ted additional attention to coding skills of agency staff.
9.	Additional Co	omments:
	practices, inclu- primary and se	by CMS on 485 and claim forms. HIPAA regulations may require some changes in coding uding acceptance of V codes. Reliability coefficient reported in Element 7 is weighted average of econdary diagnoses. Reliability for specific components is as follows: M0230 Primary Diagnosis:
		ent; M0230 Severity Rating: .74 (kappa); M0240 Other Diagnoses: 72% agreement; M0240 igs: .55 (kappa).
10.	Severity Ratin	
	Severity Ratin	ngs: .55 (kappa).
	Severity Ratin Overall Neces Recommenda Retain. Conti	ngs: .55 (kappa). ssity of Item: ☑ Essential

Form	Form No. OC:1-02.02 Item-Specific Record							
Iten	Item Category: Demographics and Patient History							
Iten M02	n No.: 250	Item Name: Therapies (IV/Infusion/Nutrition)	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge				
1.	Precise W	ording of Item:	I					
(M0	250) Ther	apies the patient receives at home: (Mark	all that apply.)					
		- Enteral nutrition (nasogastric, gastro alimentary canal)	les TPN) stomy, jejunostomy, or any other artificial	entry into the				
2.	Item Clari Identifies v		, parenteral nutrition, or enteral nutrition thera	py at home.				
3.	Rationale	for Item:						
		predictor of service need and risk adjuster						
4.	Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati Marketi negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ng (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reports Number of risk adjustment models <u>17</u> Adverse event measurement for adverse Case mix measurement for case mix profination Case mix adjustment for prospective payers Performance indicator for consumer reports Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination 	oorting event report iling ment system				

Form	No. OC:1-02.02 Item-Specific Record							
M02	50 Therapies (IV/Infusion/Nutrition) (Con'td)							
5.	Item Research, Development, Clinical, and Testing History:							
	1988-1989: Field testing of outcome measures. Item revised.							
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.							
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.							
	Reliability/validity testing of outcome measures and data items.							
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.							
	Reliability/validity testing of outcome measures and data items.							
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.							
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.							
	1995-2000: Demonstration testing in the National and New York State Demonstrations.							
	1997-1998: Reliability testing.							
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.							
6.	Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement							
	 ☑ Consensus validity by expert rescale memory parels for batterne measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning 							
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement							
	 Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning 							
	 ✓ Validation by outcome enhancement 							
7.	Recent Reliability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🔹 Reliability not evaluated							
	Interrater reliability (weighted kappa or percent agreement): <u>0.86</u> Study 1 <u>0.88</u> Study 2Study 3							
8.	Perceived or Real Constraints/Limitations:							
	Some forms of infusion (e.g., subcutaneous) are less invasive and care intensive than IV, but no distinction is							
	made.							
9.	Additional Comments:							
	None.							
10.	Overall Necessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🖾 Potentially useful 🖾 Marginal							
11.	Recommendation for Retention or Change:							
	Retain. (It may be appropriate to explore whether an item modification to distinguish subcutaneous infusion							
	would improve risk adjustment.)							
	Date Recorded: 02 / 01 / 2002							
1								

Form No. OC:1-02.02 Item-Specific Record									
Item Categor	Item Category: Demographics and Patient History								
Item No.: M0260	Item Name: Overall Prognosis	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	□ Follow-Up □ Discharge						
	Wording of Item:								
<u>illne</u>	 (M0260) Overall Prognosis: BEST description of patient's overall prognosis for recovery from this episode of illness. 0 - Poor: little or no recovery is expected and/or further decline is imminent 								
□ 1 □ UK	Good/Fair: partial to full recovery is exUnknown	rpected							
Identifies	rification: the patient's expected overall prognosis for on professional judgment of clinician comple	recovery at the start of this home care episo eting assessment.	de. Prognosis						
	e for Item:								
	ictor in care planning and risk adjustment.								
Home He ☑ Asses ☑ Care ☑ Qualit ☑ Patier monite ☑ Utiliza ☑ Marke negot ☑ Feedt discha	olanning y improvement/outcome enhancement nt mix/origin/discharge disposition	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome report of risk adjustment for outcome report of risk adjustment models <u>33</u> Adverse event measurement for advers Case mix measurement for case mix protection of the performance indicator for consumer report of Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination 	eporting e event report ofiling yment system						

Form	n No. OC:1-02.0	2		Item-Specific F	Record		
M02	260 Ov	verall Prognosis (C	ont'd)				
5.	Item Resea	rch, Development,	Clinical,	and Testing Hist	ory:		
	1988-1989:	Field testing of out	come mea	sures.			
	1988-1990:	Clinical panel review and necessary data		ng home health inc	lustry input and	d endorsement of outco	ome measures
	1989-1991:	Feasibility testing o	f clinical a	and operational util	ity of outcome	measures and data ite	ms.
		Reliability/validity te	esting of o	utcome measures	and data item	S.	
	1991-1994:	Empirical field testin improvement appro		uate measures an	d items for use	in an outcome-based	quality
		Reliability/validity te	esting of o	utcome measures	and data item	s. Item revised.	
	1994-1995:	Pilot demonstration health agencies.	ı testing (ir	ncluding practicalit	y of measures	and approach) in Colo	rado home
		Endorsed as essen No changes recom			e assessment	by a home health indu	stry workgroup.
	1995-2000:	Demonstration test year of data collect		National and New	York State De	monstrations. Item rev	ised after first
	1997-1998: Reliability testing.						
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.						
6.						surement and risk facto	or measurement
		sus validity by exper					
		ent/predictive validit				sk factor measurement	
		on by patient assess					
	☑ Validatio	on by outcome enha	ncement				
7.	Recent Rel	iability: 🗹 Substa	antial	□ Moderate	□ Fair/Slight	□ Reliability not e	evaluated
	Interrater re	liability (weighted ka	appa or pe	ercent agreement):	<u>0.72</u> Stu	dy 1 <u>0.50</u> Study 2	Study 3
8.	Perceived	or Real Constraints	s/Limitatio	ons:			
						eliable, but current item	
		ies is less descriptiv e forms. The 485 da				recording the same info	ormation on
	two separat				ansmitted.		
9.	Additional	Comments:					
			e 485. Th	nere is an implicit r	practice to avoi	d using the "excellent"	category on the
		payment denial.					
10.	Overall Ne	cessity of Item: 🗹	Essential	I D Highly usefu	I 🛛 Useful	Potentially useful	Marginal
11.	Recommer	dation for Retention	on or Cha	inge:			
	Retain. Exp	olore option of using	the same	response categor	ies for the 485	item.	
				I	Date Recorded	: <u>02</u> / <u>01</u>	/ 2002

Form No. OC:1-02	Form No. OC:1-02.02 Item-Specific Record					
Item Category	: Demographics and Patient History					
Item No.: M0270	Item Name: Rehabilitative Prognosis	Time Points: ☑ Start or Resumption of Care □ Follow-Up □ Transfer to Inpatient Facility □ Discharge				
1. Precise V	Vording of Item:					
(M0270) Reh	abilitative Prognosis: BEST description of	f patient's prognosis for functional status.				
□ 0 □ 1 □ UK	- Good: marked improvement in functio	ctional status is expected; decline is possible nal status is expected				
2. Item Clar	ification:					
	the patient's expected prognosis for <u>function</u> gnosis is based on professional judgement	nal status improvement at the start of this episode of home of clinician completing assessment.				
3. Rationale	e for Item:					
An import outcomes		ng rehabilitative care, and a powerful risk factor for				
	Application: Identifier (for data mana alth Agency Applications	gement/tracking) CMS Applications				
 ☑ Assess ☑ Care p ☑ Quality ☑ Patien monito ☑ Utiliza ☑ Marke negoti ☑ Feedb discha ☑ Volunt 	sment Janning / improvement/outcome enhancement t mix/origin/discharge disposition	 Outcome measurement for outcome reporting Outcome measurement for outcome reporting Number of risk adjustment models <u>34</u> Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination 				

Form	Form No. OC:1-02.02 Item-Specific Record							
M02	270 Re	habilitative Prog	gnosis (Cor	nt'd)				
5.	Item Resea	rch, Developme	nt, Clinical,	and Testing Hi	story:			
	1983-1986:	Evaluation resea	rch of impac	ct of hospital PP	S on home hea	alth patient outc	omes.	
	1988-1989:	Field testing of o	utcome mea	asures.				
	1988-1990:	Clinical panel rev and necessary d		ng home health	industry input a	and endorseme	nt of outcor	ne measures
	1989-1991:	Feasibility testing	g of clinical a	and operational	utility of outcom	ne measures an	nd data item	IS.
		Reliability/validity	/ testing of c	outcome measur	es and data ite	ems.		
	1991-1994:	Empirical field te improvement app		uate measures	and items for u	ise in an outcom	ne-based qu	uality
		Reliability/validity	/ testing of c	outcome measur	es and data ite	ems. Item revise	ed.	
	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.							
	1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.							
	1995-2000:	Demonstration te year of data colle		National and Ne	ew York State I	Demonstrations	. Item revis	sed after first
	1997-1998: Reliability testing.							
	1999-2000:	Initial intensive C	MB review	with subsequent	6-month revie	ws.		
6.	 ☑ Consens ☑ Criterion □ Converg ☑ Validation 	sus validity by exp sus validity by exp or convergent/pr ent/predictive val n by patient asse n by outcome en	pert clinical p edictive vali idity: case r ssment and	panels for patien dity for outcome nix adjustment f	t assessment a measurement/	and care plannir	ng	⁻ measurement
7.	Recent Rel	iability: 🗹 Sub	ostantial	□ Moderate	□ Fair/Sligh	ht □ Relia	ability not ev	/aluated
	Interrater re	liability (weighted	kappa or pe	ercent agreemer	nt): <u>0.77</u> S	tudy 1 <u>0.50</u>	Study 2 _	Study 3
8.	Perceived of	or Real Constrai	nts/Limitati	ons:				
	Concerns h	n with more categ ave been express same response o	ed about re					
9.	Additional	Comments:						
	Also require	d (in narrative for	m only) by (CMS on 485.				
10.	Overall Neo	cessity of Item:	🗹 Essentia	I D Highly use	eful 🛛 Usefu	ul 🛛 Potentia	lly useful	Marginal
		dation for Reter					-	
	Retain. Exp	olore option of usi	ng the same	e response cateç	ories for the 48	85 item.		
					Date Record	ed: <u>02</u> /	/	/ _2002

Form No. OC:1-02.02 Item-Specific Record					
Item Category	: Demographics and Patient History				
Item No.: M0280	Item Name: Life Expectancy	Time Points: ☑ Start or Resumption of Care ☑ Follow □ Transfer to Inpatient Facility ☑ Discharge			
1. Precise V	Vording of Item:	I			
(M0280) Life	Expectancy: (Physician documentation is	not required.)			
_	 Life expectancy is greater than 6 mont Life expectancy is 6 months or fewer 	hs			
2. Item Clar	ification:				
Identifies		ewer than six months. Item is based on professional er clinical input.			
3. Rationale	for Item:				
	ion of terminal patients, whose treatment go	pals and service needs may be substantially different fro	m		
	Application: Identifier (for data mana				
 ☑ Assess ☑ Care p ☑ Quality ☑ Patien monito ☑ Utilizat ☑ Marke negotia ☑ Feedb discha 	Janning / improvement/outcome enhancement t mix/origin/discharge disposition oring tion/cost/resource consumption monitoring ting (e.g., public relations, payer ations) ack to other providers (e.g., physicians, rge planners)	 CMS Applications □ Outcome measurement for outcome reporting ☑ Risk factor measurement for outcome reporting Number of risk adjustment models _29 ☑ Adverse event measurement for adverse event rep ☑ Case mix measurement for case mix profiling □ Case mix adjustment for prospective payment syste ☑ Performance indicator for consumer reporting (plan ☑ Survey & certification use (planned) □ Program integrity (planned) Other Applications Under Development 	em		
	ary accreditation (e.g., JCAHO ORYX, Benchmarks)	 Homebound status determination Medical necessity determination 			

Form	n No. OC:1-02.0	2 Item-Specific Record
M02	280 Lii	e Expectancy (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.
		Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement
		sus validity by expert clinical panels for patient assessment and care planning
		or convergent/predictive validity for outcome measurement/risk factor measurement
		ent/predictive validity: case mix adjustment for payment
		on by patient assessment and care planning on by outcome enhancement
7.	Recent Rel	•
	Interrater re	liability (weighted kappa or percent agreement): <u>0.98</u> Study 1 <u>0.16</u> Study 2Study 3
8.		or Real Constraints/Limitations:
	Life expecta	ancy judgments by clinicians have been shown to be problematic. Some clinicians are reluctant to
	acknowledg	e terminal status of patient for a variety of reasons. May require communication between HHA and
	physician; p care plannir	erceived by some as a burden to HHA. However, this information is important for assessment and
	care planni	ıg.
9.	Additional	Comments:
	None.	
		cessity of Item: Essential I Highly useful Useful Potentially useful I Marginal
11.		idation for Retention or Change:
	Retain. Co	nsider exploring alternative definitions.
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02.	Form No. OC:1-02.02 Item-Specific Record					
Item Category	: Demographics and Patient History					
Item No.: M0290	Item Name: High Risk Factors fording of Item:	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge			
	-					
1 2 3 4 5 UK	Alcohol dependencyDrug dependencyNone of the above	(Mark all that apply.)				
2. Item Clari Identifies s this illness	specific factors that may exert a high impac	t on the patient's health status and ability to r	ecover from			
3. Rationale	for Item:					
	care planning and risk adjustment because for coping with illness and overall health st	these risk factors are known to substantially atus.	impact			
Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications Outcome measurement for outcome rep ✓ Risk factor measurement for outcome rep ✓ Number of risk adjustment models13 △ Adverse event measurement for adverse △ Case mix measurement for case mix pro △ Case mix adjustment for prospective pay ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) △ Program integrity (planned) Other Applications Under Development △ Homebound status determination ○ Medical necessity determination 	eporting e event report ofiling yment system			

Form	n No. OC:1-02.0	2		Item-Specific	Record		
M02	290 Hi	gh Risk Factors	(Cont'd)				
5.	Item Resea	rch, Developme	ent, Clinical	, and Testing Hi	story:		
	1988-1990:	Clinical panel re and necessary of		ing home health	industry input and	d endorsement of outco	ome measures
	1989-1991:	Feasibility testin	g of clinical	and operational	utility of outcome	measures and data ite	ms.
	1989-1991:	Reliability/validit	y testing of o	outcome measur	es and data item	S.	
		-				in an outcome-based	quality
		improvement ap	•	outoomo mogour	oo and data itam	-	
	1004 1005				es and data item		rada homo
	1994-1995.	health agencies			-	and approach) in Colo	
		No changes rec	ommended	to the data item.		by a home health indu	
	1995-2000:	Demonstration t year of data coll		National and Ne	ew York State De	monstrations. Item rev	vised after first
		Reliability testing	-				
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.						
6.	Validity:						
					for outcome mea	surement and risk fact	or measurement
						sk factor measurement	
	Converg	ent/predictive va	lidity: case	mix adjustment f			
		on by patient asse		l care planning			
7.	Recent Rel	n by outcome er	bstantial	□ Moderate	□ Fair/Slight	Reliability not	evaluated
		-			•	dy 1 <u>0.48</u> Study 2	
8.		or Real Constra			n). <u>0.09</u> 5tu	uy 1 <u>0.40</u> Study 2	Study 5
0.					onsistent standar	ds. Negative connotati	on of
		dependency ma					
9.	Additional	Comments:					
	None.						
			— — — —		<u> </u>		
		cessity of Item:		÷ ;	eful 🛛 Useful	Potentially useful	□ Marginal
11.		idation for Rete		•		a ta aba-tta	
	Retain. Exp	piore ways to enh	ance accura	acy/reliability of r	esponse pertainir	ig to obesity.	
					Data Dacard	. 02 / 04	/ 2002
					Date Recorded	: <u>02</u> / <u>01</u>	/ 2002

Form No. OC:1-02.	Form No. OC:1-02.02 Item-Specific Record							
Item Category	: Living Arrangements							
Item No.: M0300	Item Name: Current Residence	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge					
1. Precise W	ording of Item:							
(M0300) Curr	(M0300) Current Residence:							
□ 1 □ 2 □ 3 □ 4 □ 5	 patient/couple/significant other) Family member's residence Boarding home or rented room Board and care or assisted living facilit 	ouse, apartment, or mobile home owned or r	rented by					
		ent home care episode, even if temporary (e	.g., where the					
3. Rationale	for Item:							
	Can affect care provision and facilitate or impede recovery/rehabilitation process. Some care or health-related services are received in conjunction with living quarters (e.g., an assisted living situation).							
Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications Outcome measurement for outcome report of Risk factor measurement for adverse event measurement for adverse of Case mix measurement for case mix provide the report of the report of	eporting e event report ofiling yment system					

Form	n No. OC:1-02.02	2 Item-Specific Record		
MO	300 Cu	rrent Residence (Cont'd)		
5.	Item Resea	rch, Development, Clinical, and Testing History:		
	1988-1989:	Field testing of outcome measures. Item revised.		
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.		
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.		
		Reliability/validity testing of outcome measures and data items.		
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.		
		Reliability/validity testing of outcome measures and data items.		
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.		
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.		
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.			
	1997-1998: Reliability testing.			
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.		
6.	Validity:			
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning		
		or convergent/predictive validity for outcome measurement/risk factor measurement		
		ent/predictive validity: case mix adjustment for payment		
		n by patient assessment and care planning		
-		n by outcome enhancement		
7.	Recent Rel			
		liability (weighted kappa or percent agreement): <u>0.86</u> Study 1 <u>0.80</u> Study 2 Study 3		
8.		or Real Constraints/Limitations:		
		s been expressed about the burden of collecting this and related items at follow-up time points. dation has been made to include this item only if status has changed. This approach has been shown		
		to lead to under-reporting of change.		
9.	Additional	Comments:		
	None.			
10.	Overall Neo	cessity of Item: □ Essential ☑ Highly useful □ Useful □ Potentially useful □ Marginal		
11.	Recommer	dation for Retention or Change:		
	Retain for ri	sk adjustment and care planning.		
L		Date Recorded: 02 / 01 / 2002		

Form No. OC:1-02.	Form No. OC:1-02.02 Item-Specific Record					
Item Category	: Living Arrangements					
Item No.: M0310	Item Name: Structural Barriers	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge			
1. Precise W	ording of Item:					
(M0310) Strue	ctural Barriers in the patient's environmen	t limiting independent mobility: (Mark all that	at apply.)			
□ 0 □ 1 □ 2 □ 3 □ 4	 Stairs inside home which <u>must</u> be used areas) Stairs inside home which are used opti Stairs leading from inside house to out 		ing, eating			
2. Item Clari Identifies a environme	any obstacles that may impede/hamper the	patient's independence in ambulation/locom	otion within the			
Environme expected a	3. Rationale for Item: Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement. Responses can change from one time point to another, as patient's independent mobility changes.					
Home Hea ✓ Assess ✓ Care pl □ Quality ✓ Patient monitor □ Utilizati □ Market negotia ✓ Feedba dischar □ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications □ Outcome measurement for outcome rep □ Risk factor measurement for outcome rep □ Number of risk adjustment models □ Adverse event measurement for advers □ Case mix measurement for case mix properties □ Case mix adjustment for prospective pa □ Performance indicator for consumer rep □ Survey & certification use (planned) □ Program integrity (planned) Other Applications Under Development ☑ Homebound status determination	eporting e event report ofiling yment system			

Form	No. OC:1-02.0	2 Item-Specific Record	
MO:	310 St	ructural Barriers (Cont'd)	
5.	Item Resea	arch, Development, Clinical, and Testing History:	
	1988-1990:	Clinical panel review, including home health industry input and endorsement of ou and necessary data items.	tcome measures
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data	items.
		Reliability/validity testing of outcome measures and data items.	
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-base improvement approach.	d quality
		Reliability/validity testing of outcome measures and data items.	
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Co health agencies.	olorado home
		Reviewed and endorsed as essential for a core comprehensive assessment by a hindustry workgroup. Modifications to proposed item suggested and incorporated.	nome health
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.	
	1997-1998:	Reliability testing.	
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.	
6.	Validity: ☑ Consens	sus validity by expert research/clinical panels for outcome measurement and risk fa	ctor measurement
		sus validity by expert clinical panels for patient assessment and care planning	
		n or convergent/predictive validity for outcome measurement/risk factor measureme	nt
		gent/predictive validity: case mix adjustment for payment on by patient assessment and care planning	
		on by outcome enhancement	
7.	Recent Rel		ot evaluated
	Interrater re	liability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.35</u> Study 2	2Study 3
8.	Perceived	or Real Constraints/Limitations:	
	Modest relia	ability may account for inability to predict outcomes as a risk factor. Concern has b	een expressed
	about the b	urden of collecting this and related items at follow-up time points. Recommendation	n has been made
	to include the reporting of	nis item only if status has changed. This approach has been shown in research to l	ead to under-
	reporting of	change.	
9.	Additional	Comments:	
	CMS requir	es safety measures to be addressed on 485.	
10.	Overall Ne	cessity of Item: 🛛 Essential 🔲 Highly useful 🛛 Useful 🗹 Potentially usef	ul 🛛 Marginal
11.	Recommer	ndation for Retention or Change:	
		liability and performance as a risk factor could be improved by refinements. May be I status and medical necessity.	e useful to support
		Date Recorded:02 /01	/ 2002

Form No. OC:1-02.02 Item-Specific Record						
Item Category	: Living Arrangements					
Item No.: M0320	Item Name: Safety Hazards	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge			
1. Precise W	/ording of Item:					
(M0320) Safe 0 1 2 3 4 5 6 7 8 9 10 11	 Inadequate floor, roof, or windows Inadequate lighting Unsafe gas/electric appliance Inadequate heating Inadequate cooling Lack of fire safety devices Unsafe floor coverings Inadequate stair railings Improperly stored hazardous materials Lead-based paint 					
		er M0300), which interfere with patient's saf	ety or could			
Environme expected a	3. Rationale for Item: Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement. Can change within the same environment from one time point to another.					
Home Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedba discha	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications Outcome measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Number of risk adjustment models _1 □ Adverse event measurement for advers □ Case mix measurement for case mix pr □ Case mix adjustment for prospective pa ☑ Performance indicator for consumer rep □ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination ☑ Medical necessity determination 	eporting e event report ofiling yment system			

Forn	No. OC:1-02.02 Item-Specific Record				
MO	320 Safety Hazards (Cont'd)				
5.	Item Research, Development, Clinical, and Testing History:				
5.	1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorse				
	by a home health industry workgroup.				
	1995-2000: Demonstration testing in the National and New York State Demonstrations.				
	1997-1998: Reliability testing.				
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.				
_	N. P. P.				
6.	Validity: Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement				
	☑ Consensus validity by expert clinical panels for patient assessment and care planning				
	□ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement				
	Convergent/predictive validity: case mix adjustment for payment				
	☑ Validation by patient assessment and care planning				
_	Validation by outcome enhancement				
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated				
	Interrater reliability (weighted kappa or percent agreement): <u>0.56</u> Study 1 <u>0.48</u> Study 2 Study 3				
8.	Perceived or Real Constraints/Limitations:				
	Modest reliability may account for poor performance as a risk factor. Concern has been expressed about the				
	burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of				
	change.				
L					
9.	Additional Comments:				
	CMS requires safety measures to be addressed on 485.				
	Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal				
11.	Recommendation for Retention or Change:				
	Retain. Item may need redesign to improve reliability and performance as a risk factor. May be useful for				
	assessing medical necessity.				
	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>				

Form No. OC:1-0	2.02 Item-Spec	cific Record	,
Item Categor	y: Living Arrangements		
Item No.: M0330	Item Name: Sanitation Hazards	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. Precise	Wording of Item:		
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10	 None No running water Contaminated water No toileting facilities Outdoor toileting facilities only Inadequate sewage disposal Inadequate/improper food storage No food refrigeration No cooking facilities Insects/rodents present No scheduled trash pickup Cluttered/soiled living area 	nt place of residence: (Mark all that apply.)
Identifies	rification: conditions in the patient's current residence the patient.	(defined under M0300), which are a threat t	o health or
2 Detional	a far llaur		
Sanitation greatly af environm	e for Item: n hazards pose a threat to patient health and ffect care planning (e.g., inadequate/lack of v ient from one time point to another. Environi I independence that can be expected and in	vater for wound care patients). Can change ment should be an important factor in predict	within the same
Home He ☑ Asses ☑ Care □ Qualit ☑ Patier monit □ Utiliza □ Marke negot ☑ Feedt discha	planning ty improvement/outcome enhancement nt mix/origin/discharge disposition	gement/tracking) CMS Applications Outcome measurement for outcome rep Kisk factor measurement for outcome rep Atverse event measurement for advers Case mix measurement for case mix pr Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination	e event report ofiling yment system

Form	No. OC:1-02.0	2 Item-Specific Record				
M03	330 Sa	nitation Hazards (Cont'd)				
5.	Item Resea	rch, Development, Clinical, and Testing History:				
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.					
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.					
	Reliability/validity testing of outcome measures and data items.					
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.					
	Reliability/validity testing of outcome measures and data items.					
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.				
		Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.				
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.				
		Reliability testing.				
		Initial intensive OMB review with subsequent 6-month reviews.				
6.	Validity:					
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement				
		sus validity by expert clinical panels for patient assessment and care planning				
		or convergent/predictive validity for outcome measurement/risk factor measurement ent/predictive validity: case mix adjustment for payment				
		in by patient assessment and care planning				
	Validation	on by outcome enhancement				
7.	Recent Rel	iability: ☑ Substantial				
	Interrater re	liability (weighted kappa or percent agreement): <u>0.64</u> Study 1 <u>0.25</u> Study 2Study 3				
8.		or Real Constraints/Limitations:				
		s been expressed about the burden of collecting this and related items at follow-up time points.				
		dation has been made to include this item only if status has changed. This approach has been shown to lead to under-reporting of change.				
	Intescuton					
9.	Additional	Comments:				
5.	None.	Johnnenta.				
	None.					
10.	Overall Ne	cessity of Item: Essential Highly useful 🗹 Useful Detentially useful Arginal				
		Idation for Retention or Change:				
		n may need redesign to improve performance as a risk factor. May be useful for assessing medical				
	necessity.					
		Date Recorded:02 /_01 / 2002_				

Form No. OC:1-02.02	Item-Specific R	ecord			
Item Category: Living Arrangements					
Item No.:Item Name:M0340Living Situation		Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge		
1. Precise Wording of Item: (M0340) Patient Lives With: (Mark all that apply.) 1 1 2 1 3 With spouse or significant other 3 3 4 With a friend 5 With paid help (other than home care agency staff) 6 With other than above					
 Identifies who the patient is living Rationale for Item: Can affect care planning, resource Item Use/Application: Identification: Identification Identification 	e use, and outcome of epis ifier (for data management	sode of care.			
 Assessment Care planning Quality improvement/outcome Patient mix/origin/discharge di monitoring Utilization/cost/resource consule Marketing (e.g., public relation negotiations) Feedback to other providers (edischarge planners) Voluntary accreditation (e.g., J CHAP Benchmarks) 	□ Ou ✓ Ri- enhancement Nu sposition □ Ac ✓ Ca imption monitoring □ Ca s, payer ☑ Pe ✓ Su e.g., physicians, ☑ Pr Other CAHO ORYX, ☑ Ho	Applications atcome measurement for outcome rep sk factor measurement for outcome re- umber of risk adjustment models <u>33</u> lverse event measurement for advers ase mix measurement for case mix pro- ase mix adjustment for prospective pa erformance indicator for consumer rep rvey & certification use (planned) ogram integrity (planned) • Applications Under Development omebound status determination edical necessity determination	eporting e event report ofiling yment system		

Form	n No. OC:1-02.0	2 Item-Specific Record			
MO:	340 Liv	ving Situation (Cont'd)			
5.	Item Resea	rch, Development, Clinical, and Testing History:			
	1988-1989:	Field testing of outcome measures. Item revised.			
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.				
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.			
	Reliability/validity testing of outcome measures and data items.				
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				
		Reliability/validity testing of outcome measures and data items.			
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.			
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.			
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.			
	1997-1998:	Reliability testing.			
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.			
6.	Validity:				
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement			
		sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement			
		ent/predictive validity: case mix adjustment for payment			
		on by patient assessment and care planning			
7.	Validatio	n by outcome enhancement iability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated			
1.					
		liability (weighted kappa or percent agreement): <u>0.94</u> Study 1 <u>0.74</u> Study 2Study 3			
8.		or Real Constraints/Limitations:			
		ision has been expressed about definition of paid help, but item reliability is still excellent. Suggestion ade to simplify to yes/no responses. Yes/no responses to each current response (1 through 6) could			
		though this does not change the meaning of these items, which are already highly reliable. Data			
	entry softwa	are change would be required, and item response format would differ from all other OASIS items; this			
		ar to increase overall burden. Changing entire item to a single yes/no response loses essential			
	mornation	for care planning.			
9.	Additional	Comments:			
	None.				
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🗖 Potentially useful 🗖 Marginal			
		Idation for Retention or Change:			
		sk adjustment and care planning.			
1		Date Recorded: 02 / 01 / 2002			
L					

Item-Specific Record

Form No. OC:1-02.02

Item Category: Supportive Assistance						
Item No.: M0350	Item Name: Assisting Person(s) Other Than Home Ca Agency Staff	Time Points: Ire ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge				
1. Precise	Nording of Item:					
(M0350) Ass	sisting Person(s) Other than Home Care A	Agency Staff: (Mark all that apply.)				
☐ 2 ☐ 3 ☐ 4 ☐ UK * At discharg ** At follow-u	 Relatives, friends, or neighbors living of Person residing in the home (EXCLUD) Paid help None of the above [If None of the at Unknown [If Unknown, go to M0390] the experimentary of the discharge, omit "UK - Unknown." 	NG paid help) pove, go to <i>M0390</i>]*				
	rification: the individuals who provide assistance to th	e patient (EXCLUDING the home care agency).				
	3. Rationale for Item: Can be an important factor for care planning and risk adjustment, and for adverse event reporting.					
Home He ✓ Asses ✓ Care ✓ Qualit ✓ Patier monite ✓ Utiliza ✓ Marke negot ✓ Feedt discha	olanning y improvement/outcome enhancement nt mix/origin/discharge disposition	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models <u>20</u> Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Medical necessity determination 				

Form	n No. OC:1-02.0	2		Item-Spe	ecific Re	cord			
M03	350 As	sisting Persor	ı(s) Other Th	an Home C	are Agen	cy Staff (C	ont'd)		
5.	Item Resea	rch, Developm	nent, Clinical	, and Testii	ng Histor	/:			
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.					me measures			
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.					ms.				
	Reliability/validity testing of outcome measures and data items.								
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.					quality			
	Reliability/validity testing of outcome measures and data items.								
	1994-1995:	Pilot demonstr health agencie		including pr	acticality	of measure	s and appro	ach) in Coloi	rado home
		Endorsed as e No changes re				assessmen	t by a home	health indus	stry workgroup.
	1995-2000:	Demonstration	testing in the	National ar	nd New Yo	ork State De	emonstratio	ns.	
	1997-1998:	Reliability testi	ng.						
	1999-2000:	Initial intensive	OMB review	with subsec	quent 6-m	onth review	/S.		
6.	Validity:								
									or measurement
		sus validity by e or convergent/							
		ent/predictive v						cuburement	
		n by patient as		l care plann	ing	-			
		n by outcome e							
7.	Recent Rel	iability: ☑ S	ubstantial	□ Modera	ate 🗆	l Fair/Slight		eliability not e	valuated
	Interrater re	liability (weighte	ed kappa or p	ercent agre	ement):	<u>0.67</u> Stu	udy 1 <u>0.52</u>	2Study 2	Study 3
8.	Perceived	or Real Constr	aints/Limitat	ions:					
		has been made							
		ould be added							
	OASIS item	ita entry softwa s; this would ap	bear to increa	uid be requi ase overall l	ourden. C	tem respon thanging er	se format w	a single ves/	no response
		tial information						a onigio yee.	
9.		Comments:							
	None.								
40	0							() . II ()	
		cessity of Item			y useful	Useful	L Poter	itially useful	□ Marginal
11.		dation for Ret		-					
	Retain for c	are planning an	u risk adjustr	ient.					
					Da	te Recorde	d: <u>02</u>	/01	/ 2002

Form No. OC:1-02	2.02 Item-Spec	cific Record	,
	y: Supportive Assistance		
U .			
Item No.: M0360	Item Name: Primary Caregiver	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. Precise V	Vording of Item:		
	nary Caregiver taking <u>lead</u> responsibility for st frequent assistance, etc. (other than home		roviding the
□ 1 □ 2 □ 3 □ 4 □ 5 □ UK * At discharg	 No one person [If No one person, go Spouse or significant other Daughter or son Other family member Friend or neighbor or community or che Paid help Unknown [If Unknown, go to M0390 e, change M0390 to M0410. b, and discharge, omit "UK - Unknown." 	urch member	
oversee c	ification: the person who is "in charge" of providing a are, but who does not provide any assistand loy others to provide direct assistance, in wh	ce, is not considered the primary caregiver.	This person
3. Rationale	e for Item:		
Determini adjustmer	ing whether there is a primary caregiver in th nt.	e home is important for care planning and,	potentially, risk
Home He ☑ Asses ☑ Care p ☑ Quality ☑ Patien monito ☑ Utiliza ☑ Marke negoti	olanning y improvement/outcome enhancement it mix/origin/discharge disposition	gement/tracking) CMS Applications □ Outcome measurement for outcome report Misk factor measurement for outcome report Number of risk adjustment models 4 □ Adverse event measurement for adverse Case mix measurement for case mix proposed in the prospective part □ Case mix adjustment for prospective part □ Performance indicator for consumer report Survey & certification use (planned) □ Program integrity (planned)	eporting se event report ofiling ayment system

Form	n No. OC:1-02.0	2 Item-Specific Record			
M03	360 Pr	imary Caregiver (Cont'd)			
5.	Item Resea	arch, Development, Clinical, and Testing History:			
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.				
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.			
	Reliability/validity testing of outcome measures and data items.				
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				
		Reliability/validity testing of outcome measures and data items.			
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.			
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.			
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.			
	1997-1998:	Reliability testing.			
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.			
6.	Validity:	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement			
		sus validity by expert clinical panels for patient assessment and care planning			
	Criterion	or convergent/predictive validity for outcome measurement/risk factor measurement			
		gent/predictive validity: case mix adjustment for payment			
		on by patient assessment and care planning on by outcome enhancement			
7.	Recent Rel				
	Interrater re	liability (weighted kappa or percent agreement): <u>0.65</u> Study 1 <u>0.80</u> Study 2Study 3			
8.	Perceived	or Real Constraints/Limitations:			
		has been made to simplify to yes/no responses. Yes/no responses to each current response (1			
		could be added although this does not change the meaning of these items, which are already reliable. Data entry software change would be required, and item response format would differ from			
		SIS items; this would appear to increase overall burden. Changing entire item to a single yes/no			
		ses essential information for care planning.			
9.	Additional	Comments:			
•••	None.				
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🗂 Useful 🔲 Potentially useful 🔲 Marginal			
11.	Recommer	ndation for Retention or Change:			
	Retain.				
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>			

Item-Specific Record

Form No. OC:1-02.02

Item Category	Item Category: Supportive Assistance						
Item No.: M0370	Item Name: Frequency of Primary Caregiver Assistan	ce Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge					
1. Precise V	Vording of Item:	· · · · ·					
(M0370) How	Often does the patient receive assistance	from the primary caregiver?					
☐ 6 ☐ UK *At follow-up a	 Once daily Three or more times per week One to two times per week Less often than weekly Unknown * und discharge, omit "UK - Unknown." 						
2. Item Clar Identifies	ification: the frequency of the help provided by the p	imary caregiver (identified in M0360).					
 Rationale for Item: Affects care planning and expected to be a predictor of outcomes. 							
Home He ☑ Assess ☑ Care p ☑ Quality ☑ Patien monito ☑ Utiliza ☑ Marke negoti ☑ Feedb discha ☑ Volunt	vimprovement/outcome enhancement t mix/origin/discharge disposition oring tion/cost/resource consumption monitoring ting (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reporting Number of risk adjustment models <u>9</u> Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Medical necessity determination 					

Form	No. OC:1-02.02 Item-Specific Record				
M03	70 Frequency of Primary Caregiver Assistance (Cont'd)				
5.	Item Research, Development, Clinical, and Testing History:				
	1988-1989: Field testing of outcome measures.				
	1994-1995: Modified data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.				
	1995-2000: Demonstration testing in the National and New York State Demonstrations.				
	1997-1998: Reliability testing.				
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.				
6.	Validity:				
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement				
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement 				
	□ Convergent/predictive validity: case mix adjustment for payment				
	☑ Validation by patient assessment and care planning				
	☑ Validation by outcome enhancement				
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated				
	Interrater reliability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.59</u> Study 2 Study 3				
8.	Perceived or Real Constraints/Limitations:				
	Moderate reliability. Improved reliability could result in contribution to risk adjustment models for more outcomes.				
9.	Additional Comments:				
	None.				
	Overall Necessity of Item: Essential I Highly useful Useful Potentially useful Marginal				
11.	Recommendation for Retention or Change:				
	Retain. Explore revisions to improve reliability.				
	Date Recorded: 02 / 01 / 2002				
	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>				

Form No. OC:1-02.02 Item-Specific Record						
Item Category: Supportive Assistance						
Item No.: M0380	Item Name: Type of Primary Caregiver Assistance	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge			
1. Precise W	ording of Item:					
(М0380) Туре	of Primary Caregiver Assistance: (Mar	k all that apply.)				
□ 3 □ 4 □ 5 □ 6 □ 7 □ UK	 ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding) IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances) Environmental support (housing, home maintenance) Psychosocial support (socialization, companionship, recreation) Advocates or facilitates patient's participation in appropriate medical care 					
	ategories of assistance provided by the pr	imary caregiver (identified in M0360).				
3. Rationale	for Item:					
	e planning and expected to be a predictor					
Home Hea ☑ Assess ☑ Care pl ☑ Quality ☑ Patient monitor ☑ Utilizati ☑ Market negotia ☑ Feedba dischar ☑ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models <u>15</u> Adverse event measurement for adverse Case mix measurement for case mix pro Case mix adjustment for prospective pay Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Medical necessity determination 	eporting e event report ofiling yment system			

Forn	n No. OC:1-02.02 Item-Specific Record			
MO	380 Type of Primary Caregiver Assistance (Cont'd)			
5.	Item Research, Development, Clinical, and Testing History:			
	1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.			
1995-2000: Demonstration testing in the National and New York State Demonstrations.				
	1997-1998: Reliability testing.			
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.			
6.	Validity:			
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement			
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement 			
	□ Convergent/predictive validity: case mix adjustment for payment			
	☑ Validation by patient assessment and care planning			
-	☑ Validation by outcome enhancement			
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated			
-	Interrater reliability (weighted kappa or percent agreement): <u>0.40</u> Study 1 <u>0.39</u> Study 2Study 3			
8.	Perceived or Real Constraints/Limitations:			
	Mediocre reliability.			
9.	Additional Comments:			
	None.			
	Overall Necessity of Item: Essential I Highly useful Useful Dotentially useful Marginal			
11.	Recommendation for Retention or Change:			
	Retain. Explore revisions to improve reliability.			
	Date Recorded: 02 / 01 / 2002			

Form	Form No. OC:1-02.02 Item-Specific Record						
lten	n Category	Sensory Status					
Iten M03	n No.: 390	Item Name: Vision	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up □ Discharge			
1.	Precise W	ording of Item:					
(M0	_	n with corrective lenses if the patient usua					
-		 Partially impaired: cannot see medicat the surrounding layout; can count finge Severely impaired: cannot locate object nonresponsive. 	st situations; can see medication labels, news ion labels or newsprint, but <u>can</u> see obstacle ors at arm's length. cts without hearing or touching them <u>or</u> patier	s in path, and			
2.	Item Clarif Identifies th	ication: ne patient's ability to see and visually mana	age (function) within his/her environment.				
3.	Rationale	for Item:					
		pairments can impact both outcomes and					
4.	Home Hea ☑ Assess ☑ Care pl ☑ Quality ☑ Patient monitor ☑ Utilizati ☑ Marketi negotia ☑ Feedba dischar ☑ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ing on/cost/resource consumption monitoring ng (e.g., public relations, payer	CMS Applications □ Outcome measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Number of risk adjustment models 17 □ Adverse event measurement for adverse ☑ Case mix measurement for case mix pro ☑ Case mix adjustment for prospective pay ☑ Performance indicator for consumer rep ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development ☑ Homebound status determination	porting e event report ofiling yment system			

Form	No. OC:1-02.0	2		Item-Specific	Record		
M03	390 Vi	sion (Cont'd)					
5.	Item Resea	rch, Developme	nt, Clinical,	and Testing His	story:		
	1983-1986:	Evaluation resea	arch of impa	ct of hospital PPS	on home healt	h patient outcomes. Ite	m revised.
	1988-1989:	Field testing of c	outcome mea	asures. Item revi	sed.		
	1988-1990:	Clinical panel re and necessary c		ng home health i	ndustry input an	d endorsement of outco	me measures
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.						
	Reliability/validity testing of outcome measures and data items.						
	1991-1994:	Empirical field te improvement ap	U U	luate measures a	nd items for use	e in an outcome-based o	quality
		Reliability/validit	y testing of a	outcome measure	es and data item	IS.	
	1994-1995:	New data item s by a home healt			ore comprehens	sive assessment. Drafte	ed and endorsed
	1995-2000:	Demonstration to year of data coll		National and Ne	w York State De	emonstrations. Item rev	ised after first
	1997-1998:	Reliability testing].				
	1999-2000:	Initial intensive (OMB review	with subsequent	6-month review	S.	
6.	Validity:			- /-I:			
		sus validity by ex				asurement and risk facto	or measurement
						sk factor measurement	
		ent/predictive va			r payment		
		on by patient asse on by outcome en		care planning			
7.	Recent Rel	-	bstantial	□ Moderate	□ Fair/Slight	Reliability not e	evaluated
		liability (weighted		arcent agreemen	•	Idy 1 <u>0.53</u> Study 2	
8.		or Real Constrai		-	i). <u>0.04</u> 3id	uy 1 <u>0.55</u> 5tudy 2 _	<u>Study</u> 5
0.		tial constraints.	mə/Linnan	0115.			
9.		Comments:					
	Close relation	onship to item red	juired by CN	1S on 485.			
		cessity of Item:		0,	ful 🛛 Useful	Potentially useful	Marginal
11.		idation for Reter		-			
	Retain for c	are planning, risk	adjustment	, and payment ac	ijustment.		
					Data Pacarda	d· 02 / 04	/ 2002
1					Date Recorded	d: <u>02</u> / <u>01</u>	1 2002

Form	No. OC:1-02	.02 Item-Spec	cific Record		
ltem	Category	<i>r</i> : Sensory Status			
M040	Precise W 400) Hear patie	ent usually uses them):	Transfer to Inpatient Facility Discharge		
 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation. 1 - With minimal difficulty, able to hear and understand most multi-step instructions and ordinar conversation. May need occasional repetition, extra time, or louder voice. 2 - Has moderate difficulty hearing and understanding simple, one-step instructions and brie conversation; needs frequent prompting or assistance. 3 - Has severe difficulty hearing and understanding simple greetings and short comments. Require multiple repetitions, restatements, demonstrations, and additional time. 4 - <u>Unable</u> to hear and understand familiar words or common expressions consistently, <u>or</u> patient nonresponsive. 					
		npairments can impact both outcomes and			
<u>I</u>	 Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patientimonito ✓ Utilizat ✓ Market negotia ✓ Feedbaa ✓ Volunta 	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ting (e.g., public relations, payer	gement/tracking) CMS Applications □ Outcome measurement for outcome reporting ☑ Risk factor measurement for outcome reporting Number of risk adjustment models _4 □ Adverse event measurement for adverse event report ☑ Case mix measurement for case mix profiling □ Case mix adjustment for prospective payment system ☑ Performance indicator for consumer reporting (planned) ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination		

Form	Item-Specific Record					
M04	0 Hearing and Ability to Understand Spoken Language (Cont'd)					
5.	Item Research, Development, Clinical, and Testing History:					
	1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.					
	988-1989: Field testing of outcome measures.					
	988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.					
	989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.					
	Reliability/validity testing of outcome measures and data items.					
	991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.					
	Reliability/validity testing of outcome measures and data items.					
	994-1995: Modified data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.					
	995-2000: Demonstration testing in the National and New York State Demonstrations.					
	997-1998: Reliability testing.					
	999-2000: Initial intensive OMB review with subsequent 6-month reviews.					
6.	/alidity:					
	 ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning 					
	I Criterion or convergent/predictive validity for outcome measurement/risk factor measurement					
	Convergent/predictive validity: case mix adjustment for payment					
	Z Validation by patient assessment and care planning					
-	☑ Validation by outcome enhancement Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated					
7.						
_	nterrater reliability (weighted kappa or percent agreement): <u>0.69</u> Study 1 <u>0.52</u> Study 2Study 3					
8.	Perceived or Real Constraints/Limitations:					
	Though item was developed by a speech-language pathologist, other clinicians have sometimes found the vording complex.					
9.	Additional Comments:					
	Close relationship to item required by CMS on 485.					
10.	Dverall Necessity of Item: □ Essential ☑ Highly useful □ Useful □ Potentially useful □ Marginal					
11.	Recommendation for Retention or Change:					
	Retain. Explore simplification options.					
	Date Recorded: 02 / 01 / 2002					

Form No. OC:1-02.	02 Item-Spe	cific Record						
Item Category: Sensory Status								
Item No.: M0410	Item Name: Speech and Oral (Verbal) Expression of	Time Points: ☑ Start or Resumption of Care	☑ Follow-Up					
	Language	Transfer to Inpatient Facility	☑ Pollow-op ☑ Discharge					
1. Precise W	/ording of Item:							
(M0410) Spee	ech and Oral (Verbal) Expression of Lan	guage (in patient's own language):						
	 word choice, grammar or speech intelligibility; needs minimal prompting or assistance). Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences. 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases. 4 - <u>Unable</u> to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible). 							
does not a	he patient's ability to communicate verbally ddress communicating in sign language, ir	(by mouth) in the patient's primary language writing, or by any nonverbal means. Augme plarynx) is considered verbal expression of la	ented speech					
3. Rationale for Item: An important factor contributing to quality of life, as well as an important risk factor.								
Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome rep ✓ Risk factor measurement for outcome rep ✓ Number of risk adjustment models 22 △ Adverse event measurement for adverse ✓ Case mix measurement for case mix pro □ Case mix adjustment for prospective pa ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development □ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling yment system					

Form	n No. OC:1-02.02 Item-Specific Record				
M04	410 Speech and Oral (Verbal) Expression of Language (Cont'd)				
5.	Item Research, Development, Clinical, and Testing History:				
	1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.				
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised year of data collection.					
	1997-1998: Reliability testing.				
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.				
6.	Validity:				
	 Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning 				
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement				
	 Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning 				
	☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement				
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated				
	Interrater reliability (weighted kappa or percent agreement): <u>0.79</u> Study 1 <u>0.66</u> Study 2Study 3				
8.	Perceived or Real Constraints/Limitations:				
	None.				
9.	Additional Comments:				
	Also required by CMS on 485.				
10	Overall Necessity of Item: 🗹 Essential 🗆 Highly useful 🔷 Useful 🔷 Potentially useful 🖾 Marginal				
	Recommendation for Retention or Change:				
	Retain. Essential for outcome measurement and risk adjustment.				
	Date Recorded: 02 / 01 / 2002				

Form No. OC:1-02.	Form No. OC:1-02.02 Item-Specific Record						
Item Category	Item Category: Sensory Status						
Item No.: M0420 1. Precise W	Item Name: Frequency of Pain Interfering With Activity		☑ Follow-Up ☑ Discharge				
	•						
	uency of Pain interfering with patient's act	-					
	 Daily, but not constantly All of the time 	terfere with activity or movement					
2. Item Clari Identifies f	requency of pain interfering with patient's a	activities, with treatment if prescribed.					
3. Rationale	for Item:						
		as being an important risk factor for functional o	utcomes.				
Home Hea ☑ Assess ☑ Care pl ☑ Quality ☑ Patient monitor ☑ Utilizati ☑ Market negotia ☑ Feedba dischar ☑ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> ☑ Outcome measurement for outcome report ☑ Risk factor measurement for outcome reporn Number of risk adjustment models _7 □ Adverse event measurement for adverse e ☑ Case mix measurement for case mix profili ☑ Case mix adjustment for prospective paym ☑ Performance indicator for consumer reporti ☑ Survey & certification use (planned) ☑ Program integrity (planned) <u>Other Applications Under Development</u> ☑ Homebound status determination ☑ Medical necessity determination 	rting vent report ng ent system				

Form	n No. OC:1-02.0	2 Item-Specific Record				
M04	420 Fr	equency of Pain Interfering With Activity (Cont'd)				
5. Item Research, Development, Clinical, and Testing History:						
	1988-1989: Field testing of outcome measures. Item revised.					
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome mea and necessary data items.					
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.				
		Reliability/validity testing of outcome measures and data items.				
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				
		Reliability/validity testing of outcome measures and data items.				
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.				
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.				
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.				
	1997-1998:	Reliability testing.				
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.				
6.	Validity:					
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning				
		or convergent/predictive validity for outcome measurement/risk factor measurement				
		ent/predictive validity: case mix adjustment for payment				
		on by patient assessment and care planning on by outcome enhancement				
7.	Recent Rel	•				
		liability (weighted kappa or percent agreement): <u>0.66</u> Study 1 <u>0.55</u> Study 2 <u>0.74</u> Study 3				
8.		or Real Constraints/Limitations:				
0.		captures only one dimension of pain. Prior outcome measure testing had examined pain intensity				
		equency, which (of necessity) was patient-reported and a less reliable data item.				
	A -1-11/1 1	Comments:				
9.	None.	comments:				
	None.					
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🗖 Potentially useful 🗍 Marginal				
		Indation for Retention or Change:				
		ntinue to evaluate alternative pain items.				
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>				

Form No. OC:1-02.02 Item-Specific Record							
Item Categor	tem Category: Sensory Status						
Item No.: M0430	Item Name: Intractable Pain	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge					
1. Precise	Nording of Item:						
affe emo	actable Pain: Is the patient experiencing octs the patient's sleep, appetite, physical otions, or ability or desire to perform physica - No	g pain that is <u>not easily relieved</u> , occurs at least daily, and or emotional energy, concentration, personal relationships al activity?					
	- Yes						
2. Item Clar	rification:						
Identifies	the presence of chronic (intractable) pain.						
3. Rational	e for Item:						
	tant factor contributing to quality of life, as w ation outcomes.	vell as being an important risk factor for functional, emotional					
Home He ✓ Asses ✓ Care ✓ Qualit ✓ Patier monite ✓ Utiliza ✓ Marke negot ✓ Feedt discha ✓ Volun	planning y improvement/outcome enhancement nt mix/origin/discharge disposition	agement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models _6 Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination					

Form	n No. OC:1-02.0	2		Item-Specific	Record		
M04	430 Int	ractable Pain (Co	ont'd)				
5.	Item Resea	rch, Developme	ent, Clinical,	and Testing His	tory:		
	1988-1989: Field testing of outcome measures. Item revised.						
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.					ome measures	
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.						ems.
	Reliability/validity testing of outcome measures and data items.						
	1991-1994:	Empirical field te improvement ap		luate measures ar	nd items for use	e in an outcome-based	quality
		Reliability/validit	y testing of c	outcome measure	s and data item	IS.	
	1994-1995:	Pilot demonstrat health agencies		ncluding practical	ity of measures	s and approach) in Colo	orado home
		Endorsed as esa No changes rec			ve assessmen	t by a home health indu	stry workgroup.
	1995-2000:	Demonstration t year of data coll		National and New	VYork State De	emonstrations. Item rev	vised after first
	1997-1998:	Reliability testing	g.				
	1999-2000:	Initial intensive (OMB review	with subsequent 6	6-month review	′S.	
6.	Validity:						
						asurement and risk fact	or measurement
				banels for patient a dity for outcome n		sk factor measurement	
				nix adjustment for			
		on by patient asse		care planning			
7.		on by outcome en		□ Moderate		Reliability not	avaluated
1.	Recent Rel	-	bstantial		□ Fair/Slight	5	
				ercent agreement	: <u>0.67</u> Stu	Idy 1 <u>0.58</u> Study 2	Study 3
8.		or Real Constrai					
		o refine this item		nging construct to	measure. Res	search on pain measure	ement should be
9.	Additional	Comments:					
	None.						
				I Highly usef	ul 🛛 Useful	Potentially useful	Marginal
11.		dation for Reter	ntion or Cha	ange:			
	Retain. Co	ntinue to refine.					
					Data Data I	d. 00 / 01	1 0000
1					Date Recorde	d: <u>02</u> / <u>01</u>	/ 2002

Form No. OC:1-02.	Form No. OC:1-02.02 Item-Specific Record						
Item Category: Integumentary Status							
Item No.: M0440	Item Name: Skin Lesion or Open Wound	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge				
1. Precise W	ording of Item:						
(M0440) Does	s this patient have a Skin Lesion or an Op	en Wound? This excludes "OSTOMIES."					
	- No [If No, go to M0490]						
pathologic considered "ostomy" (he presence of a skin lesion or open wound ally altered tissue. Sores, skin tears, burns d lesions. All alterations in skin integrity are	d. A lesion is a broad term used to describe s, ulcers, rashes, surgical incisions, crusts, et e considered to be lesions, except alterations eripheral IV sites. Persistent redness without	tc. are all that end in				
3. Rationale	for Item:						
Extremely	important risk factor, predictor of resource						
Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitol ✓ Utilizati ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ☑ Outcome measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Number of risk adjustment models10 ☑ Adverse event measurement for advers ☑ Case mix measurement for case mix pro ☑ Case mix adjustment for prospective pa ☑ Performance indicator for consumer rep ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development ☑ Homebound status determination ☑ Medical necessity determination 	eporting e event report ofiling yment system				

Form	No. OC:1-02.0	2 Item-Specific Record
M04	140 Sk	in Lesion or Open Wound (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:	
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning
		or convergent/predictive validity for outcome measurement/risk factor measurement
		ent/predictive validity: case mix adjustment for payment
		n by patient assessment and care planning n by outcome enhancement
7.	Recent Rel	
		liability (weighted kappa or percent agreement): <u>0.85</u> Study 1 <u>0.84</u> Study 2 <u>Study 3</u>
8.		or Real Constraints/Limitations:
		ision exists concerning definition of skin lesion <u>or</u> open wound, with some clinicians including all
	lesions and	others counting only open wounds. OASIS Implementation Manual includes clarifying instructions
	(see Eleme	17 2).
9.	Additional	Comments:
5.	None.	conments.
	None.	
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🗖 Potentially useful 🗖 Marginal
		Idation for Retention or Change:
		plore the option of one item for any skin lesion and a second item for open wounds or add an option
		he lesion/wound will be included in the plan of care.
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02	.02 Item-Spe	cific Record	
Item Category	: Integumentary Status		
Item No.: M0445	Item Name: Pressure Ulcer Presence	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
	Vording of Item:		
(M0445) Doe	s this patient have a Pressure Ulcer ?		
2. Item Clar	floation		
Identifies	the presence of a pressure ulcer, defined as	s any lesion caused by unrelieved pressure r Pressure ulcers most often occur over bony	
3. Rationale	for Item:		
Avoidance admission	e of pressure ulcers (or of deterioration in st is predictive of service use and outcomes.	atus) is an important marker of good care, a	nd presence at
Home Hea ☑ Assess ☑ Care p ☑ Quality ☑ Patien monito ☑ Utilizat ☑ Market negotia ☑ Feedb discha ☑ Volunt	lanning / improvement/outcome enhancement t mix/origin/discharge disposition oring tion/cost/resource consumption monitoring ting (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Misk factor measurement for outcome rep Adverse event measurement for adverse Case mix measurement for case mix pr Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Medical necessity determination 	eporting e event report ofiling yment system

Form	No. OC:1-02.02 Item-Specific Record
M04	45 Pressure Ulcer Presence (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1997: New item, based on splitting older item into two items, for National and New York State Demonstrations Year 2.
	1997-1998: Reliability testing.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	Consensus validity by expert clinical panels for patient assessment and care planning
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	 Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning
	☑ Validation by outcome enhancement
7.	Recent Reliability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🖓 Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>0.90</u> Study 2Study 3
8.	Perceived or Real Constraints/Limitations:
	None.
9.	Additional Comments:
	Item starts a skip pattern, allowing clinicians to bypass other items if patient has no pressure ulcer(s). National
	Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.
	· · ·
	Overall Necessity of Item: 🗹 Essential 🗆 Highly useful 🖾 Useful 🖾 Potentially useful 🖾 Marginal
11.	Recommendation for Retention or Change:
	Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)
	Date Recorded: 02 / 01 / 2002

Form No.												
tem Ca	ategory:	Integumentary	Status									
tem No M0450	C	t em Name: Current Numbe	er of Pressure U	llcers at Eac	ch	Time Points ☑ Start o □ Transf	r Resum					- ollow-Up Discharge
		ding of Item:				(0)					、	
M0450)) Curren	t Number of	Pressure Ulcer Pressure Ulce		stage:	(Circle one r	esponse			-		e Ulcers
a)	ulceratio		ble erythema of bigmented skin,	intact skin;			n	0	1	2	3	4 or more
b)	The ulco shallow	er is superficia crater.	ness skin loss in I and presents c	clinically as	an abr	asion, blister,	s. or	0	1	2	3	4 or more
C)	subcuta underlyi without	neous tissue v ng fascia. The undermining c	es skin loss invo which may exter e ulcer presents f adjacent tissue	nd down to, s clinically as e.	but no s a dee	t through, ep crater with	or	0	1	2	3	4 or more
d)	necrosis	Full-thicknes , or damage t joint capsule,	ss skin loss with o muscle, bone, etc.)	extensive o , or supporti	destruc ing stru	ction, tissue uctures (e.g.,		0	1	2	3	4 or more
e)	eschar (or a nonremov	re, is there at lea able dressing, in			lcer that canr	not be ob	ser	ved du	ie to t	he pre	esence of
Ider		ation: number of pre	essure ulcers at he National Pre				of asses	sme	ent. D	efiniti	ons of	pressure
lder ulce	ntifies the	ation: number of pro derived from t					of asses	sme	ent. D	efiniti	ons of	pressure
Ider ulce 3. Rat Avc	ntifies the er stages tionale fo	ation: number of pro derived from t or Item: f pressure ulco		tion in statu	Ádvis	ory Panel.						

Form	No. OC:1-02.0	2 Item-Specific Record
M04	450 Cu	rrent Number of Pressure Ulcers at Each Stage (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989:	Field testing of outcome measures.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	Criterion	sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement
		ent/predictive validity: case mix adjustment for payment on by patient assessment and care planning
		n by outcome enhancement
7.	Recent Rel	•
	Interrater re	liability (weighted kappa or percent agreement): <u>0.83</u> Study 1 <u>0.37</u> Study 2Study 3
8.	Perceived	or Real Constraints/Limitations:
	None.	
9.	Additional	Comments:
		essure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in
	clinical prac	tice guidelines.
		cessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🖾 Potentially useful 🖾 Marginal
11.		dation for Retention or Change:
		ncentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice or enhance assessment consistency).
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Item-Specific Record

Form No. OC:1-02.02

Item	n Cate	gory	: Integumentary Status			
Item No.: M0460			Item Name: Stage of Most Problematic (Obse Pressure Ulcer	ervable)	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1.	Prec	ise W	ording of Item:			5
(M0	460)	Stag	e of Most Problematic (Observa	ble) Pressure	Ulcer:	
	□ 1 □ 2 □ 3 □ 4 □ NA		 Stage 1 Stage 2 Stage 3 Stage 4 No observable pressure ulce 	Pr		
2.		<u></u>	fication:			
	Ident the n depe	ifies t nost a nding	ne most problematic pressure ulco dvanced stage, the most difficult t	o access for tre	d in M0450. "Most problematic" may b atment, the most difficult to relieve pre ulcer stages (stated under M0450) are	essure, etc.,
3.	Ratio	onale	for Item:			
			of pressure ulcers (or of deteriora e of service use and outcomes.	ation) is an impo	ortant marker of good care, and preser	nce at admission
			Application: Identifier (for da	ata managemer	t/tracking)	
	ACGPmUNinfit	ssess are pl uality atient ionitol tilizati larket egotia eedba schar olunta	Ith Agency Applications ment anning improvement/outcome enhancem mix/origin/discharge disposition ring on/cost/resource consumption mo ng (e.g., public relations, payer tions) tok to other providers (e.g., physic ge planners) ary accreditation (e.g., JCAHO OR Benchmarks)	□ C ☑ R ☑ A ☑ C ☑ C ☑ C ☑ P ☑ S ☑ S ☑ S ☑ S ☑ S ☑ S ☑ S ☑ S	Applications utcome measurement for outcome rep isk factor measurement for outcome rep umber of risk adjustment models <u>6</u> dverse event measurement for advers ase mix measurement for case mix pr ase mix adjustment for prospective pa erformance indicator for consumer rep urvey & certification use (planned) rogram integrity (planned) r Applications Under Development omebound status determination edical necessity determination	eporting e event report ofiling yment system

Form	No. OC:1-02.02 Item-Specific Record
M04	60 Stage of Most Problematic (Observable) Pressure Ulcer (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	Reliability/validity testing of outcome measures and data items.
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998: Reliability testing.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	 Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement
7.	Recent Reliability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🔹 Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement): <u>0.70</u> Study 1 <u>0.86</u> Study 2Study 3
8.	Perceived or Real Constraints/Limitations:
	Some clinicians perceive difficulty in determining "most problematic" pressure ulcer. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile. There is also a concern about the medical terminology, which is addressed under item clarification for this item and M0450.
9.	Additional Comments:
	National Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.
10.	Overall Necessity of Item: ☑ Essential
	Recommendation for Retention or Change:
	Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)
	Date Recorded: 02 / 01 / 2002

Item-Specific Record

Form No. OC:1-02.02

Item Catego	ory: Integumentary Status		
Item No.: M0464	Item Name: Status of Most Problematic (Observable) Pressure Ulcer	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. Precise	Wording of Item:		
(M0464) St	atus of Most Problematic (Observable) Pre	essure Ulcer:	
□ 1 □ 2 □ 3 □ NA	 Fully granulating Early/partial granulation Not healing No observable pressure ulcer 		
2. Item Cla	arification:		
Identifie pressure	s the degree of healing visible in the ulcer ide e ulcer.	ntified in M0460 as the most problematic ob	servable
Avoidan	Ile for Item: Ice of pressure ulcers (or of deterioration in st on is predictive of service use and outcomes.	atus) is an important marker of good care, a	nd presence at
Home H ☑ Asse ☑ Care ☑ Qual ☑ Patie moni ☑ Utiliz ☑ Mark nego	te/Application: ☐ Identifier (for data managest lealth Agency Applications essment e planning lity improvement/outcome enhancement ent mix/origin/discharge disposition itoring cation/cost/resource consumption monitoring cating (e.g., public relations, payer otiations) dback to other providers (e.g., physicians, marge planners)	gement/tracking) CMS Applications □ Outcome measurement for outcome rep ✓ Risk factor measurement for outcome re Number of risk adjustment models <u>8</u> □ Adverse event measurement for advers □ Case mix measurement for case mix pr □ Case mix adjustment for prospective pa ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development	eporting e event report ofiling yment system

Form	No. OC:1-02.0	2 Item-Specific Record
M04	464 St	atus of Most Problematic (Observable) Pressure Ulcer (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
		Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement
		sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement
		ent/predictive validity: case mix adjustment for payment
	☑ Validation	n by patient assessment and care planning
_		n by outcome enhancement
7.		iability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🖓 Reliability not evaluated
		liability (weighted kappa or percent agreement): <u>0.90</u> Study 1 <u>0.30</u> Study 2 Study 3
8.		or Real Constraints/Limitations:
	definitions of perceive dif	ians find making an accurate determination of healing status difficult. Recent expert consensus iffered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some clinicians ficulty in determining "most problematic" pressure ulcer. In practice, this is usually a relatively ard process, but clarification of instructions may be worthwhile.
9.	Additional	Comments:
9.	None.	comments.
	None.	
		cessity of Item: 🗹 Essential 🗆 Highly useful 🗆 Useful 🗆 Potentially useful 🗆 Marginal
11.		dation for Retention or Change:
	referring ag enhance as	blore clarification of instructions regarding identification of "most problematic" ulcer. Concentrate on encies and clinicians to pressure ulcer experts, national clinical practice guidelines, and WOCN to sessment consistency. Add a new response (0 - Re-epithelialized) when National Pressure Ulcer inel determines appropriate.
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02	.02 Item-Spe	cific Record	
Item Category	r: Integumentary Status		
Item No.: M0468	Item Name: Stasis Ulcer Presence	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
	Vording of Item:		
(M0468) Doe	s this patient have a Stasis Ulcer ?		
	 No [If No, go to M0482] Yes 		
2. Item Clari	fication		
Identifies t legs). Thi	the presence of an ulcer caused by inadequ	uate venous circulation in the area affected (un anatitis. Stasis ulcers <u>do not</u> include arterial c	
		narker of good care, while presence at admis	ssion is a
Home Hea ☑ Assess ☑ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market negotia ☑ Feedb discha ☑ Volunt	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ting (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome report of risk adjustment for outcome report of risk adjustment models 6 Adverse event measurement for advers Case mix measurement for case mix provided and the second s	eporting e event report ofiling yment system

Form	n No. OC:1-02.0	Item-Specific Record	
M04	468 St	asis Ulcer Presence (Cont'd)	
5.	Item Resea	rch, Development, Clinical, and Testing History:	
	1997:	New item, based on splitting previous version of item into two separate York State Demonstrations Year 2.	e items, for National and New
	1997-1998	Reliability testing.	
	1999-2000	Initial intensive OMB review with subsequent 6-month reviews.	
<u> </u>	Validitu		
6.	Validity: ☑ Consen	us validity by expert research/clinical panels for outcome measuremen	t and risk factor measurement
	Consen	us validity by expert clinical panels for patient assessment and care pla	anning
		or convergent/predictive validity for outcome measurement/risk factor i ent/predictive validity: case mix adjustment for payment	measurement
		n by patient assessment and care planning	
	🗹 Validati	n by outcome enhancement	
7.	Recent Re	ability: 🗹 Substantial 🛛 Moderate 🛛 Fair/Slight 🖓 F	Reliability not evaluated
	Interrater re	iability (weighted kappa or percent agreement): <u>0.79</u> Study 1 <u>0.4</u>	85 Study 2 Study 3
8.		or Real Constraints/Limitations:	
		health industry representatives have suggested broadening the item d	
		ers, which would be inconsistent with the clinical definition of stasis ulce) Arterial and diabetic ulcer items were included in 1991-1994 empirica	
		nd data items. They were not incorporated into OASIS due to extremel	ly low incidence (arterial
	ulcers) or p	oor data item reliability (both).	
9.	Additional	Comments:	
	Item starts	skip pattern, allowing clinicians to bypass other items if patient has no	stasis ulcer(s).
40	0		antially wasful DManningl
		eessity of Item: I Essential I Highly useful I Useful I Pote dation for Retention or Change:	entially useful D Marginal
11.		lore testing separate items for arterial and diabetic ulcers, if low incider	nce and noor item reliability
	can be add		too and poor torn reliability
		Date Recorded: 02	/ 01 / 2002

Item-Specific Record

Form No. OC:1-02.02

	110.00.1-02.				
Iten	n Category	: Integumentary Status			
Iten M04	n No.: 170	Item Name: Current Number of Observable Stasis Ulc		Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1.	Precise W	/ording of Item:			
(M0	470) Curr	ent Number of Observable Stasis Ulcer	s):		
	□ 0 - □ 1 - □ 2 - □ 3 - □ 4 -	One Two			
2.	Item Clari				
		he number of visible stasis ulcers.			
3.		for Item: atment to promote healing is an important r f service use and outcomes.	narker o	f good care, while presence at admi	ssion is a
4.	Home Heat ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	CMS A □ Out ☑ Ris Nur □ Adv □ Cas □ Cas ☑ Per ☑ Sur ☑ Pro Other ☑ Hor	tracking) applications come measurement for outcome rep k factor measurement for outcome rep nber of risk adjustment models <u>4</u> verse event measurement for advers se mix measurement for case mix pro- se mix adjustment for prospective pa formance indicator for consumer rep vey & certification use (planned) gram integrity (planned) Applications Under Development nebound status determination dical necessity determination	e porting e event report ofiling yment system

Form	No. OC:1-02.0	2		Item-Specif	fic Rec	ord				
M04	470 Cι	irrent Number of	Observabl	e Stasis Ulce	r(s) (Co	nt'd)				
5.	Item Resea	rch, Developmer	nt, Clinical,	and Testing	History	:				
	1988-1989:	Field testing of ou	utcome mea	asures. Item re	evised.					
	1988-1990:	Clinical panel rev and necessary da		ng home healt	h indust	ry input	and end	dorseme	nt of outco	me measures
	1989-1991:	Feasibility testing	of clinical a	and operationa	al utility o	of outcor	me mea	sures ar	nd data iter	ns.
		Reliability/validity	testing of c	outcome meas	ures and	d data ite	ems.			
	1991-1994:	Empirical field test improvement app		uate measure	s and ite	ems for u	use in a	n outcon	ne-based o	quality
		Reliability/validity	testing of c	outcome meas	ures and	d data ite	ems.			
	1994-1995:	Pilot demonstration health agencies.	on testing (i	ncluding pract	icality of	fmeasu	res and	approac	h) in Color	ado home
		Endorsed as esse No changes reco				ssessme	ent by a	home h	ealth indus	stry workgroup.
	1995-2000:	Demonstration te	sting in the	National and I	New Yor	k State	Demon	strations		
		Reliability testing								
	1999-2000:	Initial intensive O	MB review	with subseque	ent 6-mo	nth revie	ews.			
6.	Validity:	sus validity by exp	ert research	/clinical nanel	s for our	tcome m	heasure	ment an	d risk facto	r measurement
		sus validity by exp								measurement
		or convergent/pre					t/risk fac	ctor mea	surement	
		ent/predictive valion by patient asses				ment				
		on by outcome enh		care planning						
7.		iability: 🗹 Sub		□ Moderate		Fair/Slig	ght	🗆 Relia	ability not e	valuated
	Interrater re	liability (weighted	kappa or pe	ercent agreem	ent):	1.00 5	Study 1	1.00	Study 2	Study 3
8.		or Real Constrain		-	, -					
		health industry re								
		ers, which would b								
	measures a) Arterial and dial nd data items. Th	Detic uicer II Iev were no	ems were incl t incorporated	into OA	1991-19 SIS due	994 emp to extre	emely lov	a testing c v incidenc	e (arterial
		oor data item relia				0.0 000				
9.	Additional	Comments:								
9.		diabetic ulcer iten	ne were incl	uded in 1001-	1001 on	nirical f	fiold tost	ing of o	itcome me	asures and data
	items.				1994 61	ipincari		ing of ot		asures and uata
10.	Overall Ne	cessity of Item:	Essentia	I ☑ Highly u	seful	U Usef	ful 🗆	Potentia	lly useful	Marginal
		dation for Reten								-
	Retain. Exp can be addi	blore testing separ essed.	ate items fo	or arterial and o	diabetic	ulcers, i	if low inc	cidence a	and poor it	em reliability
					Date	e Record	ded:	02	/ 01	/ 2002

Form N	No. OC:1-02	.02 Item-Spec	cific Record	
ltem	Category	/: Integumentary Status		
Item M047	74	Item Name: Stasis Ulcer that Cannot be Observed	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
	74) Doe	Vording of Item: s this patient have at least one Stasis U emovable dressing?	Icer that Cannot be Observed due to the	e presence of a
 (e.g., an L	the presence of a stasis ulcer which is cove Jnna's paste-boot).	red by a dressing that home care staff are n	ot to remove
E	Enables c	for Item: linicians to accurately describe situations w s an ulcer that is covered, no assessment o	here wound status (and number) cannot be a f status/number is possible.)	assessed. (If
<u> </u>]]]]]]	Iome Heat ☑ Assess ☑ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market ☑ Feedba ☑ Feedba ☑ Volunt	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring tion/cost/resource consumption monitoring ting (e.g., public relations, payer	gement/tracking) CMS Applications Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models Adverse event measurement for advers Case mix measurement for case mix pr Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Other Applications Under Development Homebound status determination Medical necessity determination	eporting e event report ofiling yment system

Form	No. OC:1-02.02	Item-Specific Record
M04	174 Stasis	cer that Cannot be Observed (Cont'd)
5.	Item Research, 1997: New 1997-1998: Relia	evelopment, Clinical, and Testing History: or National and New York State Demonstrations Year 2.
6.	 Consensus value Criterion or call Convergent/p Validation by 	dity by expert research/clinical panels for outcome measurement and risk factor measurement dity by expert clinical panels for patient assessment and care planning vergent/predictive validity for outcome measurement/risk factor measurement dictive validity: case mix adjustment for payment atient assessment and care planning utcome enhancement
7.	Recent Reliabili	: ☑ Substantial
		(weighted kappa or percent agreement): <u>0.98</u> Study 1 <u>1.00</u> Study 2Study 3
8.	Perceived or Re	Constraints/Limitations:
9.	Additional Com None.	ents:
10.	Overall Necessi	of Item: □ Essential ☑ Highly useful □ Useful □ Potentially useful □ Marginal
11.	Recommendation	for Retention or Change:
	Retain.	
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Item-Specific Record

Form No. OC:1-02.02

Item Cate	gory: Integumentary Status	
Item No.:	Item Name:	Time Points:
M0476	Status of Most Problematic (Observable) Stasis Ulcer	 ☑ Start or Resumption of Care ☑ Follow-Up ☑ Transfer to Inpatient Facility ☑ Discharge
1. Preci	se Wording of Item:	
(M0476)	Status of Most Problematic (Observable) Sta	sis Ulcer:
	 Fully granulating Early/partial granulation Not healing NA - No observable stasis ulcer 	
Identi		natic" may be the largest, the most resistant to treatment,
	hich is infected, etc., depending on the specific	situation.
Prope	nale for Item: r treatment to promote healing is an important r tor of service use and outcomes.	narker of good care, while presence at admission is a
Home Market Market Home Ho	Use/Application: ☐ Identifier (for data mana Health Agency Applications resessment are planning uality improvement/outcome enhancement titent mix/origin/discharge disposition pritoring ilization/cost/resource consumption monitoring arketing (e.g., public relations, payer gotiations) redback to other providers (e.g., physicians, scharge planners) pluntary accreditation (e.g., JCAHO ORYX, HAP Benchmarks)	 gement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models 6 Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Medical necessity determination

Form	No. OC:1-02.0	2 Item-Specific Record
M04	476 St	atus of Most Problematic (Observable) Stasis Ulcer (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
-		
6.	 ☑ Consens ☑ Criterion ☑ Converg ☑ Validation 	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement pent/predictive validity: case mix adjustment for payment on by patient assessment and care planning on by outcome enhancement
7.	Recent Rel	•
		liability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>1.00</u> Study 2 Study 3
8.		or Real Constraints/Limitations:
0.	Some clinic relatively stu an accurate Ostomy, an have sugge with the clin items were incorporated	ians perceive difficulty in determining "most problematic" stasis ulcer. In practice, this is usually a raightforward process, but clarification of instructions may be worthwhile. Some clinicians find making determination of healing status difficult. Recent expert consensus definitions offered by Wound, d Continence Nurses Society (WOCN) may be useful. Some home health industry representatives sted broadening the item definition to include arterial and diabetic ulcers, which would be inconsistent ical definition of stasis ulcer. (See Element 2 for M0468 for clarification.) Arterial and diabetic ulcer included in 1991-1994 empirical field testing of outcome measures and data items. They were not d into OASIS due to extremely low incidence (arterial ulcers) or poor data item reliability (both).
9.		Comments:
	None.	
40	0	
		cessity of Item: ☑ Essential
11.		idation for Retention or Change:
	can be add	plore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability ressed. Explore clarification of instructions regarding identification of most problematic ulcer. Refer and clinicians to WOCN to enhance assessment consistency.
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>
-		

Form No. OC:1-02.	02 Item-Spe	cific Record	
Item Category	: Integumentary Status		
Item No.: M0482	Item Name: Surgical Wound Presence	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
	ording of Item:		
(M0482) Does	s this patient have a Surgical Wound?		
2. Item Clari Identifies t	fication: he presence of any wound resulting from a	surgical procedure.	
three-fourt	ent in wound status is an important outcom hs of the outcome measures used in outco		risk factor for
Home Hea ☑ Assess ☑ Care pl ☑ Quality ☑ Patient monitor ☑ Utilizati ☑ Market negotia ☑ Feedba dischar ☑ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ☑ Outcome measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Number of risk adjustment models <u>28</u> ☑ Adverse event measurement for advers ☑ Case mix measurement for case mix pro ☑ Case mix adjustment for prospective pa ☑ Performance indicator for consumer rep ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development ☑ Homebound status determination ☑ Medical necessity determination 	eporting e event report ofiling yment system

Form	o. OC:1-02.02 Item-Specific Record
M04	2 Surgical Wound Presence (Cont'd)
5.	em Research, Development, Clinical, and Testing History:
	997: New for National and New York State Demonstrations Year 2.
	997-1998: Reliability testing.
	999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	alidity:
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	I Consensus validity by expert clinical panels for patient assessment and care planning I Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	2 Convergent/predictive validity: case mix adjustment for payment
	Validation by patient assessment and care planning
	Validation by outcome enhancement
7.	Recent Reliability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🖓 Reliability not evaluated
	nterrater reliability (weighted kappa or percent agreement): <u>0.84</u> Study 1 <u>0.95</u> Study 2Study 3
8.	erceived or Real Constraints/Limitations:
	lone.
9.	dditional Comments:
	em starts a skip pattern, allowing clinicians to bypass other items if patient has no surgical wound(s).
10	Overall Necessity of Item: I Essential I Highly useful I Useful I Potentially useful I Marginal
	Recommendation for Retention or Change:
	letain.
	Date Recorded: 02 / 01 / 2002

Form	n No. OC:1-02	.02 Item-Spe	cific Record	
lter	n Category	: Integumentary Status		
	n No.: 484	Item Name: Current Number of (Observable) Surgical Wounds	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. (M()484) Curi	Vording of Item: rent Number of (Observable) Surgical We ning, consider each opening as a separate	ounds: (If a wound is partially closed but ha wound.)	s <u>more</u> than one
	□ 0 □ 1 □ 2 □ 3 □ 4	 Zero One Two Three Four or more 		
2.	Item Clari Identifies t	fication: he number of observable surgical wounds.		
3.			e of care, and surgical wound number is a ri reports.	sk factor for
4.	Home Hea Assess Care p Quality Patient monito Utilizat Market negota Feedba discha Volunt	lanning r improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome report of risk adjustment models 14 Adverse event measurement for adverse Case mix measurement for case mix pr Case mix adjustment for prospective pa ✓ Performance indicator for consumer report of Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development ✓ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling yment system

Form	n No. OC:1-02.0	2 Item-Specific Record
M04	484 Cu	urrent Number of (Observable) Surgical Wounds (Cont'd)
5.	Item Resea	rrch, Development, Clinical, and Testing History:
		Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
		Demonstration testing in the National and New York State Demonstrations.
		Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement
		sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement
		jent/predictive validity: case mix adjustment for payment
		on by patient assessment and care planning
7		on by outcome enhancement iability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated
7.	Recent Rel	
_		liability (weighted kappa or percent agreement): <u>0.84</u> Study 1 <u>0.55</u> Study 2Study 3
8.	None.	or Real Constraints/Limitations:
	NONE.	
9.		Comments:
	None.	
40	0	
		cessity of Item: Descential Description Big Description Big Description and Changes
11.	Retain.	ndation for Retention or Change:
	Relain.	
		Date Recorded: 02 / 01 / 2002

(for OASIS Version B1 8/2000)

Form No. OC:1-02	.02 Item-Spe	cific Record	
Item Category	r: Integumentary Status		
Item No.: M0486	Item Name: Surgical Wound that Cannot be Observed	Time Points: ☑ Start or Resumption of Care ☑ Follow □ Transfer to Inpatient Facility ☑ Discharge	
1. Precise W	l Vording of Item:		0
(M0486) Does	-	Vound that Cannot be Observed due to the presence	e of a
	0 - No 1 - Yes		
2. Item Clari Identifies t physician'	the presence of a surgical wound covered b	by a dressing (or cast) which is not to be removed, per	
3. Rationale Enables c	linicians to accurately describe situations w	here wound status (and number) cannot be assessed.	
Home Hea ☑ Assess ☑ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market negotia ☑ Feedba discha ☑ Volunta	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ting (e.g., public relations, payer	 gement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models Adverse event measurement for adverse event rep Case mix measurement for case mix profiling Case mix adjustment for prospective payment syst Performance indicator for consumer reporting (plan Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Medical necessity determination 	em

Form	No. OC:1-02.02 Item-Specific Record
M04	86 Surgical Wound that Cannot be Observed (Cont'd)
5.	Item Research, Development, Clinical, and Testing History: 1997: New for National and New York State Demonstrations Year 2. 1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity: □ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning □ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement □ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>1.00</u> Study 2 Study 3
8.	Perceived or Real Constraints/Limitations: None.
9.	Additional Comments:
	None.
10.	Overall Necessity of Item: Essential 🗹 Highly useful 🗆 Useful 🗆 Potentially useful 🗆 Marginal
11.	Recommendation for Retention or Change:
	Retain.
	Date Recorded: 02 / 01 / 2002

Item-Specific Record

Form No. OC:1-02.02

	☑ Follow-Up ☑ Discharge
M0488 Status of Most Problematic (Observable) Surgical Wound Image: Status of Care in Transfer to Inpatient Facility 1. Precise Wording of Item: (M0488) Status of Most Problematic (Observable) Surgical Wound: Image: Image	
	<u> </u>
(M0488) Status of Most Problematic (Observable) Surgical Wound: 1 Fully granulating 2 Early/partial granulation 3 Not healing NA No observable surgical wound	
 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing NA - No observable surgical wound 2. Item Clarification: Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most problematic, observable surgical wound."	
 2 - Early/partial granulation 3 - Not healing NA - No observable surgical wound 2. Item Clarification: Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most prime of the surgical wound."	
 3 - Not healing NA - No observable surgical wound 2. Item Clarification: Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most problematic, observable surgical wound."	
 NA - No observable surgical wound 2. Item Clarification: Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr 	
 Item Clarification: Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr 	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
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Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
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Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most pr	
healing, depending on the specific situation.	
3. Rationale for Item:	<u> </u>
Proper treatment to promote healing is an important marker of good care, while status at admission i of service use and outcomes.	is a predictor
4. Item Use/Application: Identifier (for data management/tracking)	
Home Health Agency ApplicationsCMS ApplicationsImage: AssessmentImage: Outcome measurement for outcome report	rtina
 ✓ Assessment ✓ Care planning ✓ Risk factor measurement for outcome report 	
☑ Quality improvement/outcome enhancement Number of risk adjustment models 6	
☑ Patient mix/origin/discharge disposition ☑ Adverse event measurement for adverse ev	
monitoring □ Case mix measurement for case mix profil ☑ Utilization/cost/resource consumption monitoring ☑ Case mix adjustment for prospective paym	
 ☑ Ouii/Zation/costresource consumption monitoring ☑ Marketing (e.g., public relations, payer ☑ Performance indicator for consumer report 	
negotiations) I Survey & certification use (planned)	πing (blanned)
☑ Feedback to other providers (e.g., physicians, ☑ Program integrity (planned)	rting (planned)
discharge planners) Other Applications Under Development	rting (planned)
 ✓ Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) ✓ Homebound status determination ✓ Medical necessity determination 	rting (planned)

Forn	No. OC:1-02.0	2 Item-Specific Record	
M04	488 St	atus of Most Problematic (Observable) Surgical Wound (Cont'd)	
5.	Item Resea	arch, Development, Clinical, and Testing History:	
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes.	
	1988-1989:	Field testing of outcome measures. Item revised.	
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.	
		Reliability/validity testing of outcome measures and data items.	
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
	1997-1998:	Reliability testing.	
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.	
6.	Validity:		
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning	
		or convergent/predictive validity for outcome measurement/risk factor measurement	
	☑ Converg	gent/predictive validity: case mix adjustment for payment	
		on by patient assessment and care planning	
7.	Recent Rel	on by outcome enhancement liability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated	
8.		eliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.49</u> Study 2 Study 3 or Real Constraints/Limitations:	
0.		ians find making an accurate determination of healing status difficult. Recent expert consensus	
		offered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some clinicians	
		ficulty in determining "most problematic" surgical wound. In practice, this is usually a relatively	
	straigntforw	ard process, but clarification of instructions may be worthwhile.	
9.		Comments:	
	None.		
10		cessity of Item: 🗹 Essential 🛛 Highly useful 🗖 Useful 🗖 Potentially useful 🗖 Marginal	
		cessity of Item: ☑ Essential	
11.		fer agencies and clinicians to WOCN to enhance assessment consistency. Explore clarification of	
		regarding identification of "most problematic" wound.	
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

1 Onn 1	lo. OC:1-02.	nem-sper	cific Record	
Item	Category	: Respiratory Status		
Item M049		Item Name: Shortness of Breath	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. F	Precise W	ording of Item:		
(M04	90) Whe	n is the patient dyspneic or noticeably Sho	rt of Breath?	
	□ 0 □ 1 □ 2 □ 3 □ 4	 When walking more than 20 feet, climb With moderate exertion (e.g., while dre than 20 feet) With minimal exertion (e.g., while eating the second secon	ing stairs ssing, using commode or bedpan, walking di g, talking, or performing other ADLs) or with	
	tem Clari dentifies t	fication: he patient's level of shortness of breath.		
		•		
lı a	mportant assessing	homebound status and medical necessity)		use, and
<u>H</u> ששש ששש	Iome Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedbac Feedbac Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> ☑ Outcome measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Number of risk adjustment models <u>8</u> □ Adverse event measurement for adverse ☑ Case mix measurement for case mix pro ☑ Case mix adjustment for prospective pai ☑ Performance indicator for consumer rep ☑ Survey & certification use (planned) ☑ Program integrity (planned) <u>Other Applications Under Development</u> ☑ Homebound status determination ☑ Medical necessity determination 	eporting e event report ofiling yment system

Form	n No. OC:1-02.0	Item-Specific Record
M04	490 Sh	ortness of Breath (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.		us validity by expert research/clinical panels for outcome measurement and risk factor measurement
		us validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement
		ent/predictive validity: case mix adjustment for payment
		n by patient assessment and care planning
	☑ Validatio	n by outcome enhancement
7.	Recent Rel	ability: ☑ Substantial
	Interrater re	iability (weighted kappa or percent agreement): <u>0.82</u> Study 1 <u>0.49</u> Study 2 <u>0.51</u> Study 3
8.		r Real Constraints/Limitations:
	Clinician mu	st actually see patient move about home to provide most accurate item response.
9.	Additional	Comments:
	Also require	d by CMS on 485.
10.	Overall Nee	essity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🖾 Potentially useful 🖾 Marginal
11.	Recommer	dation for Retention or Change:
	Retain. Co	tinue to promote observation assessment strategies by clinicians.
1		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02.	02 Item-Spec	cific Record	
Item Category	: Respiratory Status		
Item No.: M0500	Item Name: Respiratory Treatments	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
	lording of Item:		
(M0500) Resp	piratory Treatments utilized at home: (Ma	rk all that apply.)	
	 Continuous positive airway pressure None of the above 		
2. Item Clari Identifies a	any of the listed respiratory treatments bein	g used by the patient.	
3. Rationale	for Item:		
	care plan, outcomes, and resource use.		
Home Hea ☑ Assess ☑ Care pl ☑ Quality ☑ Patient monitol ☑ Utilizati ☑ Market negotia ☑ Feedba dischar ☑ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models <u>16</u> Adverse event measurement for advers Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Medical necessity determination 	eporting e event report ofiling yment system

M0500 Respiratory Treatments (Cont'd) 5. Item Research, Development, Clinical, and Testing History: 1986-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items. 1991-1994: Empirical field testing of vaccome measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. 1994-1995: 1994-1995: Pild demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item. 1995-2000: Domonstration testing in the National and New York State Demonstrations. 1997-1998: Reliability/testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert dinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity: case mix adjustment for payment ☑ Convergent/predictive validity cost user planning Image and tase planning ☑ Validation by outcom	Form	No. OC:1-02.02 Item-Specific Record	
1988-1989: Field testing of outcome measures. Item revised. 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items. 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. 1994-1905: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item. 1995-2000: Demonstration testing in the National and New York State Demonstrations. 1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Concegent/predictive validity, for outcome measurement for payment ✓ Consensus validity by expert clinical panels for patient assessment and care planning ✓ Conterion or convergent/predictive validity for outcome measurement/risk factor measurement Consensus validity by autent assessment and care planning ✓ Validation by outcome enhancement 1/2 Validation by outcome enhancement 7 Recent Reliability: @ Substantial	M05	00 Respiratory Treatments (Cont'd)	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items. 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approvach. Reliability/validity testing of outcome measures and data items. 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item. 1995-2000: Demonstration testing in the National and New York State Demonstrations. 1997-1988: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning D Criterion or convergent/predictive validity: case mix adjustment for payment Q Validation by patient assessment and care planning Validation by patient assessment and care planning Validation by patient assessment and care planning Validation by outcome enhancement 7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated Interrater reliability (weighted kappa or percent	5.	Item Research, Development, Clinical, and Testing History:	
and necessary data items. 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item. 1995-2000: Demonstration testing in the National and New York State Demonstrations. 1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ✓ Consensus validity by expert research/Clinical panels for outcome measurement and risk factor measurement ✓ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement? ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement):0.95Study 10.51Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. R		1988-1989: Field testing of outcome measures. Item revised.	
improvement approach. Reliability/validity testing of outcome measures and data items. 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item. 1995-2000: Demonstration testing in the National and New York State Demonstrations. 1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ✓ Consensus validity by expert clinical panels for patient assessment and care planning ✓ Conterion or convergent/predictive validity for outcome measurement/risk factor measurement ✓ Consensus validity by expert and care planning ✓ Validation by patient assessment and care planning ✓ Validation by patient assessment ✓ Validation by patient assessment ✓ Recent Reliability: ✓ Substantial ✓ Notadiation by patient assessment Moderate ✓ Validation by patient assessment </th <th></th> <th></th> <th>measures</th>			measures
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item. 1995-2000: Demonstration testing in the National and New York State Demonstrations. 1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert dimical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert approaching ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial ☐ Moderate ☐ Fair/Slight ☐ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): 0.95 Study 1 0.51 Study 2			ity
health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item. 1995-2000: Demonstration testing in the National and New York State Demonstrations. 1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert insearch/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert insearch/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert insearch/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): _0.95_Study 1_0.51_Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11		Reliability/validity testing of outcome measures and data items.	
No changes recommended to the data item. 1995-2000: Demonstration testing in the National and New York State Demonstrations. 1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert research/clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by cutoome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): 0.95_Study 1 0.51_Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑) home
1997-1998: Reliability testing. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial Interrater reliability (weighted kappa or percent agreement): 0.95_Study 1_0.51_Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			workgroup.
1999-2000: Initial intensive OMB review with subsequent 6-month reviews. 6. Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement □ Convergent/predictive validity: ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Interrater reliability (weighted kappa or percent agreement): 0.95 None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential Highly useful □ Defutially useful □ Marginal 11. Recommendation for Retention or Change:		1995-2000: Demonstration testing in the National and New York State Demonstrations.	
 6. Validity: ✓ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ✓ Consensus validity by expert clinical panels for patient assessment and care planning ✓ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement Convergent/predictive validity: case mix adjustment for payment ✓ Validation by patient assessment and care planning ✓ Validation by patient assessment and care planning ✓ Validation by outcome enhancement 7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): 0.95_Study 1_0.51_Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: I Essential Highly useful Useful Potentially useful Marginal 11. Recommendation for Retention or Change: 		1997-1998: Reliability testing.	
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:		1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement □ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☑ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
 ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement □ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change: 	6.		easurement
 ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement ☐ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning ☑ Validation by outcome enhancement 7. Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 <u>Study 3</u> 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change: 			casarement
 ✓ Validation by patient assessment and care planning ✓ Validation by outcome enhancement 7. Recent Reliability: ✓ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ✓ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change: 		Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
 ✓ Validation by outcome enhancement 7. Recent Reliability: Ø Substantial			
 7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): 0.95 Study 1 0.51 Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal 11. Recommendation for Retention or Change: 			
Interrater reliability (weighted kappa or percent agreement): 0.95_Study 1_0.51_Study 2Study 3 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful 11. Recommendation for Retention or Change:	7.		uated
 8. Perceived or Real Constraints/Limitations: None. 9. Additional Comments: None. 10. Overall Necessity of Item: Sesential Highly useful Useful Potentially useful Marginal 11. Recommendation for Retention or Change: 			
None. 9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:	8		0100 0
9. Additional Comments: None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:	0.		
None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
None. 10. Overall Necessity of Item: ☑ Essential □ Highly useful □ Useful □ Potentially useful □ Marginal 11. Recommendation for Retention or Change:			
10. Overall Necessity of Item: I Essential Highly useful Useful Potentially useful Marginal 11. Recommendation for Retention or Change:	9.	Additional Comments:	
11. Recommendation for Retention or Change:		None.	
11. Recommendation for Retention or Change:			
11. Recommendation for Retention or Change:			<u> </u>
			Marginal
	11.		
		Retain.	
Date Recorded: 02 / 01 / 2002		Date Recorded:02 /01 /	2002
Date Recorded: 02 / 01 / 2002		Date Recorded: 02 / 01 /	2002

Form No. OC:1-02.	02 Item-Spe	cific Record	
Item Category	: Elimination Status		
Item No.: M0510	Item Name: Urinary Tract Infection	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up☑ Discharge
	lording of Item:		
_	this patient been treated for a Urinary Trac	t Infection in the past 14 days?	
□ 0 □ 1 □ NA □ UK * At follow-up a	YesPatient on prophylactic treatment		
2. Item Clari	fication		
	reatment of urinary tract infection during the	e past 14 days.	
based on o appropriat	ent of UTI is a rare but important marker of clinical panel recommendation. Early home e interval; empirical testing established 14		
Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitol ✓ Utilizati ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome report of risk adjustment for outcome report of risk adjustment models <u>2</u> Adverse event measurement for advers Case mix measurement for case mix protection of the adjustment for prospective part of the adjustment for consumer report of Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination 	eporting e event report ofiling yment system

Form	Form No. OC:1-02.02 Item-Specific Record			
MOS	M0510 Urinary Tract Infection (Cont'd)			
5.	Item Research, Development, Clinical, and Testing History:			
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.			
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.			
	Reliability/validity testing of outcome measures and data items.			
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.			
	Reliability/validity testing of outcome measures and data items.			
	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.			
	1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.			
	1995-2000: Demonstration testing in the National and New York State Demonstrations.			
	1997-1998: Reliability testing.			
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.			
6.	Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement			
	Consensus validity by expert clinical panels for patient assessment and care planning			
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement			
	Convergent/predictive validity: case mix adjustment for payment			
	 Validation by patient assessment and care planning Validation by outcome enhancement 			
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated			
	Interrater reliability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>0.61</u> Study 2 Study 3			
8.	Perceived or Real Constraints/Limitations:			
	Low prevalence limits utility as a risk factor and outcome.			
9.	Additional Comments:			
υ.	None.			
10.	Overall Necessity of Item: 🗹 Essential 🗆 Highly useful 🔷 Useful 🖾 Potentially useful 🖾 Marginal			
11.	Recommendation for Retention or Change:			
	Retain.			
	Date Recorded: 02 / 01 / 2002			

Forr	n No. OC:1-02.	02 Item-Spec	cific Record
lter	m Category	: Elimination Status	
	n No.: 520	Item Name: Urinary Incontinence or Urinary Catheter Presence	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge
1.	Precise W	/ording of Item:	
(MC	0520) Urin 0 1 2	- Patient is incontinent	essence: anuria or ostomy for urinary drainage) [If No, go to <i>M0540</i>] , external, indwelling, intermittent, suprapubic) [Go to
2.	intermitten Rationale	oresence of urinary incontinence or condition tor indwelling. Etiology (cause) of incontin for Item:	
		ent risk factor utilized for outcome adjustme	
4.	Home Hea Assess Care p Quality Patient monito Utilizat Utilizat Market negotia Feedba dischar Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 Gement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models 27 Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination

Form	No. OC:1-02.0	12 Item-Specific Record		
M05	10520 Urinary Incontinence or Urinary Catheter Presence (Cont'd)			
5.	Item Resea	arch, Development, Clinical, and Testing History:		
	1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.			
	1988-1989:	: Field testing of outcome measures. Item revised.		
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outco and necessary data items.	me measures	
	1989-1991:	: Feasibility testing of clinical and operational utility of outcome measures and data iter	ms.	
		Reliability/validity testing of outcome measures and data items.		
	1991-1994:	 Empirical field testing to evaluate measures and items for use in an outcome-based or improvement approach. Item revised. 	quality	
		Reliability/validity testing of outcome measures and data items.		
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Color health agencies.	rado home	
		Endorsed as essential for a core comprehensive assessment by a home health indus No changes recommended to the data item.	stry workgroup.	
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revi year of data collection.	ised after first	
	1997-1998:	: Reliability testing.		
	1999-2000:	: Initial intensive OMB review with subsequent 6-month reviews.		
6.	Validity:			
0.	 ☑ Consens ☑ Consens ☑ Criterion ☑ Converg ☑ Validation 	nsus validity by expert research/clinical panels for outcome measurement and risk factor nsus validity by expert clinical panels for patient assessment and care planning n or convergent/predictive validity for outcome measurement/risk factor measurement gent/predictive validity: case mix adjustment for payment ion by patient assessment and care planning	or measurement	
		ion by outcome enhancement		
7.	Recent Rel	eliability: 🗹 Substantial 🛛 Moderate 🛛 Fair/Slight 🖓 Reliability not e	evaluated	
		eliability (weighted kappa or percent agreement): <u>0.87</u> Study 1 <u>0.77</u> Study 2 _	Study 3	
8.		or Real Constraints/Limitations:		
	No limitatio	ins.		
9.	Additional	I Comments:		
	Also require	red by CMS on 485.		
10	Overall Ne	ecessity of Item: I Essential I Highly useful I Useful I Potentially useful	Marginal	
		endation for Retention or Change:		
	Retain.			
		Date Recorded: 02 / 01	/ 2002	

Form No.	. OC:1-02.	02 Item-Spe	cific Record				
Item Ca	Item Category: Elimination Status						
Item No M0530		Item Name: When Urinary Incontinence Occurs	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge			
1. Pr	ecise W	ording of Item:					
(M0530	M0530) When does Urinary Incontinence occur?						
		fication: he time of day when the urinary incontinen	ce occurs.				
3. Ra	tionale	for Item:					
		nt risk factor utilized for outcome adjustme uidelines have emphasized overall a lack o	nt and also predictive of service use. Nation f treatment for this condition.	al clinical			
<u>H</u> তার র র র র র র	me Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedba dischar Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome rep ✓ Risk factor measurement for outcome rep ✓ Number of risk adjustment models <u>15</u> Adverse event measurement for adverse ✓ Case mix measurement for case mix pro ✓ Case mix adjustment for prospective pa ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development ✓ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling yment system			

Forn	n No. OC:1-02.0	2 Item-Specific Record		
MO	530 W	hen Urinary Incontinence Occurs (Cont'd)		
5.	Item Resea	rch, Development, Clinical, and Testing History:		
	1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.			
	1988-1989:	Field testing of outcome measures. Item revised.		
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.		
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.		
		Reliability/validity testing of outcome measures and data items.		
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised.		
		Reliability/validity testing of outcome measures and data items.		
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.		
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.		
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.		
	1997-1998:	Reliability testing.		
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.		
	 ✓ Consense ✓ Criterion ✓ Converge ✓ Validation 	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement pent/predictive validity: case mix adjustment for payment on by patient assessment and care planning on by outcome enhancement		
7.	Recent Rel	iability: Substantial Moderate Fair/Slight Reliability not evaluated		
	Interrater re	liability (weighted kappa or percent agreement): <u>0.88</u> Study 1 <u>0.53</u> Study 2Study 3		
8.		or Real Constraints/Limitations:		
	No limitatio	IS.		
9.	Additional	Comments:		
	None.			
10.	Overall Ne	cessity of Item: ☑ Essential		
11.	Recommer	ndation for Retention or Change:		
	Retain.			
		Date Recorded:02 /01 /2002		
1				

Form No. OC:1-02	02 Item-Spec	cific Record	
Item Category	: Elimination Status		
Item No.: M0540	Item Name: Bowel Incontinence Frequency		Follow-Up Discharge
1. Precise W	/ording of Item:		
(M0540) Bow	el Incontinence Frequency:		
□ 3 □ 4 □ 5 □ NA □ UK	 Less than once weekly One to three times weekly Four to six times weekly On a daily basis More often than once daily 		
2. Item Clari	fication:		
incontinen		continence. Refers to the frequency of a symptom tom. This item does <u>not</u> address treatment of inc	
3. Rationale	for Item:		
Used for o	utcome measurement and risk adjustment,	as well as predictor of service use.	
Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications ☑ Outcome measurement for outcome reporting ☑ Risk factor measurement for outcome reporting ☑ Number of risk adjustment models18 □ Adverse event measurement for adverse event ☑ Case mix measurement for case mix profiling ☑ Case mix adjustment for prospective paymer ☑ Performance indicator for consumer reporting ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination	ng ent report l it system

Form	No. OC:1-02.02	2 Item-Specific Record			
M05	M0540 Bowel Incontinence Frequency (Cont'd)				
5.	Item Resea	rch, Development, Clinical, and Testing History:			
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.			
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.				
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.			
		Reliability/validity testing of outcome measures and data items.			
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.			
		Reliability/validity testing of outcome measures and data items.			
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.			
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.			
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.			
	1997-1998:	Reliability testing.			
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.			
6.	Validity:				
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning			
		or convergent/predictive validity for outcome measurement/risk factor measurement			
	☑ Converg	ent/predictive validity: case mix adjustment for payment			
		on by patient assessment and care planning on by outcome enhancement			
7.	Recent Rel				
<i>'</i> .					
8.		liability (weighted kappa or percent agreement): <u>0.73</u> Study 1 <u>0.66</u> Study 2Study 3 or Real Constraints/Limitations:			
ο.	None.	Ji Real Constraints/Limitations.			
	None.				
9.		Comments:			
	Also require	ed by CMS on 485.			
		cessity of Item: ☑ Essential			
11.		ndation for Retention or Change:			
	Retain.				
		Date Recorded: 02 / 01 / 2002			

Form No. OC:1-02.02 Item-Specific Record							
Item Category	: Elimination Status						
Item No.: M0550	Item Name: Ostomy for Bowel Elimination	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge				
	lording of Item:						
last 1 treat	M0550) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay,* <u>or</u> b) necessitated a change in medical or treatment regimen?						
	medical or treatment regimen.	or bowel elimination. an inpatient stay* and did <u>not</u> necessitate ch tient stay* or <u>did</u> necessitate change in medio	-				
* At discharge	, omit references to inpatient facility stay.						
		el elimination and, if so, whether the ostomy v t plan.	was related to a				
3. Rationale	for Item:						
interval of days as ar	14 days is based on clinical panel recomm appropriate interval; empirical testing esta	ion, and somewhat useful for risk adjustment endation. Early home care industry input ha ablished 14 days as a better predictor.					
Home Hea ☑ Assess ☑ Care pl ☑ Quality ☑ Patient monitol ☑ Utilizati ☑ Market negotia ☑ Feedba dischar ☑ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models <u>6</u> Adverse event measurement for adverss Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination 	eporting e event report ofiling yment system				

Form	No. OC:1-02.02	2 Item-Specific Record		
M05	M0550 Ostomy for Bowel Elimination (Cont'd)			
5.	Item Resea	rch, Development, Clinical, and Testing History:		
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.		
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.		
		Reliability/validity testing of outcome measures and data items.		
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.		
		Reliability/validity testing of outcome measures and data items.		
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.		
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.		
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.		
	1997-1998:	Reliability testing.		
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.		
6.	Validity:	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement		
		sus validity by expert clinical panels for patient assessment and care planning		
		or convergent/predictive validity for outcome measurement/risk factor measurement		
		ent/predictive validity: case mix adjustment for payment n by patient assessment and care planning		
		n by outcome enhancement		
7.	Recent Rel	iability: 🗹 Substantial 🛛 Moderate 🛛 Fair/Slight 🛛 Reliability not evaluated		
	Interrater re	liability (weighted kappa or percent agreement): <u>0.66</u> Study 1 <u>0.85</u> Study 2Study 3		
8.	Perceived	or Real Constraints/Limitations:		
	None.			
9.	Additional	Comments:		
	None.			
		cessity of Item: 🗹 Essential 🗆 Highly useful 🖾 Useful 🖾 Potentially useful 🖾 Marginal		
11.		dation for Retention or Change:		
	Retain.			
		Date Recorded: 02 / 01 / 2002		

Form No. OC:1-02.02 Item-Specific Record									
Item Category	Item Category: Neuro/Emotional/Behavioral Status								
Item No.: M0560	Item Name: Cognitive Functioning	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge						
1. Precise W	1. Precise Wording of Item:								
	(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)								
	 independently. 1 - Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar conditions. 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. 								
		oning, including alertness, orientation, compre nmands.	hension,						
Crucial fac adjustmen	3. Rationale for Item: Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.								
Home Hea ☑ Assess ☑ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market negotia ☑ Feedba dischar ☑ Volunta	lanning ' improvement/outcome enhancement : mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ☑ Outcome measurement for outcome reported in the second se	oorting event report filing ment system						

Form	n No. OC:1-02.02	Item-Specific Record			
MO	560 Cognitive Functioning (Cont	'd)			
5.	5. Item Research, Development, Clinical, and Testing History:				
	1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endo by a home health industry workgroup.				
	1995-2000: Demonstration testing in the year of data collection.	e National and New York State Demonstrations. Item revised after first			
	1997-1998: Reliability testing.				
	1999-2000: Initial intensive OMB review	v with subsequent 6-month reviews.			
6.	Validity:				
		ch/clinical panels for outcome measurement and risk factor measurement panels for patient assessment and care planning			
	Criterion or convergent/predictive va	lidity for outcome measurement/risk factor measurement			
	 Convergent/predictive validity: case Validation by patient assessment and 				
	 ✓ Validation by patient assessment and ✓ Validation by outcome enhancement 				
7.	Recent Reliability: Substantial	□ Moderate □ Fair/Slight □ Reliability not evaluated			
	Interrater reliability (weighted kappa or p	percent agreement): <u>0.63</u> Study 1 <u>0.63</u> Study 2 <u>0.35</u> Study 3			
8.	Perceived or Real Constraints/Limitation	tions:			
		out this and other mental/emotional/behavioral status items, perceived atient privacy. One of the reasons for concerns about the precision of this			
	•	formation is collected primarily if not exclusively through an interview			
		Manual, assessment training video, and workbook all include observa-			
		ies to obtain these data, emphasizing observational strategies. While assessment should include these factors to enable the clinician to assess			
	patient needs and provide appropriate c	are (as indicated under Element 3). Extensive legal and procedural safe-			
9.	guards exist to protect patient confidenti Additional Comments:	ality for data transmission and analysis.			
5.		5. OASIS assessment training video and workbook depict observational			
	(vs. interview) assessment for this item				
10.	Overall Necessity of Item: I Essenti	al 🛛 Highly useful 🖾 Useful 🖾 Potentially useful 🗖 Marginal			
11.	Recommendation for Retention or Ch	-			
	Retain. Explore ways to increase item p	precision by rewording and continuing to empirically test response options.			
		Date Recorded:02 /01 /2002			

Form No. OC:1-02	2.02 Item-Spec	cific Record				
Item Categor	y: Neuro/Emotional/Behavioral Status					
Item No.: M0570	Item Name: When Confused (Reported or Observed)	Time Points: ☑ Start or Resumption of Care ☑ Follow □ Transfer to Inpatient Facility ☑ Disch				
1. Precise \	Vording of Item:					
		nstantly				
Identifies	rification: the time of day the patient is likely to be cor e for Item:	fused, if at all.				
Crucial fa adjustme	actor to assess for care planning and patient nt. A comprehensive assessment defined b ognition, and psychosocial patient-level facto	y nursing and therapy standards of care incl				
Home He ☑ Asses ☑ Care ☑ Qualit ☑ Patier monite ☑ Utiliza ☑ Marke negot ☑ Feedt discha ☑ Volun	olanning y improvement/outcome enhancement nt mix/origin/discharge disposition	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome rep ✓ Risk factor measurement for outcome rep Number of risk adjustment models _20 ✓ Adverse event measurement for advers ✓ Case mix measurement for case mix pr □ Case mix adjustment for prospective pa ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development ✓ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling yment system			

Form	No. OC:1-02.02 Item-Specific Record				
MO	570 When Confused (Reported or Observed) (Cont'd)				
5.	Item Research, Development, Clinical, and Testing History:				
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.				
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.				
	Reliability/validity testing of outcome measures and data items.				
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				
	Reliability/validity testing of outcome measures and data items.				
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.				
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.				
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.				
	1997-1998: Reliability testing.				
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.				
6.	 Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement ☑ Consensus validity by expert clinical panels for patient assessment and care planning ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement □ Convergent/predictive validity: case mix adjustment for payment ☑ Validation by patient assessment and care planning 				
7.	✓ Validation by outcome enhancement Recent Reliability: ✓ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated				
1.					
8.	Interrater reliability (weighted kappa or percent agreement): <u>0.68</u> Study 1 <u>0.62</u> Study 2 <u>0.62</u> Study 3 Perceived or Real Constraints/Limitations:				
	Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safe-guards exist to protect patient confidentiality for data transmission and analysis.				
9.	Additional Comments:				
	Information also required by CMS on 485. OASIS assessment training video and workbook depict observational (vs. interview) assessment for this item in detailed manner.				
10	Overall Necessity of Item: 🗹 Essential 🛛 Highly useful 🗂 Useful 🗖 Potentially useful 🗖 Marginal				
	Recommendation for Retention or Change:				
	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.				
	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>				

Form	n No. OC:1-02	.02 Item-Spec	cific Record	
Iten	n Category	: Neuro/Emotional/Behavioral Status		
lten M05	n No.: 580	Item Name: When Anxious (Reported or Observed)	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1.	Precise W	Vording of Item:		
(M0	580) Whe	en Anxious (Reported or Observed):		
	□ 0 □ 1 □ 2 □ 3 □ NA	Less often than dailyDaily, but not constantlyAll of the time		
2.		the frequency with which the patient feels a	nxious.	
3.	adjustmen	ctor to assess for care planning and patient	safety, as well as for outcome measurement y nursing and therapy standards of care inclu rs.	
4.	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba ✓ Volunta	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ting (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome rep ✓ Risk factor measurement for outcome rep ✓ Number of risk adjustment models <u>10</u> □ Adverse event measurement for advers ✓ Case mix measurement for case mix pri □ Case mix adjustment for prospective pa ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development ✓ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling yment system

Forn	n No. OC:1-02.0	2		Item-Specific	Record				
M0	10580 When Anxious (Reported or Observed) (Cont'd)								
5.	. Item Research, Development, Clinical, and Testing History:								
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.					S			
	1989-1991:		•	and operational ι	itility of outo	ome mea	sures and data it	ems.	
		Reliability/va	alidity testing of o	outcome measure	es and data	items.			
	1991-1994:	Empirical fie improvemen	•	luate measures a	and items fo	r use in a	n outcome-based	quality	
		Reliability/va	alidity testing of a	outcome measure	es and data	items.			
	1994-1995:	Pilot demons health agend		including practica	ality of meas	sures and	approach) in Col	orado home	
				core comprehens to the data item.	sive assessi	ment by a	home health ind	ustry workgrou	ıp.
	1995-2000:	Demonstrati year of data		National and Ne	w York Stat	e Demon	strations. Item re	vised after first	t
	1997-1998:	Reliability te	sting.						
	1999-2000:	Initial intensi	ve OMB review	with subsequent	6-month re	views.			
6.	 ☑ Consens ☑ Criterion □ Converg ☑ Validation 	sus validity by or converge ent/predictive on by patient a	/ expert clinical nt/predictive val	panels for patient dity for outcome mix adjustment for	assessmer measureme	nt and car	ment and risk fac re planning ctor measuremen		ent
7.	Recent Rel	2	Substantial	□ Moderate	□ Fair/S	liaht	Reliability not		
1.		-				•			. 0
8.				ercent agreemen	t): <u>0.61</u>	_Study 1	<u>0.44</u> Study 2	<u>0.71</u> Study	3
	Perceived or Real Constraints/Limitations: Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safe-guards exist to protect patient confidentiality for data transmission and analysis.					this			
9.		Comments:							
				 OASIS assess n detailed manne 		ng video a	and workbook dep	ict observatior	nal
10	Overall Ner	ressity of Ite	m: 🗹 Essentia	al 🛛 Highly use	ful 🛛 Us	eful 🔲	Potentially useful	□ Marginal	1
			etention or Cha						
•••				•	ding and co	ontinuing t	o empirically test	response optic	ons.
					Date Reco	orded:	02 / 01	/ 2002	

Item-Specific Record

Form No. OC:1-02.02

1 01111	NO. OC:1-02			CCOIG	
ltem	Item Category: Neuro/Emotional/Behavioral Status				
Item M059		Item Name: Depressive Feelings (Reported or Observ	ed)	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. F	Precise W	/ording of Item:			
(M05	90) Dep	ressive Feelings Reported or Observed i	n Patie	ent: (Mark all that apply.)	
	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6	 Sense of failure or self reproach Hopelessness Recurrent thoughts of death Thoughts of suicide 	ŗ	ted	
	item Clari dentifies p	fication: presence of symptoms of depression.			
(a i	Crucial fac adjustmen ncluded a	for Item: ctor to assess for care planning and patient it. Under-recognition of depression is regar s depressive symptoms in DSM-IV (2000). andards of care includes mental status, cog	ded as A com	a major public health issue. Item resprehensive assessment defined by n	ponses are ursing and
<u> </u> 9 9 9 9 9 8	Image: Automatic state Image: Automatic st	lanning r improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	CMS □ Ou ☑ Ou ☑ Ri □ Ac □ Ca □ Ca ☑ Pe ☑ Pe ☑ Pre ☑ Ptee ☑ Ptee ☑ Ptee ☑ Ptee ☑ Ptee	Applications Applications utcome measurement for outcome rep sk factor measurement for outcome rep umber of risk adjustment models <u>6</u> lverse event measurement for advers use mix measurement for case mix pr use mix adjustment for prospective pa erformance indicator for consumer rep urvey & certification use (planned) ogram integrity (planned) Applications Under Development omebound status determination edical necessity determination	eporting e event report ofiling yment system

Form	orm No. OC:1-02.02 Item-Specific Record					
M0590 Depressive Feelings (Reported or Observed) (Cont'd)						
5.	Item Research, Development, Clinical, and Testing History:					
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.				
	1988-1989:	Field testing of outcome measures. Item revised.				
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.				
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.				
		Reliability/validity testing of outcome measures and data items.				
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.				
		Reliability/validity testing of outcome measures and data items.				
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.				
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.				
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.				
	1997-1998:	Reliability testing.				
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.				
	 ☑ Consens ☑ Criterion □ Converg ☑ Validation 	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement ent/predictive validity: case mix adjustment for payment on by patient assessment and care planning on by outcome enhancement				
7.	Recent Rel	iability: □ Substantial ☑ Moderate □ Fair/Slight □ Reliability not evaluated				
	Interrater re	liability (weighted kappa or percent agreement): <u>0.54</u> Study 1 <u>0.06</u> Study 2 <u>0.89</u> Study 3				
8.	Perceived	or Real Constraints/Limitations:				
	Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is moderate, indicating some room for improvement.					
9.		Comments:				
	Also required by CMS on 485. OASIS assessment training video and workbook depict observational and interview strategies to obtain assessment data.					
		cessity of Item: □ Essential ☑ Highly useful □ Useful □ Potentially useful □ Marginal				
11.	Recommer	dation for Retention or Change:				
	Retain. Exp	olore ways to increase item reliability by rewording and continuing to empirically test response options.				
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>				

Form No. OC:1	I-02.02 Item-Spec	sific Record
Item Categ	ory: Neuro/Emotional/Behavioral Status	
Item No.: M0600	Item Name: Patient Behaviors (Reported or Observed)	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge
	e Wording of Item:	
2. Item C	atient Behaviors (Reported or Observed): (1 - Indecisiveness, lack of concentration 2 - Diminished interest in most activities 3 - Sleep disturbances 4 - Recent change in appetite or weight 5 - Agitation 6 - A suicide attempt 7 - None of the above behaviors observed	
Crucial adjustn include	nent. Under-recognition of depression is regar	safety, as well as for outcome measurement and risk ded as a major public health issue. Item responses are A comprehensive assessment defined by nursing and nition, and psychosocial patient-level factors.
Home I ☑ Ass ☑ Car ☑ Qua ☑ Pati mor ☑ Utili ☑ Mar neg ☑ Fee disc ☑ Vole	se/Application: I Identifier (for data manages Health Agency Applications essment e planning ality improvement/outcome enhancement ient mix/origin/discharge disposition nitoring zation/cost/resource consumption monitoring rketing (e.g., public relations, payer otiations) edback to other providers (e.g., physicians, charge planners) untary accreditation (e.g., JCAHO ORYX, AP Benchmarks)	gement/tracking) CMS Applications □ Outcome measurement for outcome reporting ☑ Risk factor measurement for outcome reporting Number of risk adjustment models _2 □ Adverse event measurement for adverse event report □ Case mix measurement for case mix profiling □ Case mix adjustment for prospective payment system ☑ Performance indicator for consumer reporting (planned) ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination ☑ Medical necessity determination

Form	n No. OC:1-02.02	2 Item-Specific Record
M06	600 Pa	tient Behaviors (Reported or Observed) (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
	 ☑ Consens ☑ Criterion □ Converg ☑ Validation 	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement ent/predictive validity: case mix adjustment for payment n by patient assessment and care planning n by outcome enhancement
7.	Recent Rel	iability: Substantial Moderate Fair/Slight Reliability not evaluated
	Interrater re	liability (weighted kappa or percent agreement): <u>0.44</u> Study 1 <u>0.29</u> Study 2 <u>0.69</u> Study 3
8.	Perceived of	or Real Constraints/Limitations:
	lack of preci item is the in approach. tional and in patient priva patient need safeguards moderate, in	Ins have been expressed about this and other mental/emotional/behavioral status items, perceived sion, and concerns about patient privacy. One of the reasons for concerns about the precision of this naccurate perception that information is collected primarily if not exclusively through an interview The OASIS Implementation Manual, assessment training video, and workbook all include observaterview assessment strategies to obtain these data, emphasizing observational strategies. While they is very important, a valid assessment should include these factors to enable the clinician to assess as and provide appropriate care (as indicated under Element 3). Extensive legal and procedural exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is indicating some room for improvement.
9.	Additional	
		d by CMS on 485. OASIS assessment training video and workbook depict observational and ategies to obtain assessment data.
10.	Overall Neo	:essity of Item: □ Essential ☑ Highly useful □ Useful □ Potentially useful □ Marginal
11.	Recommen	dation for Retention or Change:
	Retain. Exp	olore ways to increase item reliability by rewording and continuing to empirically test response options.
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02	.02 Item-Spe	cific Record
Item Category	: Neuro/Emotional/Behavioral Status	
Item No.: M0610	Item Name: Behaviors Demonstrated at Least Once a	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up
	Week (Reported or Observed)	□ Transfer to Inpatient Facility ☑ Discharge
	/ording of Item:	
(M0610) Beh	aviors Demonstrated <u>at Least Once a We</u>	eek (Reported or Observed): (Mark all that apply.)
	 hours, significant memory loss so that Impaired decision-making: failure to peractivities, jeopardizes safety through a Verbal disruption: yelling, threatening, 	rform usual ADLs or IADLs, inability to appropriately stop
	 Physical aggression. aggressive of co punches, dangerous maneuvers with v 	
□ 5 □ 6 □ 7	 Disruptive, infantile, or socially inappro Delusional, hallucinatory, or paranoid b 	priate behavior (excludes verbal actions) behavior
2. Item Clari Identifies		ons in a patient's cognitive or neuro/emotional status.
3. Rationale	for Item:	
adjustmer comprehe and psych	It. Also important for safety of home health nsive assessment defined by nursing and t osocial patient-level factors.	safety, as well as for outcome measurement and risk agency staff member during care provision. A nerapy standards of care includes mental status, cognition,
Home Hea ☑ Assess ☑ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market negotia ☑ Feedb discha ☑ Volunt	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reporting Misk factor measurement for outcome reporting Number of risk adjustment models <u>17</u> Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination

Form	No. OC:1-02.02	2 Item-Specific Record
MOG	610 Be	haviors Demonstrated at Least Once a Week (Reported or Observed) (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	 ☑ Consens ☑ Criterion ☑ Converg ☑ Validation 	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement ent/predictive validity: case mix adjustment for payment n by patient assessment and care planning
-		n by outcome enhancement
7.	Recent Rel	
		liability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.50</u> Study 2 <u>0.79</u> Study 3
8.	Two concer lack of preci- item is the in approach. tional and in patient priva patient need safeguards moderate, in	by Real Constraints/Limitations: Ins have been expressed about this and other mental/emotional/behavioral status items, perceived sion, and concerns about patient privacy. One of the reasons for concerns about the precision of this naccurate perception that information is collected primarily if not exclusively through an interview The OASIS Implementation Manual, assessment training video, and workbook all include observa- terview assessment strategies to obtain these data, emphasizing observational strategies. While icy is very important, a valid assessment should include these factors to enable the clinician to assess and provide appropriate care (as indicated under Element 3). Extensive legal and procedural exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is indicating some room for improvement.
9.		
		also required by CMS on 485. OASIS assessment training video and workbook depict detailed strategies for this item.
10	Overall No.	cessity of Item: ☑ Essential
		dation for Retention or Change:
		lore ways to increase item reliability by rewording and continuing to empirically test response options.
	с.ант. шлр	
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No.	OC:1-02.02	Item-Spec	cific	Record	
Item Ca	tegory: Ne	euro/Emotional/Behavioral Status			
Item No M0620	Fre Ob:	n Name: quency of Behavior Problems (Reporte served)	ed or	Time Points: ☑ Start or Resumption of Care ☐ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. Pre	cise Wordi	ng of Item:			
	disruption 0 - 1 - 2 - 3 - 4 -	cy of Behavior Problems (Reported a , physical aggression, etc.): Never Less than once a month Once a month Several times each month Several times a week At least daily	or O	bserved) (e.g., wandering episodes, se	lf abuse, verbal
lder emo "wa	otional statu Indering" is	ency of behavior problems which may s. "Behavior problems" are not limited	l to o blem	ct an alteration in a patient's cognitive o nly those identified in M0610. For exan . Any behavior of concern for the patien or.	nple,
3. Rat	tionale for l	tem:			
Cru adju con	icial factor to ustment. Al nprehensive	o assess for care planning and patient so important for safety of home health	agei	ty, as well as for outcome measuremen ncy staff member during care provision. by standards of care includes mental sta	A
Hor S S S S S S S S S S S S	me Health A Assessmen Care planni Quality imp Patient mix/ monitoring Utilization/c Marketing (negotiations Feedback to discharge p	ng rovement/outcome enhancement origin/discharge disposition ost/resource consumption monitoring e.g., public relations, payer b) o other providers (e.g., physicians, lanners) ccreditation (e.g., JCAHO ORYX,	CM S S S S S S S S S S S S S	ent/tracking) S Applications Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models <u>5</u> Adverse event measurement for advers Case mix measurement for case mix pr Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) her Applications Under Development Homebound status determination Medical necessity determination	eporting e event report ofiling yment system

Forn	n No. OC:1-02.02	2		Item-Specific	Record				
M0	620 Fr	equency of Be	havior Proble	ems (Reported o	or Observed	d) (Cont'	d)		
5.	Item Resea	rch, Developn	nent, Clinical,	and Testing His	story:				
	1988-1990:	Clinical panel and necessar		ing home health	industry inpu	ut and end	dorsement of outo	come m	easures
	1989-1991:		•	and operational ι	utility of outc	ome mea	sures and data ite	ems.	
	Reliability/validity testing of outcome measures and data items.								
	1991-1994:	Empirical field		luate measures a	and items fo	r use in a	n outcome-based	quality	,
		Reliability/vali	dity testing of a	outcome measur	es and data	items.			
	1994-1995:	Pilot demonst health agencie	υ.	including practica	ality of meas	sures and	approach) in Col	orado h	iome
				core comprehens to the data item.	sive assessr	ment by a	home health indu	ustry wo	orkgroup.
	1995-2000:	Demonstration year of data c		National and Ne	w York Stat	e Demon	strations. Item re	vised a	fter first
	1997-1998:	Reliability test	ing.						
	1999-2000:	Initial intensive	e OMB review	with subsequent	6-month rev	views.			
6.	Validity:								
							ment and risk fact	tor mea	surement
				panels for patient			e planning ctor measurement	t	
				nix adjustment fo					
		n by patient as		care planning					
		n by outcome							
7.	Recent Rel	iability: 🗹 S	Substantial	□ Moderate	□ Fair/SI	light	Reliability not	evaluat	ted
		• • •		ercent agreemen	t): <u>0.96</u>	_Study 1	<u>0.37</u> Study 2	0.26	_Study 3
8.		or Real Consti							
							navioral status iter		
							oncerns about the clusively through		
	approach.	The OASIS Imp	plementation M	lanual, assessm	ent training	video, and	d workbook all inc	lude ob	oserva-
							bservational strat		
							tensive legal and		
	guards exist	t to protect pati	ent confidentia	ality for data trans	smission and	d analysis	i.	-	
9.		Comments:							
	OASIS asse	essment trainin	g video and wo	orkbook depict as	ssessment s	strategies	for this item.		
		-		I D Highly use	ful 🛛 Use	eful L	Potentially useful	ЦМ	larginal
11.		dation for Ref		-	بالمعرفة والم	ntin dia a f			
	Retain. Exp	piore ways to in	crease item pi	recision by rewor	and co	ntinuing to	o empirically test	respons	se options.
					Data Daca	vrdod	02 / 04	1 00	02
					Date Reco		02 / 01	_/	102

Item-S	pecific	Reco	ď
		11000	u

Forn	Form No. OC:1-02.02 Item-Specific Record					
Iter	n Category	: Neuro/Emotional/Behavioral Status				
Iter M06	n No.: 630	Item Name: Psychiatric Nursing Services	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge		
1.	Precise W	/ording of Item:		E Dioonarge		
			ervices at home provided by a qualified psyc	biatria purao?		
	_	- No				
2.	Item Clari	fication:				
	psychiatric		nursing services at home as provided by a quress mental/emotional needs; a "qualified psy erience.			
3.	Rationale					
	To identify services.	patients who have an acute need for psyc	hiatric care, as indicated by provision of psyc	hiatric nursing		
4.	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications Outcome measurement for outcome report of Risk factor measurement for outcome report of Risk factor measurement for outcome report of Risk factor measurement for adverse Adverse event measurement for adverse Adverse event measurement for adverse Case mix measurement for case mix process of the case mix adjustment for prospective part of the case mix adjustment for consumer report of Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination 	eporting e event report ofiling yment system		

Form	No. OC:1-02.02 Item-Specific Record
M06	30 Psychiatric Nursing Services (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1988-1989: Field testing of outcome measures. Item revised.
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	Reliability/validity testing of outcome measures and data items.
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000: Demonstration testing in the National and New York State Demonstrations.
	1997-1998: Reliability testing.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	Consensus validity by expert clinical panels for patient assessment and care planning
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	 Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning
	☑ Validation by patient accession in and care planning ☑ Validation by outcome enhancement
7.	Recent Reliability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🖓 Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement): <u>0.98</u> Study 1 <u>0.99</u> Study 2Study 3
8.	Perceived or Real Constraints/Limitations:
	Suggestion has been made to delete item due to low performance. It is, however, an important factor for risk adjustment and care planning.
•	Additional Comments:
9.	None.
10.	Overall Necessity of Item: 🗹 Essential 🛛 Highly useful 🗖 Useful 🗖 Potentially useful 🗍 Marginal
	Recommendation for Retention or Change:
	Retain. While psychiatric nursing services are infrequent, the acute patient need for care is an important comorbidity. Consider expanding definition of psychiatric problems using diagnosis codes.
	Date Recorded:02 /01 /2002

Forn	Form No. OC:1-02.02 Item-Specific Record					
Iter	n Category	: Activities of Daily Living (Functional State	ls)			
MO		Item Name: Grooming	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge			
1.		lording of Item:				
(MO		oming: Ability to tend to personal hygiene e up, teeth or denture care, fingernail care).	needs (i.e., washing face and hands, hair ca	re, shaving or		
	r <u>Current</u> 0 1 2 3 UK	 Grooming utensils must be placed with Someone must assist the patient to gro Patient depends entirely upon someon 				
2.	describe th assessme	he patient's ability to tend to personal hygic ne patient's ability <u>14 days prior to the start</u> nt – the "current" column – is on what the p	ene needs, excluding bathing. The prior colu (or resumption) of care visit. The focus for to atient is <u>able</u> to do today.			
3.	therapies a functional based on o appropriate	assessing whether the patient can function are needed to meet the patient's daily need status are important components of quality clinical panel recommendation. Early home e interval; empirical testing established 14 o		and improving status) is		
4.	Home Heat ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor Utilizati ✓ Utilizati ✓ Market negotia Feedbaa dischar Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome rep ✓ Risk factor measurement for outcome rep ✓ Number of risk adjustment models <u>14</u> ✓ Adverse event measurement for adverse ✓ Case mix measurement for case mix pro □ Case mix adjustment for prospective pa ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development □ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling yment system		

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Form	No. OC:1-02.0	2		Item-Specific	Record		
M06	640 Gr	ooming (Cont'o	(k				
5.	Item Resea	rch, Developme	ent, Clinical,	and Testing His	tory:		
	1983-1986:	Evaluation resea	arch of impad	ct of hospital PPS	on home heal	th patient outcomes. Ite	em revised.
	1988-1989:	Field testing of a	outcome mea	asures. Item revis	sed.		
	1988-1990:	Clinical panel re and necessary		ng home health ii	ndustry input ar	nd endorsement of outc	ome measures
	1989-1991:	Feasibility testin	g of clinical a	and operational u	tility of outcome	e measures and data ite	ms.
		Reliability/validit	y testing of c	outcome measure	s and data iten	ns.	
	1991-1994:	Empirical field te improvement ap	•	uate measures a	nd items for us	e in an outcome-based	quality
		Reliability/validit	y testing of c	outcome measure	s and data iten	ns.	
	1994-1995:	Pilot demonstration health agencies		ncluding practica	lity of measures	s and approach) in Colo	rado home
		Endorsed as es No changes rec	sential for a o	core comprehens o the data item.	ive assessmen	t by a home health indu	stry workgroup.
	1995-2000:	Demonstration t	esting in the	National and Nev	w York State De	emonstrations.	
		Reliability testin	-				
	1999-2000:	Initial intensive	OMB review	with subsequent	6-month review	/S.	
6.	Validity:	u ovolidity by ov	nort rocoarok	Valinical panala f	ar outcomo mo	ouromont and rick fact	or mogouromont
				anels for patient		asurement and risk fact	
						isk factor measurement	
				nix adjustment fo	r payment		
		on by patient asse		care planning			
7.	Recent Rel	on by outcome er	bstantial	□ Moderate	□ Fair/Slight	Reliability not	avaluated
<i>'</i> .		•			-	-	
•		or Real Constra		ercent agreement): <u>0.72</u> Stl	udy 1 <u>0.63</u> Study 2	Study 3
8.					to atart/rogump	tion of care should be c	mitted due to
						ent is dependent on pat	
	less reliable	than current fun	ctional status	. However, the i	dentification of	chronic functional limita	tions is
	important fo	r care planning (e.g., establis	hing rehabilitation	n expectations)	as well as risk adjustme	ent.
9.	Additional	Comments:					
	None.						
10.	Overall Ne	cessity of Item:	🗹 Essentia	I D Highly used	ul 🛛 Useful	Potentially useful	Marginal
11.	Recommer	dation for Rete	ntion or Cha	inge:			
						prior" status information	
	items by de	veloping (fewer)	alternative da	ata items to asse	ss chronic func	tional limitations with gr	eater reliability.
					Date Recorde	d: <u>02</u> / <u>01</u>	/ 2002

Form	Form No. OC:1-02.02 Item-Specific Record					
Iten	n Category	: Activities of Daily Living (Functional State	JS)			
lten M06	n No.: 650	Item Name: Dressing Upper Body	Time Points: ☑ Start or Resumption of Care ☑ Follow-U □ Transfer to Inpatient Facility ☑ Discharg			
1.	Precise W	ording of Item:				
(M0	6 50) Abili open <u>r Current</u>	 ty to Dress <u>Upper</u> Body (with or without ing shirts and blouses, managing zippers, Able to get clothes out of closets and on without assistance. Able to dress upper body without assis Someone must help the patient put on Patient depends entirely upon another 	drawers, put them on and remove them from the upper body tance if clothing is laid out or handed to the patient. upper body clothing.			
2.	clothing. 7	he patient's ability to dress upper body, inc The prior column should describe the patier	luding the ability to obtain, put on and remove upper body nt's ability <u>14 days prior to the start (or resumption) of care</u> t" column – is on what the patient is <u>able</u> to do today.			
3.	Rationale	for Item:				
	Crucial to a therapies a functional based on o	assessing whether the patient can function are needed to meet the patient's daily need status are important components of quality	safely in the home and what services, equipment, or s within the home environment. Maintaining and improving of life. The time interval of 14 days (for prior status) is e care industry input had suggested 21 days as an days as a better predictor.			
4.	Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ☑ Outcome measurement for outcome reporting ☑ Risk factor measurement for outcome reporting Number of risk adjustment models 19 □ Adverse event measurement for adverse event report ☑ Case mix measurement for case mix profiling ☑ Case mix adjustment for prospective payment system ☑ Performance indicator for consumer reporting (planned) ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development ☑ Homebound status determination ☑ Medical necessity determination 			

Form No. OC:1-02.02

FUIII	IT NO. OC. 1-02.02	
MO	650 Dres	sing Upper Body (Cont'd)
5.	Item Researc	h, Development, Clinical, and Testing History:
	1983-1986: E	valuation research of impact of hospital PPS on home health patient outcomes.
		eld testing of outcome measures.
		inical panel review, including home health industry input and endorsement of outcome measures nd necessary data items.
	1989-1991: F	easibility testing of clinical and operational utility of outcome measures and data items.
	R	eliability/validity testing of outcome measures and data items.
		mpirical field testing to evaluate measures and items for use in an outcome-based quality approvement approach.
	R	eliability/validity testing of outcome measures and data items.
		lot demonstration testing (including practicality of measures and approach) in Colorado home ealth agencies.
		ndorsed as essential for a core comprehensive assessment by a home health industry workgroup. o changes recommended to the data item.
		emonstration testing in the National and New York State Demonstrations. Item revised after first ear of data collection.
	1997-1998: R	eliability testing.
	1999-2000: Ir	itial intensive OMB review with subsequent 6-month reviews.
6.	Validity:	
		validity by expert research/clinical panels for outcome measurement and risk factor measurement
		s validity by expert clinical panels for patient assessment and care planning
		 convergent/predictive validity for outcome measurement/risk factor measurement t/predictive validity: case mix adjustment for payment
		by patient assessment and care planning
		by outcome enhancement
7.	Recent Relia	ility: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🖓 Reliability not evaluated
	Interrater relia	bility (weighted kappa or percent agreement): <u>0.68</u> Study 1 <u>0.68</u> Study 2 <u>0.79</u> Study 3
8.	Perceived or	Real Constraints/Limitations:
		ggested that functional status 14 days prior to start/resumption of care should be omitted due to
		It unreliability. It is true that prior status, because assessment is dependent on patient report, is an current functional status. However, the identification of chronic functional limitations is
		are planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.
9.	Additional Co	mments:
	None.	
		sity of Item: D Essential D Highly useful D Useful D Potentially useful D Marginal
11.		ition for Retention or Change:
		rrent and prior status for this item. Explore replacing the "prior" status information for all functional oping (fewer) alternative data items to assess chronic functional limitations with greater reliability.
	items by deve	סטוויש (ובישבו / מונכוזומנויצב עמנמ ונבוזוז נט מספסס כוווטוונג ועווכנוטוומו ווווונמנוטווז שונוו שובמנפו דפוומטווונץ.
1		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02.02 Item-Specific Record				
Iten	Item Category: Activities of Daily Living (Functional Status)			
MO		Item Name: Dressing Lower Body	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge	
1. Precise Wording of Item:				
(M0660) Ability to Dress Lower Body (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:				
	r <u>Current</u> 0 1 2 3 UK	 Able to dress lower body without assis patient. Someone must help the patient put on Patient depends entirely upon another 	tance if clothing and shoes are laid out or handed to the undergarments, slacks, socks or nylons, and shoes.	
2.	Item Clarification:			
	Identifies the patient's ability to dress lower body, including the ability to obtain, put on and remove lower body clothing. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.			
3.	Rationale	for Item:		
	Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.			
4.	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome reporting ✓ Risk factor measurement for outcome reporting Number of risk adjustment models 12 Adverse event measurement for adverse event report ✓ Case mix measurement for case mix profiling ✓ Case mix adjustment for prospective payment system ✓ Performance indicator for consumer reporting (planned) ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development ✓ Homebound status determination ✓ Medical necessity determination 	

Form No. OC:1-02.02

FUIII	110.00.1-02.0		
MO	660 Dr	essing Lowr Body (Cont'd)	
5.	Item Resea	rch, Development, Clinical, and Testing History:	
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes.	
	1988-1989:	Field testing of outcome measures.	
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.		
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.	
		Reliability/validity testing of outcome measures and data items.	
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.	
		Reliability/validity testing of outcome measures and data items.	
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
	1997-1998:	Reliability testing.	
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.	
6.	Validity:		
0.		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
		sus validity by expert clinical panels for patient assessment and care planning	
		or convergent/predictive validity for outcome measurement/risk factor measurement	
		ent/predictive validity: case mix adjustment for payment	
		on by patient assessment and care planning on by outcome enhancement	
7.	Recent Rel	•	
	Interrater re	liability (weighted kappa or percent agreement): <u>0.78</u> Study 1 <u>0.71</u> Study 2 <u>0.83</u> Study 3	
8.	Perceived	or Real Constraints/Limitations:	
	It has been	suggested that functional status 14 days prior to start/resumption of care should be omitted due to	
		pout unreliability. It is true that prior status, because assessment is dependent on patient report, is	
		than current functional status. However, the identification of chronic functional limitations is r care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.	
	important ic		
9.	Additional	Comments:	
	None.		
10.	Overall Ne	cessity of Item: ☑ Essential	
11.	Recommer	Idation for Retention or Change:	
		current and prior status for this item. Explore replacing the "prior" status information for all functional	
		veloping (fewer) alternative data items to assess chronic functional limitations with greater reliability.	
1		Date Recorded: 02 / 01 / 2002	

Form	Form No. OC:1-02.02 Item-Specific Record					
Iten	Item Category: Activities of Daily Living (Functional Status)					
lten M06	n No.: 670	Item Name: Bathing	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge		
1.	Precise W	ording of Item:				
(M0	670) Bath	ing: Ability to wash entire body. Exclude	<u>s</u> grooming (washing face and hands only	/).		
	 <u>Current</u> 0 - Able to bathe self in <u>shower or tub</u> independently. 1 - With the use of devices, is able to bathe self in shower or tub independently. 2 - Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, <u>OR</u> (b) to get in and out of the shower or tub, <u>OR</u> 					
	□ 3	(c) for washing difficult to reach areas.Participates in bathing self in shower o	r tub, <u>but</u> requires presence of another perso	on throughout		
	□ 4 □ 5 ∪K	 the bath for assistance or supervision. <u>Unable</u> to use the shower or tub and is Unable to effectively participate in bath 				
2.	2. Item Clarification: Identifies the patient's ability to bathe entire body and the assistance which may be required to <u>safely</u> bathe in shower or tub. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of</u>					
			urrent" column – is on what the patient is <u>able</u>			
3.	Rationale	for Item:				
	Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.					
4.	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome report of risk adjustment models 20 ✓ Adverse event measurement for advers ✓ Case mix measurement for case mix product of the case mix adjustment for prospective pa ✓ Performance indicator for consumer report of Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development ✓ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling yment system		

Form	n No. OC:1-02.0	2	ľ	tem-Specific R	ecord		
M06	670 Ba	athing (Cont'd)					
5.	Item Resea	rch, Developm	ent, Clinical, a	nd Testing Histo	ry:		
	1983-1986:	Evaluation rese	arch of impact	of hospital PPS of	home health	patient outcomes.	
	1988-1989:	Field testing of	outcome meas	ures. Item revised	ł.		
	1988-1990:	Clinical panel re and necessary		g home health indu	stry input and	endorsement of out	come measures
	1989-1991:	Feasibility testi	ng of clinical ar	nd operational utilit	y of outcome r	neasures and data i	tems.
		Reliability/valid	ty testing of ou	tcome measures a	and data items		
	1991-1994:	Empirical field t improvement a		ate measures and	items for use i	in an outcome-base	d quality
		Reliability/valid	ty testing of ou	tcome measures a	and data items		
	1994-1995:	Pilot demonstra health agencies		cluding practicality	of measures a	and approach) in Co	lorado home
		Endorsed as es No changes red			assessment b	by a home health inc	lustry workgroup.
	1995-2000:	Demonstration	testing in the N	lational and New	ork State Den	nonstrations.	
	1997-1998:	Reliability testir	ıg.				
	1999-2000:	Initial intensive	OMB review w	ith subsequent 6-r	nonth reviews.		
6.	☑ Consens	sus validity by ex	pert clinical pa	nels for patient as	sessment and		
				ty for outcome me ix adjustment for p		c factor measuremer	nt
		on by patient ass			ayment		
		on by outcome e		5			
7.	Recent Rel	iability: 🗹 Sເ	ıbstantial I	☐ Moderate	☐ Fair/Slight	Reliability no	t evaluated
	Interrater re	liability (weighte	d kappa or per	cent agreement):	<u>0.77</u> Stud [,]	y 1 <u>0.68</u> Study 2	0.65 Study 3
8.	Perceived	or Real Constra	ints/Limitatio	ns:			
						on of care should be	
						nt is dependent on panronic functional limi	
						s well as risk adjustr	
	•			•			
9.	Additional	Comments:					
5.	None.	comments.					
	None.						
10.	Overall Ne	cessity of Item:	☑ Essential	Highly useful	Useful	Potentially useful	I D Marginal
		ndation for Rete					č
				•	placing the "pri	or" status informatio	n for all functional
						onal limitations with g	
				D	ate Recorded:	02 / 01	/ 2002

Forn	Form No. OC:1-02.02 Item-Specific Record				
Iter	n Category	 Activities of Daily Living (Functional Stat 	us)		
M06		Item Name: Toileting	Time Points:☑ Start or Resumption of Care□ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge	
		/ording of Item:			
	-	eting: Ability to get to and from the toilet o	r bedside commode.		
	r <u>Current</u> 0 1 2 3 4 UK	 When reminded, assisted, or supervise <u>Unable</u> to get to and from the toilet but assistance). <u>Unable</u> to get to and from the toilet or independently. Is totally dependent in toileting. 	endently with or without a device. ed by another person, able to get to and from t is able to use a bedside commode (with or w bedside commode but is able to use a bedpa	vithout	
2.	Item Clari	fication:			
	and mana to the star	gement of clothing when toileting. The price	n the toilet or bedside commode. Excludes per or column should describe the patient's ability or today's assessment – the "current" column	14 days prior	
3.	Rationale				
	Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.				
4.	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negota ✓ Feedba discha ✓ Volunt	lanning ' improvement/outcome enhancement : mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models <u>25</u> Adverse event measurement for adverse Case mix measurement for case mix pro Case mix adjustment for prospective pay Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination 	eporting e event report ofiling yment system	

Form	n No. OC:1-02.0	2		tem-Specific Re	cord		
M06	680 To	oileting (Cont'd)					
5.	Item Resea	rch, Developme	nt, Clinical, a	nd Testing Histor	y:		
	1983-1986:	Evaluation resea	arch of impact	of hospital PPS on	home health	n patient outcomes.	
	1988-1989:	Field testing of o	outcome meas	ures. Item revised			
	1988-1990:	Clinical panel re and necessary of		g home health indu	stry input and	d endorsement of outco	ome measures
	1989-1991:	Feasibility testin	g of clinical ar	nd operational utility	/ of outcome	measures and data ite	ms.
		Reliability/validit	y testing of ou	itcome measures a	nd data items	S.	
	1991-1994:	Empirical field te improvement ap	Ų	ate measures and	items for use	in an outcome-based	quality
		Reliability/validit	y testing of ou	itcome measures a	nd data items	δ.	
	1994-1995:	Pilot demonstrat health agencies		cluding practicality	of measures	and approach) in Colo	rado home
						e assessment by a hold and incorporated.	me health
	1995-2000:	Demonstration t	esting in the N	lational and New Y	ork State Der	monstrations.	
	1997-1998:	Reliability testing] .				
	1999-2000:	Initial intensive (OMB review w	ith subsequent 6-m	onth reviews	5.	
6.	Validity:	aug validity by ov	oort roooarah/	olinical papala for a	utoomo moo	ouromont and rick fact	or mooguromont
				anels for patient as		surement and risk factors and risk factors for the sum of the second second second second second second second s	Ji measurement
						k factor measurement	
				ix adjustment for pa	ayment		
		on by patient asse on by outcome en		are planning			
7.	Recent Rel	-		□ Moderate] Fair/Slight	Reliability not e	evaluated
	Interrater re	liability (weighter	l kanna or ner	cent agreement):	0.86 Stur	dy 1 <u>0.82</u> Study 2	0.58 Study 3
8.		or Real Constrai			<u>_0.00</u> 0tdt	<u> </u>	<u>-0.00</u> 0tudy 0
0.					start/resumpti	on of care should be o	mitted due to
						nt is dependent on pat	
						hronic functional limita	
	important to	or care planning (e.g., establish	ing renabilitation ex	(pectations) a	as well as risk adjustme	ent.
9.	Additional	Comments:					
	None.						
		-		Highly useful	Useful	Potentially useful	Marginal
11.		dation for Rete		-			
						ior" status information onal limitations with gre	
				Da	ate Recorded	: <u>02</u> / <u>01</u>	/ 2002

Form No. OC:1-02.02 Item-Specific Record					
Iten	Item Category: Activities of Daily Living (Functional Status)				
lten M06	n No.: 690	Item Name: Transferring	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge	
1.	Precise W	ording of Item:			
	690) Trans	-	, on and off toilet or commode, into and out o ent is bedfast.	of tub or shower,	
	r <u>Current</u>	 Transfers with minimal human assistant <u>Unable</u> to transfer self but is able to be Unable to transfer self and is <u>unable</u> to Bedfast, unable to transfer but is able to Bedfast, unable to transfer and is <u>unable</u> 	ar weight and pivot during the transfer proce bear weight or pivot when transferred by an o turn and position self in bed.		
2.	Item Clari	fication:			
2.	Identifies the patient's all	he patient's ability to <u>safely</u> transfer in a va	riety of situations. The prior column should o on) of care visit. The focus for today's asses today.		
3.	Rationale	for Item:			
	Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.				
4.	Home Heat ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati ✓ Marketi negotia ✓ Feedbar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome report outcome report of risk adjustment models 22 ✓ Adverse event measurement for adverse ✓ Case mix measurement for case mix primed case mix adjustment for prospective part of case mix adjustment for consumer report of Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development ✓ Homebound status determination ✓ Medical necessity determination 	eporting e event report ofiling syment system	

Form	No. OC:1-02.02	2		Item-Specific R	ecord		
MOG	690 Tra	ansferring (Cor	it'd)				
5.	Item Resea	rch, Developme	nt, Clinical,	and Testing Histo	ry:		
	1983-1986:	Evaluation resea	arch of impac	t of hospital PPS of	home health	patient outcomes.	
	1988-1989:	Field testing of	outcome mea	sures. Item revise	d.		
	1988-1990:	Clinical panel re and necessary of		ng home health ind	ustry input and	d endorsement of outc	ome measures
	1989-1991:	Feasibility testin	g of clinical a	nd operational utili	y of outcome	measures and data ite	ems.
		Reliability/validit	y testing of o	utcome measures	and data items	3.	
	1991-1994:	Empirical field to improvement ap	•	uate measures and	items for use	in an outcome-based	quality
		Reliability/validit	y testing of o	utcome measures	and data items	3.	
	1994-1995:	Pilot demonstra health agencies		ncluding practicality	of measures	and approach) in Colo	orado home
		Endorsed as es No changes rec			assessment	by a home health indu	stry workgroup.
	1995-2000:	Demonstration f	esting in the	National and New `	ork State De	monstrations.	
	1997-1998:	Reliability testin	g.				
	1999-2000:	Initial intensive	OMB review w	with subsequent 6-i	month reviews	S.	
6.	Validity:						
				/clinical panels for anels for patient as		surement and risk fact	or measurement
						k factor measurement	
				nix adjustment for p			
		n by patient asse		care planning			
<u> </u>		n by outcome er					
7.	Recent Rel	iability: ⊠ Su	bstantial	□ Moderate I	□ Fair/Slight	□ Reliability not	evaluated
					<u>0.79</u> Stud	ly 1 <u>0.76</u> Study 2	0.63 Study 3
8.		or Real Constra					
						on of care should be o	
						nt is dependent on pat hronic functional limita	
						as well as risk adjustme	
	Three exam	ples of transferri	ng tasks are p	provided (bed-chair	, on-off toilet/o	commode, into-out of t	
	is perceived	as a possible so	ource of ambig	guity and hence err	or.		
•	Additional	Commonto					
9.			CMS on 185		nt training vid	eo and workbook depi	ct obsorvational
		for this item.	CIVIS UII 405.				
10.	Overall Neo	essity of Item:	Essential	Highly useful	Useful	Potentially useful	Marginal
		dation for Rete					
				-	lacing the "pr	ior" status information	for all functional
						onal limitations with gr	
		ification of exam				0	-
				П	ate Recorded	: 02 / 01	/ 2002
I				B			

-	Form No. OC:1-02.02 Item-Specific Record				
Iten	n Category	: Activities of Daily Living (Functional State	us)		
lten M07	n No.: 700	Item Name: Ambulation/Locomotion	Т	ime Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1.	Precise W	ording of Item:			
(M0		ulation/Locomotion: Ability to <u>SAFELY</u> we seated position, on a variety of surfaces.	valk, once	in a standing position, or use a wh	eelchair, once
	r <u>Current</u> 0 1 2 3 4 5 UK	 (i.e., needs no human assistance or as Requires use of a device (e.g., cane, w assistance to negotiate stairs or steps) Able to walk only with the supervision of Chairfast, <u>unable</u> to ambulate but is ab Chairfast, unable to ambulate and is <u>ur</u> Bedfast, unable to ambulate or be up in 	ssistive de valker) to or unever or assista le to whe <u>nable</u> to w	evice). walk alone <u>or</u> requires human supe n surfaces. nce of another person at all times. el self independently.	-
2.	over a vari	he patient's ability and the type of assistand ety of surfaces. The prior column should d <u>n) of care visit</u> . The focus for today's asses	lescribe th	ne patient's ability <u>14 days prior to t</u>	<u>he start (or</u>
3.	3. Rationale for Item: Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.				
4.	Home Heat ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor Utilizati ✓ Utilizati ✓ Marketi negotia Feedbaa dischar Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring on/cost/resource consumption monitoring ing (e.g., public relations, payer	CMS Ar Outc Case Case Case Case Case Perfo Surv Prog Other A Hom	acking) pplications ome measurement for outcome rep factor measurement for outcome rep ber of risk adjustment models <u>27</u> erse event measurement for advers e mix measurement for case mix pro- e mix adjustment for prospective pa ormance indicator for consumer rep ey & certification use (planned) ram integrity (planned) pplications Under Development ebound status determination cal necessity determination	eporting e event report ofiling yment system

Form No. OC:1-02.02

Forr	n No. OC:1-02.0	
MO	700 Ar	nbulation/Locomotion (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures
		and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:	
	Consen	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement
		sus validity by expert clinical panels for patient assessment and care planning
		or convergent/predictive validity for outcome measurement/risk factor measurement jent/predictive validity: case mix adjustment for payment
		on by patient assessment and care planning
	Validation	on by outcome enhancement
7.	Recent Re	iability: ☑ Substantial
	Interrater re	liability (weighted kappa or percent agreement): <u>0.87</u> Study 1 <u>0.77</u> Study 2 <u>0.72</u> Study 3
8.		or Real Constraints/Limitations:
		suggested that functional status 14 days prior to start/resumption of care should be omitted due to
		bout unreliability. It is true that prior status, because assessment is dependent on patient report, is than current functional status. However, the identification of chronic functional limitations is
		or care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment. Lack of
		on between walker and cane assisted ambulation has been raised as an issue. The reliability and
	importance	of differentiating between these two levels may warrant further study.
9.	Additional	Comments:
		also required by CMS on 485. OASIS assessment training video and workbook depict observational
		t for this item.
10.	Overall Ne	cessity of Item: ☑ Essential
11.	Recommer	ndation for Retention or Change:
		current and prior status for this item. Explore replacing the "prior" status information for all functional
1	items by de	veloping (fewer) alternative data items to assess chronic functional limitations with greater reliability.
1		
1		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form	Form No. OC:1-02.02 Item-Specific Record				
Iten	n Category	r: Activities of Daily Living (Functional Statu	s)		
MO	Item No.: Item Name: Time Points: M0710 Feeding or Eating Image: I				
1.	Precise W	/ording of Item:			
(M0		ling or Eating: Ability to feed self meals an ng, <u>chewing</u> , and <u>swallowing</u> , <u>not prepari</u>	nd snacks. Note: This refers only to the p ng the food to be eaten.	process of	
	Current 0 1 2 3 4 5 UK	 (a) meal set-up; <u>OR</u> (b) intermittent assistance or supervision (c) a liquid, pureed or ground meat dief <u>Unable</u> to feed self and must be assisted Able to take in nutrients orally <u>and</u> recergastrostomy. <u>Unable</u> to take in nutrients orally and is Unable to take in nutrients orally or by the second s	on from another person; <u>OR</u> ed or supervised throughout the meal/snack. ives supplemental nutrients through a nasog fed nutrients through a nasogastric tube or	gastric tube or	
2.	This item <u>e</u> ability <u>14 c</u> column – i	the patient's ability to feed self meals, incluce <u>excludes</u> evaluation of the preparation of for <u>days prior to the start (or resumption) of car</u> is on what the patient is <u>able</u> to do today.	ing the process of eating, chewing and swal od items. The prior column should describe <u>e visit</u> . The focus for today's assessment – t	the patient's	
3.	Rationale for Item: Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.				
4.	Home Heat ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito Utilizat ✓ Utilizat ✓ Market negotia Feedba ✓ Volunta	lanning ' improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications Image: Outcome measurement for outcome represent for outcome represent for outcome represent for sk adjustment models18 Image: Outcome represent for outcome represent for sk adjustment models18 Image: Outcome represent for sk adjustment models18 Image: Outcome represent for represent for adverse event measurement for adverse Image: Outcome represent for adverse event measurement for case mix processes Image: Outcome represent for adverse event measurement for case mix processes Image: Outcome represent for adverse event measurement for case mix processes Image: Outcome represent for adverse event measurement for case mix processes Image: Outcome represent for adverse event measurement for case mix processes Image: Outcome represent for adverse event measurement for consumer represent for consumer represent for consumer represent event for adverse event measurement for case mix adjustment for prospective particle for adverse event measurement for adverse	eporting e event report ofiling yment system	

Form	No. OC:1-02.0	2 Item-Specific Record
M07	710 Fe	eding or Eating (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes.
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
		Reliability/validity testing of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:	
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement
		sus validity by expert clinical panels for patient assessment and care planning
		or convergent/predictive validity for outcome measurement/risk factor measurement ent/predictive validity: case mix adjustment for payment
		n by patient assessment and care planning
	✓ Validation	n by outcome enhancement
7.	Recent Rel	iability: ☑ Substantial
	Interrater re	liability (weighted kappa or percent agreement): <u>0.89</u> Study 1 <u>0.48</u> Study 2 <u>0.62</u> Study 3
8.	Perceived	or Real Constraints/Limitations:
		suggested that functional status 14 days prior to start/resumption of care should be omitted due to
		bout unreliability. It is true that prior status, because assessment is dependent on patient report, is than current functional status. However, the identification of chronic functional limitations is
		r care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.
	•	
0	Additional	Comments:
9.		essment training video and workbook depict assessment strategies for this item.
	04010 8356	
10	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🗂 Useful 🔲 Potentially useful 🗍 Marginal
		dation for Retention or Change:
		current and prior status for this item. Explore replacing the "prior" status information for all functional
		veloping (fewer) alternative data items to assess chronic functional limitations with greater reliability.
	-	
		Date Recorded: 02 / 01 / 2002

Form	Form No. OC:1-02.02 Item-Specific Record				
Iten	n Category	: Instrumental Activities of Daily Living (Fu	nctional Status)		
lten M07	-	Item Name: Planning and Preparing Light Meals	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility ☑ Discharge		
1.	Precise W	/ording of Item:			
(M0	720) Plan	ning and Preparing Light Meals (e.g., ce	eal, sandwich) or reheat delivered meals:		
Prio	r Current				
	0	(b) Is physically, cognitively, and menta	pare all light meals for self or reheat delivered meals; <u>OR</u> ally able to prepare light meals on a regular basis but has preparation in the past (i.e., prior to this home care		
	□ 1 □ 2 ∪K	- Unable to prepare any light meals or re	ular basis due to physical, cognitive, or mental limitations. heat any delivered meals.		
2.	Item Clari	fication:			
	Identifies t not routine	he patient's physical, cognitive and mental ly perform this task. The prior column sho n) of care visit. The focus for today's asses	ability to plan and prepare meals, even if the patient does uld describe the patient's ability <u>14 days prior to the start (or</u> sment – the "current" column – is on what the patient is <u>able</u>		
3.	Rationale	for Item:			
	Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.				
4.	Home Heat ☑ Assess ☑ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market negotia ☑ Feedba dischar ☑ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications ☑ Outcome measurement for outcome reporting ☑ Risk factor measurement for outcome reporting Number of risk adjustment models _ 20 □ Adverse event measurement for adverse event report ☑ Case mix measurement for case mix profiling □ Case mix adjustment for prospective payment system ☑ Performance indicator for consumer reporting (planned) ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination		

Form	No. OC:1-02.0	2 Item-Specific Record			
M07	720 Pl	anning and Preparing Light Meals (Cont'd)			
5.	Item Resea	rch, Development, Clinical, and Testing History:			
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.			
	1988-1989:	Field testing of outcome measures. Item revised.			
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.			
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.			
		Reliability/validity testing of outcome measures and data items.			
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.			
		Reliability/validity testing of outcome measures and data items. Item revised.			
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.			
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.			
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.				
	1997-1998:	Reliability testing.			
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.			
6.	Validity:				
	 ☑ Consens ☑ Consens ☑ Criterior ☑ Converg ☑ Validation 	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement ent/predictive validity: case mix adjustment for payment on by patient assessment and care planning on by outcome enhancement			
7.	Recent Rel				
· ·					
0		liability (weighted kappa or percent agreement): <u>0.71</u> Study 1 <u>0.58</u> Study 2 <u>0.77</u> Study 3 or Real Constraints/Limitations:			
8.	It has been concerns al less reliable	suggested that functional status 14 days prior to start/resumption of care should be omitted due to bout unreliability. It is true that prior status, because assessment is dependent on patient report, is than current functional status. However, the identification of chronic functional limitations is r care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.			
9.	Additional	Comments:			
	OASIS asse	essment training video and workbook depict assessment strategies for this item.			
10.	Overall Ne	cessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🗖 Potentially useful 🗖 Marginal			
		Idation for Retention or Change:			
	Retain both	current and prior status for this item. Explore replacing the "prior" status information for all functional veloping (fewer) alternative data items to assess chronic functional limitations with greater reliability.			
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>			

Forn	n No. OC:1-02.	02 Item-Spec	cific Record					
lter	Item Category: Instrumental Activities of Daily Living (Functional Status)							
	n No.: 730	Item Name: Transportation	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge				
1	Prociso M	/ording of Item:		Discharge				
1.		-						
(MC	9730) Tran subw		safely use a car, taxi, or public transportation	n (bus, train,				
	 public bus. 1 - Able to ride in a car only when driven by another person; <u>OR</u> able to use a bus or handicap van only when assisted or accompanied by another person. 2 - <u>Unable</u> to ride in a car, taxi, bus, or van, and requires transportation by ambulance. 							
2.	column sh	he patient's physical and mental ability to s	afely use a car, taxi or public transportation. <u>prior to the start (or resumption) of care visit</u> . Nat the patient is <u>able</u> to do today.					
	-							
3.	Rationale for Item: Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.							
4.	Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models <u>25</u> Adverse event measurement for adverse Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination 	e event report ofiling yment system				

Form	No. OC:1-02.0	2		Item-Specific	Record			
M07	730 Tr	ansportation (C	ont'd)					
5.	Item Resea	rch, Developme	nt, Clinical,	and Testing Hi	story:			
	1983-1986:	Evaluation resea	arch of impa	t of hospital PP	S on home h	ealth pati	ent outcomes. Ite	em revised.
	1988-1990:	Clinical panel re and necessary of		ng home health	industry inpu	it and end	lorsement of outo	ome measures
	1989-1991:	Feasibility testin	g of clinical a	and operational	utility of outco	ome mea	sures and data ite	ems.
		Reliability/validit	y testing of c	utcome measur	es and data	items.		
	1991-1994:	Empirical field te improvement ap	•	uate measures	and items for	use in ar	n outcome-based	quality
		Reliability/validit	y testing of c	utcome measur	es and data	items.		
	1994-1995:	Pilot demonstrat health agencies		ncluding practic	ality of meas	ures and	approach) in Colo	orado home
		Endorsed as es No changes rec			sive assessn	nent by a	home health indu	istry workgroup.
	1995-2000:	Demonstration t year of data coll		National and Ne	ew York State	e Demons	strations. Item re	vised after first
	1997-1998:	Reliability testing] .					
	1999-2000:	Initial intensive	OMB review	with subsequen	t 6-month rev	views.		
6.	Validity:				_			
		sus validity by ex sus validity by ex					ment and risk fact	or measurement
							tor measurement	
		ent/predictive va						
		on by patient asse		care planning				
7.	Recent Rel	in by outcome en	hancement ostantial	□ Moderate	□ Fair/Sli	iaht	Reliability not	ovaluated
1.		•				•	•	
		liability (weighted			nt): <u>0.63</u>	_Study 1	<u>0.52</u> Study 2	<u>0.80</u> Study 3
8.		or Real Constrai					e	
							f care should be o dependent on pa	
							ic functional limita	
	important fo	or care planning (e.g., establis	hing rehabilitatio	on expectatio	ns) as we	ell as risk adjustm	ent.
9.	Additional	Comments:						
	None.							
10.	Overall Ne	cessity of Item:	Essentia	I D Highly use	eful 🛛 Use	eful 🛛	Potentially useful	Marginal
11.	Recommer	ndation for Reter	ntion or Cha	inge:				
							status information	
	items by de	veloping (fewer)	aiternative da	ata items to asso	ess chronic fi	unctional	limitations with gr	eater reliability.
					Date Reco	rded:	02 / 01	/ 2002

Form	Form No. OC:1-02.02 Item-Specific Record							
Iten	n Category	: Instrumental Activities of Daily Living (Fu	nctional Status)					
lten M07	1 No.: 740	Item Name: Laundry	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge				
1.	Precise W	/ording of Item:	· _ · _ ·					
(M0	(M0740) Laundry: Ability to do own laundry to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.							
	 (b) Physically, cognitively, and mentally able to do laundry and access facilities, <u>but</u> has not routinely performed laundry tasks in the past (i.e., prior to this home care admission). 							
	□ 2 UK	 of laundry. <u>Unable</u> to do any laundry due to physic due to cognitive or mental limitation. 	cal limitation or needs continual supervision a					
2.	perform th	he patient's physical, cognitive, and mental is task. The prior column should describe t	ability to do laundry, even if the patient does he patient's ability <u>14 days prior to the start (</u> "current" column – is on what the patient is <u>a</u>	or resumption)				
3.	Rationale for Item: Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.							
4.	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome report of Risk factor measurement for outcome report of risk adjustment models 22 Adverse event measurement for advers ✓ Case mix measurement for case mix product of the case mix adjustment for prospective pare of the case mix adjustment for consumer report of Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development Homebound status determination 	eporting e event report ofiling yment system				

Form	No. OC:1-02.02	2		Item-Specifi	c Record		
M07	740 La	undry (Cont'd)					
5.	Item Resea	rch, Developme	ent, Clinical,	and Testing H	istory:		
	1983-1986:	Evaluation resea	arch of impa	ct of hospital PF	S on home hea	alth patient outcomes. I	tem revised.
	1988-1989:	Field testing of o	outcome mea	asures. Item rev	/ised.		
	1988-1990:	Clinical panel re and necessary of		ng home health	industry input a	and endorsement of out	come measures
	1989-1991:	Feasibility testin	g of clinical a	and operational	utility of outcon	ne measures and data if	iems.
		Reliability/validit	y testing of c	outcome measu	res and data ite	ems.	
	1991-1994:	Empirical field te improvement ap		luate measures	and items for u	se in an outcome-based	d quality
		Reliability/validit	y testing of c	outcome measu	res and data ite	ems. Item revised.	
	1994-1995:	Pilot demonstrat health agencies		including practic	ality of measur	es and approach) in Co	lorado home
		Endorsed as es No changes rec				nt by a home health ind	ustry workgroup.
	1995-2000:	Demonstration t year of data coll		National and N	ew York State [Demonstrations. Item re	evised after first
	1997-1998:	Reliability testing	g.				
	1999-2000:	Initial intensive (OMB review	with subsequen	t 6-month revie	WS.	
6.	Validity:						
						easurement and risk fac	tor measurement
						and care planning /risk factor measuremer	ht .
		jent/predictive va					it.
		on by patient asse					
	☑ Validatio	on by outcome en	hancement				
7.	Recent Rel	iability: 🗹 Sul	bstantial	□ Moderate	□ Fair/Slig	nt 🛛 Reliability not	t evaluated
	Interrater re	liability (weighted	t kappa or pe	ercent agreeme	nt): <u>0.64</u> S	tudy 1 <u>0.48</u> Study 2	0.76 Study 3
8.	Perceived	or Real Constrai	ints/Limitati	ons:			
						ption of care should be	
						ment is dependent on pa of chronic functional limit	
						s) as well as risk adjustn	
			-	-	-		
9.	Additional	Comments:					
5.	None.	oonmenta.					
	None.						
10.	Overall Neo	cessity of Item:	☑ Essentia	al 🛛 Highly us	eful 🛛 Usefu	I D Potentially usefu	I D Marginal
		dation for Rete					
				•	e replacing the	"prior" status information	n for all functional
						ctional limitations with g	
					Date Record	ed: <u>02</u> / <u>01</u>	/ 2002

Forn	Form No. OC:1-02.02 Item-Specific Record							
Iter	n Category	: Instrumental Activities of Daily Living (Fu	nctional Status)					
Iten M0		Item Name: Housekeeping	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge				
1.	1. Precise Wording of Item:							
(M0	0750) Hous	sekeeping: Ability to safely and effectively	perform light housekeeping and heavier clea	aning tasks.				
	 (b) Physically, cognitively, and mentally able to perform <u>all</u> housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission). 							
	_	independently.						
	□ 2	 Able to perform nousekeeping tasks will person. 	ith intermittent assistance or supervision from	n another				
	□ 3	 <u>Unable</u> to consistently perform any hout throughout the process. 	usekeeping tasks unless assisted by another	person				
	□ 4		housekeeping tasks.					
	UK	- Unknown						
2.	2. Item Clarification: Identifies the physical, cognitive and mental ability of the patient to perform both heavier and lighter housekeeping tasks, even if the patient does not routinely carry out these activities. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.							
3.	3. Rationale for Item: Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.							
4.	Home Hea ✓ Assess ✓ Care pl ✓ Quality ✓ Patient monitor ✓ Utilizati ✓ Market negotia ✓ Feedba dischar ✓ Volunta	anning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome rep ✓ Risk factor measurement for outcome rep ✓ Number of risk adjustment models _22 △ Adverse event measurement for adverse ✓ Case mix measurement for case mix pro △ Case mix adjustment for prospective pai ✓ Performance indicator for consumer rep ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development □ Homebound status determination □ Medical necessity determination 	e porting e event report ofiling yment system				

Form	No. OC:1-02.0	2		Item-Specific	Record			
M07	750 Ho	ousekeeping (C	ont'd)					
5.	Item Resea	rch, Developme	nt, Clinical,	and Testing His	tory:			
	1983-1986:	Evaluation resea	arch of impac	t of hospital PPS	on home healt	th patient outcome	s. Item rev	vised.
	1988-1990:	Clinical panel re and necessary of		ng home health ir	ndustry input ar	nd endorsement of	ⁱ outcome r	neasures
	1989-1991:	Feasibility testin	g of clinical a	nd operational u	tility of outcome	e measures and da	ata items.	
		Reliability/validit	y testing of o	utcome measure	s and data item	ns.		
	1991-1994:	Empirical field te improvement ap		uate measures a	nd items for use	e in an outcome-b	ased qualit	У
		Reliability/validit	y testing of o	utcome measure	s and data item	ns. Item revised.		
	1994-1995:	Pilot demonstration health agencies		ncluding practica	lity of measures	s and approach) in	ı Colorado	home
		Endorsed as es No changes rec			ive assessmen	t by a home health	า industry ง	vorkgroup.
	1995-2000:	Demonstration t	esting in the	National and Nev	v York State De	emonstrations.		
	1997-1998:	Reliability testing	g.					
	1999-2000:	Initial intensive	OMB review v	with subsequent	6-month review	/S.		
6.	Validity:	sus validity by ox	oort rosoarch	clinical papels f	or outcomo mo	asurement and risl	k factor mo	asuromont
		sus validity by ex						asurement
	Criterion	or convergent/p	redictive valio	lity for outcome r	neasurement/ri	isk factor measure	ment	
		ent/predictive va			r payment			
		on by patient asse on by outcome er		care planning				
7.	Recent Rel	2	bstantial	Moderate	□ Fair/Slight	Reliability	y not evalu	ated
	Interrater re	liability (weighted	l kappa or pe	rcent agreement): 0.54 Stu	udy 1 <u>0.50</u> Stud	dv 2 0.70	Study 3
8.		or Real Constra		-). <u> </u>			
					to start/resump	tion of care should	d be omitte	d due to
	concerns at	pout unreliability.	It is true that	t prior status, bec	ause assessm	ent is dependent o	on patient r	eport, is
						chronic functional as well as risk adj		is
		i care planning (c.g., cotabilo				ustinent.	
L								
9.		Comments:						
	None.							
10		accity of Itomy			ul 🛛 Useful	Potentially us	ooful 🗖 I	Marginal
		cessity of Item: Idation for Rete						viargiliai
¹¹ .				•	renlacing the "r	orior" status inform	ation for a	functional
						tional limitations w		
	,					-	J I	,
					Date Recorde	d: 02 /	01 / 2	2002
							<u>~ ' </u> ' <u></u> '	

Forn	Form No. OC:1-02.02 Item-Specific Record							
lter	Item Category: Instrumental Activities of Daily Living (Functional Status)							
Iter M0 ⁻	n No.: 760	Time Points: ☑ Start or Resumption of Care ☑ Follow-Up □ Transfer to Inpatient Facility ☑ Discharge						
1.	Precise W	/ording of Item:						
(MC	(M0760) Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.							
	 packages; <u>OR</u> (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission). 							
	_	 (a) By self is able to do only light shop occasional major shopping; <u>OR</u> (b) <u>Unable</u> to go shopping alone, but c 	ping and carry small packages, but needs someone to do an go with someone to assist.					
	□ 2	 <u>Unable</u> to go snopping, but is able to id delivery. 	lentify items needed, place orders, and arrange home					
	□ 3 UK	- Needs someone to do all shopping and	l errands.					
2.	store, ever <u>14 days pr</u> is on what	he physical, cognitive and mental ability of n if the patient does not routinely go shoppi <u>rior to the start (or resumption) of care visit</u> . the patient is <u>able</u> to do today.	the patient to plan for, select, and purchase items from a ng. The prior column should describe the patient's ability The focus for today's assessment – the "current" column –					
3.	Rationale for Item: Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.							
4.	Home Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedba dischar Volunta	lanning r improvement/outcome enhancement r mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications ☑ Outcome measurement for outcome reporting ☑ Risk factor measurement for outcome reporting Number of risk adjustment models _27 □ Adverse event measurement for adverse event report ☑ Case mix measurement for case mix profiling □ Case mix adjustment for prospective payment system ☑ Performance indicator for consumer reporting (planned) ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination					

Item-Specific Record

Form	No. OC:1-02.0	2 Item-Specific Record
M07	760 Sł	opping (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989:	Field testing of outcome measures. Item revised.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
		Reliability/validity testing of outcome measures and data items. Item revised.
	1994-1995:	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998:	Reliability testing.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:	
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning
		or convergent/predictive validity for outcome measurement/risk factor measurement
		ent/predictive validity: case mix adjustment for payment
		n by patient assessment and care planning
7.	Recent Rel	n by outcome enhancement iability: I Substantial I Moderate I Fair/Slight I Reliability not evaluated
1.		
8.		liability (weighted kappa or percent agreement): <u>0.65</u> Study 1 <u>0.50</u> Study 2 <u>0.64</u> Study 3 or Real Constraints/Limitations:
ο.		suggested that functional status 14 days prior to start/resumption of care should be omitted due to
		out unreliability. It is true that prior status, because assessment is dependent on patient report, is
		than current functional status. However, the identification of chronic functional limitations is
	important fo	r care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.
9.	Additional	Comments:
	None.	
		cessity of Item: ☑ Essential
11.		dation for Retention or Change:
		current and prior status for this item. Explore replacing the "prior" status information for all functional
	items by de	veloping (fewer) alternative data items to assess chronic functional limitations with greater reliability.
		Date Recorded: 02 / 01 / 2002

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			IRONICLE	(for UASIS Versio	11 D 1 0/2000)	
Form	No. OC:1-02.02	Item-Spec	ific Record			
lten	n Category:	Instrumental Activities of Daily Living (Fu	ctional Status)			
lten M07		tem Name: bility to Use Telephone		ts: or Resumption of Care sfer to Inpatient Facility	☑ Follow-Up ☑ Discharge	
1.	Precise Wo	rding of Item:				
(M0		to Use Telephone: Ability to answer the unicate.	phone, dial num	pers, and <u>effectively</u> use th	ne telephone to	
	Current 0 1 2 3 4 5 NA UK	Able to dial numbers and answer calls a Able to use a specially adapted telepho deaf) and call essential numbers. Able to answer the telephone and carry calls. Able to answer the telephone only som conversation. <u>Unable</u> to answer the telephone at all b Totally unable to use the telephone. Patient does not have a telephone. Unknown	on a normal conv of the time or is	nbers on the dial, teletype versation but has difficulty able to carry on only a lim	with placing	
	Identifies the communicate	e ability of the patient to answer the phone e. The prior column should describe the he focus for today's assessment – the "cu	atient's ability 14	days prior to the start (or	resumption) of	
3.	Rationale for	or Item:				
	Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.					
4.	 ☑ Assessm ☑ Care plar ☑ Quality in ☑ Patient m monitorin ☑ Utilization ☑ Marketing negotiation ☑ Feedback discharge ☑ Voluntary 	h Agency Applications ent nning nprovement/outcome enhancement nix/origin/discharge disposition g n/cost/resource consumption monitoring g (e.g., public relations, payer	 CMS Application ☑ Outcome mea ☑ Risk factor mea ☑ Number of risi □ Adverse even ☑ Case mix mea □ Case mix adju ☑ Performance i ☑ Survey & certi ☑ Program integ Other Application □ Homebound s 	isurement for outcome rep easurement for outcome rep k adjustment models <u>27</u> t measurement for advers asurement for case mix pro ustment for prospective pa indicator for consumer rep fication use (planned)	eporting e event report ofiling yment system	

Form	No. OC:1-02.02 Item-Specific Record
M07	70 Ability to Use Telephone (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	Reliability/validity testing of outcome measures and data items.
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998: Reliability testing.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:
	 Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning
	 ☑ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	Convergent/predictive validity: case mix adjustment for payment
	☑ Validation by patient assessment and care planning
-	✓ Validation by outcome enhancement Present Paliability Ø Outpeterstiel
7.	Recent Reliability: ☑ Substantial □ Moderate □ Fair/Slight □ Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement): <u>0.73</u> Study 1 <u>0.71</u> Study 2 <u>0.65</u> Study 3
8.	Perceived or Real Constraints/Limitations:
	It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is
	less reliable than current functional status. However, the identification of chronic functional limitations is
	important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.
9.	Additional Comments:
	None.
	Overall Necessity of Item: 🗹 Essential 🗆 Highly useful 🗆 Useful 🗆 Potentially useful 🗆 Marginal
11.	Recommendation for Retention or Change:
	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
	Date Recorded: 02 / 01 / 2002

Forr	m No. OC:1-02.	02 Item-Spec	cific Record	
lter	m Category	: Management of Medications		
	m No.: 780	Item Name: Management of Oral Medications	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1.	Precise W	/ording of Item:		
(M(relial Excl	oly and safely, including administration of th	bility to prepare and take <u>all</u> prescribed oral e correct dosage at the appropriate times/ini DTE: This refers to ability, not compliance	tervals.
	27 <u>Current</u> □ 0 □ 1 □ 2 □ NA UK	 times. Able to take medication(s) at the correct (a) individual dosages are prepared in (b) given daily reminders; <u>OR</u> (c) someone develops a drug diary or or <u>Unable</u> to take medication unless admitionable of the take medication sprescribed. 	advance by another person; <u>OR</u> chart.	ne correct
2.	required to able to do, <u>14 days pr</u>	he patient's ability to prepare and take oral administer the correct dosage at the appro not on the patient's compliance or willingn	medications reliably and safely and the type opriate times/intervals. The focus is on what ess. The prior column should describe the p The focus for today's assessment - the "cur	the patient is atient's ability
3.	Rationale	for Item:		
	therapies a functional based on o	are needed to meet the patient's daily need status are important components of quality	safely in the home and what services, equip s within the home environment. Maintaining of life. The time interval of 14 days (for prior care industry input had suggested 21 days days as a better predictor.	and improving status) is
4.	Home Hea Assess Care p Quality Patient monito Utilizat Market negotia Feedba dischar Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 <u>CMS Applications</u> ☑ Outcome measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Risk factor measurement for outcome rep ☑ Number of risk adjustment models <u>33</u> ☑ Adverse event measurement for adverse ☑ Case mix measurement for case mix pro □ Case mix adjustment for prospective pa ☑ Performance indicator for consumer rep ☑ Survey & certification use (planned) ☑ Program integrity (planned) <u>Other Applications Under Development</u> □ Homebound status determination ☑ Medical necessity determination 	e event report ofiling yment system

Form	No. OC:1-02.0	2		Item-Speci	fic Red	cord				
MO	780 Ma	anagement of O	ral Medicati	ons (Cont'd)						
5.	Item Resea	rch, Developme	ent, Clinical,	and Testing	History	:				
	1983-1986:	Evaluation resea	arch of impac	ct of hospital F	PPS on I	nome he	ealth pat	ient outc	omes. Iter	m revised.
	1988-1989:	Field testing of c	outcome mea	sures. Item r	evised.					
	1988-1990:	Clinical panel re and necessary of		ng home heal	th indus	try input	and end	dorseme	nt of outco	me measures
	1989-1991:	Feasibility testin	g of clinical a	and operation	al utility	of outco	me mea	sures an	d data iter	ns.
Reliability/validity testing of outcome measures and data items.										
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.									
		Reliability/validit								
	1994-1995:	Pilot demonstrat health agencies		ncluding prac	ticality o	f measu	res and	approac	h) in Color	ado home
		Endorsed as es No changes rec				issessm	ent by a	home he	ealth indus	stry workgroup.
	1995-2000:	Demonstration t year of data coll		National and	New Yo	rk State	Demon	strations	Item revi	sed after first
	1997-1998:	Reliability testing	g.							
	1999-2000:	Initial intensive (OMB review	with subseque	ent 6-mo	onth revi	ews.			
6.	Validity:									
0.		sus validity by ex	pert research	n/clinical pane	ls for ou	tcome n	neasure	ment and	d risk facto	r measurement
		sus validity by ex								
		or convergent/p ent/predictive va					t/risk tac	ctor meas	surement	
		n by patient asse				mont				
		on by outcome en								
7.	Recent Rel	iability: 🗹 Sul	bstantial	□ Moderate		Fair/Slig	ght	Relia	bility not e	valuated
	Interrater re	liability (weighted	l kappa or pe	ercent agreem	nent):	0.82	Study 1	0.63	Study 2	Study 3
8.	Perceived	or Real Constrai	ints/Limitati	ons:						
		suggested that m								
		to concerns abo rt, is less reliable								
	medication	management pro	blems is imp	ortant for care	e plannir	ng as we	ell as risl	k adjustn	nent.	
9.	Additional	Comments:								
	Similar infor	mation required	to complete t	he 485.						
10						Uset	6.I 🗖	Detentia	lleren	
		cessity of Item: Idation for Rete			Iselui			Potentia	liy uselul	□ Marginal
•••		current and prior		-	ore renis	acina the	"nrior"	status int	formation f	for all
	medication	management iter nt limitations with	ns by develo	ping fewer alt						
	managemen		5,0000 1010	~y.	_	_			•	
					Dat	e Recor	ded:	02 /	01	/ 2002

Forr	n No. OC:1-02.	02 Item-Spec	cific Record
lter	m Category	: Management of Medications	
M0	m No.: 790	Item Name: Management of Inhalant/Mist Medications	Time Points: ☑ Start or Resumption of Care ☑ Transfer to Inpatient Facility ☑ Discharge
1. (M(0 790) Man inhal the c	ant/mist medications (nebulizers, metered of	Patient's ability to prepare and take <u>all</u> prescribed dose devices) reliably and safely, including administration o vals. <u>Excludes</u> all other forms of medication (oral
	or <u>Current</u> 0 1 2 NA UK	 Able to take medication at the correct ti (a) individual dosages are prepared in (b) given daily reminders. <u>Unable</u> to take medication unless admi No inhalant/mist medications prescribe 	advance by another person, <u>OR</u> nistered by someone else.
2.	the type of on what th describe th	he patient's ability to prepare and take all p f assistance required to administer the curre re patient is able to do, not on the patient's of	rescribed inhalant/mist medication reliably and safely and ent dosage at the appropriate times/intervals. The focus is compliance or willingness. The prior column should (or resumption) of care visit. The focus for today's ent is <u>able</u> to do today.
3.	Rationale	for Item:	
	therapies a functional based on o	are needed to meet the patient's daily need status are important components of quality	safely in the home and what services, equipment, or s within the home environment. Maintaining and improving of life. The time interval of 14 days (for prior status) is care industry input had suggested 21 days as an lays as a better predictor.
4.	Home Hea Assess Care p Quality Patient monito Utilizat Utilizat Market negotia Feedba dischar Volunta	lanning ' improvement/outcome enhancement : mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination

Form	No. OC:1-02.02	2 Item-Specific Record							
MO	790 Ma	anagement of Inhalant/Mist Medications (Cont'd)							
5.	Item Resea	rch, Development, Clinical, and Testing History:							
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.							
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.							
		Reliability/validity testing of outcome measures and data items.							
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.							
		Reliability/validity testing of outcome measures and data items.							
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.								
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.							
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.							
	1997-1998:	Reliability testing.							
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.							
6.	Validity:								
		sus validity by expert research/clinical panels for outcome measurement and risk factor measurement							
		sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement							
		ent/predictive validity: case mix adjustment for payment							
	☑ Validatio	on by patient assessment and care planning							
		on by outcome enhancement							
7.	Recent Rel	iability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🖓 Reliability not evaluated							
		liability (weighted kappa or percent agreement): <u>0.91</u> Study 1 <u>0.52</u> Study 2Study 3							
8.		or Real Constraints/Limitations:							
		suggested that management of medications 14 days prior to start/resumption of care should be							
		to concerns about unreliability. It is true that prior status, because assessment is dependent on rt, is less reliable than current management of medications. However, the identification of chronic							
		management problems is important for care planning as well as risk adjustment.							
9.	Additional	Comments:							
•		mation required to complete the 485. A less-prevalent route for administration, thus patient often							
		teaching in correct administration methods.							
10.	Overall Neo	cessity of Item: Cessential I Highly useful Ceseful Potentially useful Arginal							
11.	Recommer	idation for Retention or Change:							
	Retain both	current and prior status for this item. Explore replacing the "prior" status information for all							
		management items by developing fewer alternative data items to assess chronic medication							
	managemei	nt limitations with greater reliability.							
		Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>							

Form	n No. OC:1-02.	02 Item-Spec	cific Record				
Iter	n Category	: Management of Medications					
	n No.: 800	Item Name: Management of Injectable Medications	Time Points: ☑ Start or Resumption of Care ☑ Follow □ Transfer to Inpatient Facility ☑ Discher				
1.	Precise W	lording of Item:	-				
(MC	medi		ent's ability to prepare and take <u>all</u> prescriber istration of correct dosage at the appropriate				
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	 Able to take injectable medication at co (a) individual syringes are prepared in (b) given daily reminders. <u>Unable</u> to take injectable medications u No injectable medications prescribed. 	advance by another person, <u>OR</u>	times.			
2.	assistance patient is a patient's a "current" c	he patient's ability to prepare and take all ir e required to administer the correct dosage able to do, not on the patient's compliance of bility <u>14 days prior to the start (or resumption</u> olumn is on what the patient is <u>able</u> to do to	njectable mediations reliably and safely and f at the appropriate time/intervals. The focus or willingness. The prior column should deso on) of care visit. The focus for today's asses oday.	is on what the cribe the			
3.	Rationale						
	therapies a functional based on o	are needed to meet the patient's daily need status are important components of quality	safely in the home and what services, equip s within the home environment. Maintaining of life. The time interval of 14 days (for prior e care industry input had suggested 21 days days as a better predictor.	and improving status) is			
4.	Home Hea ✓ Assess ✓ Care p ✓ Quality ✓ Patient monito ✓ Utilizat ✓ Market negotia ✓ Feedba dischar ✓ Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications □ Outcome measurement for outcome report ✓ Risk factor measurement for outcome report ✓ Number of risk adjustment models _ 14 □ Adverse event measurement for adverse ✓ Case mix measurement for case mix products ✓ Case mix adjustment for prospective pation ✓ Performance indicator for consumer report ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development □ Homebound status determination	e porting e event report ofiling yment system			

Form	No. OC:1-02.02	2 Item-Specific Record								
MO	300 Ma	nagement of Injectable Medications (Cont'd)								
5.	Item Resea	rch, Development, Clinical, and Testing History:								
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.								
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.								
		Reliability/validity testing of outcome measures and data items.								
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.								
	Reliability/validity testing of outcome measures and data items.									
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.									
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.								
	1995-2000:	Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.								
	1997-1998:	Reliability testing.								
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.								
-										
6.	Validity:	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement								
		sus validity by expert clinical panels for patient assessment and care planning								
	Criterion	or convergent/predictive validity for outcome measurement/risk factor measurement								
		ent/predictive validity: case mix adjustment for payment								
		n by patient assessment and care planning n by outcome enhancement								
7.	Recent Rel	-								
	Interrater re	liability (weighted kappa or percent agreement): <u>0.91</u> Study 1 <u>0.53</u> Study 2Study 3								
8.		or Real Constraints/Limitations:								
	It has been	suggested that management of medications 14 days prior to start/resumption of care should be								
		to concerns about unreliability. It is true that prior status, because assessment is dependent on								
	medication	rt, is less reliable than current management of medications. However, the identification of chronic management problems is important for care planning as well as risk adjustment.								
9.	Additional	Comments:								
5.		mation required to complete the 485. A less-prevalent route for administration, thus patient often								
		teaching in correct administration methods.								
10.	Overall Neo	essity of Item: 🗆 Essential 🗹 Highly useful 🛛 Useful 🗂 Potentially useful 🔲 Marginal								
11.	Recommer	dation for Retention or Change:								
	Retain both	current and prior status for this item. Explore replacing the "prior" status information for all								
		management items by developing fewer alternative data items to assess chronic medication								
	managemei	nt limitations with greater reliability.								
	Date Recorded: 02 / 01 / 2002									

5N. 004.00		cific Record	1 2 1 0 2000)
Form No. OC:1-02	y: Equipment Management		
item categor			
Item No.: M0810	Item Name: Patient Management of Equipment	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. Precise V	Vording of Item:		
nuti safe	rition equipment or supplies): Patient's al	ONLY oxygen, IV/infusion therapy, entera <u>ility</u> to set up, monitor and change equipment an/store/dispose of equipment or supplies us compliance or willingness.)	nt reliably and
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ NA * At discharge 2. Item Clar	 solutions), patient is able to manage all Patient requires considerable assistance independently completes portions of th Patient is only able to monitor equipment to manage the equipment. Patient is completely dependent on sor No equipment of this type used in care , change M0825 to M0830. 	., fills portable oxygen tank, provides patient other aspects of equipment. ee from another person to manage equipmer e task. nt (e.g., liter flow, fluid in bag) and must call neone else to manage all equipment. [If NA, go to <i>M0825</i>]*	nt, but someone else
assistanc willingnes	e required from another person. The focus	ange equipment reliably and safely, and the s on what the patient is able to do, not on co	
Crucial to therapies	assessing whether the patient can function	safely in the home and what services, equip s within the home environment. Maintaining of life.	
Home He ☑ Asses ☑ Care p ☑ Quality ☑ Patien monito ☑ Utiliza ☑ Marke negoti ☑ Feedb discha	olanning y improvement/outcome enhancement t mix/origin/discharge disposition	 <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models Adverse event measurement for advers Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination 	e event report ofiling yment system

Form	No. OC:1-02.02 Item-Specific Record										
MO	10 Patient Management of Equipment (Cont'd)										
5.	Item Research, Development, Clinical, and Testing History:										
	1988-1989: Field testing of outcome measures. Item revised.										
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.										
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.										
	Reliability/validity testing of outcome measures and data items.										
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised.										
	Reliability/validity testing of outcome measures and data items.										
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.										
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.										
	1995-2000: Demonstration testing in the National and New York State Demonstrations.										
	1997-1998: Reliability testing.										
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.										
6.	Validity: ☑ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement										
	 Consensus validity by expert clinical panels for patient assessment and care planning 										
	Criterion or convergent/predictive validity for outcome measurement/risk factor measurement										
	 Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning 										
	☑ Validation by outcome enhancement										
7.	Recent Reliability: 🗹 Substantial 🛛 Moderate 🖓 Fair/Slight 🖓 Reliability not evaluated										
	Interrater reliability (weighted kappa or percent agreement): <u>0.87</u> Study 1 <u>0.74</u> Study 2Study 3										
8.	Perceived or Real Constraints/Limitations:										
	None.										
9.	Additional Comments:										
	None.										
	Overall Necessity of Item: Essential Highly useful Veful Potentially useful Marginal										
11.	Recommendation for Retention or Change:										
	Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).										
	Date Recorded: 02 / 01 / 2002										

Form No. 0	DC:1-02.02 Item-Spe	ecific Record						
Item Ca	tegory: Equipment Management							
Item No M0820	Caregiver Management of Equipment	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge					
1. Pre	cise Wording of Item:							
(M0820)	Caregiver Management of Equipment (inclu enteral/parenteral nutrition, ventilator thera monitor, and change equipment reliably and sa clean/store/dispose of equipment or supplies u compliance or willingness.)	py equipment or supplies): <u>Caregiver's abil</u> afely, add appropriate fluids or medication,						
 Caregiver manages all tasks related to equipment completely independently. I someone else sets up equipment, caregiver is able to manage all other aspects. Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task. Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies). Caregiver is completely dependent on someone else to manage all equipment. NA - No caregiver UK - Unknown * * At follow-up and discharge, omit "UK - Unknown." 								
Crue ther	ionale for Item: cial to assessing whether the patient can function apies are needed to meet the patient's daily nee ctional status are important components of quality	ds within the home environment. Maintaining						
Hon 오 / 오 (오 오	n Use/Application: Identifier (for data mana ne Health Agency Applications Assessment Care planning Quality improvement/outcome enhancement Patient mix/origin/discharge disposition monitoring Utilization/cost/resource consumption monitoring Marketing (e.g., public relations, payer negotiations)	CMS Applications Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models Adverse event measurement for adverse Case mix measurement for case mix pre-	eporting e event report ofiling yment system					

Form	lo. OC:1-02.02 Item-Specific Record									
MO	0 Caregiver Management of Equipment (Cont'd)									
5.	tem Research, Development, Clinical, and Testing History:									
	988-1989: Field testing of outcome measures. Item revised.									
	988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.									
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.									
	Reliability/validity testing of outcome measures and data items.									
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised.									
	Reliability/validity testing of outcome measures and data items.									
	994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.									
	Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.									
	995-2000: Demonstration testing in the National and New York State Demonstrations.									
	997-1998: Reliability testing.									
	999-2000: Initial intensive OMB review with subsequent 6-month reviews.									
6.	/alidity: ☐ Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement									
	2 Consensus validity by expert clinical panels for patient assessment and care planning									
	 Criterion or convergent/predictive validity for outcome measurement/risk factor measurement Convergent/predictive validity: case mix adjustment for payment 									
	2 Validation by patient assessment and care planning									
	2 Validation by outcome enhancement									
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated									
	nterrater reliability (weighted kappa or percent agreement): <u>0.89</u> Study 1 <u>0.29</u> Study 2Study 3									
8.	Perceived or Real Constraints/Limitations:									
	lone.									
9.	Additional Comments:									
	lone.									
	Overall Necessity of Item: Essential Highly useful Ø Useful Potentially useful Marginal									
11.	Recommendation for Retention or Change:									
	Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).									
	Date Recorded: 02 / 01 / 2002									

OASIS CHRONICLE (for OASIS Version B1 8/2000)

Form No. OC:1-02	2.02 Item-Spe	cific Record	
Item Categor	y: Therapy Need		
Item No.: M0825	Item Name: Therapy Need	Time Points: ☑ Start or Resumption of Care □ Transfer to Inpatient Facility	☑ Follow-Up □ Discharge
1. Precise V	Vording of Item:		
case		icare payment period for which this assessm /sical, occupational, or speech therapy) that group?	
	- No - Yes - Not Applicable		
2. Item Clar	ification:		
	whether patient's care plan indicates need f ase mix group is currently 10 visits over a p	for high-therapy use. Threshold for the Medi ayment period.	care high-
3. Rationale	e for Item:		
Added to		o the substantial resource needs associated	with the
	Application: D Identifier (for data mana alth Agency Applications		
 □ Asses □ Care p □ Quality □ Patien monito □ Utiliza □ Marke negoti □ Feedb discha 	sment planning y improvement/outcome enhancement t mix/origin/discharge disposition	CMS Applications □ Outcome measurement for outcome rep □ Risk factor measurement for outcome rep □ Number of risk adjustment models □ Adverse event measurement for adverss □ Case mix measurement for case mix pr ☑ Case mix adjustment for prospective pa □ Performance indicator for consumer rep ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination	eporting e event report ofiling yment system
	Benchmarks)	 Homebound status determination Medical necessity determination 	

Form	n No. OC:1-02.02	2			Iten	n-Specif	ic Re	cord					
MO	825 Therapy Need (Cont'd)												
5.	Item Resea	rch, Deve	elopme	ent, Clinica	I, and	Testing H	listory	<i>r</i> :					
5.	Item Resea 2000:		-	ent, Clinica		Testing F	listory	r:					
6.	Consens	or conve or conve ent/predic n by patie	y by exp rgent/pi ctive val	pert clinical redictive va lidity: case essment an	l panel Ilidity fo mix a Id care	s for patie or outcom djustment	nt asse e mea	essment an surement/ri	id care	ent and risk fac planning or measuremer		neasurement	
7.	Recent Rel	•		bstantial		loderate		Fair/Slight		Z Reliability not			
	Interrater re		•			t agreeme	ent):	Stu	idy 1	Study 2		Study 3	
8.	accommoda	g purpose ite potenti	efully do ial futur	es not spe e changes	cify the	threshold.	As a	result, there	e is sor	ment adjustmer ne confusion or not applicable"	n the		
9.	Additional None.	Commen	ts:										
10.	Overall Neo	essity of	f Item:	☑ Essent	ial D	I Highly us	seful	Useful	ΠP	otentially usefu] Marginal	
11.	Recommen	dation fo	or Reter	ntion or Cl	nange								
	Retain for p interpretatio			ent. Explore	e ways	to more e	effectiv	ely instruct	agenc	ies and cliniciar	is on	correct	
							Dat	e Recorded	d: <u>C</u>	0 <u>2</u> / <u>01</u>	_/_	2002	

Item-Specific Record Form No. OC:1-02.02 Item Category: Emergent Care Utilization Item No.: Item Name: **Time Points:** M0830 **Emergent Care** □ Start or Resumption of Care ☑ Follow-Up ☑ Transfer to Inpatient Facility ☑ Discharge 1. Precise Wording of Item: (M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? (Mark all that apply.) 0 - No emergent care services [If no emergent care, skip M0840]* 1 - Hospital emergency room (includes 23-hour holding) 2 - Doctor's office emergency visit/house call 3 - Outpatient department/clinic emergency (includes urgicenter sites) UK - Unknown [If UK, skip M0840]* * At transfer or discharge, go to M0855. 2. Item Clarification: Identifies whether the patient received an unscheduled visit to any (emergent) medical services other than home care agency services. Emergent care includes all unscheduled visits to such medical services. A "prn" agency visit is not considered emergent care. Rationale for Item: 3. Tracking "utilization outcomes" as proxies for decline in patient health status is a key component of outcome monitoring. Emergent care utilization contributes to adverse event outcome reports as well as to risk-adjusted outcome reports. Item Use/Application:

Identifier (for data management/tracking) 4. Home Health Agency Applications **CMS** Applications ☑ Outcome measurement for outcome reporting Assessment at follow-up points □ Risk factor measurement for outcome reporting ☑ Care planning Number of risk adjustment models ☑ Quality improvement/outcome enhancement Adverse event measurement for adverse event report ☑ Patient mix/origin/discharge disposition monitoring □ Case mix measurement for case mix profiling ☑ Utilization/cost/resource consumption monitoring Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) ☑ Marketing (e.g., public relations, payer negotiations) Survey & certification use (planned) E Feedback to other providers (e.g., physicians, Program integrity (planned) discharge planners) Other Applications Under Development ☑ Voluntary accreditation (e.g., JCAHO ORYX, Homebound status determination CHAP Benchmarks) □ Medical necessity determination

Item-Specific Record

Form	n No. OC:1-02.0	2		Item-Specific	Record		
MO	830 Er	nergent Care (C	ont'd)				
5.	Item Resea	rch, Developme	nt, Clinical	, and Testing His	story:		
	1983-1986:	Evaluation resea	arch of impa	ct of hospital PPS	6 on home health	n patient outcomes.	
	1988-1989:	Field testing of a	outcome me	asures.			
	1988-1990:	Clinical panel re and necessary of		ing home health i	ndustry input and	d endorsement of outco	ome measures
	1989-1991:	Feasibility testin	g of clinical	and operational u	tility of outcome	measures and data ite	ms.
	1991-1994:	Empirical field te improvement ap		luate measures a	and items for use	in an outcome-based	quality
	1994-1995:	Pilot demonstration health agencies		including practica	lity of measures	and approach) in Colc	rado home
		Endorsed as es No changes rec			sive assessment	by a home health indu	stry workgroup.
	1995-2000:	Demonstration t	esting in the	National and Ne	w York State De	monstrations.	
			-	with subsequent			
6.	☑ Consens☑ Criterion	sus validity by ex or convergent/p	pert clinical redictive val	panels for patient	assessment and measurement/ris	surement and risk fact I care planning k factor measurement	
	☑ Validatio	on by patient asse on by outcome er	essment and		n paymont		
7.		iability: 🛛 Su		□ Moderate	□ Fair/Slight	Reliability not	evaluated
	Interrater re	liability (weighted	l kappa or p	ercent agreemen	t): <u> </u>	dy 1Study 2	Study 3
8.		or Real Constra			<u> </u>	· ·	
	recall. If thi reporting.	s occurs, it would				nay result in some erro ner than double counti	
9.	Additional	Comments:					
	None.						
10.	Overall Net	cessity of Item:	☑ Essentia	al 🛛 Highly use	ful 🛛 Useful	Potentially useful	Marginal
		dation for Rete					- 3
	Retain for o		. This item	is essential for ou	itcome and adve	rse event measureme	nt. Consider
					Date Recorded	: 02 / 01	/ 2002

Form No. OC:1-02	.02 Item-Spec	cific Record	
Item Category	: Emergent Care Utilization		
Item No.: M0840	Item Name: Emergent Care Reason	Time Points: □ Start or Resumption of Care ☑ Transfer to Inpatient Facility	☑ Follow-Up ☑ Discharge
1. Precise V	Vording of Item:		
(M0840) Eme app		id the patient/family seek emergent care? (I	Mark all that
	 Nausea, dehydration, malnutrition, con Injury caused by fall or accident at hom Respiratory problems (e.g., shortness of Wound infection, deteriorating wound s Cardiac problems (e.g., fluid overload, Hypo/Hyperglycemia, diabetes out of c GI bleeding, obstruction Other than above reasons 	ne of breath, respiratory infection, tracheobroncl status, new lesion/ulcer exacerbation of CHF, chest pain)	hial obstruction)
2. Item Clar Identifies	ification: the reasons for which the patient/family sou	ght emergent care.	
3. Rationale	o for Item:		
Tracking r	eason for emergent care is used to identify	adverse events which may indicate poor car	e.
Home Hea ☑ Assess ☑ Care p ☑ Quality ☑ Patien monito ☑ Utilizat ☑ Marke negotia ☑ Feedb discha ☑ Volunt	lanning / improvement/outcome enhancement t mix/origin/discharge disposition	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models Adverse event measurement for adverse Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination 	eporting e event report ofiling yment system

Form	No. OC:1-02.02	2 Item-Specific Record
MO	840 En	nergent Care Reason (Cont'd)
5.	Item Resea	rrch, Development, Clinical, and Testing History:
	1983-1986:	Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989:	Field testing of outcome measures.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991:	Feasibility testing of clinical and operational utility of outcome measures and data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement
		sus validity by expert clinical panels for patient assessment and care planning
		or convergent/predictive validity for outcome measurement/risk factor measurement
		jent/predictive validity: case mix adjustment for payment on by patient assessment and care planning
		on by outcome enhancement
7.	Recent Rel	
	Interrater re	liability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived	or Real Constraints/Limitations:
		emergent care may be difficult to obtain, but good quality care includes monitoring the patient's
	health, so it	should be routine.
9.	Additional	Comments:
•	None.	
10.	Overall Neo	cessity of Item: 🗹 Essential 🛛 Highly useful 🖾 Useful 🗖 Potentially useful 🗖 Marginal
11.	Recommer	ndation for Retention or Change:
	Retain. Thi reliability an	s item is essential for adverse event outcome measurement. Consider potential refinement through alyses.
		Date Recorded: 02 / 01 / 2002

Form No. OC:1-	112.02 Item-Spe	cific Record	
Item Catego	ry: Discharge or Transfer to Inpatient Facilit	y Status	
Item No.: M0855	Item Name: Inpatient Facility Admission	Time Points: □ □ Start or Resumption of Care □ Follow ☑ Transfer to Inpatient Facility ☑ Dischard	
	Wording of Item:		
(M0855) To	which Inpatient Facility has the patient bee	n admitted?	
	 Hospital [Go to M0890] Rehabilitation facility [Go to M0903] Nursing home [Go to M0900] Hospice [Go to M0903] No inpatient facility admission * at transfer, omit "NA." 		
Identifie more (fo agency	r reasons other than diagnostic tests), which	ient was admitted. Any inpatient admission of 24 hours of occurs while the patient is on service with the home heat of an inpatient facility, the agency may or may not dischard	alth
3. Rationa	le for Item:		
	n outcomes, such as hospitalization, are imp g health care costs.	ortant markers of change in patient health status, as wel	l as
Home H ☐ Asse ☑ Care ☑ Qual ☑ Patie moni ☑ Utiliz ☑ Mark nego ☑ Feeo disch ☑ Volu	e/Application: ☐ Identifier (for data mana ealth Agency Applications ssment planning ty improvement/outcome enhancement nt mix/origin/discharge disposition toring ation/cost/resource consumption monitoring eting (e.g., public relations, payer tiations) back to other providers (e.g., physicians, arge planners) ntary accreditation (e.g., JCAHO ORYX, P Benchmarks)	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome reporting Number of risk adjustment models ✓ Adverse event measurement for adverse event reporting Case mix measurement for case mix profiling Case mix adjustment for prospective payment systes ✓ Performance indicator for consumer reporting (plant ✓ Survey & certification use (planned) ✓ Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination 	em

Form	No. OC:1-02.02	2		Item-Specifi	c Record	Ł		
MO	355 Inj	patient Facility A	dmission ((Cont'd)				
5.	Item Resea	rch, Developmer	nt, Clinical,	and Testing H	istory:			
	1983-1986:	Evaluation resea	rch of impac	ct of hospital PF	PS on hom	ie health p	patient outcomes.	
		Field testing of ou						
	1988-1990:	Clinical panel rev and necessary da		ng home health	industry i	nput and o	endorsement of out	come measures
	1989-1991:	Feasibility testing	of clinical a	and operational	utility of o	utcome m	easures and data it	ems.
	1991-1994:	Empirical field test improvement app		uate measures	and items	for use ir	n an outcome-based	l quality
	1994-1995:	Pilot demonstration health agencies.	on testing (i	ncluding praction	ality of me	easures a	nd approach) in Col	orado home
		Endorsed as ess No changes reco				ssment b	y a home health ind	ustry workgroup.
	1995-2000:	Demonstration te year of data colle		National and N	ew York S	tate Dem	onstrations. Item re	vised after first
	1997-1998:	Reliability testing						
	1999-2000:	Initial intensive O	MB review	with subsequer	it 6-month	reviews.		
6.	Validity:	sus validity by exp	ert research	v/clinical nanels	for outcor	me measi	rement and risk fac	tor measurement
		sus validity by exp						
							factor measuremen	ıt
		ent/predictive vali on by patient asses			for payme	nt		
		on by outcome enh		care planning				
7.	Recent Rel	iability: 🛛 Sub	stantial	□ Moderate	🗆 Faii	r/Slight	☑ Reliability not	evaluated
	Interrater re	liability (weighted	kappa or pe	ercent agreeme	nt):	Study	1Study 2	Study 3
8.	Perceived	or Real Constrair	nts/Limitati	ons:				
	None.							
9.	Additional	Comments:						
	None.							
							_	
		cessity of Item:		•••	eful 🛛	Useful	Potentially useful	I 🛛 Marginal
11.		idation for Reten			ont throw	ah roliohil	ity analyses	
		utcome reporting.				JULIENADIN	ity analyses.	
					Date Re	ecorded:	02 / 01	/ 2002

Form No. OC:1-02.	02 Item-Spec	cific Record	
Item Category	: Discharge or Transfer to Inpatient Facilit	y Status	
Item No.: M0870 1. Precise W	Item Name: Discharge Disposition /ording of Item:	Time Points:	□ Follow-Up ☑ Discharge
	-	after discharge from your agency? (Choose	only one
ansv			
_	 Patient transferred to a noninstitutional Unknown because patient moved to a <i>M0903</i>] 	t in hospital, nursing home, or rehab facility) I hospice [Go to <i>M0903</i>] geographic location not served by this agenc	y [Go to
2. Item Clari	fication:		
	where the patient resides after discharge fro	om the home health agency.	
3. Rationale	for Item:		
		harge disposition is an important outcome inc e assistance and with unmet needs) are track	
	Application: 🛛 Identifier (for data mana		
 ☐ Assess ☐ Care p ☑ Quality ☑ Patient monito ☐ Utilizat ☑ Market negotia ☑ Feedba dischar ☑ Volunta 	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 CMS Applications ☑ Outcome measurement for outcome rep □ Risk factor measurement for outcome rep □ Number of risk adjustment models ☑ Adverse event measurement for adverse □ Case mix measurement for case mix pro □ Case mix adjustment for prospective pay ☑ Performance indicator for consumer rep ☑ Survey & certification use (planned) ☑ Program integrity (planned) Other Applications Under Development □ Homebound status determination □ Medical necessity determination 	eporting e event report ofiling yment system

Form	No. OC:1-02.02 Item-Specific Record
MO	70 Discharge Disposition (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1988-1989: Field testing of outcome measures. Item revised.
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Item revised.
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	□ Convergent/predictive validity: case mix adjustment for payment
	□ Validation by patient assessment and care planning
7.	 ✓ Validation by outcome enhancement Recent Reliability: □ Substantial □ Moderate □ Fair/Slight ☑ Reliability not evaluated
<i>'</i> .	
8.	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3 Perceived or Real Constraints/Limitations:
0.	None.
9.	Additional Comments:
	None.
	Overall Necessity of Item: 🗹 Essential 🗆 Highly useful 🗋 Useful 📄 Potentially useful 🗋 Marginal
11.	Recommendation for Retention or Change:
	Retain for outcome reporting. Consider potential refinement through reliability analyses.
	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02	.02 Item-Spe	cific Record	
Item Category	: Discharge or Transfer to Inpatient Facilit	y Status	
(M0880) After		Time Points: Start or Resumption of Care Transfer to Inpatient Facility , personal, or support Services or Assistan	☐ Follow-Up ☑ Discharge ce? (Mark all
	 Yes, assistance or services provided b Yes, assistance or services provided b health services, homemaker assistanc 	y family or friends by other community resources (e.g., meals-o e, transportation assistance, assisted living, l	
2. Item Clari Identifies s		ter discharge from the home health agency.	
		ncy discharge is important to detect/rule out in	nappropriate
Home Hea ☐ Assess ☐ Care p ☑ Quality ☑ Patient monito ☐ Utilizat ☑ Market negotia ☑ Feedba dischar ☑ Volunta	lanning r improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications Outcome measurement for outcome rep Risk factor measurement for outcome rep Number of risk adjustment models Adverse event measurement for adverss Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination	eporting e event report ofiling yment system

Form	No. OC:1-02.02 Item-Specific Record
MO	80 Services or Assistance Received After Discharge (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1997-1998: Reliability testing.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	
	 Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning
	□ Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	Convergent/predictive validity: case mix adjustment for payment
	 Validation by patient assessment and care planning Validation by outcome enhancement
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived or Real Constraints/Limitations:
	None.
9.	Additional Comments:
•	None.
10.	Overall Necessity of Item: □ Essential □ Highly useful □ Useful ☑ Potentially useful □ Marginal
11.	Recommendation for Retention or Change:
	Retain for care monitoring. Consider potential refinement through reliability analyses.
	Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>

Form No. OC:1-02.	02 Item-Spec	cific Record
Item Category	: Discharge or Transfer to Inpatient Facilit	y Status
Item No.: M0890	Item Name: Hospital Reason (Emergent/Urgent/Electi	Time Points: □ Start or Resumption of Care □ Follow-Up ☑ Transfer to Inpatient Facility □ Discharge
	/ording of Item:	
(M0890) If the		spital, for what Reason was he/she admitted?
□ 1 □ 2 □ 3 □ UK	 Hospitalization for <u>urgent</u> (scheduled w Hospitalization for <u>elective</u> (scheduled 	
2. Item Clari Identifies t	fication: he urgency of the hospital admission.	
3. Rationale	for Item:	
		d to screen cases for review of the care that resulted in hay indicate a less serious or sudden decline in patient
Home Hea ☐ Assess ☐ Care p Ø Quality Ø Patient monito ☐ Utilizat Ø Market negotia Ø Feedba dischar Ø Volunta	lanning improvement/outcome enhancement mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	gement/tracking) CMS Applications Outcome measurement for outcome reporting Risk factor measurement for outcome reporting Number of risk adjustment models Adverse event measurement for adverse event report Case mix measurement for case mix profiling Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned) Survey & certification use (planned) Program integrity (planned) Other Applications Under Development Homebound status determination Medical necessity determination

Form	No. OC:1-02.0	2 Item-Specific Record
MO	890 Ho	ospital Reason (Emergent/Urgent/Elective) (Cont'd)
5.	Item Resea	rch, Development, Clinical, and Testing History:
	1988-1989:	Field testing of outcome measures.
	1988-1990:	Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1991-1994:	Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	1994-1995:	Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
		Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
	1995-2000:	Demonstration testing in the National and New York State Demonstrations.
	1999-2000:	Initial intensive OMB review with subsequent 6-month reviews.
6.	 Consense Criterion Converge Validation 	sus validity by expert research/clinical panels for outcome measurement and risk factor measurement sus validity by expert clinical panels for patient assessment and care planning or convergent/predictive validity for outcome measurement/risk factor measurement gent/predictive validity: case mix adjustment for payment on by patient assessment and care planning on by outcome enhancement
7.	Recent Rel	iability: □ Substantial □ Moderate □ Fair/Slight ☑ Reliability not evaluated
	Interrater re	liability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived	or Real Constraints/Limitations:
	Critical for a	agencies to use in evaluating care provision.
9.	Additional	Comments:
	None.	
10.	Overall Neo	cessity of Item: Essential Highly useful Useful Potentially useful Marginal
11.	Recommer	ndation for Retention or Change:
	Retain for c	are monitoring. Consider potential refinement through reliability analyses.
		Date Recorded:02 /01 /2002

Item-Specific Record Form No. OC:1-02.02 Item Category: Discharge or Transfer to Inpatient Facility Status Item No.: **Time Points:** Item Name: M0895 Reason for Hospitalization □ Start or Resumption of Care □ Follow-Up ☑ Transfer to Inpatient Facility Discharge 1. Precise Wording of Item: (M0895) Reason for Hospitalization: (Mark all that apply.) 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis 2 -Injury caused by fall or accident at home П 3 -Respiratory problems (SOB, infection, obstruction) Wound or tube site infection, deteriorating wound status, new lesion/ulcer 4 -5 -Hypo/Hyperglycemia, diabetes out of control П 6 - GI bleeding, obstruction 7 -Exacerbation of CHF, fluid overload, heart failure Myocardial infarction, stroke 8 -9 -Chemotherapy □ 10 -Scheduled surgical procedure П 11 -Urinary tract infection □ 12 - IV catheter-related infection □ 13 - Deep vein thrombosis, pulmonary embolus □ 14 - Uncontrolled pain □ 15 -Psychotic episode 🛛 16 -Other than above reasons Item Clarification: 2. Identifies the specific condition(s) necessitating hospitalization. Rationale for Item: 3. Used to track patient health problems, medication errors, etc. resulting in hospitalization; for use in future adverse event or risk-adjusted outcome reports and for process-of-care investigations. Item Use/Application: □ Identifier (for data management/tracking) 4. Home Health Agency Applications CMS Applications Outcome measurement for outcome reporting □ Assessment □ Risk factor measurement for outcome reporting Care planning Number of risk adjustment models ☑ Quality improvement/outcome enhancement Adverse event measurement for adverse event report ☑ Patient mix/origin/discharge disposition □ Case mix measurement for case mix profiling monitoring Utilization/cost/resource consumption monitoring Case mix adjustment for prospective payment system ☑ Marketing (e.g., public relations, payer Performance indicator for consumer reporting (planned) negotiations) ☑ Survey & certification use (planned) Feedback to other providers (e.g., physicians, Program integrity (planned) discharge planners) **Other Applications Under Development** ☑ Voluntary accreditation (e.g., JCAHO ORYX, Homebound status determination CHAP Benchmarks) □ Medical necessity determination

Form	No. OC:1-02.02 Item-Specific Record
MO	95 Reason for Hospitalization (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
	1988-1989: Field testing of outcome measures.
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.
	1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity:
	Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
	 Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
	□ Convergent/predictive validity: case mix adjustment for payment
	Validation by patient assessment and care planning
	☑ Validation by outcome enhancement
7.	Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived or Real Constraints/Limitations:
	Critical for agencies to use in evaluating care provision. Response options may be too constrained, resulting in
	large numbers of response 16 (Other).
9.	Additional Comments:
	None.
10.	Overall Necessity of Item: CEssential I Highly useful CE Useful CE Potentially useful CE Marginal
	Recommendation for Retention or Change:
	Retain for care monitoring. Consider potential refinement through reliability analyses. Explore modifying
	response options.
	Date Recorded: 02 / 01 / 2002

Form No. OC:1-02	.02 Item-Spec	cific Record	
Item Category	: Discharge or Transfer to Inpatient Facilit	y Status	
Item No.: M0900	Item Name: Reason(s) Admitted to Nursing Home	Time Points: ☐ Start or Resumption of Care ☑ Transfer to Inpatient Facility	□ Follow-Up □ Discharge
	/ording of Item:		
□ 1 □ 2 □ 3 □ 4 □ 5	 Therapy services Respite care Hospice care Permanent placement Unsafe for care at home Other 	to a Nursing Home? (Mark all that apply.)	
2. Item Clari Identifies t	fication: he reason(s) the patient was admitted to a	nursing home.	
3. Rationale Item is rec	uired for adverse event report ("Unexpecte		
Home Hea ☐ Assess ☐ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market negotia ☑ Feedba discha ☑ Volunta	lanning r improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ing (e.g., public relations, payer	 gement/tracking) <u>CMS Applications</u> Outcome measurement for outcome rep Risk factor measurement for outcome ref Number of risk adjustment models Adverse event measurement for advers. Case mix measurement for case mix pro Case mix adjustment for prospective pa Performance indicator for consumer rep Survey & certification use (planned) Program integrity (planned) <u>Other Applications Under Development</u> Homebound status determination Medical necessity determination 	eporting e event report ofiling yment system

outcome measures
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Colorado home
industry workgroup.
factor measurement
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not evaluated
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eful □ Marginal
seful 🔲 Marginal
seful
seful
seful

Form No. OC:1	02.02 Item-Spe	cific Record
Item Catego	ry: Discharge or Transfer to Inpatient Facilit	ty Status
Item No.: M0903	Item Name: Date of Last (Most Recent) Home Visit	Time Points: □ Start or Resumption of Care □ Follow-Up ☑ Transfer to Inpatient Facility ☑ Discharge
1. Precise	Wording of Item:	
(M0903) D	te of Last (Most Recent) Home Visit:	
	///	
	montin day year	
2. Item CI	arification:	
		ency provider, including skilled providers or home health
0.0001		
3. Rationa	le for Item:	
		M0906) or assessment date (M0090) are substantially later
than las	t home visit, the accuracy of the data may be	suspect.
	e/Application: 🗹 Identifier (for data mana	
	lealth Agency Applications essment	CMS Applications Outcome measurement for outcome reporting
	planning	Risk factor measurement for outcome reporting
	ity improvement/outcome enhancement ent mix/origin/discharge disposition	Number of risk adjustment models Adverse event measurement for adverse event report
mon	itoring	□ Case mix measurement for case mix profiling
	ation/cost/resource consumption monitoring acting (e.g., public relations, payer	 Case mix adjustment for prospective payment system Performance indicator for consumer reporting (planned)
neg	tiations)	Survey & certification use (planned)
	Iback to other providers (e.g., physicians, narge planners)	Program integrity (planned) Other Applications Under Development
🗆 Volu	ntary accreditation (e.g., JCAHO ORYX,	Homebound status determination
CHA	P Benchmarks)	Medical necessity determination

Form	No. OC:1-02.02 Item-Specific Record
MOS	Date of Last (Most Recent) Home Visit (Cont'd)
5.	Item Research, Development, Clinical, and Testing History:
	1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
	1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.
	1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
	1999-2000: Initial intensive OMB review with subsequent 6-month reviews.
6.	Validity: Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement Consensus validity by expert clinical panels for patient assessment and care planning Criterion or convergent/predictive validity for outcome measurement/risk factor measurement Convergent/predictive validity: case mix adjustment for payment Validation by patient assessment and care planning
7.	□ Validation by outcome enhancement Recent Reliability: □ Substantial □ Moderate □ Fair/Slight ☑ Reliability not evaluated
	Interrater reliability (weighted kappa or percent agreement):Study 1Study 2Study 3
8.	Perceived or Real Constraints/Limitations:
	None.
9.	Additional Comments:
э.	Also required by CMS on claim forms.
10.	Overall Necessity of Item: Essential Highly useful 🗹 Useful Detentially useful Marginal
11.	Recommendation for Retention or Change:
	Retain for data quality monitoring. Consider potential refinement through reliability analyses.
	Date Recorded: 02 / 01 / 2002

Form No. OC:1-02	.02 Item-Spec	cific Record	
Item Category	: Discharge or Transfer to Inpatient Facilit	y Status	
Item No.: M0906	Item Name: Discharge/Transfer/Death Date	Time Points: □ Start or Resumption of Care ☑ Transfer to Inpatient Facility	□ Follow-Up ☑ Discharge
1. Precise W	/ording of Item:		
patie		te of the discharge, transfer, or death (at hor	ne) of the
2. Item Clari Identifies f	fication: the actual date of discharge, transfer, or de	ath (at home).	
3. Rationale	for Item:		
	alculate length of episode of care; tracks wh Ith or other health services.	en episode ends for linkage with subsequer	t utilization of
Home Hea ☐ Assess ☐ Care p ☑ Quality ☑ Patient monito ☑ Utilizat ☑ Market negotia ☑ Feedb discha ☑ Volunt	lanning / improvement/outcome enhancement t mix/origin/discharge disposition ring ion/cost/resource consumption monitoring ting (e.g., public relations, payer	 gement/tracking) CMS Applications ✓ Outcome measurement for outcome report outcome report of risk adjustment models41 ✓ Adverse event measurement for adverse ✓ Case mix measurement for case mix product of the case mix adjustment for prospective parality of the case of	eporting e event report ofiling yment system

Form	No. OC:1-02.0	2		Item-Specific	Record		
MOS	906 Di	scharge/Transfe	er/Death Date	e (Cont'd)			
5.	Item Resea	rch, Developme	ent, Clinical,	and Testing His	story:		
	1983-1986:	Evaluation resea	arch of impac	ct of hospital PPS	s on home health	patient outcomes.	
	1988-1989:	Field testing of c	outcome mea	sures. Item revi	sed.		
	1988-1990:	Clinical panel re and necessary of		ng home health i	ndustry input and	endorsement of outco	me measures
	1989-1991:	Feasibility testin	g of clinical a	and operational u	tility of outcome n	neasures and data iter	ms.
	1991-1994:	Empirical field te improvement ap		uate measures a	nd items for use i	n an outcome-based o	quality
	1994-1995:	Pilot demonstrat health agencies		ncluding practica	lity of measures a	nd approach) in Colo	rado home
		Endorsed as es No changes rec			ive assessment b	y a home health indus	stry workgroup.
	1995-2000:	Demonstration t	esting in the	National and Ne	w York State Dem	onstrations.	
	1999-2000:	Initial intensive (OMB review v	with subsequent	6-month reviews.		
6.	Validity:	sus validity by ex	pert research	/clinical panels f	or outcome meas	urement and risk facto	or measurement
					assessment and		
						factor measurement	
		ent/predictive va			r payment		
		on by outcome en		5			
7.	Recent Rel	iability: 🛛 Su	bstantial	□ Moderate	□ Fair/Slight	Reliability not e	valuated
	Interrater re	liability (weighted	ງ kappa or pe	ercent agreemen	t): <u>Study</u>	1Study 2 _	Study 3
8.	Perceived	or Real Constrai	ints/Limitatio	ons:			
	None.						
9.	Additional	Comments:					
	Also require	ed by CMS on cla	iim forms.				
		cessity of Item:			ful 🛛 Useful	Potentially useful	☐ Marginal
11.		ndation for Rete		-			
	Retain for o	utcome and case	mix analysis	s. Consider pote	ntial refinement th	rough reliability analy	ses.
					Data Data la l	00 / 04	/ 2000
					Date Recorded:	02 / 01	/ 2002

References

- Berg K (1999). Interim reliability report: Medicare home health case-mix project. In: Appendix G in Goldberg HB, D Delargy, RJ Schmitz, T Moore, and M Wrobel Case Mix Adjustment for a National Home Health Prospective Payment System. Second Interim Report, pp. G.3-G.25. Cambridge, MA: Abt Associates Inc.
- Donelson SM, CM Murtaugh, PH Feldman, K Hijjazi, L Bruno, S Zeppie, S Neder, E Quint, L Huang, and A Clark (2001). Clarifying the definition of homebound and medical necessity using OASIS data: Final report. New York: Center for Home Care Policy and Research, Visiting Nurse Service of New York, March.
- Hughes JS and AS Ash (1997). Reliability of risk-adjustment methods. In: Iezonni LI, editor. *Risk Adjustment for Measuring Healthcare Outcomes*. Chicago, IL: Health Administration Press. p. 378.
- Landis JR and GG Koch (1977). The measurement of observer agreement for categorical data. *Biometrics* 33(1):159-174, March.
- Madigan EA, S Tullai-McGuiness, and RH Fortinsky. How to obtain meaningful and reliable results with OASIS data. Presentation at the annual meeting of the National Association for Home Care, Las Vegas, NV, October 2001.
- Morris JN, BE Fries, K Steel, N Ikegami, R Bernabei, GI Carpenter, R Gilgen, JP Hirdes, and E Topinkova (1997). Comprehensive clinical assessment in community setting: Applicability of the MDS-HC. *Journal of the American Geriatrics Society* 45(8):1017-1024, August.

CHAPTER 3

OASIS CHRONICLE SUMMARY

The OASIS Chronicle Summary presents, in a compact tabular form, much of the information contained in the OASIS Chronicle Item-Specific Records. For each OASIS data item, there is one row of attributes corresponding to elements or groups of item characteristics in the OASIS Chronicle in Section B of Chapter 2. Thus, item attributes are divided into sections (or groups of columns), which are defined by the table header rows repeated on each page of the table. The meaning of each attribute, by section, is provided below.

A. READER'S GUIDE TO THE OASIS CHRONICLE SUMMARY

1. <u>Data Collection Time Points</u> (Columns 1 through 4)

These columns indicate the assessment time points at which the OASIS item is collected (as required by Medicare Conditions of Participation). A given item may be collected at one or more of the following time points:

- Start or Resumption of Care: Denoted by an "S" in Column 1
- Follow-Up: Denoted by an "F" in Column 2
- Transfer to Inpatient Facility: Denoted by a "T" in Column 3
- Discharge: Denoted by a "D" in Column 4

2. <u>Item Use/Application</u> (Columns 5 through 23)

These columns denote various potential applications for an OASIS item. Categories include home health agency (HHA) applications, Centers for Medicare & Medicaid Services (CMS) applications, and other applications. Specific applications within each of these three categories are described below:

HHA Applications (Columns 5 through 13):

Identifier (Column 5): Contains a check mark (\checkmark) if the item is used to identify the home health agency, the patient, or the episode of care for which the OASIS assessment was collected. Parties other than the home health agency (e.g., CMS) also require identifiers to track assessment information.

Other *Home Health Agency Applications (Columns 6 through 13):* These are fully described in the Reader's Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Assessment (Column 6): Contains an "X" if the item is used routinely to characterize the patient's health status or provide other information important for a clinician to consider in determining the care requirements of the patient.

Care Planning (Column 7): Contains an "X" if the item is recognized by clinicians as necessary for planning the care to be provided by the home health agency.

Quality Improvement/Outcome Enhancement (Column 8): Contains an "X" if the item is used in the computation of at least one outcome measure for the national reporting system or the OBQI demonstration programs, or it is a predictor of patient outcomes and therefore is used in outcome risk adjustment, or it is used by agencies for the process-of-care component of outcome enhancement.

Patient Mix/Origin/Discharge Disposition Monitoring (Column 9): Contains an "X" if the item currently is used in the case mix reports available to home health providers using OASIS national repository data, or it has contributed to reports that are used for this purpose, or it assists in monitoring patient origin or discharge disposition by demonstration agencies and others.

Utilization/Cost/Resource Consumption Monitoring (Column 10): Contains an "X" if the item is used for case mix adjustment of payment under home health PPS, or it is used by home health agencies either to predict utilization and cost or to stratify patients for monitoring utilization and costs within specific patient groups.

Marketing (Column 11): Contains an "X" if the item may be used by home health agencies in the context of information on patient outcomes, utilization patterns, patient mix, discharge disposition, or other characteristics of the agency or patients served in marketing the agency's services within the community or as part of negotiations with insurers, including managed care organizations.

Feedback to Other Providers (Column 12): Contains an "X" if the item may be used in preparing reports for physicians to monitor individual patient progress toward care goals and analyze other aspects of health status. In addition, the item may be used in aggregated agency-level reports for hospital discharge planners when making decisions concerning post-hospital care.

Voluntary Accreditation (Column 13): Contains an "X" if the item may be used to satisfy accreditation requirements through data-driven, quality monitoring programs such as JCAHO ORYX or CHAP Benchmarks.

CMS Applications (Columns 14 through 21): CMS Applications are fully described in the Reader's Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Outcome Measurement (Column 14): Contains a check mark (\checkmark) if the item contributes to the computation of one or more of the outcome measures that appear in the agency-level outcome reports produced using the national OASIS data repository.

Risk Factor Measurement (# Models) (Column 15): Contains the number of outcome measures for which the OASIS item under consideration is included as (or used in the computation of) a risk factor. The maximum number for this column is 41. If an OASIS item is not included in any risk model, this column is blank.

Adverse Event Measurement (Column 16): Contains a check mark (\checkmark) if the item contributes to the computation of one or more adverse event outcome measures that appear in the adverse event outcome reports.

Case Mix Measurement (Column 17): Contains a check mark (\checkmark) if the item contributes to the computation of one or more measures that appear in the case mix profile reports that are released to home health providers.

Case Mix Adjustment for PPS (Column 18): Contains a check mark (\checkmark) if the item contributes to the grouping of patient episodes to determine case mix adjustment for prospective payment (HHRGs).

Performance Indicator for Consumer Reporting (Column 19): Contains a check mark (\checkmark) if the item currently contributes to outcome measures or risk factors in the context of agency-level reporting and has a reasonable likelihood of contributing to consumer reporting.

Survey & Certification Use (Planned) (Column 20): Contains a check mark (\checkmark) if there is a high likelihood that the item will contribute to future outcome-oriented survey activities.

Program Integrity (Planned) (Column 21): Contains a check mark (\checkmark) if the item is directly related to case mix adjustment of payment, or is one of a variety of items that may corroborate or contradict payment-related items, as well as items related to homebound status, medical necessity, and other eligibility issues.

Other Applications (Columns 22 and 23): Other applications for OASIS items are fully described in the Reader's Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Homebound Status Determination (Column 22): Contains an "X" if the item is included in an algorithm for objectively verifying homebound status developed under a study sponsored by the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Medical Necessity Determination (Column 23): Contains an "X" if the item is included in an algorithm for evaluating medical necessity of home health services developed under a study sponsored by DHHS/ASPE.

3. <u>Item Validity</u> (Columns 24 through 29)

These columns indicate the types of validity that have been demonstrated for an OASIS item. The types of validity are fully described in the Reader's Guide to the

OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Consensus-Outcome/Risk Factor Measurement (Column 24): Contains a check mark (\checkmark) if the item was reviewed by panels of researchers and clinicians and was recommended for the purposes of measuring patient outcomes relevant to home health care provision and quality measurement, or for risk adjustment of outcome analyses.

Consensus-Assessment/Care Planning (Column 25): Contains a check mark (\checkmark) if the item was reviewed by a panel of clinical experts and was recommended for inclusion in a core set of data items for patient assessment and care planning.

Convergent/Predictive-Outcome/Risk Factor (Column 26): Contains a check mark (\checkmark) if the item has been tested empirically for use in conjunction with outcome measures or risk factors predictive of patient outcomes and, by virtue of such testing, has been found to be related to other indicators of health status and patient outcomes in a statistically significant and clinically meaningful way.

Convergent/Predictive-Case Mix Adjustment/PPS (Column 27): Contains a check mark (\checkmark) if the item has been tested and is now used in the grouping algorithm that, in part, determines the per-episode payment to home health agencies for care provided under the Medicare home health benefit.

By Patient Assessment and Care Planning (Column 28): Contains a check mark (\checkmark) if the item has been used by clinicians for patient assessment and care planning in several hundred home health agencies for a number of years, and has been reported by practicing clinicians to be effective and useful for these purposes.

By Outcome Enhancement (Column 29): Contains a check mark (\checkmark) if home health agencies have used the item (among others) for outcome analyses, process-of-care investigations, or ongoing monitoring for quality improvement -- with demonstrated success in improving patient outcomes.

4. <u>Developmental History/Reliability/Necessity</u> (Columns 30 through 34)

These columns provide information about the research and developmental history, reliability, and necessity of an OASIS item. Since several attributes use special characters or icons to denote item characteristics, a key to these columns appears at the top of each page of the table. Information on each attribute is provided below.

Research/Developmental Depth (Column 30): Denotes the depth and intensity of research and developmental activities that an OASIS item has undergone since its inception. Possible values for this category include: ① = Extensive, ② = Considerable, ③ = Substantial, and ④ = Moderate. OASIS items marked as ① (Extensive) have undergone a rigorous development process that includes thorough scientific study (i.e., literature review, reliability studies, clinical panel review, validity testing, etc.). Items marked as ② (Considerable) have undergone a slightly

less thorough developmental process (either in terms of duration of time or technical depth), which nonetheless was characterized by considerable rigor. Those marked as ③ (Substantial) have undergone a somewhat less comprehensive developmental process than those characterized as considerable (again, in terms of duration of time or technical depth); however, the process was characterized by substantial rigor. Items marked as ④ (Moderate) have undergone less extensive scientific study. While most of the items in the "Moderate" category have undergone sufficient testing to be validly used in OASIS, further development and refinement would typically be expected. Some need refinement, however, before they are used extensively for certain types of applications.

Year First Used (Column 31): Indicates the year in which the OASIS item was used by home health agencies in either a research project, demonstration project, or in national implementation.

Recent Reliability (Column 32): Denotes the level of interrater reliability attained by the OASIS item in scientific testing (as measured by weighted kappa or percent agreement). Possible reliability classifications include: \bullet = Substantial, \odot = Moderate, \bigcirc = Fair/Slight, and - = Not Tested. Refer to the Reader's Guide to the OASIS Chronicle (Chapter 2 of this volume) for the rating scheme used to determine the reliability classification for individual items.

Overall Necessity (Column 33): This rating is a synthesis of the overall utility of the item for several purposes. It takes into account predominantly information summarized in the columns reflecting the level of contribution of an item to applications used by home health agencies, CMS, and other organizations. Necessity is rated according to the following five-level scale: (1) = Essential, (2) = Highly Useful, (3) = Useful, (4) = Potentially Useful, and (5) = Marginal.

Recommendation for Retention or Change (Column 34, continued in Column 1 of attachment to the table): The recommendation is based on a combination of all the attributes for the item. Retention is generally recommended for items rated as essential or highly useful, but items with questionable reliability or validity are indicated as needing further improvement. Deletion is recommended for items that appear to have no current or planned use or for which the burden of data collection exceeds the benefit derived from the information provided. The summary table contains both brief recommendations on the primary portion of the table and detailed recommendations (identical to those in the Item-Specific Records) on a continuation of the table. The continuation of the table is printed in a larger font size to enhance the readability of the detailed recommendations.

B. OASIS CHRONICLE: SUMMARY OF ITEM ATTRIBUTES

The following pages contain the OASIS Chronicle Summary. Information on each OASIS item is presented in accord with the definitions and descriptions provided in the preceding section (Section A).

							· Ľ	Research/Developmental Depth	ch/D	evelc	pmer	יופור D Ital D	epth			ssapa	Key to Developmental History/Kellability/Necessity Columns Research/Developmental Depth	Columns Reliability	nns. ility						Ove	all Ne	Overall Necessity	tv					
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Item Number and Name Detailed Recommendation for Retention or Change Clinical Record Items Detailed Recommendation for Retention or Change Clinical Record Items Detailed Netwish provider Number M0010 Agency Medicare Provider Number Determine which identifiers are the most essential and eliminate as many as possible of the re identification/matching puposes. M0011 Agency Medicare Provider Number Determine which identifiers are the most essential and eliminate as many as possible of the re indicated Under Element 1 of the Item. Specific Record. M0011 Branch State (Optional) Determine which identifiers are the most essential and eliminate as many as possible of the re indicated Under Element 1 of the Item. Specific Record. M0016 Branch State (Optional) Determine which identifiers are the most essential and eliminate as many as possible of the re indicated Under Element 1 of the Item. Specific Record. M0012 Rearn bit indicated Under Element 1 of the Item. Specific Record. M0020 Patient ID Number Retain. Essential data element. M0031 Rati of Care Date Retain. Essential data element. M0032 Resumption of Care Date Retain. Essential data element. M0033 Rati of Care Date Retain. Essential data element. M0034 Patient I State	0A: Sun	OASIS CHRONICLE Summary of Item Attributes (Cont'd)	02/01/02 (for OASIS Version B1 8/2000)
Record Items Agency Medicare Provider Number Agency Medicaid Provider Number Branch State (Optional) Branch ID Number (Optional) Branch ID Number Branch ID Number Care Date Resumption of Care Date Patient ID Number Patient State of Residence Patient State of Residence Patient ZIP Code Patient ZIP Code Patient State of Residence Patient Mumber Patient ZIP Code Patient State of Residence Patient Bate Number Medicare Number Medicaid Number Birth Date Gender Primary Referring Physician ID (UPIN)	Item N	umber and Name	Detailed Recommendation for Retention or Change
Agency Medicare Provider Number Agency Medicaid Provider Number Branch State (Optional) Branch ID Number (Optional) Branch ID Number (Optional) Branch ID Number (Optional) Patient ID Number Start of Care Date Resumption of Care Date Resumption of Care Date Patient State of Residence Patient State of Residence	Clinica	I Record Items	
Agency Medicaid Provider Number Branch State (Optional) Branch ID Number (Optional) Patient ID Number Start of Care Date Resumption of Care Date Resumption of Care Date Patient Name Patient Name Patient State of Residence Patient ZIP Code Patient ZIP Code Patient ZIP Code Brith Date Medicare Number Social Security Number Medicaid Number Medicaid Number Birth Date Birth Date Cender Primary Referring Physician ID (UPIN)	M0010	Agency Medicare Provider Number	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record. Coordinate future changes with development of universal provider identifier. Clarify that this item is not required on clinical forms but should be included in the electronic record for identification/matching purposes.
Branch State (Optional) Branch ID Number (Optional) Patient ID Number Start of Care Date Resumption of Care Date Patient Name Patient Name Patient State of Residence Patient ZIP Code Patient ZIP Code Medicare Number Medicare Number Social Security Number Medicaid Number Medicaid Number Medicaid Number Medicaid Number Drimary Referring Physician ID (UPIN)	M0012		Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
Branch ID Number (Optional) Patient ID Number Start of Care Date Resumption of Care Date Patient Name Patient State of Residence Patient ZIP Code Medicare Number Social Security Number Medicaid Number Medicaid Number Medicaid Number Drimary Referring Physician ID (UPIN)	M0014	Branch State (Optional)	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
Patient ID Number Start of Care Date Resumption of Care Date Patient Name Patient State of Residence Patient ZIP Code Medicare Number Medicare Number Social Security Number Medicaid Number	M0016		Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
Start of Care Date Resumption of Care Date Patient Name Patient State of Residence Patient ZIP Code Medicare Number Social Security Number Medicaid Number Medicaid Number Medicaid Number Derimary Referring Physician ID (UPIN)	M0020	Patient ID Number	
Resumption of Care Date Patient Name Patient State of Residence Patient ZIP Code Medicare Number Social Security Number Medicaid Number Birth Date Birth Date Birth Date Drimary Referring Physician ID (UPIN)	M0030		Retain. Essential data element.
Patient NameDetermine identifiers, a identifiers, a identifiers, a betermine identifiers, a betermine identifiers, a identifiers, aPatient DateDetermine identifiers, a identifiers, a identifiers, a identifiers, aPatimary Referring Physician ID (UPIN)Determine identifiers, a identifiers, a	M0032		Retain. Essential data element for outcome monitoring and useful as a cross-check for payment purposes.
Patient State of ResidenceDeterminePatient State of Residenceidentifiers, iPatient ZIP CodeDetermineMedicare NumberDetermineMedicare NumberDetermineSocial Security NumberDetermineMedicaid NumberDetermineMedica	M0040		
Patient ZIP CodeDetermineMedicare NumberDetermineMedicare NumberDetermineSocial Security NumberDetermineMedicaid NumberDetermineMedicaid NumberDetermineMedicaid NumberDetermineMedicaid NumberRetain. EsBirth DateRetain. EsGenderRetain. LesPrimary Referring Physician ID (UPIN)DetermineIdentifiers, iIdentifiers, i	M0050		Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
Medicare NumberDetermineMedicare Numberidentifiers, iSocial Security NumberDetermineMedicaid NumberDetermineMedicaid NumberIdentifiers, iBirth DateRetain. EsGenderRetain. EsPrimary Referring Physician ID (UPIN)Determineidentifiers, iIdentifiers, i	M0060		Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
Social Security NumberDetermineMedicaid NumberDetermineMedicaid NumberDetermineBirth DateRetain. EsGenderRetain. EsPrimary Referring Physician ID (UPIN)Determineidentifiers, a	M0063		Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
Medicaid NumberDetermineBirth DateRetain. EsGenderRetain. EsFrimary Referring Physician ID (UPIN)DetermineIdentifiers, a	M0064		Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
Birth DateRetain. EsGenderRetain. EsPrimary Referring Physician ID (UPIN)Determine y	M0065		Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Recorde.
Gender Retain. Es: Primary Referring Physician ID (UPIN) dentrifiers, à	M0066		
Primary Referring Physician ID (UPIN) determine	M0069		Retain. Essential risk factor and important adjunct for matching.
	M0072	Primary Referring Physician ID (UPIN)	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.

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							Key to Res	<pre>y to Developmental History/R Research/Developmental Depth</pre>	'elopi	ment: elopn	ey to Developmental History/Reliability/Necessity Columns: Research/Developmental Depth	tory/F Deptl	keliab h	ility/	veces	sity	Columns Reliability	mns: oility						Over	Overall Necessity	cessit	^			
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line		
Item NL	Item Number and Name	Detailed Recommendation for Retention or Change
Clinica	Clinical Record Items (Cont'd)	
M0080	Discipline of Person Completing Assessment	Retain for monitoring data quality patterns.
0600M	Date Assessment Completed	Retain. Essential for tracking timeliness of assessments and determining current length of stay for tracking patient progress.
M0100	Reason for Assessment	Retain. Evaluate potential refinements to improve tracking of assessments in future versions of OASIS.
Demog	Demographics and Patient History	
M0140	Race/Ethnicity	Retain this item due to its importance for assessment and care planning, and assess utility for other applications.
M0150	Current Payment Sources for Home Care	Retain, and consider refining specific response options.
M0160	Financial Factors	Delete item from OASIS. However, some information regarding financial status is essential to assessment and care planning.
M0175	Inpatient Facility Discharge During the Past 14 Days	Essential item for both payment and outcome analysis. Retain and continue to evaluate options for improving data accuracy.
M0180	Inpatient Discharge Date	Retain.
M0190	Inpatient Diagnoses	Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.
M0200	Medical or Treatment Regimen Change Within Past 14 Days	Retain. Consider refining instructions to enhance understandability.
M0210	Medical Regimen Change Diagnoses	Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.
M0220	Conditions Prior to Hospitalization/Regimen Change	Retain. Explore refinement to enhance reliability.
M0230/ M0240	 Diagnoses and Severity Index 	Retain. Continue to explore modification of instructions for clarity and compliance with coding standards. Investigate options to minimize duplication with other required forms (e.g., 485, claims).

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Item Nr	Item Number and Name	Detailed Recommendation for Retention or Change
Demog	Demographics and Patient History (Cont'd)	
M0250	M0250 Therapies (IV/Infusion/Nutrition)	Retain. (It may be appropriate to explore whether an item modification to distinguish subcutaneous infusion would improve risk adjustment.)
M0260	Overall Prognosis	Retain. Explore option of using the same response categories for the 485 item.
M0270	Rehabilitative Prognosis	Retain. Explore option of using the same response categories for the 485 item.
M0280	Life Expectancy	Retain. Consider exploring alternative definitions.
M0290	High Risk Factors	Retain. Explore ways to enhance accuracy/reliability of response pertaining to obesity.
Living ,	Living Arrangements	
M0300	Current Residence	Retain for risk adjustment and care planning.
M0310	Structural Barriers	Refine. Reliability and performance as a risk factor could be improved by refinements. May be useful to support homebound status and medical necessity.
M0320	Safety Hazards	Retain. Item may need redesign to improve reliability and performance as a risk factor. May be useful for assessing medical necessity.
M0330	Sanitation Hazards	Retain. Item may need redesign to improve performance as a risk factor. May be useful for assessing medical necessity.
M0340	M0340 Living Situation	Retain for risk adjustment and care planning.
Suppor	Supportive Assistance	
M0350	Assisting Person(s) Other Than Home Care Agency Staff	Retain for risk adjustment and care planning.
M0360	Primary Caregiver	Retain.
M0370	Frequency of Primary Caregiver Assistance	Retain. Explore revisions to improve reliability.
M0380	M0380 Type of Primary Caregiver Assistance	Retain. Explore revisions to improve reliability.

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	M0470	Current Number of Observable Stasis Ulcer(s)	S		×	×						4						×							8		tain		

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Item Nu	Item Number and Name	Detailed Recommendation for Retention or Change
Sensor	Sensory Status	
M0390	Vision	Retain for care planning, risk adjustment, and payment adjustment.
M0400	Hearing and Ability to Understand Spoken Language	Retain. Explore simplification options.
M0410	Speech and Oral (Verbal) Expression of Language	Retain. Essential for outcome measurement and risk adjustment.
M0420	Frequency of Pain Interfering With Activity	Retain. Continue to evaluate alternative pain items.
M0430	Intractable Pain	Retain. Continue to refine.
Integun	Integumentary Status	
M0440	Skin Lesion or Open Wound	Retain. Explore the option of one item for any skin lesion and a second item for open wounds or add an option that asks if the lesion/wound will be included in the plan of care.
M0445	Pressure Ulcer Presence	Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)
M0450	Current Number of Pressure Ulcers at Each Stage	Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency).
M0460	Stage of Most Problematic (Observable) Pressure Ulcer	Stage of Most Problematic (Observable) Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. (Concentrate on Pressure Ulcer assessment consistency.)
M0464	Status of Most Problematic (Observable) Pressure Ulcer	Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. Concentrate on referring agencies and clinicians to pressure ulcer experts, national clinical practice guidelines, and WOCN to enhance assessment consistency. Add a new response (0 - Re-epithelialized) when National Pressure Ulcer Advisory Panel determines appropriate.
M0468	Stasis Ulcer Presence	Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.
M0470	Current Number of Observable Stasis Ulcer(s)	Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.

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M0476 Status of Most Problematic (Observable) Stasis Ulcer	L S		× ×	×	××	× ×	×	9		>	> >	~ /	×	► ×	>	> >	>	©	1988	• ∞	Ð	Retain	
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M0488 Status of Most Problematic (Observable) Surgical Wound	S F	D	××	×	× ×	× ×	• ×	1 6	>	>	>	1	×	► ×	>	> >	>	~	1983	• 	Э. В	Retain	
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M0500 Respiratory Treatments	SΕ	D	× ×	×	× ×	× ×	×	16	>		י י	11	×	► ×	`	>	>	()	1988	88	Θ	① Retain	
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M0530 When Urinary Incontinence Occurs	SΕ	D	× ×	×	× ×	× ×	×	1 5	>	、 、	、、	1		×	、 、	、、	>	()	1983	3	-	① Retain	
M0540 Bowel Incontinence Frequency	SΕ	D	× ×	X	× ×	× ×	×	√ 18	>	>	、、	11		>	、 、	、、	>		1983	3	ЭE	① Retain	
M0550 Ostomy for Bowel Elimination	SΕ	D	×	×	× ×	××	×	9	>	、 、	、、	、、		×	、 、	、、	>	© >	1989 (6	Ð	Retain	

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Sun	Summary of Item Attributes (Cont.d)	(TOL UASIS VERSION B1 8/2000)
Item Nt	Item Number and Name	Detailed Recommendation for Retention or Change
Integur	Integumentary Status (Cont'd)	
M0474	Stasis Ulcer that Cannot be Observed	Retain.
M0476	Status of Most Problematic (Observable) Stasis Ulcer	Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed. Explore clarification of instructions regarding identification of most problematic ulcer. Refer
M0482	Surgical Wound Presence	regeneration and announce of the announce account of the announce of the
M0484		Retain.
M0486	Surgical Wound that Cannot be Observed	Retain.
M0488	Status of Most Problematic (Observable) Surgical Wound	Retain. Refer agencies and clinicians to WOCN to enhance assessment consistency. Explore clarification of instructions regarding identification of "most problematic" wound.
Respira	Respiratory Status	
M0490	Shortness of Breath	Retain. Continue to promote observation assessment strategies by clinicians.
M0500	M0500 Respiratory Treatments	Retain.
Elimina	Elimination Status	
M0510	M0510 Urinary Tract Infection	Retain.
M0520	Urinary Incontinence or Urinary Catheter Presence	Retain.
M0530	When Urinary Incontinence Occurs	Retain.
M0540	Bowel Incontinence Frequency	Retain.
M0550	Ostomy for Bowel Elimination	Retain.

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Item N	Item Number and Name	Detailed Recommendation for Retention or Change
Neuro/E	ioral Status	
M0560	Cognitive Functioning	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0570	When Confused (Reported or Observed)	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0580	When Anxious (Reported or Observed)	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0590	Depressive Feelings (Reported or Observed)	Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.
M0600	Patient Behaviors (Reported or Observed)	Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.
M0610	Behaviors Demonstrated at Least Once Retain. a Week (Reported or Observed) options	Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.
M0620	Frequency of Behavior Problems (Reported or Observed)	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0630	Psychiatric Nursing Services	Retain. While psychiatric nursing services are infrequent, the acute patient need for care is an important comorbidity. Consider expanding definition of psychiatric problems using diagnosis codes.
Activiti	Activities of Daily Living (Functional Status)	
M0640	Grooming	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0650	Dressing Upper Body	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0660	Dressing Lower Body	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0670	Bathing	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0680	Toileting	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

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Item Nu	Item Number and Name	Detailed Recommendation for Retention or Change
Activitie (Cont'd)	Activities of Daily Living (Functional Status) (Cont'd)	
M0690	Transferring	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability. Explore clarification of example transferring tasks.
M0700	Ambulation/Locomotion	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0710	Feeding or Eating	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
Instrum (Functie	nstrumental Activities of Daily Living (Functional Status)	
M0720	Planning and Preparing Light Meals	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0730	Transportation	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0740	Laundry	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0750	Housekeeping	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0760	Shopping	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0770	Ability to Use Telephone	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
Manage	Management of Medications	
M0780	Management of Oral Medications	Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.
M0790	Management of Inhalant/Mist Medications	Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.
M0800	Management of Injectable Medications	Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.

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M0880	Services or Assistance Received After Discharge			D			××	^	× ×	×					~		>				~	1995	95 -	(4)	Retain-(Care mo	Retain-Care monitoring	
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M0895	Reason for Hospitalization		T	L			× ×		× ×	×					、、		>				()	1983 (33 -	3	Retain-(Care mo	Retain-Care monitoring	
0060M	Reason(s) Admitted to Nursing Home		T	L			× ×	×	× ×	×		>		1	、、		>		~		~ (3)	1988	38 -		Retain-(Dutcom	 Retain-Outcome analysis 	is
M0903	Date of Last (Most Recent) Home Visit		L	T D	>		×								、、	_					0	1989	- 68	3	Retain-[Data qu	Retain-Data quality monitoring	nitoring
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Item Nr	Item Number and Name	Detailed Recommendation for Retention or Change
Equipm M0810	Equipment Management M0810 Patient Management of Equipment	Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).
M0820	Caregiver Management of Equipment	Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).
Therapy Need	y Need	
M0825	Therapy Need	Retain for payment adjustment. Explore ways to more effectively instruct agencies and clinicians on correct interpretation of item.
Emerge	Emergent Care Utilization	
M0830	Emergent Care	Retain for outcome reporting. This item is essential for outcome and adverse event measurement. Consider potential refinement through reliability analyses.
M0840	Emergent Care Reason	Retain. This item is essential for adverse event outcome measurement. Consider potential refinement through reliability analyses.
Discha	Discharge or Transfer to Inpatient Facility	
Status		
M0855	Inpatient Facility Admission	Retain for outcome reporting. Consider potential refinement through reliability analyses.
M0870	Discharge Disposition	Retain for outcome reporting. Consider potential refinement through reliability analyses.
M0880	Services or Assistance Received After Discharge	Retain for care monitoring. Consider potential refinement through reliability analyses.
M0890	Hospital Reason (Emergent/Urgent/Elective)	Retain for care monitoring. Consider potential refinement through reliability analyses.
M0895	Reason for Hospitalization	Retain for care monitoring. Consider potential refinement through reliability analyses. Explore modifying response options.
M0900	Reason(s) Admitted to Nursing Home	Retain for outcome analysis. Consider potential refinement through reliability analyses.
M0903	Date of Last (Most Recent) Home Visit	Retain for data quality monitoring. Consider potential refinement through reliability analyses.
M0906	Discharge/Transfer/Death Date	Retain for outcome and case mix analysis. Consider potential refinement through reliability analyses.

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