

# NATIONAL QUALITY FORUM

## NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR HOME HEALTH

Measure	Numerator	Denominator	Exclusions	Project Listing
<p>Measure#0167</p> <p>Title: Improvement in Ambulation/locomotion</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the value of OASIS item M0700 Ambulation/Locomotion (a scale ranging from 0 to 5) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</p>	<p>Patients for whom the value of the OASIS item M0700 Ambulation/Locomotion at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with admission to an inpatient facility or death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#0174</p> <p>Title: Improvement in bathing</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the value of OASIS item M0670 Bathing (a scale ranging from 0 to 5) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</p>	<p>Patients for whom the value of the OASIS item M0670 Bathing at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with admission to an inpatient facility or death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
<p>Measure#0175</p> <p>Title: Improvement in transferring</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the value of OASIS item M0690 Transferring (a scale ranging from 0 to 5) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</p>	<p>Patients for whom the value of the OASIS item M0690 Transferring at the start or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with admission to an inpatient facility or death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>

<p>Measure#0176</p> <p>Title: Improvement in management of oral medications</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the value of OASIS item M0780 Management of Oral Medications (a scale ranging from 0 to 2) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</p>	<p>Patients for whom the value of the OASIS item M0780 Management of Oral Medications at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with admission to an inpatient facility or death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#0177</p> <p>Title: Improvement in pain interfering with activity</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the value of OASIS item M0420 Frequency of Pain (a scale ranging from 0 to 3) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</p>	<p>Patients for whom the value of the OASIS item M0420 Frequency of Pain at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<ul style="list-style-type: none"> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with admission to an inpatient facility or death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>

<p>Measure#0178</p> <p>Title: Improvement in status of surgical wounds</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom:</p> <ul style="list-style-type: none"> <li>the value of OASIS item M0488 Status of Most Problematic (Observable) Surgical Wound (a scale ranging from 1 to 3) at discharge from home health care is lower numerically (indicating more healing) than the value of the same item at the start of or resumption of care OR</li> <li>the value of OASIS item M0482 Surgical Wound or M0440 Skin Lesion or Open Wound (0-1 indicators) at discharge from home health care is 0, and the value of M0482 Surgical Wound at the start of or resumption of care is 1</li> </ul>	<p>Patients for whom:</p> <ul style="list-style-type: none"> <li>the value of the OASIS item M0482 Surgical Wound at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur) AND</li> <li>the value of OASIS item M0488 Status of Most Problematic (Observable) Surgical Wound is not equal to "NA - No Observable Surgical Wound"</li> </ul>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>Non-responsive at start or resumption of care</li> <li>Episodes of home health care ending with admission to an inpatient facility or death</li> <li>Maternity patients</li> <li>&lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#0179</p> <p>Title: Improvement in dyspnea</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the value of OASIS item M0490 Short of Breath (a scale ranging from 0 to 4) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</p>	<p>Patients for whom the value of the OASIS item M0490 Short of Breath at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>Non-responsive at start or resumption of care</li> <li>Episodes of home health care ending with admission to an inpatient facility or death</li> <li>Maternity patients</li> <li>&lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>

<p>Measure#0180</p> <p>Title: Improvement in urinary incontinence</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom:</p> <ul style="list-style-type: none"> <li>•the value of OASIS item M0520 Urinary Incontinence or Urinary Catheter Presence at discharge from home health care indicates no incontinence when incontinence was indicated at start or resumption of care OR</li> <li>•the value of OASIS item M0520 Urinary Incontinence or Urinary Catheter Presence at discharge indicates no catheter when catheter was indicated as present at start or resumption of care OR</li> <li>•the value M0530 When does Urinary Incontinence Occur (a scale of 0 to 2) at discharge from home health care is lower numerically (indicating less frequent incontinence) than the value of the same item at the start of or resumption of care</li> </ul>	<p>Patients for whom the value of the OASIS items M0520 Urinary Incontinence or Urinary Catheter Presence or M0530 When does Urinary Incontinence Occur at start or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with admission to an inpatient facility or death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
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<p>Measure#0181</p> <p>Title: Increase in number of pressure ulcers</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom there are more pressure ulcers (all stages 1-4) at the end of care than there were at the beginning time point (summed across all 4 stages at each time point)</p>	<p>Patients for whom it is possible to have more pressure ulcers at the end time point than at the beginning time point (If there is no wound or pressure ulcer at one or both time points, then a count of 0 is assigned for the time point in question)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>•Number of pressure ulcers is 16 at the beginning time point</li> <li>•Episodes of home health care ending with admission to an inpatient facility or death</li> <li>•Maternity patients</li> <li>•&lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#0168</p> <p>Title: Emergent care for wound infections, deteriorating wound status</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom this event happens (emergent care reason is wound infection or deteriorating wound status)</p>	<p>All emergent care reasons (except “unknown” on M0840) and patients for whom no emergent utilization occurred</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Deaths</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#0169</p> <p>Title: Emergent care for improper medication administration, medication side effects</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom this event happens (emergent care reason is improper medication administration or medication side effects)</p>	<p>All emergent care reasons (except “unknown” on M0840) and patients for whom no emergent utilization occurred</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Deaths</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>

<p>Measure#0170</p> <p>Title: Emergent care for hypo/hyperglycemia</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom this event happens (emergent care reason is hypo/hyperglycemia)</p>	<p>All emergent care reasons (except unknown on M0840) and patients for whom no emergent utilization occurred</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Deaths</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#0171</p> <p>Title: Acute care hospitalization (risk-adjusted)</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the response on OASIS item M0855 Inpatient Facility Admission is 1-Hospital</p>	<p>All patients</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#0172</p> <p>Title: Discharge to community</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the value of M0100 Reason for Assessment for the episode of care end point assessment is equal to 9- Discharge from Agency, and the response to M0870 Discharge Disposition is 1-Patient remained in the community</p>	<p>All patients</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Response to M0870 Discharge Disposition is "unknown"</li> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>

<p>Measure#0173</p> <p>Title: Emergent care (risk adjusted)</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Patients for whom the response on OASIS item M0830 Emergent Care is 1-Hospital emergency room, 2-Doctor's office emergency visit/house call, or 3-Outpatient department/clinic emergency</p>	<p>All patients</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Value of the OASIS item M0830 Emergent Care at discharge or transfer is "unknown"</li> <li>• Non-responsive at start or resumption of care</li> <li>• Episodes of home health care ending with death</li> <li>• Maternity patients</li> <li>• &lt; 18 years of age</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>
<p>Measure#PEC-001-08</p> <p>Title: CAHPS® Home Health Care Survey</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Please see attachment for Questions 8 - 16, on "Composite Measures Specifications".</p>	<p>Please see attachment for Questions 8 - 16, on "Composite Measures Specifications".</p>	<p>Numerator and Denominator Exclusions:</p> <ul style="list-style-type: none"> <li>•Patients under 18 years of age at any time during their stay are excluded.</li> <li>•Patients who died during the sample month are excluded.</li> <li>•Patients who received fewer than 2 visits from home health agency personnel during a 60-day look-back period are excluded. (Note that the 60 day look-back period is defined as the 60-day period prior to and including the last day in the sample month.)</li> <li>•Patients have been previously selected for the HCAHPS sample during any month in the current quarter, or during the last 5 months, are excluded.</li> </ul>	<p>Patient Experience of Care: Home Health/CAHPS</p>

			<ul style="list-style-type: none"><li>•Patients who are currently receiving hospice, or are discharged to hospice, are excluded.</li><li>•Maternity patients are excluded.</li><li>•“No publicity” status patients are excluded.</li><li>• Patients receiving only non-skilled (aide) care are excluded.</li></ul>	
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<p>Measure#AHH-001-08</p> <p>Title: Depression Assessment Conducted</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where at start of episode, patient was screened for depression, using a standardized depression screening tool</p> <p>Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Number of patient episodes where at start of episode:  - Where (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - (M1120) Depression Screening conducted = 1 (yes) or 2 (yes)</p>	<p>All home health episodes OTHER THAN those covered by denominator exclusions (Q6).</p> <p>Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the</li> <li>episode of care ended in death at home OR</li> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
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			<p>CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from</p>	
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			<p>the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
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<p>Measure#AHH-002-08</p> <p>Title: Development of Urinary Tract Infection</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly</p> <p>Details: Development of Urinary Tract Infection is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0510 on the discharge assessment is one, indicating the patient had been treated for a urinary tract infection in the past 14 days. 0 (NO) IF: The value recorded for the OASIS item M0510 on the discharge assessment is zero, indicating that the patient had not been treated for a urinary tract infection in the past 14 days.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item: (M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days?</p> <table border="0"> <tr> <td>0</td> <td>-</td> <td>No</td> </tr> <tr> <td>1</td> <td>-</td> <td>Yes</td> </tr> <tr> <td>NA</td> <td>-</td> <td>Patient on</td> </tr> </table>	0	-	No	1	-	Yes	NA	-	Patient on	<p>All home health episodes except those where either of the following conditions applies: (1) The value recorded for the OASIS item M0510 on the discharge assessment is "NA" or "UK." OR (2) The patient did not have a discharge assessment because the episode of care ended in a transfer to an inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0510 on the discharge assessment is "NA" or "UK." OR (2) The patient did not have a discharge assessment because the episode of care ended in a transfer to an inpatient facility or death at home OR (3) those covered by the generic exclusions (see below). GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
0	-	No											
1	-	Yes											
NA	-	Patient on											

	prophylactic treatment UK - Unknown		<p>tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering</p>	
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			<p>relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-003-08</p> <p>Title: Emergent Care for Injury Caused by Fall or Accident at Home</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0845 on the discharge or transfer to inpatient facility assessment is two, indicating the patient required emergency medical treatment from a hospital emergency department for emergent care for injury caused by fall or accident in home.</p> <p>Tine Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Emergent Care for Injury</p>	<p>All home health episodes except those where either of the following conditions applies: (1) The value recorded for the OASIS item M0831 or M0845 on the discharge or transfer to inpatient facility assessment is "UK." OR (2) The patient did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0831 or M0845 on the discharge or transfer to inpatient facility assessment is "UK." OR (2) The patient did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>Caused by Fall or Accident in Home is coded as follows:  1 (YES) IF: The value recorded for the OASIS item M0845 on the discharge or transfer to inpatient facility assessment is two, indicating the patient required emergency medical treatment from a hospital emergency department for emergent care for injury caused by fall or accident in home.  0 (NO) IF: The value recorded for the OASIS item M0831 on the discharge or transfer to inpatient facility assessment is zero, indicating that no emergency medical treatment from a hospital emergency department was received OR response two (2) on M0845 on the discharge or transfer to inpatient facility assessment is not checked.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C items:</p> <p>(M0831) Emergent Care: Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation with or without hospital admission)?</p> <ul style="list-style-type: none"> <li>• 0 - No</li> </ul>	<p>episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS'</p>	
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<ul style="list-style-type: none"> <li>• 1 - Yes</li> <li>• UK - Unknown</li> </ul> <p>(M0845) Reason for Emergent Care (if M0831 = 1): For what reason(s) did the patient receive emergent care (with or without hospitalization)? (Mark all that apply.)</p> <ul style="list-style-type: none"> <li>• 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis</li> <li>• 2 - Injury caused by fall or accident at home</li> <li>• 3 - Respiratory infection (e.g. pneumonia, bronchitis)</li> <li>• 4 - Other respiratory problem</li> <li>• 5 - Heart failure (e.g., fluid overload)</li> <li>• 6 - Cardiac dysrhythmia (irregular heartbeat)</li> <li>• 7 - Myocardial infarction or chest pain</li> <li>• 8 - Other heart disease</li> <li>• 9 - Stroke (CVA) or TIA</li> <li>• 10 - Hypo/Hyperglycemia, diabetes out of control</li> <li>• 11 - Upper GI obstruction, constipation, impaction</li> <li>• 12 - Dehydration, malnutrition</li> <li>• 13 - Urinary tract infection</li> <li>• 14 - IV catheter-related infection</li> <li>• 15 - Wound infection or deterioration</li> <li>• 16 - Uncontrolled pain</li> <li>• 17 - Acute mental/behavioral health problem</li> </ul>		<p>Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
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	<ul style="list-style-type: none"><li>• 18 - Deep vein thrombosis, pulmonary embolus</li><li>• 19 - Other than above reasons</li><li>• UK - Reason unknown</li></ul>			
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<p>Measure#AHH-004-08</p> <p>Title: Improvement in Anxiety Level</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0580 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less frequent anxiety at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Anxiety Level is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0580 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less frequent anxiety at discharge compared to start of care. 0 (NO) IF: The value recorded for the OASIS item M0580 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more frequent anxiety at discharge compared to start of</p>	<p>All home health episodes except where either of the following conditions applies: (1) The value recorded for the OASIS item M0580 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0580 on the start (or resumption) of care assessment is zero, indicating minimal or no anxiety. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
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	<p>care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0580) When Anxious (Reported or Observed):</p> <ul style="list-style-type: none"><li>• 0 - None of the time</li><li>• 1 - Less often than daily</li><li>• 2 - Daily, but not constantly</li><li>• 3 - All of the time</li><li>• NA - Patient nonresponsive</li></ul>		<p>currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients</p>	
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			<p>who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
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<p>Measure#AHH-005-08</p> <p>Title: Improvement in Behavior Problem Frequency</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0620 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less frequent behavior problems at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Behavior Problem Frequency is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0620 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less frequent behavior problems at discharge compared to start of care. 0 (NO) IF: The value recorded for the OASIS item M0620 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more frequent behavior</p>	<p>All home health episodes except where either of the following conditions applies: (1) The value recorded for the OASIS item M0620 on the start (or resumption) of care assessment is zero, indicating minimal or no behavior problems. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0620 on the start (or resumption) of care assessment is zero, indicating minimal or no behavior problems. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below). GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
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	<p>problems at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C items:</p> <p>(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):</p> <ul style="list-style-type: none"><li>• 0 - Never</li><li>• 1 - Less than once a month</li><li>• 2 - Once a month</li><li>• 3 - Several times each month</li><li>• 4 - Several times a week</li><li>• 5 - At least daily</li></ul>		<p>currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients</p>	
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			<p>who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-006-08</p> <p>Title: Improvement in Cognitive Functioning</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0560 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling</p>	<p>All home health episodes except where either of the following conditions applies: (1) The value recorded for the OASIS item M0560 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0560 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>12 month period, updated quarterly.</p> <p>Details: Improvement in Cognitive Functioning is coded as follows:  1 (YES) IF: The value recorded for the OASIS item M0560 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.  0 (NO) IF: The value recorded for the OASIS item M0560 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)</p> <ul style="list-style-type: none"> <li>• 0 - Alert/oriented, able to focus</li> </ul>	<p>discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items</p>	
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	<p>and shift attention, comprehends and recalls task directions independently.</p> <ul style="list-style-type: none"><li>• 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.</li><li>• 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.</li><li>• 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.</li><li>• 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.</li></ul>		<p>and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and</p>	
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			<p>rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-007-08</p> <p>Title: Improvement in Confusion Frequency</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0570 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less frequent confusion at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Confusion Frequency is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0570 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less frequent confusion at discharge compared to start of care.</p>	<p>Conditions apply: (1a) The value "NA" is recorded for the OASIS item M0570 on either the start (or resumption) of care assessment or the discharge assessment. or (1b) The value recorded for the OASIS item M0570 on the start (or resumption) of care assessment is zero, indicating no confusion. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end</p>	<p>All home health episodes where any of the following conditions apply: (1a) The value "NA" is recorded for the OASIS item M0570 on either the start (or resumption) of care assessment or the discharge assessment. or (1b) The value recorded for the OASIS item M0570 on the start (or resumption) of care assessment is zero, indicating no confusion. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below). GENERIC EXCLUSIONS – Current exclusions include:</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>0 (NO) IF: The value recorded for the OASIS item M0570 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more frequent confusion at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0570) When Confused (Reported or Observed):</p> <ul style="list-style-type: none"> <li>• 0 - Never</li> <li>• 1 - In new or complex situations only</li> <li>• 2 - On awakening or at night only</li> <li>• 3 - During the day and evening, but not constantly</li> <li>• 4 - Constantly</li> <li>• NA - Patient nonresponsive</li> </ul>	<p>within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients -</p>	
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			<p>Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
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<p>Measure#AHH-008-08</p> <p>Title: Improvement in Eating</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0712 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Eating is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0712 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care. 0 (NO) IF: The value recorded for the OASIS item M0712 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.</p>	<p>All home health episodes except those where either of the following conditions applies: (1) The value recorded for the OASIS item M0712 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0712 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
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	<p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0712) Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.</p> <ul style="list-style-type: none"><li>• 0 - Able to independently feed self.</li><li>• 1 - Able to feed self independently but requires:<ul style="list-style-type: none"><li>(a) meal set-up; OR</li><li>(b) intermittent assistance or supervision from another person; OR</li><li>(c) a liquid, pureed or ground meat diet.</li></ul></li><li>• 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack.</li><li>• 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.</li><li>• 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.</li><li>• 5 - Unable to take in nutrients orally or by tube feeding.</li></ul>		<p>home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason,</p>	
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			<p>home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-009-08</p> <p>Title: Improvement in Grooming</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0642 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes</p>	<p>All home health episodes except those where (1) The value recorded for the OASIS item M0642 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a</p>	<p>All home health episodes where (1) The value recorded for the OASIS item M0642 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

<p>that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Grooming is coded as follows:  1 (YES) IF: The value recorded for the OASIS item M0642 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.  0 (NO) IF: The value recorded for the OASIS item M0642 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0642) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).</p>	<p>discharge assessment because the episode of care ended in transfer to inpatient facility or death at home and (3) those covered by the generic exclusions (see below)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only.</p>	
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	<ul style="list-style-type: none"><li>• 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.</li><li>• 1 - Grooming utensils must be placed within reach before able to complete grooming activities.</li><li>• 2 - Someone must assist the patient to groom self.</li><li>• 3 - Patient depends entirely upon someone else for grooming needs.</li></ul>		<p>However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p>	
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			Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
<p>Measure#AHH-010-08</p> <p>Title: Improvement in Light Meal Preparation</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0722 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Light Meal Preparation is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0722 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at</p>	<p>All home health episodes except those where either of the following conditions applies: (1) The value recorded for the OASIS item M0722 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Windows: Current CMS systems report data on episodes that start and end within a rolling 12 month</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0722 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include: Children And Maternity Patients - The OASIS data</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>discharge compared to start of care.</p> <p>0 (NO) IF: The value recorded for the OASIS item M0722 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0722) Current Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals safely:</p> <ul style="list-style-type: none"> <li>• 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR  (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).</li> <li>• 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.</li> <li>• 2 - Unable to prepare any light meals or reheat any delivered meals.</li> </ul>	<p>period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as</p>	
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			<p>agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
Measure#AHH-011-08 Title:	Number of home health episodes where the value recorded for the OASIS item M0662 on the	All episodes except those where (1) The value recorded for the OASIS item	All episodes where (1) The value recorded for the OASIS item M0662 on the	National Voluntary Consensus Standards for Additional Home Health Measures

<p>Improvement in Lower Body Dressing</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Dressing Lower Body is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0662 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care. 0 (NO) IF: The value recorded for the OASIS item M0662 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6,</p>	<p>M0662 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home and (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving</p>	
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	<p>Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0662) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:</p> <ul style="list-style-type: none"><li>• 0 - Able to obtain, put on, and remove clothing and shoes without assistance.</li><li>• 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.</li><li>• 2 - Someone must help the patient put on under-garments, slacks, socks or nylons, and shoes.</li><li>• 3 - Patient depends entirely upon another person to dress lower body.</li></ul>		<p>skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they</p>	
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			<p>are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-012-08</p> <p>Title: Improvement in Speech and Language</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0410 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Speech</p>	<p>All home health episodes except where either of the following conditions applies: (1) The value recorded for the OASIS item M0410 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR</p>	<p>All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0410 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

<p>and Language is coded as follows:  1 (YES) IF: The value recorded for the OASIS item M0410 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.  0 (NO) IF: The value recorded for the OASIS item M0410 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language):</p> <ul style="list-style-type: none"> <li>• 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.</li> <li>• 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional</li> </ul>	<p>(3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>(3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care</p>	
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	<p>errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).</p> <ul style="list-style-type: none"> <li>• 2 - 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.</li> <li>• 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.</li> <li>• 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).</li> <li>• 5 - Patient nonresponsive or unable to speak.</li> </ul>		<p>patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health</p>	
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			Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
Measure#AHH-013-08  Title: Improvement in Toilet Transferring  IP Owner: Centers for Medicare and Medicaid Services				National Voluntary Consensus Standards for Additional Home Health Measures
Measure#AHH-014-08  Title: Improvement in Upper Body Dressing  IP Owner: Centers for Medicare and Medicaid Services	<p>Number of home health episodes where the value recorded for the OASIS item M0652 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Dressing Upper Body is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0652 on the discharge assessment is</p>	<p>All home health episodes except those where (1) The value recorded for the OASIS item M0652 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home and (3) those covered by the generic exclusions (see below)</p> <p>Time Window: Current CMS</p>	<p>All home health episodes where (1) The value recorded for the OASIS item M0652 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be impossible for them to show measurable improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS –</p>	National Voluntary Consensus Standards for Additional Home Health Measures

	<p>numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.</p> <p>0 (NO) IF: The value recorded for the OASIS item M0652 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.</p> <p>Please note also generic exclusions under Q6, Denominator Exclusions.</p> <p>OASIS C item:</p> <p>(M0652) Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:</p> <ul style="list-style-type: none"> <li>• 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.</li> <li>• 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.</li> <li>• 2 - Someone must help the</li> </ul>	<p>systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those covered by denominator exclusions (Q6).</p>	<p>Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p>	
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	<p>patient put on upper body clothing.</p> <ul style="list-style-type: none"><li>• 3 - Patient depends entirely upon another person to dress the upper body.</li></ul>		<p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six</p>	
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<p>Measure#AHH-015-08</p> <p>Title: Improvement in Urinary Tract Infection</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the value recorded for the OASIS item M0510 on the discharge assessment is zero, and the value recorded on the start (or resumption) of care assessment is one, indicating that a urinary tract infection was resolved while the patient was receiving home health care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Improvement in Urinary Tract Infection is coded as follows: 1 (YES) IF: The value recorded for the OASIS item M0510 on the discharge assessment is zero, and the value recorded on the start (or resumption) of care assessment is one, indicating that a urinary tract infection was resolved while the patient was receiving home health care. 0 (NO) IF: The value recorded for the OASIS item M0510 on the discharge assessment is equal to the value recorded on the start (or resumption) of care assessment, and they are both one, indicating a urinary tract infection that was not resolved.</p>	<p>All home health episodes except those where: any of the following conditions apply: (1a) The value "NA" or "UK" is recorded for the OASIS item M0510 on either the start (or resumption) of care assessment or the discharge assessment, OR (1b) The value recorded for the OASIS item M0510 on the start (or resumption) of care assessment is equal to zero, indicating no infection at start of care. These patients are excluded because it would be impossible for them to show improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: All home health episodes other than those</p>	<p>months.</p> <p>All home health episodes where: any of the following conditions apply: (1a) The value "NA" or "UK" is recorded for the OASIS item M0510 on either the start (or resumption) of care assessment or the discharge assessment, OR (1b) The value recorded for the OASIS item M0510 on the start (or resumption) of care assessment is equal to zero, indicating no infection at start of care. These patients are excluded because it would be impossible for them to show improvement. OR (2) The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
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	<p>OASIS C item:</p> <p>(M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days?</p> <ul style="list-style-type: none"> <li>• 0 - No</li> <li>• 1 - Yes</li> <li>• NA - Patient on prophylactic treatment</li> <li>• UK - Unknown</li> </ul>	<p>covered by denominator exclusions (Q6).</p>	<p>patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period,</p>	
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			<p>and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-016-08</p> <p>Title: Depression Interventions Implemented</p> <p>IP Owner:</p>	<p>Number of home health episodes where depression interventions were included in the care plan and those interventions were implemented.</p> <p>Time Window: Current CMS</p>	<p>Number of home health episodes where depression interventions were included in the care plan - OTHER THAN episodes covered by denominator exclusions (Q6).</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- the episode did not include depression interventions in the care plan (M1135 = NA); OR</li> <li>- the episode did not have a discharge or transfer</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

<p>Centers for Medicare and Medicaid Services</p>	<p>systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode:  - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND  - (M1135) Depression Interventions in care plan implemented = 1 (yes)</p>	<p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>to inpatient facility assessment because the episode of care ended in death at home OR - the episode was covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data</p>	
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			<p>for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p>	
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			Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
<p>Measure#AHH-017-08</p> <p>Title: Depression Interventions in Plan of Care</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where at start of episode, depression interventions were included in the care plan.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - (M1130) Depression Interventions in care plan = 1 (yes)</p>	<p>All home health episodes other than those OTHER THAN those covered by denominator exclusions (Q6).</p> <p>where patient does not have symptoms or diagnosis of depression, nor current treatment for depression.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR</li> <li>- the patient does not have symptoms, diagnosis, or ongoing treatments for depression (M1130=NA)</li> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are</p>	National Voluntary Consensus Standards for Additional Home Health Measures

			<p>excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the</p>	
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			<p>specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-018-08</p> <p>Title: Diabetic Foot Care and Patient Education Implemented</p> <p>IP Owner: Centers for Medicare and</p>	<p>Number of home health episodes where at end of episode, diabetic foot care and education specified in the care plan had been implemented.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling</p>	<p>Number of home health episodes where diabetic foot care had been specified in the care plan and episode is not covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- the patient is not diabetic OR the patient is a bilateral amputee (M1095=NA) OR</li> <li>- diabetic foot care was not included in the care plan (M1095=NA); OR</li> <li>- the episode did not</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

<p>Medicaid Services</p>	<p>12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode:</p> <ul style="list-style-type: none"> <li>- (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9(discharge) AND:</li> <li>- (M1095)Diabetic Foot Care Plan implemented = 1 (yes)</li> </ul>	<p>episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR</p> <ul style="list-style-type: none"> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p><b>GENERIC EXCLUSIONS –</b> Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data</p>	
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			<p>for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p>	
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			Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
<p>Measure#AHH-019-08</p> <p>Title: Diabetic Foot Care and Patient Education in Plan of Care</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where at start of episode, Diabetic Foot Care and patient education are in the care plan.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - (M1090) Diabetic Foot Care Plan = 1 (yes)</p>	<p>Number of home health episodes where patient is diabetic and not a bilateral amputee (M1090 not equal NA) and episode is not covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where:  -the patient is not diabetic OR the patient is a bilateral amputee (M1090=NA) OR  - the episode did not have a discharge or transfer to inpatient facility assessment because the  episode of care ended in death at home OR  - the episode was covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are</p>	National Voluntary Consensus Standards for Additional Home Health Measures

			<p>excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the</p>	
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			<p>specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-021-08</p> <p>Title: Drug Education on All Medications Provided to Patient/Caregiver During Episode</p> <p>IP Owner:</p>	<p>Number of home health episodes where by the end of the episode, patient/ caregiver was instructed to monitor the effectiveness of drug therapy and potential adverse effects, and how and when to report problems.</p> <p>Time Window: Current CMS</p>	<p>All home health episodes - OTHER THAN episodes covered by denominator exclusions (Q6)..</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- patient did not have any drug therapy (M1185 = NA); OR</li> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the episode of</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

<p>Centers for Medicare and Medicaid Services</p>	<p>systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode:  - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9(discharge) AND  - (M1185) Patient/Caregiver Drug Education provided since last OASIS assessment = 1 (yes)</p>	<p>period, updated quarterly.</p>	<p>care ended in death at home OR  - the episode was covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could</p>	
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			<p>be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The</p>	
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			publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
<p>Measure#AHH-022-08</p> <p>Title: Drug Education on High Risk Medications Provided to Patient/Caregiver at Start of Episode</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where, at start of episode, patient/caregiver was educated about their high risk medications and instructed how to monitor the effectiveness of drug therapy and potential adverse effects, and how and when to report problems.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care)  AND  - (M1180) Patient/Caregiver Drug Education provided = 1 (yes)</p>	<p>All home health episodes - OTHER THAN episodes covered by denominator exclusions (Q6)...</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- patient did not have any drug therapy (M1180 = NA); OR</li> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR</li> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

			<p>Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the</p>	
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			<p>measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-023-08</p> <p>Title: Falls Prevention Steps Implemented</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Percent of patients with assessed risk of falls for whom physician-ordered interventions to mitigate the risk of falls were implemented during their episode of home health care</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All home health episodes with fall risk interventions in the care plan other than those OTHER THAN those covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- where there were no fall risk interventions in the physician-ordered care plan (M1155=NA) OR</li> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the</li> <li>episode of care ended in death at home OR</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>Details: Number of patient episodes where at end of episode:</p> <ul style="list-style-type: none"><li>- (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND</li><li>- (M1155) Falls Risk Intervention(s) implemented = 1 (yes)</li></ul>		<ul style="list-style-type: none"><li>- the episode was covered by the generic exclusions (see below).</li></ul> <p><b>GENERIC EXCLUSIONS –</b> Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care</p>	
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			<p>patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health</p>	
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			<p>Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-024-08</p> <p>Title: Falls Prevention Steps in Plan of Care</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where at start of episode, falls risk interventions were included in the care plan.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - (M1150) Falls Risk Intervention in care plan = 1 (yes)</p>	<p>All home health episodes other than those episodes covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- patient was assessed with multifactor risk assessment and determined not to be at risk of falls (M1140 = 1); OR</li> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home; OR</li> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

			<p>Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the</p>	
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			<p>measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-025-08</p> <p>Title: Heart Failure Symptoms Addressed</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where by the end of episode, when patients with diagnosis of heart failure had exhibited symptoms, the provider had responded appropriately in each instance.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated</p>	<p>Number of home health episodes where by the end of episode, patients with diagnosis of heart failure had exhibited symptoms (M1105 = 1 (yes) - OTHER THAN those covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- the patient does not have diagnosis of heart failure (M1105=NA) OR</li> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR</li> <li>- the episode was</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>quarterly.</p> <p>Details: Number of patient episodes where at end of episode:</p> <ul style="list-style-type: none"> <li>- (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND</li> <li>- (M1105) Symptoms of Heart Failure = 1 (yes) AND</li> <li>- (M1110) Heart Failure Follow-up = 1,2,3,4 or 5 (appropriate actions taken)</li> </ul>	<p>episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further</p>	
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			<p>testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also</p>	
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			repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
<p>Measure#AHH-026-08</p> <p>Title: Improvement in Toileting Hygiene</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where patient's ability to maintain toileting hygiene is better at the end of the episode than at the start.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where:  - at the end of the episode [(M0100) Reason for Assessment = 9 (discharge)], the numerical value for (M0684) Toileting Hygiene is LOWER than  - the value for (M0684) Toileting Hygiene at the start of the same episode [assessment where (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care)].</p>	<p>All home health episodes where ability to maintain toileting hygiene is assessed at start and end of episode - OTHER THAN episodes covered by denominator exclusions (Q6)..</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where  - patient was independent in toileting at start/resumption of care (M0684=0); OR  - the episode did not have a discharge assessment because the episode of care ended in death at home OR  - the episode was covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

			<p>and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an</p>	
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			<p>extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-027-08</p> <p>Title: Influenza Immunization Received for Current Flu Season</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where any part of the episode was during the current year flu season and where the patient received flu vaccine from this agency.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode: - (M0100) Reason for</p>	<p>All home health episodes (where any part of the episode was during the current year flu season) OTHER THAN those covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>Episodes where</p> <ul style="list-style-type: none"> <li>- the patient had received the flu vaccine from another provider (M1025 = 1); or</li> <li>- where the patient had refused the vaccine (M1025=4) or was medically ineligible (M1025=3); or</li> <li>- episodes which occurred when vaccine could not be obtained due to a declared vaccine shortage (M1025=6),</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>



	<p>Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND</p> <ul style="list-style-type: none"><li>- [(M1021) Flu Vaccination given during this year's flu season = 1 (yes) OR</li><li>- (M1025) Reason Flu Vaccine not received = 2 (Received from this agency previously during this year's flu season)]</li></ul>		<p>as well as:</p> <ul style="list-style-type: none"><li>- episodes where the patient did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home; or</li><li>- episodes covered by the generic exclusions (see below).</li></ul> <p>Details: GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk</p>	
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			<p>adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would</p>	
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			<p>no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-028-08</p> <p>Title: Multifactor Fall Risk Assessment Conducted</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where at start of episode, patient had a multi-factor fall risk assessment.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - (M1140) Has patient had a Multi-factor Fall Risk Assessment =  1 (yes - found no risk) or 2 (yes - found risk)</p>	<p>All home health episodes OTHER THAN those covered by denominator exclusions (Q6)..</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the</li> <li>episode of care ended in death at home OR</li> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

			<p>than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must</p>	
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			<p>start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-029-08</p> <p>Title: Pain Assessment Conducted</p> <p>IP Owner: Centers for Medicare and</p>	<p>Number of home health episodes where the patient had any pain at start of episode and was assessed using a standardized pain assessment tool.</p> <p>Time Window: Current CMS systems report data on episodes</p>	<p>Number of home health episodes where the patient had any pain at start of episode (M0422 &gt; 0) OTHER THAN those covered by denominator exclusions (Q6).</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- patient had no pain (M0422=0) OR</li> <li>- the patient did not have a discharge or transfer to inpatient facility assessment because the episode of care</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

<p>Medicaid Services</p>	<p>that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:</p> <ul style="list-style-type: none"> <li>- (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND</li> <li>- (M0422) Frequency of Pain = 1, 2, 3, or 4 (some pain present) AND</li> <li>- (M1050) Has this patient had a formal Pain Assessment = 1 (Yes, doesn't indicate severe pain) OR = 2 (Yes, indicates severe pain)</li> </ul>	<p>Time Window: Number of home health episodes where the patient had any pain at start of episode (M0422 &gt; 0) OTHER THAN those covered by denominator exclusions (Q6).</p>	<p>ended in death at home OR those episodes covered by the generic exclusions (see below).</p> <p>Details: GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could</p>	
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			<p>be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The</p>	
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			publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
<p>Measure#AHH-030-08</p> <p>Title: Pain Interventions Implemented</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the patient had pain interventions included the care plan and these pain management steps had been implemented by the end of the episode.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode: - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND - (M1065) Pain Management Steps Implemented = 1 (Yes)</p>	<p>Number of home health episodes where the patient had pain interventions included the care plan by the end of the episode. OTHER THAN those covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where:</p> <ul style="list-style-type: none"> <li>- the patient did not have pain interventions in the care plan (M01065=NA)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- the patient did not have a discharge or transfer to inpatient facility assessment because the</li> <li>episode of care ended in death at home OR</li> <li>- episodes covered by the generic exclusions (see below).</li> </ul> <p>Details: GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>



			<p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period</p>	
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			<p>to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-031-08</p> <p>Title: Pain Interventions in Plan of Care</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the patient had any pain at start of episode and had pain interventions were included in the plan of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated</p>	<p>Number of home health episodes where the patient had any pain at start of episode (M0422) Frequency of Pain = 1, 2, 3, or 4 (presence of pain) OTHER THAN those covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS</p>	<p>All episodes where:</p> <ul style="list-style-type: none"> <li>- The patient has no pain (M0422 = 0) OR</li> <li>- the patient did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR</li> <li>- episode is covered</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>quarterly.</p> <p>Details: Number of patient episodes where at start of episode:</p> <ul style="list-style-type: none"> <li>- (M0100) Reason for Assessment = 1(Start of care) or 3 (Resumption of care) AND</li> <li>- (M0422) Frequency of Pain = 1, 2, 3, or 4 (presence of pain) AND</li> <li>- (M1060) Pain Intervention in Care Plan = 1 (Yes)</li> </ul>	<p>systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>by one of the generic exclusions (see below).</p> <p>Details: GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care</p>	
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			<p>patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health</p>	
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			<p>Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-032-08</p> <p>Title: Physician Notification Guidelines Established</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the physician-ordered plan of care at the start of the episode established parameters (limits) for physician notification of changes in vital signs or other clinical findings.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - (M1040) Guidelines for Physician Notification = 1 (yes)</p>	<p>All home health episodes OTHER THAN those covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where the patient did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR those episodes covered by the generic exclusions (see below).</p> <p>Details: GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

			<p>skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they</p>	
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			<p>are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-033-08</p> <p>Title: Pneumococcal Polysaccharide Vaccine (PPV) Ever Received</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the patient had (ever) received the PPV by the end of the episode.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode: - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND - (M1031) Patient Received Pneumococcal Vaccine from your</p>	<p>All home health episodes where the patient met age/condition guidelines for PPV OTHER THAN those covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>Episodes where: - the patient had medical contraindications (M01035=4) OR - the patient refused the vaccine when offered(M01035=2), OR - the patient did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home; or - generic exclusions apply (see below).</p> <p>Details: GENERIC</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>agency this episode = 1 (yes) OR - (M1035) Reason PPV not received = 1 (Patient has received PPV in the past)</p>		<p>EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non- maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p>	
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			<p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in</p>	
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<p>Measure#AHH-034-08</p> <p>Title: Potential Medication Issues Identified and Timely Physician Contact at Start of Episode</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where a complete drug regimen review was performed at start of episode, and the physician was contacted within 1 day when problems were found.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - [(M1160) Potential Adverse Effects/Reaction found on review = 1 (reviewed, no problems found)]  OR  - [(M1160) Potential Adverse Effects/Reaction found on review = 2 (reviewed, problems found) AND  (M1170) Physician notified of medication issues within 1 day = 1 (yes)]</p>	<p>All home health episodes - OTHER THAN episodes covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>operation less than six months.</p> <p>All episodes where  - the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR  - the episode was covered by the generic exclusions (see below).</p> <p>(note that episodes where no drug regimen review was performed are included in the denominator intentionally)</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>
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			<p>on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of</p>	
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			<p>time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-035-08</p> <p>Title: Potential Medication Issues Identified and Timely Physician Contact During Episode</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where, by the end of the episode, a drug regimen review had found potential adverse effects/reactions and the physician had been notified within 1 day.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode: - (M0100) Reason for</p>	<p>Number of home health episodes where, by the end of episode, a drug regimen review had found potential adverse effects/reactions - - OTHER THAN episodes covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where: - no clinically significant medication issues were identified since previous OASIS assessment (M1175=NA) - the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR the episode was</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND - (M1175) Physician notified of medication issues within 1 day since last OASIS assessment = 1 (yes)</p>		<p>covered by the generic exclusions (see below).</p> <p><b>GENERIC EXCLUSIONS –</b> Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further</p>	
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			<p>testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also</p>	
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			repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.	
<p>Measure#AHH-036-08</p> <p>Title: Pressure Ulcers Treated with Moisture-Retentive Dressings</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the patient had unhealed pressure ulcers, the most problematic pressure being at stage 2, 3, or 4 AND moisture-retentive dressings were used to treat the ulcers.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where:  - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND  - (M1085) Were Pressure Ulcers treated with Moisture Retentive Dressings = 1 (yes)</p>	<p>Number of home health episodes where the patient had unhealed pressure ulcers, the most problematic pressure being at stage 2, 3, or 4 (M1085 not equal NA) - OTHER THAN those covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where</p> <ul style="list-style-type: none"> <li>- the patient had no unhealed pressure ulcers stage 2, 3, or 4, (M1085 = NA) OR</li> <li>- moisture-retentive dressings were medically contraindicated (M1085=2) OR</li> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the</li> <li>episode of care ended in death at home OR</li> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p>	National Voluntary Consensus Standards for Additional Home Health Measures

			<p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period</p>	
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			<p>to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-037-08</p> <p>Title: Pressure Ulcer Plan of Care Includes Moisture-Retentive Dressings</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where, at the start of the episode, the patient had unhealed pressure ulcers, the most problematic pressure being at stage 2, 3, or 4 AND where the care plan called for moisture-retentive dressings to be used OR an order for moisture-retentive dressings had been requested from the physician.</p>	<p>Number of home health episodes where, at the start of the episode: - the patient had unhealed pressure ulcers, the most problematic pressure being at stage 2, 3, or 4, [(M0465) Stage of Most Problematic (Observable) Pressure Ulcer</p>	<p>All episodes where: - the patient had no unhealed pressure ulcers stage 2, 3, or 4 (M0465=1 or NA), OR - the patient had such ulcers but moisture-retentive dressings were not medically indicated</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:</p> <ul style="list-style-type: none"> <li>- (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND</li> <li>- (M0465) Stage of Most Problematic (Observable) Pressure Ulcer = 2, 3, or 4 AND</li> <li>- (M1080) Pressure Ulcer Care Plan includes Moisture Retentive Dressings = 1 (yes) or 2 (order requested from physician)</li> </ul>	<p>= 2, 3, or 4] AND</p> <ul style="list-style-type: none"> <li>- (M1080) Pressure Ulcer Care Plan includes Moisture Retentive Dressings = 1 (yes) or 2 (order requested from physician)</li> </ul> <p>OTHER THAN those covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>(M1080=3), OR</p> <ul style="list-style-type: none"> <li>- the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR</li> <li>- the episode was covered by the generic exclusions (see below).</li> </ul> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in</p>	
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			<p>CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from</p>	
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			<p>the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-038-08</p> <p>Title: Pressure Ulcer Prevention Included in Plan of Care</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where, at the start of the episode, the patient was determined to have a risk of developing pressure ulcers and pressure ulcer prevention interventions were included in the plan of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode:  - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND  - (M0446) Risk of Developing Pressure Ulcers = 1 (yes) AND</p>	<p>Number of home health episodes where, at the start of the episode, the patient was determined to have a risk of developing pressure ulcers (M0446=1) OTHER THAN those covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where:  - the patient was not determined to have pressure ulcer risk (M0446 not equal 1) OR  - the episode did not have a discharge or transfer to inpatient facility assessment because the    episode of care ended in death at home OR  - the episode was covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:    Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity,</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>- (M1072) Pressure Ulcer Prevention in Care Plan = 1 (yes)</p>		<p>adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home</p>	
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			<p>Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-039-08</p> <p>Title: Pressure Ulcer Prevention Plans Implemented</p>	<p>Number of home health episodes where pressure ulcer prevention interventions included in the plan of care were implemented by the end of the episode.</p>	<p>Number of home health episodes where pressure ulcer prevention interventions were included in the plan of care by the end</p>	<p>All episodes where - the patient had no pressure ulcer prevention interventions in the care plan (M01073=NA) OR</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

<p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at end of episode:  - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND  - (M1073) Pressure Ulcer Prevention Plans Implemented = 1 (yes)</p>	<p>of the episode (M1073 = 0 or 1) OTHER THAN those covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>- the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR</p> <p>- the episode was covered by the generic exclusions (see below).</p> <p>GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the</p>	
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			<p>Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data</p>	
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			<p>providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-040-08</p> <p>Title: Pressure Ulcer Risk Assessment Conducted</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where patient was assessed for risk of pressure ulcers at the start of the episode.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Details: Number of patient episodes where at start of episode: - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND - (M1070) Pressure Ulcer Risk Assessment conducted = 1 (yes-standard tool) or 2 (yes-clinical factors)</p>	<p>All home health episodes OTHER THAN those covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where the patient did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home OR episodes covered by the generic exclusions (see below).</p> <p>Details: GENERIC EXCLUSIONS – Current exclusions include:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

			<p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-</p>	
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			<p>level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.</p>	
<p>Measure#AHH-041-08</p> <p>Title: Timely Initiation of Care</p> <p>IP Owner: Centers for Medicare and Medicaid Services</p>	<p>Number of home health episodes where the start or resumption of care date was on the physician-specified date or within 2 days of the referral date.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All home health episodes other than those covered by denominator exclusions (Q6).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p>	<p>All episodes where:</p> <ul style="list-style-type: none"> <li>- the patient did not have a discharge or transfer to inpatient facility assessment because the</li> <li>episode of care ended in death at home; OR</li> <li>- those episodes covered by the generic exclusions (see below).</li> </ul>	<p>National Voluntary Consensus Standards for Additional Home Health Measures</p>

	<p>Details: Number of start-of-care patient episodes where at start of episode:</p> <ul style="list-style-type: none"> <li>- (M0100) Reason for Assessment = 1 (Start of care)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- [(M0030) Start of care date] minus [(M0102) Date of Referral &lt; 3]</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- [(M0030) Start of care date] equals (M0104) Physician-ordered Start of Care Date]</li> </ul> <p>PLUS those resumption-of-care patient episodes where at start of episode:</p> <ul style="list-style-type: none"> <li>- (M0100) Reason for Assessment = 3 (Resumption of care) AND</li> <li>- [(M0032) Resumption of care date] minus (M0102) Date of Referral &lt; 3]</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- [(M0032) Resumption of care date equals (M0104) Physician-ordered Resumption of Care Date]</li> </ul>		<p>Details: GENERIC EXCLUSIONS:</p> <p>Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.</p> <p>Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk</p>	
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			<p>adjustment models.</p> <p>Very long stay patients - Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is considering relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.</p> <p>Small and new agencies and rare conditions - The publicly-reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports</p>	
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			for home health agencies in operation less than six months.	
Measure#AHH-042-08 Title: Proactive Plan of Care	<p>Composite includes the following individual measures:</p> <ul style="list-style-type: none"> <li>• Pressure Ulcer Interventions in Plan of Care</li> <li>• Pressure Ulcer Prevention Included in Plan of Care</li> <li>• Diabetic Foot Care in Plan of Care</li> <li>• Interventions in Plan of Care for Symptoms of Depression</li> <li>• Falls Prevention Steps in Plan of Care</li> <li>• Pain Interventions in Plan of Care</li> </ul>			