NATIONAL QUALITY FORUM

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR HOME HEALTH

Measure	Numerator	Denominator	Exclusions	Project Listing
Measure#0167 Title: Improvement in Ambulation/locomotion IP Owner: Centers for Medicare and Medicaid Services	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	Patients for whom the value of the OASIS item M0700 Ambulation/Locomotion at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur)	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient facility or death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS
Measure#0174 Title: Improvement in bathing IP Owner: Centers for Medicare and Medicaid Services	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	Patients for whom the value of the OASIS item M0670 Bathing at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur)	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient facility or death Maternity patients < 18 years of age	National Voluntary Consensus Standards for Additional Home Health Measures
Measure#0175 Title: Improvement in transferring IP Owner: Centers for Medicare and Medicaid Services	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	Patients for whom the value of the OASIS item M0690 Transferring at the start or resumption of care is >0 (i.e., it is possible for improvement to occur)	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient facility or death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS

Measure#0176 Title: Improvement in management of oral medications IP Owner: Centers for Medicare and Medicaid Services	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	Patients for whom the value of the OASIS item M0780 Management of Oral Medications at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur)	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient facility or death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS
Measure#0177 Title: Improvement in pain interfering with activity IP Owner: Centers for Medicare and Medicaid Services	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	Patients for whom the value of the OASIS item M0420 Frequency of Pain at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur)	 Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient facility or death Maternity patients < 18 years of age 	Patient Experience of Care: Home Health/CAHPS

Measure#0178 Title: Improvement in status of surgical wounds IP Owner: Centers for Medicare and Medicaid Services	Patients for whom: 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 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	Wound at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur) AND the value of OASIS item M0488 Status of Most Problematic (Observable) Surgical Wound is not equal to "NA - No Observable Surgical Wound"	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient facility or death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS
Measure#0179 Title: Improvement in dyspnea IP Owner: Centers for Medicare and Medicaid Services	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	Patients for whom the value of the OASIS item M0490 Short of Breath at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur)	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient facility or death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS

Measure#0180 Title: Improvement in urinary incontinence	Patients for whom: •the value of OASIS item M0520 Urinary Incontinence or Urinary Catheter Presence at discharge from home health care indicates no incontinence when	Patients for whom the value of the OASIS items M0520 Urinary Incontinence or Urinary Catheter Presence or M0530 When does Urinary Incontinence Occur	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with admission to an inpatient	Patient Experience of Care: Home Health/CAHPS
IP Owner: Centers for Medicare and Medicaid Services	incontinence was indicated at start or resumption of care OR •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 •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	at start or resumption of care is >0 (i.e., it is possible for improvement to occur)		

Measure#0181 Title: Increase in number of pressure ulcers IP Owner: Centers for Medicare and Medicaid Services	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)	pressure ulcers at the end	death	Patient Experience of Care: Home Health/CAHPS
Measure#0168 Title: Emergent care for wound infections, deteriorating wound status IP Owner: Centers for Medicare and Medicaid Services	Patients for whom this event happens (emergent care reason is wound infection or deteriorating wound status)	All emergent care reasons (except "unknown" on M0840) and patients for whom no emergent utilization occurred	Exclusions	Patient Experience of Care: Home Health/CAHPS
Measure#0169 Title: Emergent care for improper medication administration, medication side effects IP Owner: Centers for Medicare and Medicaid Services	Patients for whom this event happens (emergent care reason is improper medication administration or medication side effects)	All emergent care reasons (except "unknown" on M0840) and patients for whom no emergent utilization occurred	Exclusions	Patient Experience of Care: Home Health/CAHPS

Measure#0170 Title: Emergent care for hypo/hyperglycemia IP Owner: Centers for Medicare and Medicaid Services	Patients for whom this event happens (emergent care reason is hypo/hyperglycemia)	All emergent care reasons (except unknown on M0840) and patients for whom no emergent utilization occurred	Exclusions	Patient Experience of Care: Home Health/CAHPS
Measure#0171 Title: Acute care hospitalization (risk-adjusted) IP Owner: Centers for Medicare and Medicaid Services	Patients for whom the response on OASIS item M0855 Inpatient Facility Admission is 1-Hospital	All patients	Exclusions Non-responsive at start or resumption of care Episodes of home health care ending with death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS
Measure#0172 Title: Discharge to community IP Owner: Centers for Medicare and Medicaid Services	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	All patients	Exclusions Response to M0870 Discharge Disposition is "unknown" Non-responsive at start or resumption of care Episodes of home health care ending with death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS

Measure#0173 Title: Emergent care (risk adjusted) IP Owner: Centers for Medicare and Medicaid Services	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	All patients	Exclusions Value of the OASIS item M0830 Emergent Care at discharge or transfer is "unknown" Non-responsive at start or resumption of care Episodes of home health care ending with death Maternity patients < 18 years of age	Patient Experience of Care: Home Health/CAHPS
Measure#PEC-001-08 Title: CAHPS® Home Health Care Survey IP Owner: Centers for Medicare and Medicaid Services	Please see attachment for Questions 8 - 16, on "Composite Measures Specifications".	Please see attachment for Questions 8 - 16, on "Composite Measures Specifications".	Numerator and Denominator Exclusions: Patients under 18 years of age at any time during their stay are excluded. Patients who died during the sample month are excluded. 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.) Patients have been previously selected for the HHCAHPS sample during any month in the current quarter, or during the last 5 months, are excluded.	Health/CAHPS

	Patients who are currently receiving hospice, or are discharged to hospice, are excluded. Maternity patients are excluded. "No publicity" status patients are excluded. Patients are excluded. Patients receiving only non-skilled (aide) care are excluded.	
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Measure#AHH-001-08 Title: Depression Assessment Conducted IP Owner: Centers for Medicare and Medicaid Services	Number of home health episodes where at start of episode, patient was screened for depression, using a standardized depression screening tool Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. Number of patient episodes where at start of episode: - Where (M0100) Reason	All home health episodes OTHER THAN those covered by denominator exclusions (Q6). Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	episode of care ended in death at home OR - the episode was covered by the generic exclusions (see below). GENERIC EXCLUSIONS –	National Voluntary Consensus Standards for Additional Home Health Measures
Centers for Medicare and	on episodes that start and end within a rolling 12 month period, updated quarterly. Number of patient episodes where	and end within a rolling 12 month period, updated quarterly.	ended in death at home OR the episode was covered by the generic exclusions (see below).	

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	

Measure#AHH-002-08

Title:

Development of Urinary Tract Infection

IP Owner:

Centers for Medicare and Medicaid Services

Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly

Details: Development of Urinary Tract Infection is coded as follows: facility or death at home OR 1 (YES) IF: The value recorded for (3) those covered by the 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.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days?

0 No 1 Yes NA Patient on

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 generic exclusions (see below).

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly

Details: All home health episodes other than those covered by denominator exclusions (Q6).

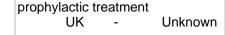
All home health episodes where either of the following conditions applies: (1) The value recorded for the OASIS item M0510 on the discharge assessment is "NA" or "UK." OR (2) The patient did not have a discharge assessment because the episode of care ended in a transfer to an inpatient facility or death at home OR (3) those covered by the generic exclusions (see below). **GENERIC EXCLUSIONS -**

Current exclusions include:

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.

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

National Voluntary Consensus Standards for Additional Home Health Measures



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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	
Measure#AHH-003-08	Number of home health episodes where the value recorded for the	All home health episodes except those where either of	All home health episodes where either of the following	National Voluntary Consensus Standards for Additional Home
Title:	OASIS item M0845 on the	the following conditions	conditions applies: (1) The	Health Measures
Emergent Care for Injury	discharge or transfer to inpatient	applies: (1) The value	value recorded for the	
Caused by Fall or Accident	facility assessment is two,	recorded for the OASIS item	OASIS item M0831 or	
at Home	indicating the patient required	M0831 or M0845 on the	M0845 on the discharge or	
	emergency medical treatment	discharge or transfer to	transfer to inpatient facility	
IP Owner:	from a hospital emergency	inpatient facility assessment	assessment is "UK." OR (2)	
Centers for Medicare and	department for emergent care for	is "UK." OR (2) The patient	The patient did not have a	
Medicaid Services	injury caused by fall or accident in home.	did not have a discharge or transfer to inpatient facility	discharge or transfer to inpatient facility assessment	
	nome.	assessment because the	because the episode of care	
	Tine Window: Current CMS	episode of care ended in	ended in death at home OR	
	systems report data on episodes	death at home OR (3) those	(3) those covered by the	
	that start and end within a rolling	covered by the generic	generic exclusions (see	
	12 month period, updated	exclusions (see below).	below).	
	quarterly.		GENERIC EXCLUSIONS -	
		Time Window: Current CMS	Current exclusions include:	
	Details: Emergent Care for Injury	systems report data on		

Caused by Fall or Accident in Home is coded as follows: 1 (YES) IF: The value recorded for period, updated quarterly. 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.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C items:

(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)? • 0 - No

episodes that start and end within a rolling 12 month

Details: All home health episodes other than those covered by denominator exclusions (Q6).

Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity, adult patients who are 18 vears and older. Maternity patients, and patients less than 18 years of age are excluded.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

Very long stay patients -Currently, reports in CMS'

- 1 Yes
- UK Unknown

(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.)

- 1 Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 Injury caused by fall or accident at home
- 3 Respiratory infection (e.g. pneumonia, bronchitis)
- 4 Other respiratory problem
- 5 Heart failure (e.g., fluid overload)
- 6 Cardiac dysrhythmia (irregular heartbeat)
- 7 Myocardial infarction or chest pain
- 8 Other heart disease
- 9 Stroke (CVA) or TIA
- 10 Hypo/Hyperglycemia, diabetes out of control
- 11 Upper GI obstruction, constipation, impaction
- 12 Dehydration, malnutrition
- 13 Urinary tract infection
- 14 IV catheter-related infection
- 15 Wound infection or deterioration
- 16 Uncontrolled pain
- 17 Acute mental/behavioral health problem

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 agencylevel 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.

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.

• 18 - Deep vein thrombosis, pulmonary embolus	
• 19 - Other than above reasons	
• UK - Reason unknown	

Measure#AHH-004-08

Title:

Improvement in Anxiety Level

IP Owner:

Centers for Medicare and Medicaid Services

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.

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

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 dis-charge 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

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 ended in transfer to inpatient facility or death at home OR (3) those covered by the generic exclusions (see below).

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6).

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 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:

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.

Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are

National Voluntary Consensus Standards for Additional Home Health Measures

care.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(M0580) When Anxious (Reported or Observed):

- 0 None of the time
- 1 Less often than daily
- 2 Daily, but not constantly
- 3 All of the time
- NA Patient nonresponsive

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.

Measure#AHH-005-08

Title:

Improvement in Behavior Problem Frequency

IP Owner: Centers for Medicare and

Medicaid Services

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.

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: Improvement in Behavior Problem Frequency is coded as follows:

1 (YES) IF: The value recorded for exclusions (see below). 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

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

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6).

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:

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.

Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are

National Voluntary Consensus Standards for Additional Home Health Measures

problems at discharge compared to start of care.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C items:

(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):

- 0 Never
- 1 Less than once a month
- 2 Once a month
- 3 Several times each month
- 4 Several times a week
- 5 At least daily

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	
Measure#AHH-006-08	Number of home health episodes where the value recorded for the OASIS item M0560 on the	All home health episodes except where either of the	J	National Voluntary Consensus Standards for Additional Home Health Measures
Title: Improvement in Cognitive	discharge assessment is	following conditions applies: (1) The value recorded for	conditions applies: (1) The value recorded for the	i icaiii i ivicasui es
Functioning	numerically less than the value	the OASIS item M0560 on	OASIS item M0560 on the	
- 5	recorded on the start (or	the start (or resumption) of	start (or resumption) of care	
IP Owner:	resumption) of care assessment,	care assessment is zero,	assessment is zero,	
Centers for Medicare and	indicating less impairment at	indicating minimal or no	indicating minimal or no	
Medicaid Services	discharge compared to start of care.	impairment. These patients are excluded because it	impairment. These patients are excluded because it	
	Care.	would be impossible for	would be impossible for	
	Time Window: Current CMS	them to show measurable	them to show measurable	
	systems report data on episodes	improvement. OR (2) The	improvement. OR (2) The	
	that start and end within a rolling	patient did not have a	patient did not have a	

12 month period, updated quarterly.

Details: Improvement in Cognitive Functioning is coded as follows: 1 (YES) IF: The value recorded for generic exclusions (see 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.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation. comprehension, concentration, and immediate memory for simple commands.)

• 0 - Alert/oriented, able to focus

discharge assessment facility or death at home OR (3) those covered by the below).

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6).

discharge assessment because the episode of care because the episode of care ended in transfer to inpatient 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:

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.

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 shift attention, comprehends and recalls task directions independently.

- 1 Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
- 2 Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- 3 Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
- 4 Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

and related measures could be used for other adult, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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. All home health episodes Measure#AHH-007-08 Number of home health episodes Conditions apply: (1a) The National Voluntary Consensus Standards for Additional Home value "NA" is recorded for where the value recorded for the where any of the following the OASIS item M0570 on Title: OASIS item M0570 on the conditions apply: (1a) The **Health Measures** Improvement in Confusion discharge assessment is either the start (or value "NA" is recorded for Frequency numerically less than the value resumption) of care the OASIS item M0570 on recorded on the start (or assessment or the discharge either the start (or IP Owner: resumption) of care assessment. assessment. or (1b) The resumption) of care Centers for Medicare and indicating less frequent confusion value recorded for the assessment or the discharge Medicaid Services at discharge compared to start of OASIS item M0570 on the assessment. or (1b) The start (or resumption) of care value recorded for the care. assessment is zero, OASIS item M0570 on the Time Window: Current CMS indicating no confusion. start (or resumption) of care systems report data on episodes These patients are excluded assessment is zero, that start and end within a rolling because it would be indicating no confusion. 12 month period, updated impossible for them to show These patients are excluded measurable improvement. because it would be quarterly. OR (2) The patient did not impossible for them to show Details: Improvement in Confusion have a discharge measurable improvement. Frequency is coded as follows: assessment because the OR (2) The patient did not 1 (YES) IF: The value recorded for episode of care ended in have a discharge the OASIS item M0570 on the transfer to inpatient facility or assessment because the discharge assessment is death at home OR (3) those episode of care ended in numerically less than the value covered by the generic transfer to inpatient facility or recorded on the start (or death at home OR (3) those exclusions (see below). resumption) of care assessment, covered by the generic indicating less frequent confusion Time Window: Current CMS exclusions (see below). at discharge compared to start of systems report data on GENERIC EXCLUSIONS episodes that start and end Current exclusions include: care.

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.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(M0570) When Confused (Reported or Observed):

- 0 Never
- 1 In new or complex situations only
- 2 On awakening or at night only
- 3 During the day and evening, but not constantly
- 4 Constantly
- NA Patient nonresponsive

within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6). 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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.

Measure#AHH-008-08

Title:

Improvement in Eating

IP Owner:

Centers for Medicare and Medicaid Services

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.

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: Improvement in Eating is coded as follows:

1 (YES) IF: The value recorded for (3) those covered by the 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.

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 generic exclusions (see below).

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6).

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).

GENERIC EXCLUSIONS -Current exclusions include:

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.

Non-Medicare/non-Medicaid Patients - Medicare-certified

National Voluntary Consensus Standards for Additional Home Health Measures

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(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. • 0 - Able to independently feed

- self.1 Able to feed self independently but requires:
 - (a) meal set-up; OR
- (b) intermittent assistance or supervision from another person; OR
- (c) a liquid, pureed or ground meat diet.
- 2 Unable to feed self and must be assisted or supervised throughout the meal/snack.
- 3 Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or

gastrostomy.

- 4 Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
- 5 Unable to take in nutrients orally or by tube feeding.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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. 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.	
Measure#AHH-009-08 Title: Improvement in Grooming IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes	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	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	National Voluntary Consensus Standards for Additional Home Health Measures

that start and end within a rolling 12 month period, updated quarterly.

Details: Improvement in Grooming (3) those covered by the is coded as follows:

1 (YES) IF: The value recorded for below) 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.

Please note also generic exclusions under Q6. Denominator Exclusions.

OASIS C item:

(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).

discharge assessment because the episode of care because the episode of care ended in transfer to inpatient ended in transfer to inpatient facility or death at home and generic exclusions (see

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6).

discharge assessment facility or death at home OR (3) those covered by the generic exclusions (see below).

GENERIC EXCLUSIONS -Current exclusions include:

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.

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.

- 0 Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 Someone must assist the patient to groom self.
- 3 Patient depends entirely upon someone else for grooming needs.

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.

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 agencylevel 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.

			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.	
Measure#AHH-010-08	Number of home health episodes	All home health episodes	All home health episodes	National Voluntary Consensus
	where the value recorded for the	except those where either of	where either of the following	Standards for Additional Home
Title:	OASIS item M0722 on the	the following conditions	conditions applies: (1) The	Health Measures
Improvement in Light Meal	discharge assessment is	applies: (1) The value	value recorded for the	
Preparation	numerically less than the value	recorded for the OASIS item	OASIS item M0722 on the	
	recorded on the start (or	M0722 on the start (or	start (or resumption) of care	
IP Owner:	resumption) of care assessment,	resumption) of care	assessment is zero,	
Centers for Medicare and	indicating less impairment at	assessment is zero,	indicating minimal or no	
Medicaid Services	discharge compared to start of	indicating minimal or no	impairment. These patients	
	care.	impairment. These patients	are excluded because it	
		are excluded because it	would be impossible for	
	Time Wiindow: Current CMS	would be impossible for	them to show measurable	
	systems report data on episodes	them to show measurable	improvement. OR (2) The	
	that start and end within a rolling	improvement. OR (2) The	patient did not have a	
	12 month period, updated	patient did not have a	discharge assessment	
	quarterly.	discharge assessment	because the episode of care	
		because the episode of care	ended in transfer to inpatient	
	Details: Improvement in Light	ended in transfer to inpatient		
	Meal Preparation is coded as	facility or death at home OR	(3) those covered by the	
	follows:	(3) those covered by the	generic exclusions (see	
	1 (YES) IF: The value recorded for	1.5	below).	
	the OASIS item M0722 on the	below).		
	discharge assessment is		GENERIC EXCLUSIONS –	
	numerically less than the value	Time Windows: Current	Current exclusions include:	
	recorded on the start (or	CMS systems report data on		
	resumption) of care assessment,	episodes that start and end	Children And Maternity	
	indicating less impairment at	within a rolling 12 month	Patients - The OASIS data	

discharge compared to start of care.

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.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(M0722) Current Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals safely:

- 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).
- 1 Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
- 2 Unable to prepare any light meals or reheat any delivered meals.

period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6). 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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

Very long stay patients -Currently, reports in CMS' Home Health Quality Initiative systems (such as

	mber of home health episodes ere the value recorded for the	All episodes except those where (1) The value		National Voluntary Consensus Standards for Additional Home
A			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.	National Valentes Occasion
			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.	

Improvement in Lower **Body Dressing**

IP Owner: Centers for Medicare and Medicaid Services

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.

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: Improvement in Dressing Lower Body is coded as follows: 1 (YES) IF: The value recorded for below). 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.

Please note also generic exclusions under Q6,

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 facility or death at home and (3) those covered by the generic exclusions (see

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6).

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 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:

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.

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

Denominator Exclusions.

OASIS C item:

(M0662) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

- 0 Able to obtain, put on, and remove clothing and shoes without assistance.
- 1 Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
- 2 Someone must help the patient put on under-garments, slacks, socks or nylons, and shoes.
- 3 Patient depends entirely upon another person to dress lower body.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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

Measure#AHH-012-08	Number of home health episodes where the value recorded for the	All home health episodes except where either of the	9	National Voluntary Consensus Standards for Additional Home
Title: Improvement in Speech	OASIS item M0410 on the discharge assessment is	following conditions applies: (1) The value recorded for	conditions applies: (1) The value recorded for the	Health Measures
and Language	numerically less than the value recorded on the start (or	the OASIS item M0410 on the start (or resumption) of	OASIS item M0410 on the start (or resumption) of care	
IP Owner:	resumption) of care assessment,	care assessment is zero,	assessment is zero,	
Centers for Medicare and	indicating less impairment at	indicating minimal or no	indicating minimal or no	
Medicaid Services	discharge compared to start of care.	impairment. These patients are excluded because it	impairment. These patients are excluded because it	
	Cale.	would be impossible for	would be impossible for	
	Time Window: Current CMS	them to show measurable	them to show measurable	
	systems report data on episodes	improvement. OR (2) The	improvement. OR (2) The	
	that start and end within a rolling	patient did not have a	patient did not have a	
	12 month period, updated	discharge assessment	discharge assessment	
	quarterly.	because the episode of care	because the episode of care	
	Detaile: Improvement in Speech	ended in transfer to inpatient	ended in transfer to inpatient	
	Details: Improvement in Speech	facility or death at home OR	facility or death at home OR	

and Language is coded as follows: (3) those covered by the 1 (YES) IF: The value recorded for generic exclusions (see 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.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language):

- 0 Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- 1 Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional

below).

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6).

(3) those covered by the generic exclusions (see below).

GENERIC EXCLUSIONS -Current exclusions include:

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.

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, nonmaternity home health care

errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).

- 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.
- 3 Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- 4 Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- 5 Patient nonresponsive or unable to speak.

patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
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	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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	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)	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).	National Voluntary Consensus Standards for Additional Home Health Measures

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 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.

Please note also generic exclusions under Q6, Denominator Exclusions.

OASIS C item:

(M0652) Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, frontopening shirts and blouses, managing zippers, buttons, and snaps:

- 0 Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
- 1 Able to dress upper body without assistance if clothing is laid out or handed to the patient.

2 - Someone must help the

systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: All home health episodes other than those covered by denominator exclusions (Q6). Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

patient put on upper body clothing.
• 3 - Patient depends entirely upon another person to dress the upper body.

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 agencylevel 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.

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.	
Measure#AHH-015-08	Number of home health episodes	All home health episodes	All home health episodes	National Voluntary Consensus
	where the value recorded for the	except those where: any of	where: any of the following	Standards for Additional Home
Title:	OASIS item M0510 on the	the following conditions	conditions apply:	Health Measures
mprovement in Urinary	discharge assessment is zero,	apply:	(1a) The value "NA" or "UK"	
Tract Infection	and the value recorded on the	(1a) The value "NA" or "UK"	is recorded for the OASIS	
	start (or resumption) of care	is recorded for the OASIS	item M0510 on either the	
P Owner:	assessment is one, indicating that	item M0510 on either the	start (or resumption) of care	
Centers for Medicare and	a urinary tract infection was	start (or resumption) of care	assessment or the discharge	
Medicaid Services	resolved while the patient was	assessment or the discharge	assessment, OR (1b) The	
	receiving home health care.	assessment, OR (1b) The	value recorded for the	
	3	value recorded for the	OASIS item M0510 on the	
	Time Window: Current CMS	OASIS item M0510 on the	start (or resumption) of care	
	systems report data on episodes	start (or resumption) of care	assessment is equal to zero,	
	that start and end within a rolling	assessment is equal to zero,	indicating no infection at	
	12 month period, updated	indicating no infection at	start of care. These patients	
	quarterly.	start of care. These patients	are excluded because it	
	'	are excluded because it	would be impossible for	
	Details: Improvement in Urinary	would be impossible for	them to show improvement.	
	Tract Infection is coded as follows:		OR (2) The patient did not	
	1 (YES) IF: The value recorded for		have a discharge	
	the OASIS item M0510 on the	have a discharge	assessment because the	
	discharge assessment is zero,	assessment because the	episode of care ended in	
	and the value recorded on the	episode of care ended in	transfer to inpatient facility or	
	start (or resumption) of care	transfer to inpatient facility or	death at home OR (3) those	
	assessment is one, indicating that	death at home OR (3) those	covered by the generic	
	a urinary tract infection was	covered by the generic	exclusions (see below).	
	resolved while the patient was	exclusions (see below).	,	
	receiving home health care.	,	GENERIC EXCLUSIONS -	
	0 (NO) IF: The value recorded for	Time Window: Current CMS	Current exclusions include:	
	the OASIS item M0510 on the	systems report data on		
	discharge assessment is equal to	episodes that start and end	Children And Maternity	
		within a rolling 12 month	Patients - The OASIS data	
	resumption) of care assessment,	period, updated quarterly.	set items are designed to be	
	and they are both one, indicating a		collected for non-maternity,	
	urinary tract infection that was not	Details: All home health	adult patients who are 18	
	resolved.	episodes other than those	years and older. Maternity	

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(M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days?

- 0 No
- 1 Yes
- NA Patient on prophylactic treatment
- UK Unknown

covered by denominator exclusions (Q6).

patients, and patients less than 18 years of age are excluded.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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,

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. All episodes where the episode did not include depression interventions in the care plan (M1135 = NA); OR the episode did not	Number of home health episodes where depression interventions were included in the care plan - OTHER THAN episodes covered by denominator exclusions	Number of home health episodes where depression interventions were included in the care plan and those interventions were implemented.	Measure#AHH-016-08 Title: Depression Interventions Implemented
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. All episodes where the episode did not include depression	episodes where depression interventions were included	where depression interventions were included in the care plan and	Title:
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. All episodes where the episode did not	episodes where depression	where depression interventions	
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.	Number of home health	Number of home besith onice dec	1000Ur0#AUU 046 00
Small and new agencies and rare conditions - The			
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.			

Centers for Medicare and Medicaid Services	systems that start 12 month quarterly
	Details: Nepisodes - (Assessminpatient)
	- (Intervent implemer

report data on episodes
t and end within a rolling
h period, updated
s

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)

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

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).

GENERIC EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

			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.	
Measure#AHH-017-08	Number of home health episodes where at start of episode,	All home health episodes other than those OTHER	All episodes where - the episode did not	National Voluntary Consensus Standards for Additional Home
Title:	depression interventions were	THAN those covered by	have a discharge or transfer	Health Measures
Depression Interventions in	included in the care plan.	denominator exclusions	to inpatient facility	
Plan of Care		(Q6).	assessment because the	
	Time Window: Current CMS		episode of care	
IP Owner:	systems report data on episodes	where patient does not have	ended in death at home OR	
Centers for Medicare and	that start and end within a rolling	symptoms or diagnosis of	- the patient does not	
Medicaid Services	12 month period, updated	depression, nor current	have symptoms, diagnosis,	
	quarterly.	treatment for depression.	or ongoing treatments for depression (M1130=NA)	
	Details: Number of patient	Time Window: Current CMS	- the episode was	
	episodes where at start of	systems report data on	covered by the generic	
	episode:	episodes that start and end	exclusions (see below).	
	- (M0100) Reason for	within a rolling 12 month	exercise (dee below).	
	Assessment = 1 (Start of care) or	period, updated quarterly.	GENERIC EXCLUSIONS -	
	3 (Resumption of care) AND		Current exclusions include:	
	- (M1130) Depression Interventions in care plan = 1		Children And Maternity	
	(yes)		Patients - The OASIS data	
	(965)		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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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

			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.	
			Constitution of the state of th	
			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.	
		Number of home health		National Voluntary Consensus
		episodes where diabetic foot		Standards for Additional Home
	e and education specified re plan had been	care had been specified in the care plan and episode is	diabetic OR the patient is a bilateral amputee	Health Measures
Patient Education implement		not covered by denominator	(M1095=NA) OR	
Implemented		exclusions (Q6).	- diabetic foot care	
	ndow: Current CMS	(40).	was not included in the care	
	report data on episodes	Time Window: Current CMS	plan (M1095=NA); OR	
		systems report data on	- the episode did not	

12 month period, updated quarterly.	episodes that start and end within a rolling 12 month period, updated quarterly.	have a discharge or transfer to inpatient facility assessment because the	
		ended in death at home OR	
- (M0100) Reason for		- the episode was	
		exclusions (see below).	
Care Plan implemented = 1 (yes)		GENERIC EXCLUSIONS -	
		Current exclusions include:	
		Children And Maternity Patients - The OASIS data	
		set items are designed to be	
		years and older. Maternity	
		patients, and patients less	
		CXCIUUCU.	
		Non-Medicare/non-Medicaid	
		currently required to collect	
		and submit OASIS data only	
		skilled home health care.	
		The OASIS-C items were	
		adjustment models used in	
		CMS systems such as the	
	quarterly. Details: Number of patient episodes where at end of episode: - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9(discharge) AND: - (M1095)Diabetic Foot	quarterly. Details: Number of patient episodes where at end of episode: - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9(discharge) AND: - (M1095)Diabetic Foot	quarterly. Details: Number of patient episodes where at end of episode: - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9(discharge) AND: - (M1095) Diabetic Foot Care Plan implemented = 1 (yes) Care Plan implemented = 1 (yes) Within a rolling 12 month period, updated quarterly. The episode of care ended in death at home OR the episode was covered by the generic exclusions (see below). GENERIC EXCLUSIONS — Current exclusions include: 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. 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

for this population only. However, the OASIS items and related measures could be used for other adult, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

			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.	
Measure#AHH-019-08 Title: Diabetic Foot Care and Patient Education in Plan of Care IP Owner: Centers for Medicare and Medicaid Services	Number of home health episodes where at start of episode, Diabetic Foot Care and patient education are in the care plan. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	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). Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	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). GENERIC EXCLUSIONS – Current exclusions include: 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	National Voluntary Consensus Standards for Additional Home Health Measures

excluded.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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. 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.	
Title:	Number of home health episodes where by the end of the episode, patient/ caregiver was instructed	All home health episodes - OTHER THAN episodes covered by denominator	any drug therapy (M1185 =	National Voluntary Consensus Standards for Additional Home Health Measures
, 5	to monitor the effectiveness of	exclusions (Q6)	NA); OR	
	drug therapy and potential		- the episode did not	
	adverse effects, and how and	Time Window: Current CMS	have a discharge or transfer	
Episode	when to report problems.	systems report data on	to inpatient facility	
ID Own or	Time Windows Current CMC	episodes that start and end	assessment because the	
IP Owner:	Time Window: Current CMS	within a rolling 12 month	episode of	

Centers for Medicare and Medicaid Services	systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	period, updated quarterly.	care ended in death at home OR the episode was covered by the generic exclusions (see below). GENERIC EXCLUSIONS – Current exclusions include: 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. 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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
Measure#AHH-022-08 Title: Drug Education on High Risk Medications Provided to Patient/Caregiver at Start of Episode IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	All home health episodes - OTHER THAN episodes covered by denominator exclusions (Q6) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	All episodes where - patient did not have any drug therapy (M1180 = 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). GENERIC EXCLUSIONS – Current exclusions include: 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. Non-Medicare/non-Medicaid	National Voluntary Consensus Standards for Additional Home Health Measures

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel reporting of the

	12 month period, updated quarterly.	within a rolling 12 month period, updated quarterly.	episode of care ended in death at home OR	
Centers for Medicare and Medicaid Services	Time Window: Current CMS systems report data on episodes that start and end within a rolling	Time Window: Current CMS systems report data on episodes that start and end	to inpatient facility assessment because the	
IP Owner:	Time a Militarday of Command CMC	Time a Militarda Our many (ON 40)	have a discharge or transfer	
mplomontou	health care	exclusions (Q6).	- the episode did not	
Falls Prevention Steps Implemented	the risk of falls were implemented during their episode of home	those OTHER THAN those covered by denominator	physician-ordered care plan (M1155=NA) OR	
Title:	ordered interventions to mitigate	the care plan other than	fall risk interventions in the	Health Measures
	risk of falls for whom physician-	with fall risk interventions in		Standards for Additional Home
Measure#AHH-023-08	Percent of patients with assessed	All home health episodes	All episodes where	National Voluntary Consensus
			months.	
			for home health agencies in operation less than six	
			20 observations, and reports	
			repress cells with fewer than	
			Compare web site also	
			publicly-reported data on CMS' Home Health	
			rare conditions - The	
			Small and new agencies and	
			different time window.	
			providers could choose a different time window.	
			the reports, and other data	
			no longer be excluded from	
			that long-stay patients would	
			relaxing this restriction, such	
			are admitted to an inpatient facility. CMS is considering	
			agency's report unless they	
			time are excluded from an	
			extremely long period of	
			who are on service for an	
			measure. For this reason, home health care patients	

Details: Number of patient episodes where at end of episode: - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND - (M1155) Falls Risk Intervention(s) implemented = 1 (yes) - the episode was covered by the generic exclusions (see below).

GENERIC EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care

patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
Title: Falls Prevention Steps in Plan of Care IP Owner: Centers for Medicare and Medicaid Services	Number of home health episodes where at start of episode, falls risk interventions were included in the care plan. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	All home health episodes other than those episodes covered by denominator exclusions (Q6). Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	All episodes where - patient was assessed with multifactor risk assessment and determined not to be at risk of falls (M1140 = 1); OR - the episode did not have a discharge or transfer to inpatient facility assessment because the	National Voluntary Consensus Standards for Additional Home Health Measures

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	
Measure#AHH-025-08 Title: Heart Failure Symptoms Addressed	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	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	have diagnosis of heart	National Voluntary Consensus Standards for Additional Home Health Measures
IP Owner:	instance.	those covered by	to inpatient facility	
Centers for Medicare and		denominator exclusions	assessment because the	
Medicaid Services	Time Window: Current CMS	(Q6).	episode of	
	systems report data on episodes that start and end within a rolling	Time Window: Current CMS	care ended in death at home OR	
	12 month period, updated	systems report data on	- the episode was	

quarterly.

Details: Number of patient
episodes where at end of episode:
- (M0100) Reason for
Assessment = 6 or 7 (transfer to
inpatient) or 9 (discharge) AND
- (M1105) Symptoms of
Heart Failure = 1 (yes) AND
- (M1110) Heart Failure
Follow-up = 1,2,3,4 or 5
(appropriate actions taken)

episodes that start and end within a rolling 12 month period, updated quarterly.

covered by the generic exclusions (see below).

GENERIC EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further

testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
Measure#AHH-026-08 Title: Improvement in Toileting Hygiene IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)].	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) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	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	National Voluntary Consensus Standards for Additional Home Health Measures

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	
Measure#AHH-027-08 Title: Influenza Immunization Received for Current Flu Season IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. Details: Number of patient episodes where at end of episode: - (M0100) Reason for	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) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	Episodes where the patient had received the flu vaccine from another provider (M1025 = 1); or where the patient had refused the vaccine (M1025=4) or was medically ineligible (M1025=3); or episodes which occurred when vaccine could not be obtained due to a declared vaccine shortage (M1025=6),	National Voluntary Consensus Standards for Additional Home Health Measures

Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND

- [(M1021) Flu Vaccination given during this year's flu season = 1 (yes) OR
- (M1025) Reason Flu Vaccine not received = 2 (Received from this agency previously during this year's flu season)]

as well as:

- 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).

Details: GENERIC EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	
Measure#AHH-028-08 Title: Multifactor Fall Risk Assessment Conducted IP Owner: Centers for Medicare and Medicaid Services	Number of home health episodes where at start of episode, patient had a multi-factor fall risk assessment. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	All home health episodes OTHER THAN those covered by denominator exclusions (Q6) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	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). GENERIC EXCLUSIONS – Current exclusions include: 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	National Voluntary Consensus Standards for Additional Home Health Measures

than 18 years of age are excluded.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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. 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.	
Measure#AHH-029-08 Title: Pain Assessment Conducted IP Owner: Centers for Medicare and	Number of home health episodes where the patient had any pain at start of episode and was assessed using a standardized pain assessment tool. Time Window: Current CMS systems report data on episodes	Number of home health episodes where the patient had any pain at start of episode (M0422 > 0) OTHER THAN those covered by denominator exclusions (Q6).	All episodes where - patient had no pain (M0422=0) OR - the patient did not have a discharge or transfer to inpatient facility assessment because the episode of care	National Voluntary Consensus Standards for Additional Home Health Measures

Medicaid Services

that start and end within a rolling 12 month period, updated quarterly.

Details: Number of patient episodes where at start of episode:

- (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND (M0422) Frequency of Pain = 1, 2, 3, or 4 (some painpresent) AND
- (M1050) Has this patient had a formal Pain Assessment = 1 (Yes, doesn't indicate severe pain) OR

= 2 (Yes, indicates severe pain)

Time Window: Number of home health episodes where those episodes covered by the patient had any pain at start of episode (M0422 > 0) OTHER THAN those covered by denominator exclusions (Q6).

ended in death at home OR the generic exclusions (see below).

Details: GENERIC **EXCLUSIONS – Current** exclusions include:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
Measure#AHH-030-08 Title: Pain Interventions Implemented IP Owner: Centers for Medicare and Medicaid Services	Number of home health episodes where the patient had pain interventions included the care plan and these pain managements steps had been implemented by the end of the episode. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	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) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	All episodes where: - the patient did not have pain interventions in the care plan (M01065=NA) 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 - episodes covered by the generic exclusions (see below). Details: GENERIC EXCLUSIONS – Current exclusions include: 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.	National Voluntary Consensus Standards for Additional Home Health Measures

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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.	
			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.	
Measure#AHH-031-08 Title: Pain Interventions in Plan of Care IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling	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)	All episodes where: - The patient has no pain (M0422 = 0) 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	National Voluntary Consensus Standards for Additional Home Health Measures
inculcata Gervices	12 month period, updated	Time Window: Current CMS	- episode is covered	

quarterly.

Details: Number of patient episodes where at start of episode:

- (M0100) Reason for Assessment = 1(Start of care) or 3 (Resumption of care) AND
- (M0422) Frequency of Pain = 1, 2, 3, or 4 (presence of pain) AND
- (M1060) Pain Intervention in Care Plan = 1 (Yes)

systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. by one of the generic exclusions (see below).

Details: GENERIC EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care

patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
Measure#AHH-032-08 Title: Physician Notification Guidelines Established IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	All home health episodes OTHER THAN those covered by denominator exclusions (Q6) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	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). Details: GENERIC EXCLUSIONS – Current exclusions include: 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. 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	National Voluntary Consensus Standards for Additional Home Health Measures

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	
Measure#AHH-033-08 Title: Pneumococcal Polysaccharide Vaccine (PPV) Ever Received IP Owner: Centers for Medicare and Medicaid Services	Number of home health episodes where the patient had (ever) received the PPV by the end of the episode. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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	All home health episodes where the patient met age/condition guidelines for PPV OTHER THAN those covered by denominator exclusions (Q6) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	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). Details: GENERIC	National Voluntary Consensus Standards for Additional Home Health Measures

agency this episode = 1 (yes) OR
- (M1035) Reason PPV not received = 1 (Patient has received PPV in the past)

EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
Measure#AHH-034-08	Number of home health episodes	All home health episodes -	All episodes where	National Voluntary Consensus
	where a complete drug regimen	OTHER THAN episodes	- the episode did not	Standards for Additional Home
Γitle:	review was performed at start of	covered by denominator	have a discharge or transfer	Health Measures
Potential Medication Issues	episode, and the physician was	exclusions (Q6).	to inpatient facility	
dentified and Timely	contacted within 1 day when	,	assessment because the	
Physician Contact at Start	problems were found.	Time Window: Current CMS	episode of care	
of Épisode	•	systems report data on	ended in death at home OR	
·	Time Window: Current CMS	episodes that start and end	- the episode was	
P Owner:	systems report data on episodes	within a rolling 12 month	covered by the generic	
Centers for Medicare and	that start and end within a rolling	period, updated quarterly.	exclusions (see below).	
Medicaid Services	12 month period, updated		,	
	quarterly.		(note that episodes where	
	, ,		no drug regimen review was	
	Details: Number of patient		performed are included in	
	episodes where at start of		the denominator	
	episode:		intentionally)	
	- (M0100) Reason for		,	
	Assessment = 1 (Start of care) or		GENERIC EXCLUSIONS -	
	3 (Resumption of care)		Current exclusions include:	
	AND			
	- [(M1160) Potential		Children And Maternity	
	Adverse Effects/Reaction found		Patients - The OASIS data	
	on review = 1 (reviewed, no		set items are designed to be	
	problems found)]		collected for non-maternity,	
	OR		adult patients who are 18	
	- [(M1160) Potential		years and older. Maternity	
	Adverse Effects/Reaction found		patients, and patients less	
	on review = 2 (reviewed, problems		than 18 years of age are	
	found) AND		excluded.	
	(M1170) Physician			
	notified of medication issues		Non-Medicare/non-Medicaid	
	within 1 day = 1 (yes)]		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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of

Measure#AHH-035-08	Number of home health episodes	Number of home health	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. 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. All episodes where:	National Voluntary Consensus
Title: Potential Medication Issues Identified and Timely Physician Contact During Episode IP Owner: Centers for Medicare and Medicaid Services	where, by the end of the episode, a drug regimen review had found	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). Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	- 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	Standards for Additional Home

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)

covered by the generic exclusions (see below).

GENERIC EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further

testing and possible recalibration of the risk adjustment models.

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 agencylevel 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.

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.	
Measure#AHH-036-08 Title: Pressure Ulcers Treated with Moisture-Retentive Dressings IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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)	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) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	All episodes where the patient had no unhealed pressure ulcers stage 2, 3, or 4, (M1085 = NA) OR moisture-retentive dressings were medically contraindicated (M1085=2) 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). GENERIC EXCLUSIONS — Current exclusions include: 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.	National Voluntary Consensus Standards for Additional Home Health Measures

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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

			1	
			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. 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.	
Measure#AHH-037-08 Title: Pressure Ulcer Plan of Care Includes Moisture- Retentive Dressings IP Owner: Centers for Medicare and Medicaid Services	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.	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	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	National Voluntary Consensus Standards for Additional Home Health Measures

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: Number of patient episodes where at start of episode:

- (M0100) Reason for
Assessment = 1 (Start of care) or
3 (Resumption of care) AND
- (M0465) Stage of Most
Problematic (Observable)
Pressure Ulcer = 2, 3, or 4 AND
- (M1080) Pressure Ulcer
Care Plan includes Moisture
Retentive Dressings = 1 (yes) or 2
(order requested
from physician)

= 2, 3, or 4] AND
- (M1080) Pressure
Ulcer Care Plan includes
Moisture Retentive
Dressings = 1 (yes) or 2
(order

requested from physician)

OTHER THAN those covered by denominator exclusions (Q6).

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

(M1080=3), 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).

GENERIC EXCLUSIONS – Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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. 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.	
Measure#AHH-038-08 Title: Pressure Ulcer Prevention Included in Plan of Care IP Owner: Centers for Medicare and Medicaid Services	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. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. 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	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). Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	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). GENERIC EXCLUSIONS – Current exclusions include: Children And Maternity Patients - The OASIS data set items are designed to be collected for non-maternity,	National Voluntary Consensus Standards for Additional Home Health Measures

- (M1072) Pressure Ulcer Prevention in Care Plan = 1 (yes) adult patients who are 18 years and older. Maternity patients, and patients less than 18 years of age are excluded.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

Very long stay patients -Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home

			1	
			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. 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.	
Measure#AHH-039-08	Number of home health episodes	Number of home health	All episodes where	National Voluntary Consensus
- - - -	where pressure ulcer prevention interventions included in the plan	episodes where pressure ulcer prevention	- the patient had no pressure ulcer prevention	Standards for Additional Home Health Measures
Pressure Ulcer Prevention	of care were implemented by the	interventions were included	interventions in the care plan	
Plans Implemented	end of the episode.	in the plan of care by the end		

IP Owner:
Centers for Medicare and
Medicaid Services

Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.

Details: Number of patient episodes where at end of episode: within a rolling 12 month (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge) AND (M1073) Pressure Ulcer Prevention Plans Implemented = 1 (yes)

of the episode (M1073 = 0 or -1) OTHER THAN those covered by denominator exclusions (Q6).

Time Window: Current CMS systems report data on episodes that start and end period, updated quarterly.

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).

GENERIC EXCLUSIONS -Current exclusions include:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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 agencylevel 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

Measure#AHH-040-08	Number of home health episodes	All home health episodes	providers could choose a different time window. 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. All episodes where the	National Voluntary Consensus
Title: Pressure Ulcer Risk Assessment Conducted IP Owner: Centers for Medicare and Medicaid Services	where patient was assessed for risk of pressure ulcers at the start of the episode. Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. Details: Number of patient episodes where at start of episode: - (M0100) Reason for Assessment = 1 (Start of care) or 3	OTHER THAN those covered by denominator exclusions (Q6) Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	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). Details: GENERIC EXCLUSIONS – Current exclusions include: 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.	Standards for Additional Home Health Measures

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

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-

			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.	
			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.	
Measure#AHH-041-08 Title: Timely Initiation of Care	Number of home health episodes where the start or resumption of care date was on the physician-specified date or within 2 days of	All home health episodes other than those covered by denominator exclusions (Q6).	All episodes where: - the patient did not have a discharge or transfer to inpatient facility	National Voluntary Consensus Standards for Additional Home Health Measures
ID 0	the referral date.	T: 14" 0 140	assessment because the	
IP Owner:	Time Minds of Owner of OMO	Time Window: Current CMS		
Centers for Medicare and Medicaid Services	Time Window: Current CMS systems report data on episodes	systems report data on episodes that start and end	episode of care ended in death at home; OR	
Medicald Services	that start and end within a rolling	within a rolling 12 month	- those episodes	
	12 month period, updated quarterly.	period, updated quarterly.	covered by the generic exclusions (see below).	

Details: Number of start-of-care patient episodes where at start of episode:

- (M0100) Reason for Assessment = 1 (Start of care) AND
- [(M0030) Start of care date] minus [(M0102) Date of Referral < 3]

OR

- [(M0030) Start of care date] equals (M0104) Physician-ordered Start of Care Date] PLUS those resumption-of-care patient episodes where at start of episode:
- (M0100) Reason for Assessment = 3 (Resumption of care) AND
- [(M0032) Resumption of care date] minus (M0102) Date of Referral < 3]

OR

- [(M0032) Resumption of care date equals (M0104) Physician-ordered Resumption of Care Date]

Details: GENERIC EXCLUSIONS:

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.

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, nonmaternity home health care patients, ideally with further testing and possible recalibration of the risk

adjustment models.

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 agencylevel 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.

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.	
Measure#AHH-042-08 Title: Proactive Plan of Care	Composite includes the following individual measures: Pressure Ulcer Interventions in Plan of Care Pressure Ulcer Prevention Included in Plan of Care Diabetic Foot Care in Plan of Care Interventions in Plan of Care for Symptoms of Depression Falls Prevention Steps in Plan of Care Pain Interventions in Plan of Care		