

Home Health Guide to OASIS: A Reference for Field Staff

- If more than one response in a row applies, select the response that represents the greatest need.
- **Code 3, Non-agency Caregiver(s) are not likely to provide assistance**, if they are unwilling, reluctant, or unable to provide care.

Quality of Patient Care Star Ratings Alert

This item is used in the calculation of the Star Ratings that is published on the Care Compare website. Used for RISK ADJUSTMENT

Item by Item: Section G. Functional Status

The items in this section address the patient's ability to safely perform personal care activities. The items identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "adherence" are not the focus of these items. The patient must be viewed from a holistic perspective in assessing ability to perform ADLs. Ability can be temporarily or permanently limited by:

- physical impairments (for example, limited range of motion, impaired balance)
- emotional/cognitive/behavioral impairments (for example, memory deficits, impaired judgment, fear)
- sensory impairments, (for example, impaired vision or pain)
- environmental barriers.

(M1800) (SRFOD)

—Grooming: Current ability to tend safely to personal hygiene needs (specifically, washing face and hands, hair care, shaving or makeup, teeth or denture care, fingernail care)

- Identifies patient's ability to tend to personal hygiene needs, excluding bathing, shampooing hair, and toileting hygiene.
- The intent is to identify the patient's ABILITY, not necessarily actual performance.
- Response 2 includes verbal cueing or standby assist.

Chapter 8: General Instructions for Completion of the OASIS Items

PDGM Case-Mix Question Alert

Responses available for M1800

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

CASE-MIX TIPS

- Observe the patient gathering the equipment and going through the motions of grooming.
- If the patient's ability varies over time, choose the response that describes the patient's ability more than 50% of the time period under consideration.
- **Code 2, Someone must assist the patient**, if the patient can participate in grooming tasks but needs some assistance. The word "assistance" in this item refers to assistance from another person by verbal cueing/reminders, supervision, and/or stand-by or hands-on assistance.

(M1810) (SRFOD)

—Current Ability to Dress Upper Body Safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps

- Identifies the patient's ability to dress upper body, including the ability to obtain, put on, and remove upper body clothing. Assess ability to put on whatever clothing is routinely worn. This specifically includes the ability to manage zippers, buttons, and snaps if these are routinely worn.

PDGM Case-Mix Question Alert

Responses available for M1810

0—Able to get clothes out of closets and drawers, put them on, and remove them from the upper body without assistance.	0 points if 0 or 1 is marked
1—Able to dress upper body without assistance if clothing is laid out or handed to the patient.	5 points awarded if 2 or 3 is marked.
2—Someone must help with putting on upper-body clothing	
3—Patient depends entirely on another person to dress the upper body.	

CASE-MIX TIPS

- Opening/removing upper-body garments for physical assessment of heart and lungs provides an ideal opportunity to assess the upper-extremity range of motion, coordination, and manual dexterity needed for dressing.
- Asking the patient to demonstrate motions of dressing, especially lifting arms, will aid in assessment of ability.
- Assess ability for putting on clothing that the patient wears routinely.
- If an RN is performing the OASIS assessments, ensure that he or she totally understands the functional evaluation of the patient and the effect that the functional assessment has on the need for therapy treatment in the home.
- **Code 2, Someone must help the patient,** if the patient can participate in upper body dressing tasks but needs some assistance. The word “assistance” in this item refers to assistance from another person by verbal cueing/reminders, supervision, and/or stand-by or hands-on assistance.
- **Code 3, Patient depends entirely upon another person to dress the upper body,** is selected only when the patient is dependent, relying entirely on another person to complete the majority of the upper body dressing tasks.

Chapter 8: General Instructions for Completion of the OASIS Items

(M1820) (SRFOD)

—Ability to Dress Lower Body Safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes

- Identifies the patient’s ability to dress lower body, including the ability to obtain, put on, and remove lower body clothing. Assess ability to put on whatever clothing is routinely worn.

PDGM Case-Mix Question Alert

Responses available for M1820

0—Able to obtain, put on, and remove clothing and shoes without assistance	0 points if 0 or 1 is marked
1—Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient	3 points awarded if 2 is marked 11 points awarded if 3 is marked
2—Someone must help with putting on undergarments, slacks, socks or nylons, and shoes	
3—Patient depends entirely on another person to dress lower body	

CASE-MIX TIPS

- Ability should be assessed for clothing that is routinely worn.
- If the patient requires a spotter (standby assist) to dress safely or verbal cues/reminders, Response 2 applies.
- Observe spinal flexion, joint range of motion, shoulder and upper-arm strength, and manual dexterity during the assessment.
- **Code 3, Patient depends entirely upon another person to dress lower body,** is selected only when the patient is dependent, relying entirely on another person to complete the majority of lower body dressing tasks.
- Ask the patient to go through the motions required for dressing the lower body.
- If an RN is performing the OASIS assessments, ensure that he or she totally understands the functional evaluation of the patient and the effect that the functional assessment has on the need for therapy treatment in the home.