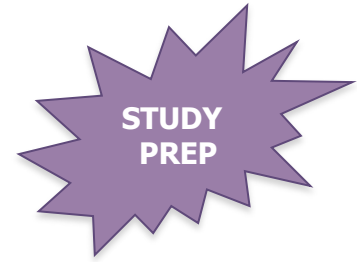


Application Scenarios for Quarterly OASIS Update – October 2024

COS-C Exam Candidates - Simulate exam conditions by:

- answering the following 5 questions in 7 ½ minutes,
- accessing any paper resource you choose for references, &
- recording your response in the corresponding lettered bubble.



Scenario 1: Mr. Gourd is referred to your home care agency to start nursing, physical therapy and occupational therapy services on July 14, 2025, after an accident at work. During his SOC comprehensive assessment and the review of his referral information, it is determined that his home care services are being covered under his Worker's Compensation benefit (M0150 - Current Payment Sources for Home Care is coded as response 5 - Worker's Compensation).

Q1: Based on this scenario, does the assessing clinician need to collect OASIS as a part of the SOC comprehensive assessment?

- A. Yes, OASIS data collection is required for payment calculations for every payer
- B. Yes, OASIS data collection is required specifically for calculation of the quality measures in home care for patients receiving care under the Worker's Compensation Benefit
- C. Yes, OASIS data collection is required for all patients regardless of payer starting July 1, 2025
- D. No, OASIS data collection is not required for non-Medicare/non-Medicaid patients

1. A B C D

Scenario 2: If Mr. Gourd from the first scenario DOES need to have OASIS data collected as a part of the comprehensive assessment(s), what will this OASIS data be used for?

- A. Quality of Patient Care Star Rating
- B. Home Health Value Based Purchasing Model Performance Reports
- C. QAO (Quality Assessment Only) Reports
- D. CMS has not yet announced

2. A B C D

Scenario 3: Mrs. Patches is a patient of your home health agency receiving physical therapy services three (3) times each week after sustaining a fall resulting in a fractured hip. Mrs. Patches is also receiving nursing services for medication management and diabetic teaching as she had some issues related to her blood sugar levels while in the inpatient rehabilitation facility. The patient informs the PT that as of the end of this month, her insurance will be changing from her current Medicare Advantage plan to Medicare Fee-for-service. The PT is scheduled to see the patient again this Friday (which is the last day of the month) and then the following Monday. The nurse is scheduled to see the patient the following Thursday.

Q3: Based on this scenario, which of the following actions are compliant?

- A. The nurse must complete both the discharge OASIS under the old payer and the SOC OASIS under the new payer on their next scheduled visit.
- B. The PT can discharge the patient on the date of service under the old payer and the nurse must complete the SOC OASIS at their next scheduled visit.
- C. The PT and nurse must visit on the same day to complete the discharge OASIS under the old payer and the PT must complete the SOC OASIS before the nurse can make their next visit.
- D. The PT can discharge the patient on the last date of service under the old payer and can complete the SOC OASIS on the first scheduled visit under the new payer.

3. A B C D

Scenario 4: During the SOC assessment, Mrs. Crisp is asked by the assessing clinician if over the past 6-12 months a lack of transportation has kept her from her medical appointments, getting her medications, getting to other meetings, or getting things needed for daily living? Mrs. Crisp's primary language is not English, and she asks her daughter to interpret the question. After the daughter provides the question to the patient in their preferred language, the patient provides the response in her preferred language to her daughter. The daughter then informs the assessing clinician that the patient has not had any difficulty with transportation over the last 6-12 months.

Q4: Based on this scenario, how should **A1250 - Transportation** be coded?

- A. C. No
- B. X. Patient unable to respond
- C. C. No and X. Patient unable to respond
- D. Y. Patient declines to respond

4. (A) (B) (C) (D)

Scenario 5: At discharge, the nurse identifies that the patient is now completing the care for their laryngectomy independently compared to at the SOC where the agency staff was needing to complete this care.

Q5: Based on this scenario, how should O0110E1 - Tracheostomy care be completed on the Discharge OASIS?

- A. O0110E1 - Tracheostomy care should be left blank.
- B. O0110E1 - Tracheostomy care should be checked
- C. O0110E1 - Tracheostomy care should be checked at SOC but not as DC since the agency is no longer providing this care
- D. O0110E1 - Tracheostomy care should be dashed (-) as this is laryngectomy care and not tracheostomy care

5. (A) (B) (C) (D)