



## Department of Health

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Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

Date: November 21, 2017  
DAL: DHCBS 17- 06  
Subject: OASIS-C2 Guidance Manual  
effective January 1, 2018

Dear Administrator:

The purpose of this letter is to notify Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Programs (LTHHCPs) that the updated CMS OASIS-C2 guidance manual is available and will be effective January 1, 2018. The OASIS Data Sets have not changed.

The OASIS C-2 Guidance Manual replaces the previous version in its entirety. The updated manual corrects errata from the previous version and contains clarifications about the One Clinician Rule. The effective date is January 1, 2018 and the manual may be downloaded at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

Agencies are encouraged to print out the manual so it's accessible for agency staff and clinicians.

Chapter 1 of the guidance manual, contains clarifications about the **One Clinician Rule**. Although one clinician must take responsibility for accurate completion of the comprehensive assessment, collaboration with the patient, caregivers, and other health care personnel, including the physician, pharmacist, and/or other agency staff to assist with completion of OASIS items is permitted effective January 1, 2018. When collaboration is utilized, the assessing clinician is responsible for considering available input from these other sources and selecting the appropriate OASIS item response(s) within the appropriate timeframe and consistent with the data collection CMS guidance. For items requiring patient assessment, the collaborating healthcare providers must have had direct contact with the patient.

If collaboration with other health care professionals and/or agency staff is utilized, the agency is responsible for establishing policies and practices related to collaborative efforts, including how assessment information from multiple clinicians will be documented within the clinical record, ensuring compliance with applicable requirements, and accepted standards of practice.

OASIS data should be collected at each time point based on a unique patient assessment, not simply carried over from a previous assessment. Comprehensive assessment data form the basis of the physician ordered plan of care. Thus, there should be congruency between documentation of comprehensive assessment findings and the plan of care. The plan of care should be updated to reflect revised care orders and current diagnoses throughout the period the patient is receiving home health services.

Agencies may continue to limit the OASIS to only data directly assessed and collected by the single assessing clinician

For additional information pertaining to the One Clinician Rule, please refer to Chapter 1 of the CMS guidance manual and the CMS Q & A Expansion of the One Clinician Convention attached to this directive.

OASIS resources:

OASIS Data Sets:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets.html>

OASIS Guidance Manual:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

CMS OASIS Quarterly Q & As:

<https://www.gtso.com/hhatrain.html>

WOCN Guidance on OASIS Items:

<https://wocn.site-ym.com/?page=oasis>

If providers have questions related to OASIS, please send an email to: [oasis@health.ny.gov](mailto:oasis@health.ny.gov)

Sincerely,

A handwritten signature in black ink that reads "Rebecca Fuller Gray". The signature is written in a cursive style with a large initial 'R'.

Rebecca Fuller Gray, Director  
Division of Home & Community Based Services

Attachment



## ***CMS OASIS Q&A - August 2017***

### ***Expansion of the One Clinician Convention***

Based on feedback from home health stakeholders, and to better align with assessment practices in other Post-Acute Care settings, we have modified the current home care guidance related to the one clinician convention. As required by the Conditions of Participation, the Comprehensive Assessment will continue to be the responsibility of one clinician. However, effective January 1, 2018, the assessing clinician will be allowed to elicit feedback from other agency staff, in order to complete any or all OASIS items integrated within the Comprehensive Assessment.

Again, this new guidance will go into effect January 1, 2018, and at the time should be considered to supersede all previously published guidance related to application of the one clinician convention. Additional clarification is available in Chapter 1 of the [2018 OASIS Guidance Manual](#).

If providers have questions after reviewing the guidance manual instruction, questions may be submitted to the home health quality help desk at [homehealthqualityquestions@cms.hhs.gov](mailto:homehealthqualityquestions@cms.hhs.gov).

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***Question 1. I am aware that it is my responsibility as the assessing clinician to complete the comprehensive assessment document that includes appropriate OASIS data items and the drug regimen review. Can I get help from my interdisciplinary team when collecting OASIS data and selecting responses?***

***Answer 1.*** Yes. Effective January 1, 2018, as the assessing clinician, you may elicit input from the patient, caregivers, and other health care personnel, including the physician, the pharmacist and/or other agency staff to assist you in your completion of any or all OASIS items integrated within the comprehensive assessment document.

Some elements, for instance the Clinical Records Items (Patient Name, Birth Date, Medicare Number, etc.), may be completed initially by clerical staff as part of the intake/referral process; but should be verified by the assessing clinician when completing the assessment. For OASIS items requiring a patient assessment, the collaborating healthcare providers (e.g., other agency clinical staff: LPN/LVN, PTA, COTA, MSW, HHA) should have had direct in-person contact with the patient, or have had some other means of gathering information to contribute to the OASIS data collection (health care monitoring devices, video streaming, review of photograph, phone call, etc.) Of course, in their collaborative efforts, all staff, including professional assistants or non-clinical staff, are expected to function within the scope of their practice and state licensure.

For OASIS items that reflect clinical/patient assessment (e.g., height, weight, functional status, pressure ulcer status), HHA's should base OASIS responses on assessment by agency staff, and not directly on documentation from previous care settings.

When collaboration is utilized, the assessing clinician is responsible for considering available input from these other sources, and selecting the appropriate OASIS item response(s), within the appropriate timeframe and consistent with data collection guidance. M0090 (Date Assessment Completed) will indicate the last day the assessing clinician gathered or received any input used to complete the comprehensive assessment document, which includes the OASIS items. The comprehensive assessment is a legal document and when signed by the assessing clinician, the signature serves as an attestation that to the best of his/her knowledge, the document, including OASIS responses, reflects the patient status as assessed, documented and/or supported in the patient's clinical record.

It is the responsibility of the agency to ensure the completeness and accuracy of the OASIS. Agencies should follow practices in accordance with provider policies and procedures related to staff communication and patient information to track and/or identify those staff members contributing to the patient assessment information.

In the case of an unplanned or unexpected discharge (an end of home care where no in-home visit can be made), the last qualified clinician who saw the patient may complete the discharge comprehensive assessment document based on information from his/her last visit. The assessing clinician may supplement the discharge assessment with information documented from patient visits by other agency staff that occurred in the last 5 days that the patient received visits from the agency prior to the unexpected discharge. The "last 5 days that the patient received visits" are defined as the date of the last patient visit, plus the four preceding days.

If desired, agencies may continue to limit the OASIS to only that data directly assessed and collected by the single assessing clinician.

This guidance becomes effective January 1, 2018, and at that time should be considered to supersede all previously published guidance related to application of the one clinician convention.