

## MEMORANDUM

**TO:** CHHA and LTHHCP Members

**FROM:** Anne Hill, Community Services Policy Analyst

**DATE:** February 23, 2009

**SUBJECT:** **DOH Informs all CHHAs and LTHHCPs to Complete OASIS Item M0826 for Medicare and Medicaid Patients**

**ROUTE TO:** Administrators, Program Directors, Department Heads

ABSTRACT: DOH informs CHHAs and LTHHCPs to submit OASIS item "M0826 Therapy Need."

The Department of Health (DOH) has issued a *Dear Administrator* letter (DAL) to inform all Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Programs (LTHHCPs) to complete OASIS Item M0826 for **all** patients for whom the response to M0150 is #1 and/or #3 or 4. On or after March 1, 2009, OASIS Item "M0826 Therapy Need" must be submitted for all assessments of patients whose payer source is Medicare traditional fee-for-service and/or all Medicaid. This therapy need item is included in assessments conducted at Start of Care, Resumption of Care and Follow-up.

The implementation date for this requirement is March 1, 2009. Implementation will require education of agency staff that perform, supervise and submit patient assessments. Questions regarding these directions for completing OASIS Item M0826 can be directed to the New York State OASIS Help Desk at [osis@health.state.ny.us](mailto:osis@health.state.ny.us) or by calling (518) 408-1658.

Survey staff will provide education to providers regarding this requirement if needed until July 1, 2009. **After that date, agencies determined to be out of compliance with this requirement will be cited for non-compliance with 10 NYCRR 763.14 (a)(3)(vi).**

The DAL is attached for your reference.

If you have any questions or comments regarding the contents of this memo, you may contact Anne Hill at [ahill@nyahsa.org](mailto:ahill@nyahsa.org) or 518-449-2707, ext. 141.

Attachment