

**HHA: Calendar Year CY 2025 (Starting 1/1/2025)**

**REMOVE:**

In 2023, CMS undertook a review of the OASIS assessment item set to identify candidate item removals with the goal of reducing data collection burden. Several factors were considered in this evaluation:

- Items used to calculate a measure finalized for the Home Health Quality Reporting Program (HH QRP).
- Items used in the Home Health Prospective Payment System (PPS).
- Items used in the survey process for Medicare certification.
- Items used to calculate a measure in the Home Health Value-Based Purchasing (HH VPB) demonstration.
- Items used as a critical risk-adjustment factor.
- Items incorporated into the OASIS to fulfill a data category as part of the Conditions of Participation.

In the CY 2024 Home Health PPS proposed rule, we propose that OASIS items, or data elements within OASIS items, which do not meet any of the above criteria would no longer be collected beginning January 1, 2025. These items are shown in the table below, along with the number of data elements that would no longer be collected at each time point.

*Table 1: Items Proposed for Removal from OASIS Effective January 1, 2025 with Number of Data Elements per Time Point*

Item	SOC	ROC	FU	TRN	DAH	DC
M0110 Episode Timing	1	1				
M2200 Therapy Need	1	1				
GG0130 Discharge Goal GG0170 Discharge Goal						1
Total	2	2				1

**M0110: Episode Timing**

<b>M0110. Episode Timing</b>	
Is the Medicare home health payment episode, for which this assessment will define a case mix group, an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes?	
Enter Code	1. Early 2. Later UK Unknown NA Not Applicable: No Medicare case mix group to be defined by this assessment.
<input type="checkbox"/>	

**M2200: Therapy Need**

<b>M2200. Therapy Need</b>	
In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)	
	Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined). <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> NA – Not Applicable: No case mix group defined by this assessment.



## GG0170. Mobility Column 2: Discharge Goal

SOC/ROC		
<b>GG0170. Mobility</b> Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
<b>Coding:</b> <b>Safety and Quality of Performance</b> – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>		
06. <b>Independent</b> – Patient completes the activity by themselves with no assistance from a helper. 05. <b>Setup or clean-up assistance</b> – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. <b>Supervision or touching assistance</b> – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. <b>Dependent</b> – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.		
<b>If activity was not attempted, code reason:</b> 07. <b>Patient refused</b> 9. <b>Not applicable</b> – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. 10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints) 88. <b>Not attempted due to medical condition or safety concerns</b>		
1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Code in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. <b>Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with no back support.
<input type="text"/>	<input type="text"/>	D. <b>Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. <b>Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. <b>Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. <b>Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	D. <b>Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, →Skip to GG0170M, 1 step (curb)</i>
<input type="text"/>	<input type="text"/>	E. <b>Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	F. <b>Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

## GG0170. Mobility Column 2: Discharge Goal, continued

<input type="checkbox"/>	<input type="checkbox"/>	G. <b>Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="checkbox"/>	<input type="checkbox"/>	H. <b>1 step (curb):</b> The ability to go up and down a curb or up and down one step. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.</i>
<input type="checkbox"/>	<input type="checkbox"/>	I. <b>4 steps:</b> The ability to go up and down four steps with or without a rail. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.</i>
<input type="checkbox"/>	<input type="checkbox"/>	J. <b>12 steps:</b> The ability to go up and down 12 steps with or without a rail.

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**ADD:**

One item is proposed for addition to OASIS, effective January 1, 2025 (Table 2).

*Table 2: Items Proposed for Addition from OASIS Effective January 1, 2025 with Number of Data Elements per Time Point*

Item	SOC	ROC	FU	TRN	DAH	DC
OXXXX Patient's COVID-19 vaccination is up to date	1					
Total	1					

**OXXXX. Patient's COVID-19 vaccination is up to date.**

- 0. No, patient is not up to date
- 1. Yes, patient is up to date