CHAPTER 12
ADDENDUM I

HOME HEALTH RESOURCE GROUP (HHRG) WORKSHEET

Due to the size and nature of the first figure, Figure 12-I-1 can be found on page 2.

FIGURE 12-I-1 HHRG FOR EPISODES BEGINNING PRIOR TO JANUARY 1, 2008

Clinical Severity Domain

OASIS Item	Description	Item Response	I. Scoring Rules	Item SCORE
M0230(a)/ M0240(b)	Primary home care diagnosis/ *First* secondary diagnosis		If Orthopedic DG, add 11 to score If Neurological DG, add 20 to score If Diabetes DG, add 17 to score *If Burn/Trauma DG, see under M0440*	*(max is 20)*
M0250	IV/Infusion/ Parenteral/ Enteral Therapies		If box 1, add 14 to score If box 2, add 20 to score If box 3, add 24 to score	*(max is 24)*
M0390	Vision		If box 1 or 2, add 6 to score	
M0420	Pain		If box 2 or 3, add 5 to score	
M0440	Wound/Lesion		If box 1 and M0230/240 is Burn/Trauma DG, add 21 to score	
M0450	Multiple pressure ulcers		If 2 or more stage 3 or 4 pressure ulcers, add 17 to score	
M0460	Current stage, most problematic pressure ulcer		If box 1 or 2, add 15 to score If box 3 or 4, add 36 to score	*(max is 36)*
M0476	Stasis ulcer		If box 2, add 14 to score If box 3, add 22 to score	
M0488	Surgical wound		If box 2, add 7 to score If box 3, add 15 to score	
M0490	Dyspnea		If box 2, 3, or 4, add 5 to score	
M0530	Urinary incontinence		If box 1 or 2, add 6 to score	
M0540	Bowel incontinence		If box 2, 3, 4, or 5, add 9 to score	
M0550	Bowel ostomy		If box 1 or 2, add 10 to score	
M0610	Behavioral Problems		If box 2, 3, 4, 5, or 6, add 3 to score	*(max is 3)*
TOTAL SCORE:				
Categories: [0-7 = **C0**] [8-19 = **C1**] [20-40 = **C2**] [41+ = **C3**] **CATEGORY:**				**C**

Functional Status Domain

OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0650 (current)	Dressing upper body		If M0650 = box 1, 2, or 3, Or	
M0660 (current)	Dressing lower body		If M0660 = box 1, 2, or 3, add 4 to score	*(max is 4)*
M0670 (current)	Bathing		If box 2, 3, 4, or 5, add 8 to score	
M0680 (current)	Toileting		If box 2, 3, or 4, add 3 to score	
M0690 (current)	Transferring		If box 1, add 3 to score If box 2, 3, 4, or 5, add 6 to score	
M0700 (current)	Locomotion		If box 1 or 2, add 6 to score If box 3, 4, 5, or 6, add 9 to score	
TOTAL SCORE:				
Categories: [0-2 = **F0**] [3-15 = **F1**] [16-23 = **F2**] [24-29 = **F3**] [30 = **F4**] **CATEGORY:**				**F**

Service Utilization Domain

OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0175 line 1	Hospital discharge past 14 days		If box 1 IS BLANK, add 1 to score	
M0175 line 2	Rehab dischg. past 14 days		If box 2 or 3, add 2 to score	
M0175 line 3	SNF dischg. past 14 days			*(max is 2)*
M0825	10 or more therapy (PT, SLP, OT) visits planned/recd. in 60 days		If yes, add 4 to score	
TOTAL SCORE:				
Categories: [02 = **S0**] [3 = **S1**] [4-6 = **S2**] [7 = **S3**] **CATEGORY:**				**S**

FIGURE 12-I-2 HHRG FOR EPISODES BEGINNING ON OR AFTER JANUARY 1, 2008

Clinical Severity Domain

OASIS Item	Description	Item Response	I. Scoring Rules	Item SCORE
M0230(a)/ M0240(b)	Primary home care diagnosis/ Secondary diagnoses		If Orthopedic DG, add 11 to score If Neurological DG, add 20 to score If Diabetes DG, add 17 to score *If Burn/Trauma DG, see under M0440*	*(max is 20)*
M0250	IV/Infusion/ Parenteral/ Enteral Therapies		If box 1, add 14 to score If box 2, add 20 to score If box 3, add 24 to score	*(max is 24)*
M0390	Vision		If box 1 or 2, add 6 to score	
M0420	Pain		If box 2 or 3, add 5 to score	
M0440	Wound/Lesion		If box 1 and M0230/240 is Burn/Trauma DG, add 21 to score	
M0450	Multiple pressure ulcers		If 2 or more stage 3 or 4 pressure ulcers, add 17 to score	
M0460	Current stage, most problematic pressure ulcer		If box 1 or 2, add 15 to score If box 3 or 4, add 36 to score	*(max is 36)*
M0476	Stasis ulcer		If box 2, add 14 to score If box 3, add 22 to score	
M0488	Surgical wound		If box 2, add 7 to score If box 3, add 15 to score	
M0490	Dyspnea		If box 2, 3, or 4, add 5 to score	
M0520	Urinary incontinence		If box 1 or 2, add 6 to score	
M0540	Bowel incontinence		If box 2, 3, 4, or 5, add 9 to score	
M0550	Bowel ostomy		If box 1 or 2, add 10 to score	
M0610	Behavioral Problems		If box 2, 3, 4, 5, or 6, add 3 to score	*(max is 3)*
TOTAL SCORE:				
Categories:	[0-19 = **C1**]	[20-40 = **C2**]	[41+ = **C3**] **CATEGORY:**	**C**

Functional Status Domain

OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0650 (current)	Dressing upper body		If M0650 = box 1, 2, or 3, Or	
M0660 (current)	Dressing lower body		If M0660 = box 1, 2, or 3, add 4 to score	*(max is 4)*
M0670 (current)	Bathing		If box 2, 3, 4, or 5, add 8 to score	
M0680 (current)	Toileting		If box 2, 3, or 4, add 3 to score	
M0690 (current)	Transferring		If box 1, add 3 to score If box 2, 3, 4, or 5, add 6 to score	
M0700 (current)	Locomotion		If box 1 or 2, add 6 to score If box 3, 4, or 5, add 9 to score	
M0800	Management of Injections		If box 1, add 1 to score If box 2, add 2 to score	
TOTAL SCORE:				
Categories:	[0-15 = **F1**]	[16-23 = **F2**]	[24-29 = **F3**] [30 = **F4**] **CATEGORY:**	**F**

Service Utilization Domain

OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0175 line 1	Hospital discharge past 14 days		If box 1 IS BLANK, add 1 to score	
M0175 line 2	Rehab dischg. past 14 days		If box 2 or 3, add 2 to score	
M0175 line 3	SNF dischg. past 14 days			*(max is 2)*
M0826	Total number of therapy (PT, SLP, OT) visits recd. in 60 days		Actual number of visits NA No therapy visits	
TOTAL SCORE:				
Categories:	[0-3 = **S1**]	[4-6 = **S2**]	[7 = **S3**] **CATEGORY:**	**S**

FIGURE 12-I-3 ABBREVIATED OASIS QUESTIONS

(To be used in conjunction with Home Health Resource Group (HHRG) Worksheet for scoring and payment of home health episodes beginning on or after January 1, 2008 for children and maternity cases.)

1. MO230(a) Primary home care diagnosis

2. MO240(b) First secondary diagnosis

3. MO250 Therapies
   - ☐ 1 IV Infusion
   - ☐ 2 Parenteral
   - ☐ 3 Enteral Therapies

4. MO390 Vision
   - ☐ 0 Normal vision
   - ☐ 1 Partially impaired: cannot see medication labels or newsprint
   - ☐ 2 Severe impairment: cannot locate objects

5. MO420 Frequency of pain
   - ☐ 0 No pain
   - ☐ 1 Less often than daily
   - ☐ 2 Daily, but not constant
   - ☐ 3 All of the time

6. MO440 Wound Lesion
   - ☐ 0 No
   - ☐ 1 Yes

7. MO450 Pressure ulcers

8. MO460 Current stage
   - ☐ 1 Stage 1
   - ☐ 2 Stage 2
   - ☐ 3 Stage 3
   - ☐ 4 Stage 4
   - ☐ NA No observable stasis ulcer

9. MO476 Stasis ulcer
   - ☐ 1 Fully granulating
   - ☐ 2 Early/partial granulation
   - ☐ 3 Not healing
   - ☐ NA No observable stasis ulcer

10. MO488 Surgical wound
    - ☐ 1 Fully granulating
    - ☐ 2 Early/partial granulation
    - ☐ 3 Not healing
    - ☐ NA No observable surgical wound

11. MO490 Respiratory
    - ☐ 1 Fully granulating
    - ☐ 2 Walking 20 ft, climbing stairs
    - ☐ 3 Moderate exertion-dressing, using bedpan, walking < 20 ft
    - ☐ 4 Minimal exertion - eating talking, agitation
    - ☐ NA No observable surgical wound

12. MO520 Urinary Incontinence
    - ☐ 0 Timed-voiding defers
    - ☐ 1 During night only
    - ☐ 2 During night & day

13. MO540 Bowel Incontinence
    - ☐ 0 Very rarely/never
    - ☐ 1 Less than once weekly
    - ☐ 2 One to three/week
    - ☐ 3 Four to six/week
    - ☐ 4 Daily
    - ☐ 5 More often than daily
    - ☐ NA Has ostomy
    - ☐ UK Unknown

14. MO550 Ostomy for Bowel
    - ☐ 0 No ostomy
    - ☐ 1 Ostomy not related to IP stay & no change necessary
    - ☐ 2 Ostomy needs change/treatment

15. MO610 Behaviors
    - ☐ 1 Memory deficits
    - ☐ 2 Impaired decisions
    - ☐ 3 Verbal disruptions
    - ☐ 4 Physical aggression
    - ☐ 5 Disruptive
    - ☐ 6 Delusional
    - ☐ 7 None of above

16 MO650/660 Dress Upper & Lower Body
    - ☐ 0 Able to dress self
    - ☐ 1 Clothes laid out
    - ☐ 2 Need help
    - ☐ 3 Entirely dependent
    - ☐ UK Unknown

17. MO670 Bathing
    - ☐ 0 Able to bathe self
    - ☐ 1 Use devices
    - ☐ 2 Assistance to bathe
    - ☐ 3 Participates
    - ☐ 4 Unable to use shower or tub
    - ☐ 5 Totally dependent
    - ☐ UK Unknown

18 MO680 Toileting
    - ☐ 0 Independent w/ or w/o device
    - ☐ 1 When reminded, assisted, supervised
    - ☐ 2 Unable get to toilet, use commode
    - ☐ 3 Use bedpan/urinal
    - ☐ 4 Totally dependent
    - ☐ UK Unknown

19. MO690 Transferring
    - ☐ 0 Independent
    - ☐ 1 Minimal assistance/device
    - ☐ 2 Assist w/ weight-bearing & pivoting
    - ☐ 3 Transfer w/o wt-bearing & pivoting
    - ☐ 4 Bedfast, able to turn
    - ☐ 5 Bedfast, unable to turn
    - ☐ UK Unknown

20. MO700 Ambulation
    - ☐ 0 Independent
    - ☐ 1 Use device
    - ☐ 2 Walk w/supervision
    - ☐ 3 Chairfast, able to wheel self
    - ☐ 4 Chairfast, unable to wheel self
    - ☐ 5 Bedfast
    - ☐ UK Unknown

21. MO800 Management of Injections
    - ☐ 0 Independent
    - ☐ 1 Able to inject w/prepared syringes, reminders
    - ☐ 2 Administered by another
    - ☐ NA No injectables
    - ☐ UK Unknown

22. MO826 Total number of therapy visits _____ #
    - ☐ NA No therapy visits

23. MO175 Discharge
    - ☐ 1 Hospital
    - ☐ 2 Rehab facility
    - ☐ 3 SNF
    - ☐ 4 Other nursing facility
    - ☐ 5 Other Specify _____
    - ☐ NA Patient was not discharged