

Home Health Resource Group (HHRG) Worksheet

HHRG Worksheet Inputs For Home Health Services Beginning On Or After January 1, 2020

This appendix describes the components of the Patient-Driven Groupings Model (PDGM) Grouping worksheet, which can be found in the most recent PDGM Grouper Tool file found at <https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>.

The following five categories are required in order to determine the HHRG for each 30-day home health period under PGDM:

- Timing
- Admission Source
- Clinical Grouping
- Functional Impairment Level
- Comorbidity Adjustment

Timing: Each 30-day period is identified as either **Early** or **Late**. The first 30-day period is classified as early. All subsequent 30-day periods in the sequence (second or later) are classified as late.

Admission Source: Each 30-day period is identified by the admission source (institutional or community) depending on what healthcare setting was utilized in the 14 days prior to home health admission. Late 30-day periods are always classified as a community admission unless there was an acute hospitalization in the 14 days prior to the late home health 30-day period. A post-acute stay in the 14 days prior to a late home health 30-day period would not be classified as an institutional admission unless the patient had been discharged from home health prior to post-acute stay.

Clinical Grouping: Each 30-day period is grouped into one of 12 clinical groups based on the patient's principal diagnosis on the claim.

Functional Impairment Level: Each period is identified as having either low, medium, or high functional impairment based on the scores for eight OASIS items.

Comorbidity Adjustment: A low, high, or no comorbidity adjustment may be made based on the presence of secondary diagnoses on the claim.

FIGURE 12.B-1 ABBREVIATED OUTCOME AND ASSESSMENT INFORMATION SET (OASIS) QUESTIONS

(To be used in conjunction with PDGM Grouping Worksheet for payment of home health periods beginning on or after January 1, 2020 for children and maternity cases).

Below are the OASIS items that are used within the PDGM Grouping Worksheet for payment and determination of the Home Health HHRG. The PDGM Grouping worksheet can be found in the most recent PDGM Grouper Tool file found at <https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>.

1. M1033 Risk for Hospitalization

Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)

- 1 - History of falls (2 or more falls - or any fall with an injury - in the past 12 months)
- 2 - Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- 3 - Multiple hospitalizations (2 or more) in the past 6 months
- 4 - Multiple emergency department visits (2 or more) in the past 6 months
- 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 - Currently taking 5 or more medications
- 8 - Currently reports exhaustion
- 9 - Other risk(s) not listed in 1 - 8
- 10 - None of the above

2. M1800 Grooming

Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
- 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.
- 2 - Someone must help the patient put on upper body clothing.
- 3 - Patient depends entirely upon another person to dress the upper body.

3. M1810 Current Ability to Dress Upper Body Safely

- 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
- 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.
- 2 - Someone must help the patient put on upper body clothing.
- 3 - Patient depends entirely upon another person to dress the upper body.

4. M1820 Current Ability to Dress Lower Body Safely

- 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
- 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
- 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
- 3 - Patient depends entirely upon another person to dress lower body.

5. M1830 Bathing

Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
(a) for intermittent supervision or encouragement or reminders, OR
(b) to get in and out of the shower or tub, OR
(c) for washing difficult to reach areas.

FIGURE 12.B-1 ABBREVIATED OUTCOME AND ASSESSMENT INFORMATION SET (OASIS) QUESTIONS

- 3 - Able to participate in bathing self in shower or tub but requires presence of another person throughout the bath for assistance or supervision.
- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

6. M1830 Toilet Transferring

Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

- 0 - Able to get to and from the toilet and transfer independently with or without a device.
- 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- 4 - Is totally dependent in toileting.

7. M1850 Transferring

Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

- 0 - Able to independently transfer.
- 1 - Able to transfer with minimal human assistance or with use of an assistive device.
- 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
- 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
- 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
- 5 - Bedfast, unable to transfer and is unable to turn and position self.

8. M1860 Ambulation/Locomotion

Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

- 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e. needs no human assistance or assistive device).
- 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
- 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- 3 - Able to walk only with the supervision or assistance of another person at all times.
- 4 - Chairfast, unable to ambulate but is able to wheel self independently.
- 5 - Chairfast, unable to ambulate and is unable to wheel self.
- 6 - Bedfast, unable to ambulate or be up in a chair.

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Chapter 12, Addendum B

Home Health Resource Group (HHRG) Worksheet

FIGURE 12.B-2 HHRG FOR 60-DAY EPISODES OF CARE 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 <i>If Burn/Trauma DG, see under M0440</i>	(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: <input type="text" value="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	(max is 4)
M0660 (current)	Dressing lower body		If M0660 = box 1, 2, or 3, add 4 to score	
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: <input type="text" value="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	(max is 2)
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			
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: <input type="text" value="S"/>

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Chapter 12, Addendum B

Home Health Resource Group (HHRG) Worksheet

FIGURE 12.B-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 | | 15.MO610 Behaviors | <input type="checkbox"/> 1 Memory deficits |
| 2. MO240(b) First secondary diagnosis | | | <input type="checkbox"/> 2 Impaired decisions |
| 3. MO250 Therapies | <input type="checkbox"/> 1 IV Infusion
<input type="checkbox"/> 2 Parenteral
<input type="checkbox"/> 3 Enteral Therapies | | <input type="checkbox"/> 3 Verbal disruptions |
| 4. MO390 Vision | <input type="checkbox"/> 0 Normal vision
<input type="checkbox"/> 1 Partially impaired: cannot see medication labels or newsprint
<input type="checkbox"/> 2 Severe impairment: cannot locate objects | 16 MO650/660 Dress Upper & Lower Body | <input type="checkbox"/> 4 Physical aggression |
| 5. MO420 Frequency of pain | <input type="checkbox"/> 0 No pain
<input type="checkbox"/> 1 Less often than daily
<input type="checkbox"/> 2 Daily, but not constant
<input type="checkbox"/> 3 All of the time | | <input type="checkbox"/> 5 Disruptive |
| 6. MO440 Wound Lesion | <input type="checkbox"/> 0 No
<input type="checkbox"/> 1 Yes | 17.MO670 Bathing | <input type="checkbox"/> 6 Delusional |
| 7. MO450 Pressure ulcers | | | <input type="checkbox"/> 7 None of above |
| 8. MO460 Current stage | <input type="checkbox"/> 1 Stage 1
<input type="checkbox"/> 2 Stage 2
<input type="checkbox"/> 3 Stage 3
<input type="checkbox"/> 4 Stage 4
<input type="checkbox"/> NA No observable stasis ulcer | | |
| 9. MO476 Stasis ulcer | <input type="checkbox"/> 1 Fully granulating
<input type="checkbox"/> 2 Early/partial granulation
<input type="checkbox"/> 3 Not healing
<input type="checkbox"/> NA No observable stasis ulcer | 18 MO680 Toileting | <input type="checkbox"/> 0 Able to dress self
<input type="checkbox"/> 1 Clothes laid out
<input type="checkbox"/> 2 Need help
<input type="checkbox"/> 3 Entirely dependent
<input type="checkbox"/> UK Unknown |
| 10.MO488 Surgical wound | <input type="checkbox"/> 1 Fully granulating
<input type="checkbox"/> 2 Early/partial granulation
<input type="checkbox"/> 3 Not healing
<input type="checkbox"/> NA No observable surgical wound | | <input type="checkbox"/> 0 Able to bathe self
<input type="checkbox"/> 1 Use devices
<input type="checkbox"/> 2 Assistance to bathe
<input type="checkbox"/> 3 Participates
<input type="checkbox"/> 4 Unable to use shower or tub
<input type="checkbox"/> 5 Totally dependent
<input type="checkbox"/> UK Unknown |
| 11.MO490 Respiratory | <input type="checkbox"/> 1 Fully granulating
<input type="checkbox"/> 2 Walking 20 ft, climbing stairs
<input type="checkbox"/> 3 Moderate exertion-dressing, using bedpan, walking < 20 ft
<input type="checkbox"/> 4 Minimal exertion - eating talking, agitation
<input type="checkbox"/> NA No observable surgical wound | 19.MO690 Transferring | <input type="checkbox"/> 0 Independent w/ or w/o device
<input type="checkbox"/> 1 When reminded, assisted, supervised
<input type="checkbox"/> 2 Unable get to toilet, use commode
<input type="checkbox"/> 3 Use bedpan/urinal
<input type="checkbox"/> 4 Totally dependent
<input type="checkbox"/> UK Unknown |
| 12.MO520 Urinary Incontinence | <input type="checkbox"/> 0 Timed-voiding defers
<input type="checkbox"/> 1 During night only
<input type="checkbox"/> 2 During night & day | | <input type="checkbox"/> 0 Independent
<input type="checkbox"/> 1 Minimal assistance/device
<input type="checkbox"/> 2 Assist w/ weight-bearing & pivoting
<input type="checkbox"/> 3 Transfer w/o wt-bearing & pivoting
<input type="checkbox"/> 4 Bedfast, able to turn
<input type="checkbox"/> 5 Bedfast, unable to turn
<input type="checkbox"/> UK Unknown |
| 13.MO540 Bowel Incontinence | <input type="checkbox"/> 0 Very rarely/never
<input type="checkbox"/> 1 Less than once weekly
<input type="checkbox"/> 2 One to three/week
<input type="checkbox"/> 3 Four to six/week
<input type="checkbox"/> 4 Daily
<input type="checkbox"/> 5 More often than daily
<input type="checkbox"/> NA Has ostomy
<input type="checkbox"/> UK Unknown | 20.MO700 Ambulation | <input type="checkbox"/> 0 Independent
<input type="checkbox"/> 1 Use device
<input type="checkbox"/> 2 Walk w/supervision
<input type="checkbox"/> 3 Chairfast, able to wheel self
<input type="checkbox"/> 4 Chairfast, unable to wheel self
<input type="checkbox"/> 5 Bedfast
<input type="checkbox"/> UK Unknown |
| 14.MO550 Ostomy for Bowel | <input type="checkbox"/> 0 No ostomy
<input type="checkbox"/> 1 Ostomy not related to IP stay & no change necessary
<input type="checkbox"/> 2 Ostomy needs change/treatment | 21.MO800 Management of Injections | <input type="checkbox"/> 0 Independent
<input type="checkbox"/> 1 Able to inject w/prepared syringes, reminders
<input type="checkbox"/> 2 Administered by another
<input type="checkbox"/> NA No injectables
<input type="checkbox"/> UK Unknown |
| | | 22.MO826 Total number of therapy visits _____ # | <input type="checkbox"/> NA No therapy visits |
| | | 23.MO175 Discharge | <input type="checkbox"/> 1 Hospital
<input type="checkbox"/> 2 Rehab facility
<input type="checkbox"/> 3 SNF
<input type="checkbox"/> 4 Other nursing facility
<input type="checkbox"/> 5 Other Specify _____
<input type="checkbox"/> NA Patient was not discharged |

- END -

