

# OT Home Health Evaluation Checklist & Quality Measures

Use the checklist below during the evaluation as a reminder of areas to address. AOTA encourages practitioners to print off the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality OT evaluations that lead to occupation-based, client-centered interventions and quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework (AJOT, 2020)*. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

## Occupational Profile

Each element of the occupational profile is considered from the client's perspective. Take notes here or download the Occupational Profile at [www.aota.org/profile](http://www.aota.org/profile) to facilitate the subjective interview and goal development.

- ☐ Client's Concerns
- ☐ Successful Occupations
- ☐ Occupational History
- ☐ Interests & Values
- ☐ Contexts: Environment & Personal
- ☐ Performance Patterns
  - ☐ Habits    ☐ Routines    ☐ Roles    ☐ Rituals
- ☐ Client Factors
  - ☐ Values/Beliefs    ☐ Body Function    ☐ Body Structure
- ☐ Client Goals/Priorities

## Analysis of Occupational Performance

Utilize the [Quality Toolkit](#) for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Is this area a Priority?		Addressed	Is this area a Priority?
<b>Occupations</b>					
ADLs	<input type="checkbox"/>	<input type="checkbox"/>	IADLs	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Skills</b>					
Psychosocial/Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention/ Fear of Falling	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)</b>					
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Patterns</b>					
Habits, Routines, Roles, Rituals	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Contexts</b>					
Include Safety Screen	<input type="checkbox"/>	<input type="checkbox"/>			

## Home Health OASIS Measures

The Outcome and Assessment Information Set (OASIS) is a standardized assessment developed by the Centers for Medicare and Medicaid Services (CMS) to collect patient information for payment and quality measurement and to facilitate care planning by identifying a patient's strengths and needs.

There are multiple opportunities for occupational therapy practitioners to contribute critical data to ensure accurate scoring of the MDS. Accurate scoring of the OASIS is essential for accurate reimbursement under the Patient-Driven Groupings Model (PDGM). For more information on home health reimbursement, visit [www.aota.org/pdgm](http://www.aota.org/pdgm).

As of January 1, 2022, occupational therapists are eligible to initiate and complete the Comprehensive Start of Care Assessment and OASIS in therapy-only cases for Medicare Part A cases. OTs are also eligible to complete the discharge and recertification OASIS. The OASIS must be completed on all clients as of July 1, 2025.

In addition to Section G and Section GG items shown below, occupational therapist can collect essential data on cognition, mental health, incontinence, and other relevant fields. AOTA has identified a brief list of recommended sections where occupational therapists can highlight their expertise. This is not an exhaustive list. View the latest CMS OASIS Guidance Manual – Chapter 3 for detailed instructions on how to score the assessment items.

- Section B: Hearing, Speech, and Vision
- Section C: Cognitive Patterns - Includes the Brief Interview for Mental Status (BIMS)
- Section D: Mood – Includes the Patient Mood Interview (PHQ-2 to 9®)
- Section E: Behavior
- Section F: Preferences for Customary Routine Activities
- Section H: Bladder and Bowel
- Section J: Health Conditions
- Section K: Swallowing/ Nutritional Status
- Section N: Medications
- Section Q: Participation in Assessment and Goal Setting

M1800 items listed below (except M1845) and M1033 Risk for Hospitalization are utilized to calculate the PDGM Functional Impairment Level.

**0 = completes task safely without assistance      Highest Number = dependent entirely upon another person**

Section G: Functional Items	Score at Eval	Goal	Score at D/C
<b>M1800: Grooming</b> – current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or makeup, teeth or denture care, or fingernail care).	(0-3)		
<b>M1810: Upper Body Dressing</b> - current ability to dress <u>upper</u> body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps.	(0-3)		
<b>M1820: Lower Body Dressing</b> - current ability to dress <u>lower</u> body safely (with or without dressing aids) including undergarments, slacks, socks or nylon, shoes.	(0-3)		
<b>M1830: Bathing</b> – current ability to wash entire body safely. <u>Excludes</u> grooming (washing face, washing hands, and shampooing hair).	(0-6)		
<b>M1840: Toilet Transferring</b> – current ability to get to and from the toilet or bedside commode safely <u>and</u> transfer on and off toilet/commode.	(0-4)		
<b>M1845: Toileting Hygiene</b> – current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	(0-3)		
<b>M1850: Transferring</b> – current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	(0-5)		
<b>M1860: Ambulation/Locomotion</b> – current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	(0-6)		

## Section J: Health Conditions

### **M1033 Risk for Hospitalization** (check all that apply)

1. History of falls (2 or more falls – or any falls 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 risks not listed in 1-8
10. None of the above

## Home Health Section GG Items

Visit [AOTA's Section GG page](#) and handout for additional information and training on scoring Section GG items.

**3: Independent; 2: Needed Some Help; 1: Dependent; 8: Unknown; 9: Not Applicable**

Section GG 100: Prior Functioning	Score
<b>A: Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.	
<b>B: Indoor Mobility (Ambulation):</b> Code the patient's need for assistance with walking from room to room (without or without a device) prior to the current illness, exacerbation or injury.	
<b>C: Stairs:</b> Code the patient's need for assistance with internal or external stairs (with or without a device) prior to the current illness, exacerbation, or injury.	
<b>D: Functional Cognition:</b> Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness exacerbation, or injury.	

### Section GG 100: Prior Device Use (Check all that apply)

<b>A: Manual wheelchair</b>	<b>D: Walker</b>
<b>B: Motorized wheelchair and/or scooter</b>	<b>E: Orthotics/ Prosthetics</b>
<b>C: Mechanical lift</b>	<b>Z: None of the above</b>

**6: Independent; 5: Setup or Cleanup Assist; 4: Supervision or Touching Assist; 3: Mod Assist; 2: Max Assist; 1: Dependent; 07: Refused; 09: Not Applicable; 10: Not Attempted Due to Environment Limitation; 88: Not Attempted Due To Medical Condition/Safety**

Section GG 130: Functional Status	Score at Eval	Goal	Score at D/C
<b>A: Eating:</b> Ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food/liquid once the meal is placed before the patient.			
<b>B: Oral Hygiene:</b> Ability to use suitable items to clean teeth/dentures. Ability to insert and remove dentures and manage equipment for cleaning them.			
<b>C: Toileting Hygiene:</b> Ability to maintain perineal hygiene, adjust clothes before/after voiding. Ostomy: wiping and opening but not managing equipment.			
<b>E: Shower/Bathe Self:</b> Ability to bathe self, including washing, rinsing and drying self (excludes washing back and hair). Does not include transfers in/ out of tub/shower.			
<b>F: Upper Body Dressing:</b> Ability to dress and undress above the waist; including fasteners, if applicable.			

<b>G: Lower Body Dressing:</b> Ability to dress and undress below the waist, including fasteners; does not include footwear.			
<b>H: Putting On/Taking Off Footwear:</b> Ability to put on and take off sock and shoes or other footwear that is appropriate for safe mobility; including fasteners.			

Section GG 170: Mobility	Score	Section GG 170: Mobility	Score
<b>A: Roll Left and Right</b>		<b>K: Walk 150 ft</b>	
<b>B: Sit to Lying</b>		<b>L: Walking 10 ft on Uneven Surfaces</b>	
<b>C: Sit to Stand</b>		<b>M: 1 Step (curb)</b>	
<b>D: Sit to Stand</b>		<b>N: 4 Steps</b>	
<b>E: Chair/ Bed-to-Chair Transfer</b>		<b>O: 12 Steps</b>	
<b>F: Toilet Transfer</b>		<b>P: Picking Up Object</b>	
<b>G: Car Transfer</b>		<b>Q: Does the Patient Use a Wheelchair and/or Scooter?</b>	
<b>I: Walk 10 ft</b>		<b>R: Wheel 50 ft with Two Turns</b> Manual <input type="checkbox"/> Motorized <input type="checkbox"/>	
<b>J: Walk 50 ft with Two Turns</b>		<b>S: Wheel 150 ft</b> Manual <input type="checkbox"/> Motorized <input type="checkbox"/>	

### Home Health Quality Measures (2025)

Learn more about the Quality Reporting Program (QRP) and Value-Based Purchasing at [www.aota.org/pdgm](http://www.aota.org/pdgm).

Agencies are scored based on the measures below. Reimbursement can be adjusted based on reported quality outcomes. Collaborate with your agency to identify current scores, identify priorities for improvement, and how OT can contribute. Find your agency's scores on Medicare's Care Compare website at [medicare.gov/care-compare](http://medicare.gov/care-compare).

### OASIS-Based

Measure	Agency Score on ____ / ____ / ____	Notes
Improvement in bathing (CBE #0174)		
Improvement in bed transferring (CBE #0175)		
Improvement in ambulation-locomotion (CBE #0167)		
Improvement in management of oral medications* (CBE #0176)		
Influenza immunization received for current flu season (CBE #0522)		
Timely initiation of care (CBE #0526)		
Transfer of health information to provider		
Transfer of health information to patient		
Application of percent of residents experiencing one or more falls with major injury (CBE #0674)		
Drug regimen review conducted with follow-up for identified issues – PAC HH QRP		
Improvement in dyspnea* (CBE #0179)		
Changes in skin integrity post-acute care: pressure ulcer/ injury		

Discharge function score*		
COVID-19 Vaccine: Percent of patients who are up to date		

\* Indicates measures utilized for the expanded Home Health Value-Based Purchasing Program

### Claims-Based

Measure	Agency Score on ____ / ____ / ____	Notes
Medicare spending per beneficiary – post-acute care home health measure		
Potentially preventable 30-day post-discharge readmission		
Home health within-stay potentially preventable hospitalization*		
Discharge to Community* (CBE #3477)		

\* Indicates measures utilized for the expanded Home Health Value-Based Purchasing Program

### HHCAHPS-Based

Measure	Agency Score on ____ / ____ / ____	Notes
CAHPS Home Health Care Survey (experience with care) (NQF #0517) • How often the HH team gave care in a professional way* • How well did the HH team communicate with patients* • Did the HH team discuss medicines, pain, and home safety with patients* • How do patients rate the overall care from the HHA* • Will patients recommend the HHA to friends and family*		

\* Indicates measures utilized for the expanded Home Health Value-Based Purchasing Program

### Resources

Occupational Therapy Practice Framework: Domain and Process—Fourth Edition. Am J Occup Ther August 2020, Vol. 74(Supplement\_2), 7412410010p1–7412410010p87. doi: <https://doi.org/10.5014/ajot.2020.74S2001>

AOTA Quality: Volume to Value: [www.aota.org/value](http://www.aota.org/value)

Centers for Medicare & Medicaid Services: Expanded Home Health Value-Based Purchasing Model: <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>

Centers for Medicare & Medicaid Services: Home Health Quality Measures: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures>

Centers for Medicare & Medicaid Services: OASIS User Manuals: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/hhqioasisusermanual>