

**EXHIBIT 285
WORKSHEET**

OBQM & OBQI REPORTS - PRE-SURVEY PROCESS AND SAMPLE SELECTION

Adverse Event Outcome Report

(for most recent quarter, or longer if necessary to reach 60 patients)

	Any Patients Listed?	Difference \geq Two Times Ref. Value?	Area for Focus (check box)	Record Review* (check box)	Home Visit*
Tier 1 AE Outcomes					
• Emergent Care for Injury Caused by Fall or Accident at Home	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes
• Emergent Care for Wound Infections, Deteriorating Wound Status	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes
Tier 2 AE Outcomes					
• Emergent Care for Improper Medication Administration, Medication Side Effects	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Emergent Care for Hypo/Hyperglycemia	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Substantial Decline in \geq Three Activities of Daily Living	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Wound Care or Medication Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Toileting Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community with Behavioral Problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no

OBQI Outcome Report (for most recent 12-month period)

	\geq 30 Eligible Cases? (check if yes)	Difference from Ref. Value?	Statistically Sig.? (check if yes)	Outcomes for Focus (check two)**
• Improvement in Upper Body Dressing	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Bathing	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Transferring	<input type="checkbox"/>	\geq 15% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Ambulation/Locomotion	<input type="checkbox"/>	\geq 7% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Management of Oral Medication	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Dyspnea	<input type="checkbox"/>	\geq 15% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Urinary Incontinence	<input type="checkbox"/>	\geq 20% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Acute Care Hospitalization	<input type="checkbox"/>	\geq 10% higher Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Pain Interfering w/Activity	<input type="checkbox"/>	\geq 15% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Status of Surgical Wounds	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____				

OBQI Case Mix Report (for most recent 12-month period)

Acute conditions or diagnoses statistically sig. & \geq 15% points higher than ref.***

* Select one to two records and one to two HV w/RR for areas for focus.

** Select one to two HV w/RR for patients eligible for focus outcome.

***Select one to two HV w/RR and (opt.) one to two RR w/o HV.

Submission Statistics by Agency (for most recent 6-month period)

Submission Questions

Is HHA submitting data less often than monthly? Y N

Does HHA have >20% rejected records? Y N

If yes to either probe, investigate:

- HHA policies/procedures for receiving, tracking, data entering and transmitting OASIS data and correcting clinical records. Do HHA processes follow policies/ procedures? Y N
- If another organization (e.g., vendor) submits data for the HHA:
 - Is there a written contract covering the arrangement? Y N
 - Does the other organization provide feedback reports to the HHA? Y N
- For 4-6 records selected for clinical record review, ask the HHA for a printout of a final validation report showing that at least one assessment (e.g., SOC, F/U, Discharge) was received by the state. (Because the HHA may not yet have submitted data for more recent assessments, it will be necessary to select patient assessments that were completed one to two months prior to the survey.)
 - Can the HHA provide the requested final validation reports? Y N
 - Was at least one assessment per record (e.g., SOC, F/U, Discharge) received by the State? Y N
- If there is a high percentage of rejected records:
 - Is there a legitimate reason (e.g., a large batch of records was sent twice, and all records in the second batch were rejected)? Y N
 - Can the HHA verify that its software conforms to CMS standards? Y N

Error Summary Report by HHA (for most recent 6-month period)

Do the following errors appear on the report?

Threshold met or exceeded?

If yes, determine if the HHA's processes:

102 (Inconsistent Lock date) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥20% Y <input type="checkbox"/> N <input type="checkbox"/>	Ensure the 7-day lock requirement is met (Assessment forms are completed, reviewed, corrected as needed, and data entered and locked within a 7-day period).
262 (Inconsistent M0090 date; RFA 4 must be done on an every 60-day cycle) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥20% Y <input type="checkbox"/> N <input type="checkbox"/>	Ensure that recertification assessments are completed between day 56 and day 60 of the certification period (HHA has system for notifying clinician that recertification is due and tracks incoming recertification assessments to ensure timely completion).
1003 (Inconsistent effective date sequence) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥10% Y <input type="checkbox"/> N <input type="checkbox"/>	Track submission of complete patient episodes (SOC/ROC and corresponding Transfer or Discharge assessment for each patient).
1002 (Inconsistent record sequence) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥10% Y <input type="checkbox"/> N <input type="checkbox"/>	Track that assessments are submitted in the order they were conducted (e.g., SOC data are entered and submitted prior to recertification data).

Surveyor Training Worksheet Instructions: Adverse Event, Outcome, and Case Mix Reports

Materials:

- Blank worksheet
- Agency's Adverse Event (AE) Outcome Report (tabular and graphical) for the most recent quarter (or whatever time period is necessary to reach at least 60 patients)
- Agency's OBQI Outcome Report for the most recent 12-month period
- Agency's OBQI Case Mix Report for the most recent 12-month period
- Agency's Submission Statistics by Agency report for the most recent 6-month period
- Agency's Error Summary Report by HHA for the most recent 6-month period

AE Outcome Report

Tier 1 AE Outcomes (Emergent Care for Wound Infections, Deteriorating Wound Status and Emergent Care for Injury Caused by Fall or Accident at Home):

The Tier 1 AE Outcomes are the first ones listed on the AE Report.

- From the tabular (patient listing) Adverse Event Outcome Report, determine if there are any patients for each of the Tier 1 AEs. Check "Y" on the worksheet in the "Any Patients Listed?" column for each Tier 1 AE for which the HHA has patients listed. (If there are no patients for either Tier 1 AE, move on to the Tier 2 AEs.)
- If the HHA had any patients who experienced either of the Tier 1 AEs, check the applicable "Area for Focus" box(es). Also check the applicable box(es) in the "Record Review" column and circle "yes" in the "Home Visit" column.

Tier 2 AE Outcomes:

There are six Tier 2 AE outcomes. To determine which Tier 2 AE outcomes to investigate, complete the following process for each outcome:

- Determine whether the HHA had any patients who experienced the outcome. If so, check "Y" on the worksheet in the "Any Patients Listed?" column for that outcome; otherwise, check "N" and proceed to the next Tier 2 AE outcome. (If you work through the entire list and no patients experienced any of the Tier 2 AE outcomes, you may optionally focus on other AE outcomes with incidence rates \geq twice the reference rate.)

- For any AE outcome that has patients listed, look at the graphical (two-bar) AE Outcome Report and determine if the HHA's current incidence (white bar) was greater than or equal to twice the reference incidence (black bar). Check the appropriate box on the worksheet in the "Difference \geq Two Times Ref. Value?" column. If you check "N," move on to the next Tier 2 AE outcome -- this one will not be investigated. (If you work through the entire list and none of the Tier 2 AE outcome rates are equal to or more than twice the reference rate, you may optionally focus on other AE outcomes with incidence rates \geq twice the reference rate.)
- When you have completed the above two steps for all six Tier 2 AE outcomes, determine which outcomes have patients listed and have a current incidence that is greater than or equal to twice the reference incidence (i.e., have a "Y" in both columns). For these outcomes, check the "Area for Focus" box. These are the Tier 2 AE outcomes that you will investigate. Also check the applicable box(es) in the "Record Review" column.
- Only two of the Tier 2 AE outcomes require a home visit: Emergent Care for Improper Medication Administration, Medication Side Effects and Emergent Care for Hypo/ Hyperglycemia. Check the appropriate box in the "Home Visit" column for these outcomes.

OBQI Outcome Report

Use the following instructions to select outcomes for investigation (a maximum of two of the 10 listed on the worksheet):

- Determine whether the HHA's sample size for each listed outcome is at least 30 eligible cases. (See the "Elig. Cases" column on the OBQI Outcome Report.) If so, check the " \geq 30 Eligible Cases?" column on the worksheet for the outcome. (If you work through the entire list and no outcome has a large enough sample size, you will not be completing this part of the worksheet. Continue to the Case Mix Report section below.)
- For each outcome checked, determine the unfavorable magnitude of difference between the HHA's rate and the national reference by finding the difference between the percentages located to the right of the bar graph. Compare the agency's percentage to the reference. For each outcome, there is a percent difference listed in the "Difference from Ref. Value?" column. If the difference for that outcome meets or exceeds that amount, check "Y." You want to focus on outcomes for which the agency did not do as well as the national reference sample. For all the outcomes listed except Acute Care Hospitalization, this means that the agency's outcome rate is lower than the reference value. For Hospitalization only, an unfavorable difference exists when the agency's outcome rate is higher than the reference value. (Even if the HHA has no outcomes with the specified magnitude of difference, you may still be able to fill out this part of the worksheet. Complete the next step for outcomes that have \geq 30 eligible cases.)
- For each outcome that meets the criteria thus far, determine the statistical significance (in the "Signif." column on the OBQI Outcome Report). If the outcome is statistically significant (\leq 0.10, indicated by * or **), check the "Statistically Sig.?" column. Repeat this process for all applicable outcomes.
- Look at the worksheet and choose (if possible) two outcomes for focus from those that have: at least 30 patients, a large and unfavorable magnitude of difference from the reference sample, and statistical significance. If two or more outcomes meet these criteria, choose two for investigation. Check the "Outcomes for Focus" column.

- If none of the 10 listed outcomes meet the criteria, you may select another outcome from the OBQI Outcome Report for focus. The outcome must have: at least 30 patients, a large and unfavorable magnitude of difference between the HHA and the reference, and statistical significance. Write the outcome on the "Other" line on the worksheet, and check the appropriate boxes.

Case Mix Report

- Look at the "Acute Conditions" and "Diagnoses For Which Patients are Receiving Home Care" columns (p. 2 of the Case Mix Report). Determine if any conditions or diagnoses are:
 - (1) statistically significant (≤ 0.01 , indicated by * or **) and
 - (2) ≥ 15 percentage points higher than the reference rate. For example, for orthopedic conditions, if the agency's current mean is 31.2% and the reference mean is 20.2%, the difference between the two values is 11 percentage points. This case mix item would not necessarily need to be investigated further because it doesn't meet the ≥ 15 percentage points threshold.
- Enter up to three such conditions or diagnoses on the worksheet. If no conditions or diagnoses fit both criteria, you will not be completing this part of the worksheet.

Submission Statistics by Agency

- Look at the report and determine whether the HHA
 - (1) is submitting data less often than monthly, and/or
 - (2) has $> 20\%$ of records rejected.

Mark "Y" or "N" on the worksheet in the "Submission Questions" column for each.
- If either of these situations is occurring at the HHA, while you are on site research the items listed in the "If yes to either probe, investigate" column. Mark "Y" or "N" on the worksheet for each. Keep these issues in mind when writing the Statement of Deficiencies, if applicable.

Error Summary Report by HHA

- Look at the report and determine if any of the four errors listed on the worksheet (in the "Do the following errors appear on the report?" column) have occurred at the HHA. Check "Y" or "N."
- Determine if the errors occurred in the amounts indicated on the worksheet (in the "Threshold met or exceeded?" column). Check "Y" or "N."
- If you checked "Y" in both columns for any of the errors, when you are on site at the HHA, carry out the investigation indicated in the "If yes, determine if the HHA's processes" column for the specific error(s).