

Level of Care (LOC) Transformation Training

Webinar Q&A: 09/20/2024

1. How many points would a participant receive in the behavioral category if a behavior was coded as a 1 – Present but not exhibited in the last 3 days?
 - a. The participant would receive a minimum of three points if a behavior is present but not recently exhibited. Additional points may be given if mental monitoring in Section N is also occurring.
2. If a participant does not use a walker/cane when moving from one place to another but uses walls, furniture, cabinets, etc. instead, how would walking and locomotion be coded in Section G?
 - a. Walking and locomotion scores should be coded the same based on the individual's ability to walk between locations on the same floor. When coding this type of scenario evaluate how much weight bearing assistance is needed for the participant to safely locomote. This should mirror the coding of a participant using an assistive device. If they can safely get up and locomote that would be independent. If they require more hands-on assistance the coding would increase based on the amount of assistance needed.
3. How should assistance with cutting food, opening containers, and carrying food to a table need to be coded in Section G?
 - a. Assistance with these subtasks should be coded under Eating as 1 - Independent, set up help only. If additional assistance is needed with eating beyond these set up type tasks a higher coding may be needed. This should not be coded in Meal Prep. Meal prep incorporates all preparation that occurs prior to bringing it to the table.
4. Should meal prep or eating be coded in section G for someone requiring thickening agents to safely eat?
 - a. If the participant requires assistance with adding thickening agents, this should be coded as a minimum of a 3-Limited Assistance under meal prep. Meal prep looks at the percentage of subtasks that require hands on assistance. Determine what percentage of the assistance the participant requires to determine if the coding should be higher. It is also important to remember that thickeners or other food modifications should be captured in Section K - Mode of Nutritional Intake as well. Also, if a participant is at risk for choking and requires active stand by assistance, this may be coded as 2-Supervision under Eating.
5. Is a diabetic diet considered a physician ordered therapeutic diet?
 - a. Yes, if the physicians order includes a calculating, weighing, or measuring of the carbohydrates each day. A physician simply recommending someone to “watch or limit their sugar intake” is not considered an ordered therapeutic diet.
6. How should Section G2-ADL Performance be coded for an individual who may be completing a task out of necessity but really could use assistance to complete the task safely?
 - a. Section G2 looks at the amount of weight bearing assistance needed to complete the task. To ensure that the InterRAI coding accurately reflects the individual's need for assistance, the individual's ability to safely complete the tasks in G2 should be factored into the coding, as opposed to coding solely based on the individual's performance over the past three days.
7. Can you describe the difference between performance and capacity?
 - a. Capacity is based on the presumed ability to carry out an activity. Whereas performance measures what the person actually did in the last 3 days.

8. If a participant has pre-packaged medications set up by their pharmacy, should Section G Managing Medications be coded the same as someone that receives nurse set up?
 - a. This depends on the participant's ability to manage and set up their medications independently. Determine if the participant would require nurse medication set up to safely manage their medications if the pharmacy wasn't pre-packaging them. If nurse visits would be needed, then yes, they should be coded at a 4-Extensive Assistance just as it would if the participant was receiving set up visits.
9. Is there still a requirement to document the treatments that will no longer be captured on the InterRAI or that no longer count toward LOC?
 - a. These treatments are no longer required to clarify InterRAI coding however some may be helpful information for justifying care plan tasks. For example, it is no longer required to clarify the type of "other respiratory treatment" the participant has but clarification may be needed if time was authorized to assist with the treatment.
10. Will someone receive points in safety if they have been diagnosed as legally blind?
 - a. The participant will receive points if they are coded as 3-Severe Difficulty or 4-No Vision. Severe difficulty is defined by interRAI as, "The ability to identify objects is in question but the eye movements appear to be following moving objects. Also includes the ability to see only light, colors, or shapes."
11. If a participant moves to the rehabilitation portion of the hospital following a surgery or medical event, would this be coded under question B4 – Previous Institutionalization?
 - a. No, this would not be considered as admittance to a long-term care facility. However, the ordered therapies (PT, OT, Speech, Cardiac Rehab) should be coded in Section N Formal Care.
12. Is documentation on monthly monitoring for physical condition needed in case notes moving forward?
 - a. This is not required but may be recorded in case notes if it relates to the person-centered care planning process.
13. Will confirmation of an Individualized Treatment Plan (ITP) need to be recorded in case notes?
 - a. This may need to be recorded in case notes if it is a component of the person-centered care planning process and/or Department of Mental Health coordination.
13. Will the General Health Evaluation (GHE) form be updated?
 - a. No, this form was already updated in October 2021 to reflect the transformed criteria.
14. Should weekly monitoring for PT/INR's be coded on the InterRAI?
 - a. No, previously this may have been coded under Physical Monitoring however this question has been removed.
15. If a participant no longer meets LOC and therefore no care plan is needed, would there be documentation why a care plan was not completed?
 - a. If LOC is not met the HCBS system will not allow a care plan to be completed. There should be sufficient case note documentation detailing the assessment/reassessment process and explanation of LOC not being met. Details should also be provided regarding the person's understanding and whether they agree or not.