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March 2, 2017

MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES PROVIDERS

From: Terri Woodward, HCBS Systems and Data Reporting Unit *Jeri L. Woodward*
 Division of Senior and Disability Services

Subject: Updates to ‘Section M. Medication’ of the InterRAI-HC

In an effort to streamline the completion of the interRAI-HC, modifications have been made to ‘Section M. Medication’. Effective March 3, 2017, the following changes will be implemented:

Updates to ‘Section M. Medication’ of the interRAI-HC

- Section M of the interRAI-HC will be updated to remove the requirement to enter each medication prescribed or supplement taken. New functionality will allow for the selection of a number from a drop down indicating the number of medications/supplements taken.
 - The number selected on Question 1 should indicate a total count of all medications (prescription or over-the-counter) as well as any **prescribed** herbal and/or nutritional supplements.
 - The number selected on Question 2 should indicate a total count of **non-prescribed** herbal and/or nutritional supplements.

<p>1. RECORD THE NUMBER OF MEDICATIONS (INCLUDING PRESCRIPTION AND OVER THE COUNTER) TAKEN REGULARLY OR ON AN OCCASIONAL BASIS IN THE LAST THREE DAYS. INCLUDE EYE DROPS AND ANY MEDICATION TAKEN ON A MAINTENANCE BASIS. <i>Please select the number of medications taken regularly or on an occasional basis in the last three days. Select 15 if more than 15 medications are taken.</i></p> <p><input type="text" value="0"/> ▼</p> <p>2. RECORD THE NUMBER OF HERBAL AND NUTRITIONAL SUPPLEMENTS TAKEN REGULARLY OR ON AN OCCASIONAL BASIS IN THE LAST THREE DAYS. <i>Please select the number of herbal and nutritional supplements taken regularly or on an occasional basis in the last three days. Select 15 if more than 15 herbal and nutritional supplements are taken.</i></p> <p><input type="text" value="0"/> ▼</p>

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NOTE: While it is no longer necessary to list the name and dosage of each medication or supplement, staff should ask to see the participant's medications. If the participant takes more than fifteen medications, the number 15 should be selected. A list of medications may be uploaded to the Attachments Section of the HCBS Web Tool if available, but is not required.

- Questions M.3 and M.4 are unchanged. When completing Question M.4, a drug regime of 9 or more medicines indicated in Question M.1 is not required for a response of 'yes' to Question M.4 if the participant has a complex drug regime. However, if drug regime with 9 or more medicines is indicated in question M.1, the selection of 'yes' to Question M.4 would be appropriate. (Medications in question M. 2 *shall not* be reflected in the answer to question M.4.)
- Two new questions have been added to Section M in order to meet data collection needs of the interRAI organization at the University of Michigan.

<p>5. HAS PHYSICIAN PRESCRIBED A NEW MEDICATION OR STOPPED AN EXISTING MEDICATION IN THE LAST 14 DAYS?</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p>6. DO YOU HAVE CONCERNS ABOUT YOUR MEDICATIONS THAT SHOULD BE DISCUSSED WITH A HEALTH PROFESSIONAL?</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 8. Could not/would not respond</p>

- While neither of the new questions have an impact on Level of Care, it is important to document any risks you become aware of as a result of the questions. If the participant states a concern regarding their medication and does not have a plan in place to resolve those concerns, it should be documented as a risk (see Chapter 4, Appendix 2).
- Any reassessments that have not been submitted (in a pending status) at the time of implementation will transition to the new requirement; therefore, re-entry of Section M will be necessary. Users will be prompted to complete Section M before Section T can be saved.
- Subsequent reassessments that contain outdated Section M information will require re-entry of the new section M information. Users will be prompted to complete Section M before Section T can be saved.

HCBS providers will be notified when updates to other DSDS Resources on the internet have been completed to reflect these Web Tool enhancements.

Any questions regarding this memorandum should be directed to the HCBS Systems and Data Reporting Unit at providerreassessments@health.mo.gov.