

Purpose & Overview

The following instructions provide clarification on coding question G4d – managing medications.

When coding IADLs:

- Identify the presumed ability for the individual to safely complete the task.
- Determine what percent of sub-tasks the individual can complete. Subtasks start once the medications are in the home. These tasks may include but are not limited to opening the planner, bottles, getting water, remembering to take medications, applying ointments, administering eye drops and nebulizer medications, giving injections, taking correct dosage, etc. Does not include calling the doctor's office for a refill or coordinating with the pharmacy.

1. Setup Help Only:

This would be coded if the individual only requires the medication(s) and/or water to be placed within reach and the aide is able to leave the individual to complete the remaining subtasks.

2. Supervision:

This would be coded if an individual requires oversight or cuing. This might be someone with mild cognitive deficits or someone with a mental illness who can complete the subtasks associated with medication management but may require some oversight or cuing to ensure they stay on their regimen. Ensuring education management is key to the success of participants with mental illness remaining in their least restrictive environment. If more assistance is needed other than oversight and cuing, the individual should be scored accordingly.

3. Limited Assistance:

This would be coded if an individual needs assistance on some occasions with the subtasks associated with managing medications. Ex: Someone with rheumatoid arthritis may have flare ups in their hands that sometimes make it too difficult to manage their own medications, so on those days they need assistance getting the bottles open.

Note: If injections are completed by clinical personnel due to protocol and not due to a participant's ability to administer the injection, this would not be coded here. It is also important to note this InterRAI item is referring to injection use on a regular basis (at least weekly). This would not include something administered on a less frequent basis, such as a bone density shot. A good example of an injection given consistently would be insulin.

4. Extensive Assistance:

Look at all the subtasks associated with medication management listed above. This would be coded if someone requires consistent assistance on less than 50% of the subtasks for that individual's medication management process. An individual with authorized nurse visits for medication setup or a nurse visit for a routine injection should be coded as at least a 4. Depending on how many other subtasks are needed they may be coded higher.

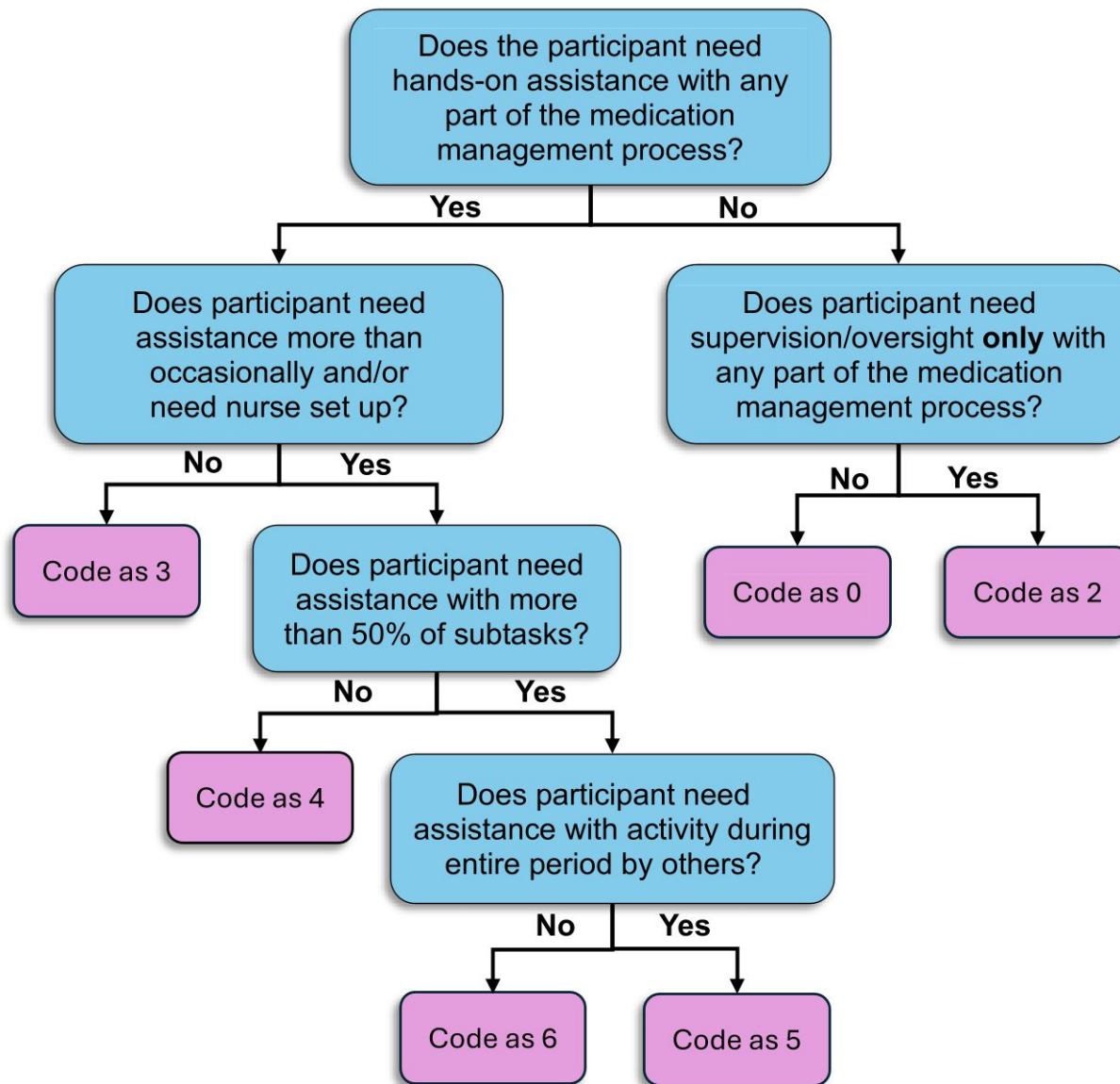
5. Maximal Assistance:

Again, look at all the subtasks associated with medication management. This would be coded if someone requires consistent assistance on more than 50% of the subtasks for that individual's medication management process.

6. Total Dependence:

Full performance of entire medication management process by others.

Figure 1: Medication Management Coding Flowchart



Determining Capacity for Individuals in an RCF/ALF

Many individuals in a RCF or ALF) need oversight and help with daily activities, such as taking medications. When assessing capacity, focus on the individual's **presumed ability if they did not have the support of the RCF/ALF**.

To determine presumed ability:

- Gather information from collateral contacts (e.g., RCF staff, guardian).

- Do not assume the individual would need maximum assistance in the community simply because they live in an RCF/ALF.
- Consider all relevant deficits, including physical, cognitive, and behavioral factors.

Use these guidelines to help distinguish between oversight/cuing needs vs higher assistance needs.

- Is the participant actively resistant to taking medication?
- Does the participant come to the med room at scheduled times without cuing?
- Are there cognition issues coded in Section C?
- Are the participant's behavioral symptoms currently stable? Does the participant have the ability to remain stable if they were in a less supported environment?

Relating Coding to Care Plan Authorization

The chart below outlines possible authorization variations based on the coding of question G4d. Consideration should be taken to determine the participant's needs (PC vs APC and/or nurse set up) to determine final care plan task authorization.

Figure 2: InterRAI G4d Coding Variation

Coding G4d	Personal Care	Advanced Personal Care	Nurse Set-up
1	✓		
2			
3	✓	✓	
4 or 5	✓	✓	✓
6		✓	✓

A coding of 1: Indicates the medication or supplies need to be put in place. PC could be added if the person cannot safely do this independently.

A coding of 2: Indicates **only** oversight and cuing is needed, and no tasks would be added.

A coding of 3: Indicates occasional need with assistance. This could be either PC or APC, dependent upon what is needed.

A coding of 4 or 5: Indicates assistance is needed on a consistent basis. This could be either PC or APC, dependent upon what is needed. As stated above, nurse set up could also be authorized at this level if needed.

A coding of 6: Indicates the individual needs assistance with all tasks related to their medication management. This means they need someone to prompt them to take their medicine, along with any other physical assistance that is needed. Due to the needed prompting, APC would need to be authorized here. Unless another informal or formal support is helping with med set up, nurse visits would also be likely in this scenario.