

Monthly Bulletins are your one-stop-shop for all last month's highlights!

### Reminders

Mark your calendars for September 20, 2024 for Level of Care Transformation Training. See Memo INFO 07-24-03 below!

Please be sure to notify DSDS via the [Provider Reassessor Notification Portal](#) when a participant is in need of a provider list. After receipt of the notification, PRR will then mail the list out.

Utilizing the [Provider Reassessor Notification Portal](#) to notify PRR whether an assessment has been completed or not completed is a Type 27 requirement of completing Medicaid Reassessments. This ensures all cases are handled appropriately and timely by PRR, as well as enables DSDS to provide valid data tracking.

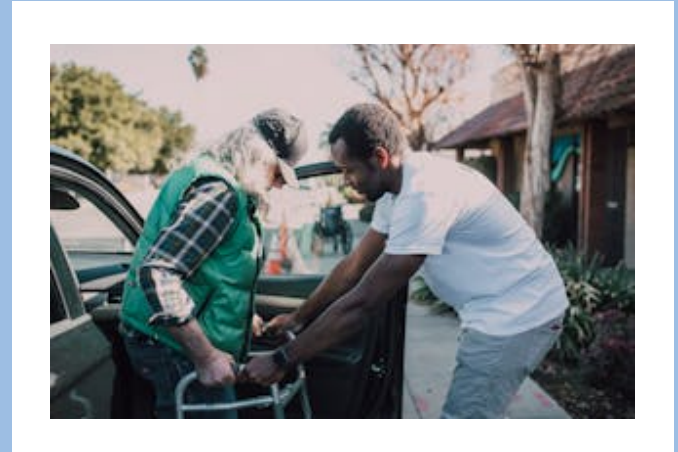
Please refer to the [LEP Guidance](#) to review the requirements of completing cases in need of an interpreter. DSDS provides interpreter services through contractor vendors that should be utilized to ensure the reassessment completion of assigned cases.

When emailing DSDS about assessment issues or questions, please email both the QIQA at [QIQA@health.mo.gov](mailto:QIQA@health.mo.gov) and PRR at [ProviderReassessmentReview@health.mo.gov](mailto:ProviderReassessmentReview@health.mo.gov). This will enable the first available person to respond and address the issue promptly.



### Quote of the Month

The happiest people I know are those who lose themselves in the service of others ~ Gordon B. Hinckley



### Memos

[INFO 07-24-01 Level of Care Transformation Update](#)

[INFO 07-24-02 HCBS Rate Study Stakeholder Meeting](#)

[INFO 07-24-03 Level of Care Training](#)

[INFO 07-24-04 State of the Workforce-Aging and Disabilities 2024 Survey](#)

[INFO 07-24-05 Provider Reassessment Rate Increase](#)

[HCBS 07-24-01 Home and Community Based Services Policy Revisions to Reflect Implementation of the Fiscal Year 2025 Budget](#)



### Contact Us



Quality at [QIQA@health.mo.gov](mailto:QIQA@health.mo.gov)  
&  
PRR at [ProviderReassessmentReview@health.mo.gov](mailto:ProviderReassessmentReview@health.mo.gov).

# Accurate Coding for Stand-Alone Questions

Level of Care (LOC) points assigned for the categories of Meal Prep, Managing Medications, and Bathing are determined based on the coding of one assessment question. Ensuring accurate coding for all assessment questions is best practice, but accuracy is particularly important for those stand-alone assessment questions as they are the sole means for determining LOC points for a specified category.



## G1a - Meal Prep

The coding of G1a determines the LOC points assigned for the Meal Prep category under the Transformed LOC criteria.

- The coding of G1a should reflect the participant's mental capacity, as well as their physical capacity to prepare meals. Mental capacity is relevant for sub-tasks such as deciding what foods to eat, knowing how to operate appliances, and being able to communicate preferences about meals. Physical capacity is relevant for sub-tasks such as getting ingredients and supplies from cupboards, ability to manipulate utensils to measure and prepare food, and the ability to stand or balance while using stove or oven.

Be sure to consider the participant's mental and physical capacity to manage the sub-tasks needed to complete meal prep, along with their safety, when coding G1a.

## G1d - Managing Medications



The coding of G1d determines the LOC points assigned for the Managing Medications category under the Transformed LOC criteria.

- As stated in the [Medications Coding Quick Guide](#), if the participant has a need for a nurse visit for medication set up in order to ensure medications are taken properly then the coding of G1d should be at least a 4.
- The coding of G1d should be based on the participant's ability to safely administer their medications once the medications are available and on-hand. The participant's ability to get the medication from the pharmacy should NOT be factored into the coding of G1d as this is not an aspect of administering medication on a daily basis.
- Assistance with tasks such as retrieving medications, opening bottles, or getting water to administer medications are considered forms of hands-on assistance. The coding of G1d should reflect a need for hands-on assistance if the participant needs help with these sub-tasks in order to safely administer their medications.

## G2a - Bathing



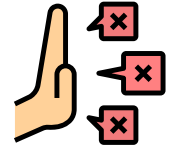
The coding of G2a determines the LOC points assigned for the Bathing category under the Transformed LOC criteria.

- When coding G2a, be sure to consider the participant's ability to safely complete the task. If you observe that the participant is unsteady, and they have a history of falls but the participant reports being able to bathe independently, be sure to consider whether the participant is safely able to bathe without assistance. Follow up questions may be needed to understand the full picture of the participant's abilities. Even if the participant refuses assistance with the task, the coding of G2a should reflect that the need exists.
- If the participant needs hands-on assistance with bathing the coding of G2a should reflect whether the assistance needed is only guidance (coding of 3) or if the participant requires weight-bearing assistance (coding of 4+). If the participant is especially unsteady on their feet, do they need someone to help support their weight while they get in/out of the shower/tub?

# Coding of Unique Assessment Questions

The following assessment questions factor into the points assigned under the Transformed Level of Care. These assessment questions also refer to unique circumstances and for that reason, it is not expected that these questions would commonly be coded as present. Coding should be supported by diagnoses and information in case notes and align with other assessment coding.

## E3f - Resists Care



E3f is one of the most commonly coded behaviors in section E3. Coding E3f as anything other than a 0 will result in points being assigned for the Behavioral category under the TLOC criteria.

- Per the [InterRAI Manual](#), if a participant has made an informed decision not to follow a course of care this is **not** resisting care (e.g. the person has decided not to take a medication after reviewing the potential side effects and determining the risks outweigh the benefits, or person has decided to enter hospice rather than undergo cancer treatment).
- Resisting care can be verbal (statements of refusal) or physical (pushing meds away or refusing to swallow meds).
- Consider both capacity & actions when coding E3f. If the participant lacks the capacity to make informed decisions about their care **and** refuses the care then this is resisting care; populations where this behavior might be common are persons with dementia or persons with developmental/intellectual disability.

## G2i - Bed Mobility



The coding of G2i as a 3 or higher will result in points being assigned for the Mobility category under the TLOC criteria.

- This question is referring to the participant's ability to position self while **in** bed (move from side to side, move to laying position), it is not asking about ability to get self into or out of bed from standing position, wheelchair, etc.
- If a participant needs assistance getting out of bed and to a standing position or transferring to a wheelchair this would be captured in J3a - difficult or unable to move self to a standing position unassisted.
- A need for assistance with bed mobility would be common in populations where persons are paralyzed, bedbound, have extreme weakness due to lost muscle mass or have severe pain to the extent they cannot move limbs without assistance.

## G2j - Eating



The coding of G2j as 1 or higher will result in points being assigned for the category of Eating under the TLOC criteria.

- This question is asking about the participant's need for assistance with consuming food, this includes nutritional intake via other means such as a feeding tube.
- Question G1a is referring to a participant's ability to prepare a meal, while G2j is asking about the capacity to consume a meal. The limitations that prevent persons from being able to prepare a meal independently might also affect their ability to consume a meal. For example, severe balance issues that make it difficult to bend or carry pots/pans might also affect the person's ability to set food at a table in order to eat.
- If a person needs assistance with cutting up food due to a physical limitation such as tremors or due to an intellectual disability that limits their capacity to use a knife safely this would be coded in G2j. If the person needs foods to be modified due to difficulty swallowing this should be coded in K3.