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"Q-TIPS" – TIPS ON PREPARING THE M11q

Revised for New M11q Effective April 1, 2010
March 8, 2010

The M11q is the only part of the home care assessment process in which someone speaking on behalf of the client states why he or she needs home care. The doctor's M11q must give a complete picture of the client's needs and justify the amount of care requested. Now with fiscal pressure to cut hours, detail is even more important. If 24-hour care is requested, the M11q must explain what the night-time needs are and WHY sleep-in OR split-shift care is needed. Here is a page by page guide to the M11q.

A new M11q effective April 1, 2010 deletes many sections from the old form. The new M11q is posted at http://www.nyc.gov/html/hra/downloads//M11q.pdf. An electronically fill-able version is posted at http://wnylc.com/health/afile/34/30/.

PAGE 1 OF M11q	
LANGUAGE ON M11q	**TIP**
"How long have you treated this patient?"	Opinion of doctor who has treated patient for a long time is more persuasive – make sure to complete
"Date of this examination"	Within 30 days after the doctor EXAMINED client: ✓ Doctor must SIGN and DATE the M11q AND ✓ You must FILE the M11q (fax or hand-deliver or certify mail so received within 30 days)
A. CURRENT CONDITION DIAGNOSES CHRONIC CONDITION/ DETERIORATION OF PRESENT FUNCTION LEVEL EXPECTED	Make sure ALL diagnoses are listed, even ones this doctor is not treating – anything that contributes to functional need M11q asks to check if deterioration expected. Since condition must be medically stable, note that condition is stable, no sudden deterioration expected, no need for frequent medical or nursing judgment to determine changes in plan of care
B. HOSPITAL INFORMATION - expected date of discharge	If in hospital, note date READY for discharge, even if not expected

Page 1 of M11q – continued

C. MEDICATIONS

LIST OF MEDICATIONS	In "frequency" - state time of day as well as "QID" - state if MUST have assistance at night, before bedtime
Indicate patient's ability to take medication:	THIS PART OF FORM IS A TRAP!! The definition of "self-administer" is not what most doctors and others think.
1. ____ can self-administer	Can check "can self-administer" PLUS 2, 3, and/or 4 if client can put the pill in her mouth, inject insulin, apply eye drops, or put any other type of medication into her body but still needs help reminding or preparing meds - see 2/3/4
2. ___ needs reminding 3, ____ needs super-vision 4. ____ needs help with preparation	3- 4. Supervision & help with preparation include: ✓ "**pre-pouring**" of meds by nurse or family into a medication box. Do not need a medication box if client is self-directing and able to identify correct medication bottle and direct aide re number of pills, but most use a box. ✓ Taking pill from medication box and placing into client's hand, bringing liquids, and positioning her physically for administration 2. Reminding -- Aide may prompt her when it is time to take pill and take pill from medication box. This is all called "self-administration." Most dementia patients CAN do this. If client cannot put pill into her mouth with the help listed above, then either a family member or friend must administer medications OR client may enroll in the Consumer-Directed Personal Assistance Program **(CDPAP**).
5. ____ needs administration	THIS should be checked ONLY for PEOPLE WHO CANNOT PHYSICALLY PUT PILL INTO MOUTH (or eyedrops into eyes, inject insulin, etc.). If it is checked, you need to fill in next part:
If patient CANNOT self-administer med, (a) can s/he be trained...? Yes No	This should be completed ONLY if client CANNOT put pills, eyedrops, etc. into her mouth/ body. If so, need to specify whether: ✓ nurse or family member will give meds (sign **Form 2131 -** Agreement to Participate), ✓ or if you want **CDPAP** program.
(b) What arrangements have been made for administration of meds?	Even if client CAN self-administer, but needs someone to "pre-pour" meds into weekly medication box, specify WHO will do that, or if requesting **CDPAP** program. Use Form 2131 if family or friend will administer.

PAGE 2 of M11q

THE NEW FORM effective 4/1/2010 has *deleted* these sections from Page 2:

- **IMPAIRMENTS** – physician no longer asked **to** check-off which impairments client has
- **CONTINENCE –** physician no longer asked to Indicate if client is continent or incontinent of bladder or bowel
- **Mental Status** – physician no longer asked to check-off which of twelve symptoms of mental impairment that may impact functional need, including memory, sleep disorder, and impaired judgment.

AND *DELETED* FROM PAGE 3:

- **IDENTIFICATION OF SERVICE NEEDS –** where physician indicated need for assistance with transfer, mobility inside and outside, toileting, and the various housekeeping chores and personal care tasks**.**

See COMMENT PAGE for strategies to include this information.

Page 2 of M11q Section D. MEDICAL TREATMENT

1. ** **Decubitus care**	**Both PCA and HHA may do routine skin care** -- lubricate unbroken stable skin with non-prescription lotions, powders, creams, do gentle massage of unbroken skin areas, back rub. HHA may also inspect skin for signs of pressure/ irritation, and apply prescription topical meds to stable skin surface for self-directing client.
2. Dressings - sterile	only nurses (or trained family members/ friends)
2. Dressings - simple	Specify that wound is stable & no medication needed. A "stable" wound is closed skin with no drainage, swelling, infection, or redness, but may have scab or be crusted. PCA may remove old dressing, cleanse skin around wound with soap and water, apply new dressing, but may not apply prescription or nonprescription medication to wound or apply sterile dressing. HHA may apply these medications, but not sterile dressing.
3. ** Bedbound care (turning, exercising, positioning)	PCAs & HHAs may turn & position & may transfer with hoyer lifts. See #5 on exercise **TIP: BE sure that MD checks this and indicates frequency - every 2 hours at night to prevent bed sores if client is bedbound**

Page 2 of M11q Section D. MEDICAL TREATMENT

4. ** Ambulation exercise	**OK for PCAs** & HHAs. Should check this and write in something like "needs assistance to walk 1 hour/day inside or outside to maintain strength, flexibility, conditioning." Since 4/2010 M11q does not ask MD if needs assistance with ambulation, this is an opportunity to indicate need for assistance because of unsteady gait, poor balance, weakness, etc.
5. ROM (range of motion)/ Therapeutic exercise	Passive range of motion (where aide moves client's joints) -- PCA may not, HHA may. Active range of motion (client does exercise with coaching, aide supports joints) - PCA may assist
6. Enema	PCA may not. (HHAs may administer commercial, not soap, solutions for self-directing clients).
7-8 Colostomy, ostomy care	PCA may not. HHA may do daily care if ostomy is mature and stable, some irrigation allowed only if client self-directing.
9. Oxygen administration	Oxygen tank - HHA may set up, turn on & off, check that flow rate is at prescribed rate but may not set/regulate flow rate, may clean, observe & record and report. PCA may not CPAP for sleep apnea - HHA may apply, unclear if PCA may
9. Oxygen con'd	Ventilator (including IPPB) - PCA may not. HHA may, but only for self-directing client, and only if HHA CPR-certified. HHA may plug in, charge batteries, check settings against plan of care, set gauges, may not assess need for suctioning or perform suctioning except superficial oral suctioning with bulb syringe
10. Catheter care	For external and indwelling catheters, PCA may do daily routine perineal care, empty bag, measure and record output, and for: Condom catheter (Texas, external) -- Personal care aides may apply catheter and change and empty bag Indwelling (foley) catheter -- PCA and HHA may not insert or remove. Both may empty the bag, but PCA may not change the bag. HHA may irrigate catheter and change the bag only for self-directing patient. Intermittent or straight catheter -- PCA and HHA may not

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11. Tube irrigation	PCA may not.
12. Monitor vital signs	PCA may not measure pulse, blood pressure, or temperature but may measure and record fluid intake and output and may weigh client Diabetes tests -- HHA may do finger prick blood test for self-directing client, may do urine sugar test from commode & bedpan generally, but from indwelling catheter only for self-directing client
13. Tube feeding	Nasogastric or gastric tube -- PCA may not. HHA may not insert or irrigate tube or instill feeding, but may assemble, clean and store equipment. Neither PCA nor HHA may do Total Patenteral Nutrition (thru IV) Gastrostomy tube feeding - HHA may do for self-directing clients; PCA may not
14. Inhalation therapy	PCA may not instill but may assist client to do herself; HHA may instill for self-directing client.
15. Suctioning	(of tracheostomy) - PCA may not HHA - ssame as #9 above for ventilator
16-17 Speech/hearing/ occupational therapy	PCA/HHA may not
18. Rehabilitation therapy	see range of motion No. 5
19. Special dietary needs	"Simple" modified diets - defined as change in one nutrient (e.g. low fiber, fat, cholesterol, sugar, sodium, protein, bland), amount of calories (low calorie) or mechanically altered (soft, liquid, chopped, ground, pureed). For these PCA may: * develop menu, prepare grocery list and shop, prepare meals, assist with feeding (may spoonfeed) & measure and record intake Complex modified diets - when includes more than one of the changes made for "simple" modified diets - PCA is not supposed to develop menu, prepare grocery list, or prepare meals, but may shop, assist with feeding, and measure & record intake. HHA may do what PCA may not.

Page 2 of M11q Section D. MEDICAL TREATMENT

20. ** Other	**a. <u>Equipment</u> -- PCA aides <u>may</u> use <u>hoyer lifts</u>, walkers & wheelchairs**, assist with braces, splints, slings, elastic support stockings, prostheses, hearing aides, and clean and store (but not remove or clean) artificial eyes, use humidifiers
	b. <u>Grooming</u> - PCA may clean and file nails only for <u>non</u>-diabetic clients, may apply elastic stockings. May not apply ace bandage. HHAs may cut nails for self-directing clients.

Page 2 -- NEW questions are added, replacing all of the deleted questions:

- **Based on medical condition, do you recommend the provision of service to assist with personal care and/or light housekeeping tasks? (YES or NO)**

  COMMENT: Of course, the physician would check YES, otherwise wouldn't be applying for home care.

- **Please indicate contributing factors (e.g. limited range of motion, muscular or motor impairments, etc.) and any other information that may be pertinent to the patient's need for assistance with personal care tasks.** (followed by four lines for writing in a response)

  COMMENT: The four lines are not enough. However, should include short keywords of most pertinent needs here, and then "See comments attached). E.g.

  - ✓ Mention any *unscheduled* needs for assistance with AT&T (ambulation, transfer, or toileting)
  - ✓ *Span of time* during which needs assistance with AT&T
  - ✓ *Frequency* of need for assistance -
    - o Needs assistance using toilet approximately 3-4 times each night
    - o Needs to be turned and positioned every 2 hours at night
  - ✓ *Medical/cognitive factors* contributing to need with assistance:
    - o Needs verbal cuing to ambulate safely - with reminder to use cane or walker because of dementia. High risk of falls because of unsteady gait, impaired balance, weakness due to arthritis, stroke, osteoporosis, (fill in diagnosis)
    - o Sleep disorder arises at unscheduled times at night and needs assistance with safe ambulation and toileting

M11q Page 2 - Con'd -- Can client direct a home care worker?
YES NO. If No, explain below.

COMMENT: If client is not "self-directing," state WHO will direct care – usually a family member, friend or neighbor, or community agency. Must be in daily contact and be available 24-hours a day to make decisions in emergencies (by cell phone). Need not live with client, or provide direct hands-on persona care, per 92-ADM-49 p. 6 (http://onlineresources.wnylc.net/pb/docs/92_adm-49.pdf). Use Form HCSP-**2131** – Agreement of Relative or Friend to Participate in Plan of Care, posted at http://wnylc.com/health/afile/7/145/.

PART E. Equipment/ Supplies – This section, also on the old form, has been ignored because the CASAs do not order equipment. It potentially misleads the physician and family into thinking that the CASA will assist in obtaining the equipment. However, since all questions about client's ability to ambulate, transfer, and toilet are deleted from the M11q, this section can now be used as an opportunity to show client's needs.

- **Ambulation or Transfer** – If checking boxes that indicate that client needs or has a **wheelchair, cane, crutches**, **or hoyer lift**, in the space provided below the box, physician should indicate:
  - whether client **needs assistance of a person** to use the specified equipment, and if so,
  - the **type of assistance** –verbal reminding or cueing, "*contact guarding*," (non-weight bearing assistance where aide is standing by or hovering near client) or hands-on physical assistance using this equipment
  - **The frequency** of the need **and the span of time** during which client needs assistance with the equipment – e.g. until daughter comes home from work at 8 PM, or until client goes to bed at 10 PM, etc.
  - **Why** client needs assistance – diagnosis, reason for limitation on mobility, symptoms (weakness, impaired balance, gait, etc.), conditions which increase risk of injury if client falls (osteoporosis, past fractures, etc.)

- **Toileting** – if checking boxes that indicate client needs or has a **bedpan, urinal, commode, or uses diapers** – or even if does not use these supplies, indicate that she uses a toilet but in the space provided below the box, indicate:
  - whether client **needs assistance of a person** to use the specified equipment, and if so,
  - the **type of assistance** –verbal reminding or cueing, contact guarding, or hands-on physical assistance using this equipment
  - **The frequency** of the need **and the span of time** during which client needs assistance toileting– e.g. until daughter comes home from work at 8 PM, or until client goes to bed at 10 PM, etc., with reasons for high frequency (e.g. uses Lasix or another diuretic, diabetes, sleep disorder)
  - **Why** client needs assistance – diagnosis, any particular impairment

- if client is **continent** – describe why she needs assistance using toilet/commode/bedpan (describe limitation on mobility, symptoms (weakness, impaired balance, gait, etc.), conditions which increase risk of injury if client falls using bathroom alone, (osteoporosis, past fractures, etc.), assistance needed to remain continent

- if client is **incontinent**, describe whether any treatment is possible, how frequently she needs adult diaper changed, risks if not changed (skin rash, history or risk of bed sores)

PAGE 3 – Section F. Referrals

Has client been referred to a certified home health agency (CHHA), long term home health care program (Lombardi), health-related facility or skilled nursing facility (a/k/a nursing home).

COMMENT: This is another opportunity to explain why these other referrals are not appropriate and to explain client's needs. For example:

- Has not been referred to **Lombardi** program because needs more than 8 hours aide care/day, which is normally the limit in Lombardi
- Was referred to **CHHA** for Medicaid-pending services while this application is pending, but client does not need skilled nursing or physical therapy, so personal care program is more appropriate to her long-term needs
- Has not been referred to **skilled nursing facility** because client wants to remain living as independently in her long-time home in the community, near her church, family, senior center that she attends regularly (tailor comments).

    - Add if she was in nursing home for short-term rehab, etc., and why she didn't like it or do well there – lost weight, got depressed, used a diaper instead of being assisted to the bathroom, was not assisted out of bed as frequently as she wanted to be, etc.

SECTION G – COMMENTS

New comment section is tiny. Use the *Selfhelp Supplement to the M11q* template for comments, attached, and which you can download a fill-in-able version at http://wnylc.com/health/afile/34/147/,

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PHYSICIAN's CERTIFICATION & SIGNATURE

Make sure doctor DATES form, clearly writes address, ID number, phone, hospital affiliation, if any

SECTION G – COMMENTS

Comments should give a vivid, detailed description of the client's impairments and needs.

- Physician should sign and date any extra comment page in addition to page 3 of the M11q form – even if it is prepared by a social worker - both should sign it.
- Most people needing more than 6 hours per day need help with **AT&T - Ambulation, Transfer, and/or Toileting**. If the CASA nurse determines that assistance is needed with any of the AT&T tasks, the nurse must indicate the **span if time** during which care is needed and why.
- Specify the **span of time** each day & night during which assistance with AT&T is needed and why: If doctor describes the "span of time" in which the needs arise, they do not run afoul of the "gag rule" regulation (18 NYCRR 505.14(b)(3)(i)(a)(3)) that PROHIBITS doctors from stating the *number of hours* the patient needs, upheld in *Kuppersmith v. Perales*, 93 N.Y.2d 90, 688 N.Y.S.2d 96 (1999), *affirming* 668 N.Y.S.2d 381 (App. Div. 1st Dept. 1998).
- **TOILETING checklist -- Toileting is complex task --**
  - Must be aware of need to go, transfer to and from toilet, adjust clothing, void, flush, cleanse self, change pads, if any, and wash hands.

Physician should discuss:

- ✓ If client is *incontinent* of bladder or bowel --
  - Is aide needed to change pads, and if so, how frequently? Is there a risk or history of skin breakdown (bedsores) -- explain.
  - Despite incontinence, should aide assist client to use bathroom at regular intervals to maintain independence, skin integrity? How often?
- ✓ If client is *continent*, does she need assistance in toileting?
  - Is there "urgency" or "frequency" -- how frequent? Is there a known medical reason for these symptoms (side effect of diuretic or other meds, advised to drink lots of fluids to prevent infection, diabetes)
  - Does client need assistance to remain continent -- (reminding, cueing, contact guarding, hands-on assistance)(BLADDER OR BOWEL TRAINING PROGRAM prescribed to remind client every 2 hours during day/ night
- ✓ What type of assistance is needed?
  - *Verbal cueing and prompting* to remind client when and how to do all parts of task.
  - *Contact guarding* (non-weight bearing stand-by assistance) or direct *physical assistance* with all aspects of task
  - WHY- if unsafe to use toilet alone because of risk of falling – unsteady balance, gait, poor judgment – will get up alone at risk of falling, has dementia so needs reminding, etc
- ✓ What is *span of time* for toileting assistance - night and day? Why? Frequency?

- **Ambulate/Transfer Checklist - Physician should discuss:**
  - Describe whether client uses any equipment (cane, walker, wheelchair) and whether needs assistance using it, or if client does not use equipment, whether needs assistance of a person.
    - **o** Specify whether ambulation assistance is needed INSIDE HOME as well as OUTSIDE.
  - Specify *TYPE* of assistance needed, e.g. needs "contact guarding" (aide hovers near client) during transfer and ambulation because of risk of falling, or needs verbal cueing and prompting for client to use cane or walker, which she forgets because of dementia
  - Explain WHY needs assistance or is at high risk of falling, eg. unsteady gait or balance or weakness caused by arthritis, stroke, dementia, MS, Parkinson's. Whether unsteady even with cane, walker, etc.
    - **o** Describe any recent past falls in detail or other history
  - Specify SPAN OF TIME during which client needs assistance, FREQUENCY of need during that time
  - Whether need for assistance is UNSCHEDULED. E.g. TRANSFER TO COMMODE - "needs assistance at unscheduled times about every 3 hours during night" or "needs assistance at unscheduled times until 8 PM when client goes to bed" or "because of a dementia, client wakes up frequently at night and attempts to get out of bed, and is at risk of falling without assistance"
- **Safety Monitoring/ Dementia Tip**
  - If client has cognitive impairment/ impaired judgment or memory, MD should not say s/he needs help with *safety monitoring or supervision*. These catch-all words are not helpful and can even hurt.
  - People with dementia do need help with the ADLs (Activities of Daily Living), but usually the type of help they need is *verbal cueing and prompting* rather than direct hands-on physical assistance. But .. . verbal cueing is no less important.
    - **o** A client who forgets to use her cane because he has dementia, and who gets up without it and risks falling, needs verbal cueing with ambulation to remind him to use his cane.
  - Think about which ADLs client needs verbal cueing or physical assistance with, and describe this for each ADL. Mention any physical impairments that create a high risk of falling or otherwise threaten her safety and the type of assistance needed -- prompting, cueing, reminding, contact guarding, direct assistance for safe performance of ADLs.
    - **o** Client who does not know where or when to walk (wanders) needs "cuing assistance for safe ambulation and to prevent falling." Risk of harm from a fall is high because of unsteady gait from arthritis and past hip fracture.
    - **o** Client who leaves the stove on at night needs "cueing assistance with meal preparation to ensure safe performance of task; assistance needed at unscheduled times day and night because of cognitive impairment."

Patient's Name: _____ SSN: _____

SUPPLEMENT TO THE MEDICAL REQUEST FOR HOME CARE (Form M-11q)

This form is NOT an official form of the Medicaid program. It was developed by Selfhelp Community Services, a non-profit organization, to assist physicians in providing the information required by the New York Medicaid program to complete a proper assessment for home care services. This information is requested pursuant to 18 N.Y.C.R.R. § 505.14(b)(3)(i)(a)(2).

I. STABLE MEDICAL CONDITION

The patient's medical condition is stable, i.e., is not expected to exhibit sudden deterioration or improvement, and does not require skilled professional care in the home or frequent medical/nursing judgment to determine changes to the plan of care.

II. NEED FOR HOUSEKEEPING & PERSONAL CARE SERVICES

Identify which of the following personal care services the patient requires assistance with in order to maintain the patient's health and safety in his or her own home. **Some assistance** means that a specific function or task is performed and completed by the patient with verbal cuing or prompting, contact guarding, or physical help from another person. **Total assistance** means that a specific function or task is performed and completed for the patient. **Unscheduled** means the need may arise at unpredictable times day or night. In **Span of Time** please indicate the range of time (e.g., 8am - 8pm) in which the need arises.

Service	Level of Assistance None	Some	Total	Un-scheduled	Frequency per day/night	Span of Time
Housekeeping Services						
Cleaning	☐	☐	☐			
Laundry	☐	☐	☐			
Shopping	☐	☐	☐			
Meal Preparation	☐	☐	☐			
Reheating Meals	☐	☐	☐			
Personal Care Services						
Bathing	☐	☐	☐			
Dressing	☐	☐	☐			
Grooming	☐	☐	☐			
Toileting (this may include assisting with use of bedpan, urinal, commode or toilet; applying/removing adult diapers) ☐ Incontinent of bladder ☐ Incontinent of bowel	☐	☐	☐	☐		
Walking inside (beyond that provided by assistive device)	☐	☐	☐	☐		
Walking outside (beyond that provided by assistive device)	☐	☐	☐	☐		
Transferring	☐	☐	☐	☐		
Turning and positioning in bed, chair or wheelchair	☐	☐	☐	☐		
Feeding	☐	☐	☐	☐		

SSN: _____

III. ADDITIONAL COMMENTS

Please provide any additional description of the patient's medical condition and regimens, and the patient's need for assistance with personal care services tasks.

By signing below, I certify that the patient can be cared for at home and that the information provided in this supplement accurately describes the patient's medical condition and regimens, and the patient's need for assistance with personal care services tasks, at the time of the medical examination.

Physician's Signature	Title	Date
	Physician's Name / Office	

If nurse / social worker / other person assisted in completing this form:

Name	Title	Address	Telephone No. / E-mail