

Home Health Coding and OASIS Expert

Item Focus: M1100: Break Down Patient Living Situation for Better Results

Paid helpers don't always count as assistance.

Fitting your patient's living arrangement into the appropriate OASIS response can be difficult, but if you answer incorrectly, your agency's outcomes could suffer. Try a two-step approach to get a leg up on your OASIS accuracy.

The chart in OASIS item M1100 □ Patient Living Situation can help you determine whether a patient lives alone and if there are people living with him who can provide physical assistance. But not every patient fits neatly in an M1100 box at first glance. Try breaking this item down before trying to choose the right response.



Take a 2 Step Approach

In order to answer this item accurately, you'll need to factor in the two elements that help you find the right response: the patient's living situation, and the amount of assistance the patient receives on a regular basis. Consider the following information from the OASIS Guidance Manual when making your selections.

Living arrangement: Figure out whether your patient lives alone, with another person in the home, or in a congregate situation.

A patient who lives **alone** must be living in an independent (non-assisted) setting, such as a home, apartment, or in a private room in a boarding house. A patient also qualifies as "living alone" when he normally lives alone but has a temporary caregiver living in the home to provide assistance or when he has only paid live-in help.

A patient lives **with others** when any other people also call the patient's house "home." This can mean the patient lives with a relative, a friend, or a non-related housemate.

A patient lives in a **congregate** setting when he receives supervision or oversight as part of the arrangement. This includes assisted living communities, residential home care, and personal home care.

Availability of Assistance: Determine what actual, in-person help is available to your patient. If he lives alone or with others, you can't count emergency help by phone, or any other emergency response system. But if your patient lives in a congregate setting, you can count a call-bell that will summon help as in-person assistance.

Your patient's assistance can come from people living outside the home, and it can come from several different people. Answer based on the availability of regular, consistent assistance, even if it comes from more than one source.

Get Answers to these Common M1100 Questions

OASIS item M1100 is bound to draw confusion, since each patient's situation is unique. See if these questions and answers help you when confronted with a confusing situation.

Question: Should you consider home health agency staff when determining availability of assistance for this item?

Answer: No. You must base your response to this item on your patient's usual living arrangement. Your answer should describe the normal situation for this patient, not a temporary change in living situation due to his condition. The only exception to this is if a new living situation is expected to be permanent.

Home health agency staff won't be a permanent change for your patient, so it's not appropriate to include them when you're figuring out the availability of assistance for your patient.

"This question addresses risk adjustment but not necessarily current availability of caregivers," says **Beth Johnson, MBA, BSN, RN, CRRN, HCS-D, HCS-O**, President of Johnson, Richards & Associates, in Brighton, Mich. "If the patient's living situation changed because of need for care, answer based on the living situation before the injury, illness, or exacerbation that led to the need for care unless the current living situation is expected to be permanent."

For example: Your patient underwent a hip replacement after a fall. She was living alone in her own apartment prior to the fall but her adult children have made arrangements for her to live in a senior assisted-living apartment for a month while she recuperates. Her children live out of state. She has 24 hour assistance available by call bell system in the assisted living facility. The correct answer to M1100 is "01 ☐ Patient lives alone; around the clock," not "11 ☐ Patient lives in congregate living situation; around the clock," since the current living situation is not expected to be permanent, Johnson says. M2102 ☐ Types and Sources of Assistance and M2110 ☐ How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)? address current caregiver availability.

Question: How should you answer M1100 for a patient who has paid live-in help?

Answer: Select "with others" if your patient lives with family members paid to care for her, but choose "lives alone" when the patient has unrelated paid live-in help.

Question: How should you respond to M1100 if your patient lives with someone, but they are unable or unwilling to provide assistance?

Answer: Don't count the unwilling or unable housemate of family member as a caregiver in M1100. In this situation, choose response "10 ☐ Lives with another person, no assistance available."

Question: Your patient lives with his daughter, but goes to an adult day care center during the day while his daughter works. How would we score M1100 ☐ Patient Living Situation for this patient?

Answer: You must base your answer on the daughter's availability to assist the patient. OASIS item M1100 records in-person assistance provided in the patient's home, the **Centers for Medicare & Medicaid Services** said in the January 2013 Quarterly OASIS Q&As.

If the patient's daughter plans to be available all through the nighttime hours (with infrequent exceptions), you would select response "08 ☐ Patient lives with another person; with regular nighttime assistance." However, if the daughter is gone some of the nights or is not present all of the nighttime hours, the answer would be "9 ☐ Lives with another person; occasional short-term assistance."