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EDUCATION & THOUGHT LEADERSHIP

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4 — Simple and Easy: Winning in PDPM Payment and Regulatory Strategies
Time for a Check Up: Interviewing & Data Reporting Techniques

BIMS INTERVIEW FOR MDS 3.0 *Resident Interview Documentation Guidelines - Part 1*

Refer to RAI MDS User Manual Chapter 3, Section C, pages C-3 through C-18 for coding guidelines, time frames and interpretation. Chapter 6 for PDPM scoring.

Interview Conducted By _____ Title _____ Date _____

Does resident need or want an interpreter to communicate with the doctor or health care staff?

☐ No ☐ Yes ☐ Unable to determine Preferred language: _____

SECTION C — Cognitive Patterns

C0100.	Should Brief Interview for Mental Status C0200–C0500) be Conducted? - Attempt to conduct interview with all residents
Enter Code ☐	0. **No** (resident is rarely/never understood) Complete Staff Assessment 1. **Yes** Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200.	Repitition of Three Words
Enter Code ☐	Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: ***sock, blue, and bed.*** Now tell me the three words." ***Number of words repeated after first attempt*** 0. **None** 1. **One** 2. **Two** 3. **Three** After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300.	Temporal Orientation orientation to year, month, and day)
Enter Code ☐	Ask resident: "Please tell me what year it is right now." A. Able to report correct year 0. **Missed by > 5 years** or no answer 1. **Missed by 2 - 5 years** 2. **Missed by 1 year** 3. **Correct**
Enter Code ☐	Ask resident: "What month are we in right now?" B. Able to report correct month 0. **Missed by >1 month** or no answer 1. **Missed by 6 days to 1 month** 2. **Accurate within 5 days**
Enter Code ☐	Ask resident: "What day of the week is today?" B. Able to report correct day of the week 0. **Incorrect** or no answer 1. **Correct**

SECTION C — Cognitive Patterns (CONTINUED)

C0400. Recall

Enter Code ☐

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.
A. Able to recall "sock"
    0. **No** —could not recall
    1. **Yes, after cueing** ("something to wear")
    2. **Yes, no cue required**

Enter Code ☐

B. Able to recall "blue"
    0. **No** —could not recall
    1. **Yes, after cueing** ("a color")
    2. **Yes, no cue required**

Enter Code ☐

C. Able to recall "bed"
    0. **No** —could not recall
    1. **Yes, after cueing** ("a piece of furniture")
    2. **Yes, no cue required**

BIMS SUMMARY SCORE Add scores for questions C0200–C0400 and fill in total score (00-15) Enter 99 if the resident was unable to complete the interview	**Enter Score** ☐
INTERPRETATION OF BIMS SCORE 13-15 Cognitively intact 8-12 Moderately impaired 0- 7 Severely impaired	**Enter Score** ☐
BIMS SCORE 13-15 8-12 0-7	**Enter Score** ☐
PDPM COGNITIVE LEVEL Cognitively intact Mildly impaired Moderately impaired Severely impaired	**Enter Level** ☐

Notes: _____

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Mood Interviews for MDS 3.0

Refer to RAI MDS User Manual Chapter 3, Section D, pages D-3 through D-14 for coding guidelines, time frames and interpretation. Chapter 6 for PDPM scoring.

Interview Conducted By _____ Title _____ Date _____

Does resident need or want an interpreter to communicate with the doctor or health care staff?

[ ] No   [ ] Yes   [ ] Unable to determine | Preferred language: _____

SECTION D — Mood

D0100.	Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents
Enter Code [ ]	0. **No** (resident is rarely/never understood) Complete Staff Assessment of Resident Mood (PHQ-9-OV) 1. **Yes** Continue to D0200, Resident Mood Interview (PHQ-9©)

D0200.	Resident Mood Interview (PHQ-9©)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Present	2. Symptom Frequency	**1. Symptom Presence** 0. No (enter O in column 2) 1. Yes (enter O - 3 in column 2) 9. No Response (leave column 2 blank)	**2. Symptom Frequency** 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)
\ Enter Scores in Boxes			
[ ]	[ ]	A. Little interest or pleasure in doing things	
[ ]	[ ]	B. Feeling down, depressed, or hopeless	
[ ]	[ ]	C. Trouble falling or staying asleep, or sleeping to much	
[ ]	[ ]	D. Feeling tired or having little energy	
[ ]	[ ]	E. Poor appitite or overeating	
[ ]	[ ]	F. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	
[ ]	[ ]	G. Trouble concentrating on things, such as reading the newspaper of watching television	
[ ]	[ ]	H. Moving or speaking so slowlyt hat other people could have noticed. Or the opposite — being so fidgety or	
[ ]	[ ]	I. Thoughts that you would be better off dead, or of hurting yourself in some way	

TOTAL SEVERITY SCORE
Add scores or all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27.
Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

Enter Score
[ ]

PHQ-9®Total Severity Score can be interpreted as follows:

1 - 4	Minimal depression	10 - 14	Moderate depression
5 - 9	Mild depression	15 - 19	Moderately severe depression
		20 - 27	Severe depression

Notes: _____

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Preferences for Customary Routine and Activities
Refer to RAI MDS User Manual Chapter 3, Section F, pages F-1 through F-13
for coding guidelines, time frames and interpretation.

Interview Conducted By _____ Title _____ Date _____

Does resident need or want an interpreter to communicate with the doctor or health care staff?

	No		Yes		Unable to determine	Preferred language: _____

SECTION F — Preferences for Customary Routine and Activities	
F0300.	Should Interview for Daily and Activity Preferences be Conducted? - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other
Enter Code ☐	0. **No** (resident is rarely/never understood <u>and</u> family/significant other not available) Complete Staff Assessment 1. **Yes** Continue to F0400, Interview for Daily Preferences
F0400.	**Interview for Daily Preferences**

Show resident the response options and say: "While you are in this facility ... "

Enter Codes in Boxess	**Coding:** 1. Very important 3. Not very important 5. Important, but cant ? 2. Somewhat important 4. Not important at all 6. No response or non responsive
☐	A. how important is it to you to choose what clothes to wear?
☐	B. how important is it to you to take care of your personal.belongings or things?
☐	C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?
☐	D. how important is it to you to have snacks available between meals?
☐	E. how important is it to you to choose your own bedtime?
☐	F. how important is it to you to have your family or a close friend involved in discussions about your care?
☐	G. how important is it to you to be able to use the phone in private?
☐	H. how important is it to you to have a place to lock your things to keep them safe?

F0500.	**Interview for Activity Preferences**

Show resident the response options and say: "While you are in this facility ... "

Enter Codes in Boxess	**Coding:** 1. Very important 3. Not very important 5. Important, but cant ? 2. Somewhat important 4. Not important at all 6. No response or non responsive
☐	A. how important is it to you to have books, newspapers, and magazines to read?
☐	B. how important is it to you to listen to music you like?
☐	C. how important is it to you to be around animals such as pets?
☐	D. how important is it to you to keep up with the news?
☐	E. how important is it to you to do things with a group of people
☐	F. how important is it to you to do your favorite activities?
☐	G. how important is it to you to go outside to get fresh air when the weather is good?
☐	H. how important is it to you to participate in religious services or practices?

F0600.	**Daily and Activity Preferences Primary Respondent**
Enter Code ☐	Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500). 1. Resident 2. Family or significant other (close friend or other representative) 9. Interview could not be completed by resident or family/significant other ("No Response" to 3 or more items)

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Pain Interview for MDS 3.0
Refer to RAI MDS User Manual Chapter 3, Section J, pages J6 - J15 for coding guidelines, time frames and interpretation.

SECTION J — Health Conditions	
J0200.	**Should pain assessment interview be conducted**
Enter Code	0. **No** (resident is rarely/never understood) Complete Staff Assessment 1. **Yes** Continue to J0300, Pain Presence

Pain Assessment Interview

J0300.	**Pain Presence**
Enter Code	Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. **No** 1. **Yes** Continue to J0400, Pain Frequency 9. **Unable to answer** Complete Staff Assessment
J0400.	**Pain Frequency**
Enter Code	Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days"? 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer
J0400.	**Pain Effect on Function**
Enter Code	**A.** Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?" 0. **No** 1. **Yes** 9. **Unable to answer**
Enter Code	**B.** Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?" 0. **No** 1. **Yes** 9. **Unable to answer**
J0500.	**Pain Intensity — Administer ONLY ONE of the following pain intensity questions (A or B)**
Enter Rating	**A. Numeric Rating Scale (00-10)** Ask resident "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00-10 pain scale) Enter 2-digit response. Enter 99 is unable to answer.
Enter Code	**A. Numeric Descriptor Scale (00-10)** Ask resident "Please rate the intensity of your worst pain over the last 5 days" (Show resident verbal scale) 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 5. Unable to answer

Notes: _____

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