



PROPRIETARY STATEMENT

NOTICE: THE INFORMATION CONTAINED WITHIN THE HTS PARTNER PORTAL IS PROPRIETARY TO Healthcare Therapy Services (HTS), DO NOT SHARE.

Dear Valued HTS Partner, you are authorized to receive access to use the following HTS proprietary materials. All of these documents are property of and owned by HTS. This document and any other related materials shall not be disseminated, distributed or otherwise shared with any outside organization or public platform unless written permission is obtained by HTS.

Please direct all questions to HTS Compliance, who can be reached at:
compliance@htstherapy.com



PDPM Cognitive Assessment Made Easy!

Cognitive Assessment Basics

This toolkit is intended to assist facilities by providing education related to assessing cognition for accurate coding of the MDS for appropriate reimbursement under the Patient-Driven Payment Model (PDPM).

Introduction & Table of Contents

On August 7, 2019, CMS published the Fiscal Year 2020 SNF Prospective Payment System (SNF PDPM) final rule, which details the replacement of the RUG-IV model with a revised case mix methodology called the Patient-Driven Payment Model (PDPM) effective October 1, 2019. This Tool-kit is intended to supplement or enhance current SNF/NF educational programs to meet the intent of the new requirements.

PDPM is considered budget-neutral in the aggregate payment to SNFs; this means the funds currently allocated for SNF care are redistributed among the different rate components for PDPM. While RUG-IV is based on a therapy and nursing component, those same dollars are now allocated into five case mix components under PDPM:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Language Pathology (SLP)
- Nursing
- Non-Therapy Ancillary (NTA)

The presence or absence of cognitive impairment directly affects the SLP component, and in some cases, the Nursing component under PDPM. This tool-kit is intended to assist facilities by providing education related to assessing cognition for accurate coding of the MDS and appropriate reimbursement under PDPM.

Tool-Kit Table of Contents

2	Tool Kit Introduction & Overview
4	Lesson Plan & Instructor Guide
10	Cognitive Assessment PowerPoint™ Slides
22	Brief Interview for Mental Status (BIMS) Video: Evaluating Interview Accuracy Exercise
23	BIMS Video: Evaluating Interview Accuracy Exercise Answer Key
24	Cognitive Assessment Quick Reference Tool
25	BIMS Interview Cue Cards
31	BIMS Picture Interview Cue Cards (for non-verbal residents)
38	Pre-& Post-Test
39	Pre-& Post-Test Answer Key
40	BIMS Competency Assessment Form

This Tool Kit may be used with permission of Proactive Medical Review by a single purchasing facility internally, including edits to PowerPoint™ slides as needed to incorporate facility specific procedures, etc., and documents may be edited to customize based on this single purchasing facility's needs. This material remains the property of Proactive Medical Review. Public posting, distribution or sharing of content is strictly prohibited.

How to Use This Tool Kit

This education may be provided based on facility policy, but is generally recommended for review with applicable employees upon hire, annually, and as needed when gaps in competency are identified. This tool kit includes a Brief Interview for Mental Status (BIMS) competency assessment and post-test that can be used to evaluate subject matter knowledge regarding cognitive assessment and reporting assessment data on the MDS.

Interactive Lecture: Use the provided slides for lecture purposes. Be sure to personalize scenarios and discuss occurrences within the facility as examples.

BIMS Video with Interview Accuracy Evaluation exercise and instructor Answer Key: While viewing a video of a BIMS being conducted, participants can evaluate the interview process for accuracy according to RAI guidelines. This method can be used to evaluate the participant's understanding of the BIMS process.

Pre-& Post-Test: The pre/post-test is a valuable learning assessment tool to measure knowledge of the topic being discussed. It is expected that more post-test questions are answered correctly based on an increase in knowledge and understanding.

Cognitive Assessment Quick Reference Tool: Review BIMS basics, interview guidelines, coding tips, and incomplete interview coding guidelines.

BIMS Interview Cue Cards: Written prompts to assist with BIMS items C0200-C0400.

BIMS Picture Interview Cue Cards: Picture prompts to assist with BIMS items C0200-C0400 for residents who are non-verbal.

BIMS Competency Assessment: This assessment can be used to evaluate the interviewer's competency in conducting the BIMS and can be completed during an actual or mock interview. (In cases of actual resident interviews, please obtain the resident's permission prior to observation.)

Practical Applications

Consider your process for identifying gaps in assessment and/or MDS coding. You may implement one or more of the following activities in follow up to training:

- Review care plans for personalized interventions that address cognitive and communicative needs of the resident
- Complete MDS coding audits to assess for coding inaccuracies
- Observe resident interviews or conduct mock interviews to ensure interview guidelines and requirements are being followed

Conclusions can then be reviewed and Performance Improvement action plans implemented by the Quality Assurance Performance Improvement (QAPI) team as indicated.

Lesson Plans & Instructor Guide for use with PowerPoint™ Presentation

Presentation Format Timing

Present the material using the PowerPoint™ slides and resources based on your facility needs.

Suggested training format:

- Orientation/Annual Training/Remediation: Use the power point slides and instructor guidance below to train staff. Assess competencies through use of the post tests and Competency Evaluation forms.

The suggested timing for each part of the training session is:

Powerpoint Training + Activities	Time
Introduction of Instructor, Topic, & Objectives with optional Pre-Test	5 minutes
Interactive Lecture with PowerPoint and Exercises	60 minutes
Post-Test	10 minutes
Review Key Take-Away Points Question & Answer	5 minutes
Total: 80 minutes	

Interactive Lecture

With this method you present the material, using questions-and-answer format with the provided PowerPoint™ slides. During your lecture, be sure to personalize the presentation as much as possible. Utilize the speaker notes to guide the discussion.

PowerPoint™ Presentation Speaker Notes

Slide 3:

These are the factors that affect the PDPM speech-therapy component. Today we will focus on determining the presence of cognitive impairment which is derived from either the Brief Interview for Mental Status (BIMS) or Staff Assessment for Mental Status.

Slide 4:

Let's quickly review the SLP Case-Mix Classification Group Calculation: all residents are classified into one of the 12 possible case mix groups using the information on this chart. First, we determine if the resident has none, any one, any two, or all three of the items in column one. Next, we determine if the resident has neither, either or both of the items in column two. Using that information, we establish the Case-Mix Group (CMG) and associated Case-Mix Index (CMI).

- For example, if a resident has an acute neurologic condition, no SLP related comorbidity, and mild cognitive impairment, we select "any two" from column one. Then, if the resident is receiving a mechanically altered diet and has a swallowing disorder (as reported in Section K of the MDS) we select "both" from column 2. The SLP CMG would be SI and the CMI 3.53.
- Because a PDPM cognitive level is utilized in the speech language pathology (SLP) payment component of PDPM, assessment of resident cognition with the BIMS or Staff Assessment for Mental Status is a requirement for all PPS assessments. If this information is not available or not reported on the MDS, the resident will be assumed to be cognitively intact.

Lesson Plans & Instructor Guide for use with PowerPoint™ Presentation

Slide 5:

The difference between the highest possible speech per diem and the lowest possible is \$80.06 per day. For this reason, and to achieve best practices in your facility, it is prudent all conditions, services, and impairments are reported on the MDS.

Slide 6:

Studies show that SLP costs per day nearly double in residents with cognitive impairment which is why cognitive impairment is a variable included in the SLP component. Mild to severe cognitive impairment is captured based on the BIMS (if the resident is interviewable) or the Staff Assessment for Mental Status (if they are not).

- A BIMS score of 0-12 qualifies for cognitive impairment.
- A different methodology is used to determine cognitive level in the absence of the BIMS and we will review that momentarily, but residents are classified as cognitively impaired when they are assessed to be mildly, moderately or severely impaired.
- Please remember, if neither the BIMS nor the staff assessment is completed, the patient will be classified as cognitively intact under PDPM.

Slide 7:

In most cases, the BIMS is conducted more frequently than the Staff Assessment so we will begin by reviewing some BIMS basics. Remember to attempt to conduct the interview with all residents. The interview is conducted during the look-back period of the ARD and is not contingent upon item B0700, makes self understood.

- If the interviewer is not able to state items clearly because of an accent or slurred speech have a different staff member complete the BIMS.
- Try an external assistive device to increase hearing acuity (headphones or hearing amplifier) if you have any doubt about the resident's hearing ability.

Slide 8:

Here are some basic approaches to effective interviewing techniques. This information can be found in Appendix D of the RAI which is entitled Interviewing to increase resident voice in MDS assessments.

Slide 10:

It is important to note the intent of the BIMS and how this interview will help with patient-centered care. With use of performance-based testing of cognition, we are able to modify the environment more appropriately according to cognitive level and also, we are able to detect delirium more easily. Sometimes issues such as frailty, hearing impairment or lack of interaction can present as a cognitive loss when really the patient is cognitively intact. Testing also assures we are able to quantify cognitive loss despite the patient's ability to appear more cognitively intact than they actually are. These tests also can be compared over time.

Slide 11:

Assessment of a resident's mental state provides a direct understanding of resident function that may enhance future communication and assistance and direct nursing interventions to facilitate greater independence such as posting or providing reminders for self-care activities.

- A resident's performance on cognitive tests can be compared over time and an abrupt change in cognitive status may indicate delirium and may be the only indication of a potentially life-threatening illness. A decline in mental status may also be associated with a mood disorder. Awareness of possible impairment may be important for maintaining a safe environment and providing safe discharge planning.

Lesson Plans & Instructor Guide for use with PowerPoint™ Presentation

Slide 12:

Section C of the MDS is entitled Cognitive Patterns and is intended to determine if the resident's attention, orientation and ability to register and recall new information which is quite important for many care planning decisions. We begin with C0100. Should the BIMS be Conducted?

Slide 13:

- Code 0, No: if the interview should not be conducted because the resident is rarely/never understood; cannot respond verbally, in writing, or using another method; or an interpreter is needed but not available. Skip to C0700, Staff Assessment of Mental Status. Please note a nonsensical response means any response that is unrelated, incomprehensible or incoherent; it is not informative with respect to the item being rated.
- Code 1, Yes: if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available. Proceed to C0200, Repetition of Three Words.

Slide 14:

(Read slide) – Notice here in blue: Version 1.17 of the RAI (effective 10/1/19) has clarified that “Only in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS.” This addition should alleviate any concern about needing to complete the BIMS earlier or more than once within the first 8 days of the Part A stay.

Slide 15:

There are times when it may be necessary to stop the interview. (Read slide)

- Reminder: When staff identify that the resident's primary method of communication is in written format, the BIMS can be administered in writing. The administration of the BIMS in writing should be limited to this circumstance. See Appendix E of the RAI for details regarding how to administer the BIMS in writing.

Slide 16:

This item (C0200) determines if the individual is able to actively engage in a verbal interaction. Inability to repeat three words on the first attempt may indicate a hearing impairment, a language barrier or inattention. After scoring, and in preparation for assessing recall, repeat the three words, this time using category cues: “sock, something to wear”; “blue, a color”; “bed: a piece of furniture”. You may repeat these words and the corresponding cues up to two more times. Note that a category cue is a phrase that puts a word in context to help with learning and to serve as a hint that helps prompt the individual.

Slide 18:

Temporal orientation is the ability to place oneself in correct time. For the BIMS, it's the ability to indicate the correct date in current surroundings.

- Instructions: ask the individual each of the 3 questions separately. Allow 30 seconds to answer. Do not provide clues. If asked for clues, respond by saying “I need to know if you can answer this question without any help from me.” In some cases, you may need to write the individual's response in the margin and go back later to count how many years, months, or days were missed. Do your best to keep focused on the interaction with the individual, not adding or subtracting.
- If staff identifies a problem with orientation, OT/ST referrals may be appropriate for reorientation aids and verbal reminders to reduce anxiety.

Lesson Plans & Instructor Guide for use with PowerPoint™ Presentation

Slide 20:

Many residents with cognitive impairment can be helped with recall if given cues. In this way, function is maximized and frustration is decreased. Care plans should maximize use of cueing for those who respond to recall cues to enhance independence.

Steps for Assessment:

1. Ask the resident the following: “Let’s go back to an earlier question. What were those three words that I asked you to repeat?”
2. Allow up to 5 seconds for spontaneous recall of each word.
3. For any word that is not correctly recalled after 5 seconds, provide a category cue (refer to “Steps for Assessment,” pages C-6–C-7 for the definition of category cue). Category cues should be used only after the resident is unable to recall one or more of the three words.
4. Allow up to 5 seconds after category cueing for each missed word to be recalled.

Slide 23:

The total score allows comparison with future and past performance, decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium. It also provides staff with a more reliable estimate of resident function and allows staff interactions with residents that are based on more accurate impressions about resident ability. Add up the score after the interview so that full attention is on the resident. Occasionally, the resident is able to communicate but still is unwilling to complete the BIMS. In cases such as these, the interview is considered incomplete, enter 99 for C0500 and complete the staff assessment of mental status.

Slide 27:

As discussed earlier, these are the coding instructions if the interview is stopped. If the interview is stopped, you will then complete the Staff Assessment for Mental Status.

- Note: A zero score does not mean the BIMS was incomplete. To be incomplete, a resident had to choose not to answer or give completely unrelated, nonsensical responses to four or more items.

Slide 28:

Have participants view the BIMS video and evaluate interview accuracy by completing the provided exercise tool: BIMS Video: Evaluating Interview Accuracy

Slide 29:

For circumstances when the BIMS cannot be conducted we will complete the Staff Assessment for Mental Status

Slide 31:

Coding Tips: If a resident is scored 00 on C0500, then C0700-C1000, Staff Assessment, should not be completed. “00” is a legitimate value for C0500 and indicates that the interview was complete. To have an incomplete interview, a resident had to choose not to answer or had to give completely unrelated, nonsensical responses to four or more BIMS item.

Slide 36:

An observed “memory/recall problem” with these items may indicate the need for:

- Exclusion of an underlying related medical problem (particularly if this is a new observation) or adverse medication effect; or
- Possible evaluation for other problems with thinking;
- Additional signs, directions, pictures, verbal reminders to support the resident’s independence;

Lesson Plans & Instructor Guide for use with PowerPoint™ Presentation

- An evaluation for acute delirium if this represents a change over the past few days to weeks;
- An evaluation for chronic delirium if this represents a change over the past several weeks to months; or
- Additional nursing support — the need for emotional support, reminders and reassurance to reduce anxiety and agitation

Slide 39:

Planning for Care: An observed “difficulty with daily decision making” may indicate the need for a more structured plan for daily activities and support in decisions about daily activities, encouragement to participate in structured activities, or an assessment for underlying delirium and medical evaluation.

Slide 40:

1. Review the medical record. Consult family and direct care staff across all shifts. Observe the resident.
2. Observations should be made by staff across all shifts and departments and others with close contact with the resident.
3. The intent of this item is to record what the resident is doing (performance). Focus on whether or not the resident is actively making these decisions and not whether staff believes the resident might be capable of doing so.
4. Focus on the resident’s actual performance. Where a staff member takes decision-making responsibility away from the resident regarding tasks of everyday living, or the resident does not participate in decision making, whatever his or her level of capability may be, the resident should be coded as impaired performance in decision making.

Slide 42:

Rationale: the resident is primarily non-verbal and does not make her needs known, but she does give basic verbal or non-verbal responses to simple gestures or questions regarding care routines. More information about how the resident functions in the environment is needed to definitively answer the questions. From the limited information provided it appears that her communication of choices is limited to very particular circumstances, which would be regarded as “rarely/never” in the relative number of decisions a person could make during the course of a week on the MDS. If such decisions are more frequent or involved more activities, the resident may be only moderately impaired or better. More examples are provided in the RAI manual.

Slide 43:

Section C1310 is related to signs and symptoms of delirium. It is important to remember that for this section it is prudent to observe resident behavior during the BIMS (items C0200-C0400) for the signs and symptoms of delirium. If the staff assessment for mental status (items C0700-C1000) was completed instead of the BIMS, ask staff members who conducted the interview about their observations of signs and symptoms of delirium. Additional guidance on signs and symptoms of delirium can be found in the RAI manual under appendix C.

Slide 44:

When a staff assessment for mental status is completed the Cognitive Performance Scale (CPS) is then used to score the patient based on responses to the Staff Assessment in combination with other MDS items. Under RUG-IV, the BIMS and the CPS produced separate scores. The new PDPM Cognitive Score is based on the Cognitive Function Scale (CFS) which combines scores from the BIMS and CPS into one scale that can be used to compare cognitive function across all patients.

Slide 45:

These are the MDS items used to determine cognitive level in absence of the BIMS. It is important to ensure all of these items are appropriately coded (not dashed) so that a cognitive level can be determined.

Lesson Plans & Instructor Guide for use with PowerPoint™ Presentation

Slide 46:

This slide and the next describe the methodology used to determine the resident's cognitive level based on the MDS responses provided.

Slide 47:

Here is an example of the potential financial impact of identified cognitive impairment. As you can see, the only variable that was changed in this fictitious example is a BIMS score of 12 indicating cognitive impairment. For residents who may be on the cusp, it is important that we review interview guidelines and consider timing and accuracy of interview completion.



PROACTIVE
MEDICAL REVIEW

PDPM - Cognitive Assessment

BIMS interview strategies, and appropriate coding guidelines

Target Audience:
Social Services,
MDS, Nursing, SLP

Objectives

1. Review factors involved with the PDPM Speech Therapy (ST) Component and CMI determination
2. Review best practices related to conducting the Brief Interview for Mental Status (BIMS)
3. Understand when to conduct the Staff Assessment for Mental Status
4. Review how cognitive function is determined in the absence of the BIMS

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Speech Therapy Component

Factors for Speech Therapy Case-Mix Group

Presence of Acute Neurologic Condition

Presence of Cognitive Impairment

Presence of SLP-Related Comorbidity

Presence of Mechanically Altered Diet &/or Swallowing Disorder

Source: table 12.13 final rule Federal Register Vol. 83 No. 158 8/8/18

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

SLP Case-Mix Classification Group Calculation			
Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	SLP Case-Mix Index
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.67
Any one	Neither	SD	1.46
Any one	Either	SE	2.34
Any one	Both	SF	2.98
Any two	Neither	SG	2.04
Any two	Either	SH	2.86
Any two	Both	SI	3.53
All three	Neither	SJ	2.99
All three	Either	SK	3.70
All three	Both	SL	4.21

Source: FY 2020 SNF PPS proposed rule Federal Register 4/25/19

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

MDS Coding Critical



Speech-Language Pathology Per Diem

Highest Possible:

SL: 4.21 CMI

Base rate X CMI = Per Diem Rate
\$22.68 X 4.21 = \$95.48/day

Lowest Possible:

SL: 0.68 CMI

Base rate X CMI = Per Diem Rate
\$22.68 X 0.68 = \$15.42/day

Difference: \$80.06/day

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

8

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

9

Source: table 20 final rule Federal Register Vol. 83 No. 158 8/8/18

Cognitive Impairment

Under PDPIM, cognitive status is assessed in much the same way as under RUG-IV

PDPIM Cognitive Level Classification Methodology		
Cognitive Level		BIMS score
Cognitively Intact		13-15
Mildly Impaired		8-12
Moderately Impaired		0-7
Severely Impaired		-

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

8

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

9

Source: table 20 final rule Federal Register Vol. 83 No. 158 8/8/18

BIMS Background & Basics

Intent:

To determine attention, orientation and ability to register and recall new information

Interview Instructions:

- Interview in a private setting
- Be sure the resident can hear you
- Provide face-to-face communication
- Introduce yourself "I would like to ask you some questions. We ask everyone these same questions. This will help us to provide you with better recommendations. Some of the questions may seem very easy, while others may be more difficult."
- If the resident is concerned about memory testing, repeat "We ask these questions of everyone so we can make sure that we can meet your needs"

Interviewing Guidelines

- ✓ Introduce yourself
- ✓ Be sure the resident can hear you
- ✓ Ask whether the resident would like an interpreter
- ✓ Find a quiet, private area where you are not likely to be interrupted or overheard
- ✓ Sit face-to-face
- ✓ Establish rapport & respect
- ✓ Explain the purpose
- ✓ Say and show item response
- ✓ Ask the question as they appear
- ✓ Break up the question if necessary
- ✓ Clarify using echoing
- ✓ Repeat response options
- ✓ Move on to another question if the resident is unable to answer
- ✓ Don't try to talk a resident out of an answer
- ✓ Record the resident's response, not what you believe should have been said
- ✓ Sympathetically respond to feelings

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

7

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

8

BIMS Basics

Directly ask the resident each item in C0200 through C0400 at one sitting and in the order provided

If the resident chooses not to answer a particular item, accept the refusal and move on to the next question. For C0200 through C0400, code refusals as incorrect.

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Quality of Life Considerations

- Direct or performance-based testing of cognition decreases chance of incorrect labeling of cognitive abilities and improves delirium detection
- Cognitively intact residents may appear impaired because of extreme frailty, hearing impairment or lack of interaction
- Some residents may appear more cognitively intact than they actually are
- If cognitive impairment is not detected, valuable care plan interventions may not be implemented
- Cognitive tests can be compared overtime (if performance worsens abruptly, delirium and/or depression should be considered)
- BIMS provides structured method of assessing residents for signs & symptoms of delirium (C1310)

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Care Planning Considerations

- ✓ Enhances future communication & assistance
- ✓ Directs nursing intervention to facilitate greater independence with use of external compensatory strategies according to cognitive level
- ✓ Abrupt changes in cognition should be evaluated further
- ✓ Mood disorders may be associated with a decline in mental status
- ✓ Awareness of impaired cognition is important to maintain a safe environment and safe DC planning



© Proactive 2019

PROACTIVE
MEDICAL REVIEW

C0100 Steps for Assessment: Should the BIMS be Conducted?

Step 1 – Interact with resident using preferred language. Ensure method of communication is effective and hearing is optimal. If unable to communicate offer alternative methods.

Step 2 – Determine if resident is rarely/never understood verbally, in writing, or using another method. If yes (code 1), skip to the Staff Assessment of Mental Status (C0700-C1000).

Step 3 – Use A1400 of the MDS to determine if the resident needs/wants an interpreter. If yes, complete the interview with an interpreter.

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Coding Instructions

Code 0 (no) when the interview should not be conducted, if response is nonsensical or if there is refusal to answer. Skip to C0700, Staff Assessment of Mental Status

Code 1 (yes) when the interview should be conducted. Proceed to C0200, Repetition of Three Words.

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Coding Tips

- ✓ Attempt to conduct the interview with ALL residents
- ✓ Interview is not contingent upon B0700 (makes self understood)
- ✓ Conduct BIMS during look-back period (preferably day before or day of ARD)
- ✓ If interpreter needed, make every effort to provide. If unable, code C0100 "0" and complete C0700-C1000 instead of C0200-C0500.
- ✓ If BIMS not conducted within the look-back period, item C0100 must be coded "1" & "0" all interview items



Only in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS. (RA v.1.17)

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Rules for Stopping the Interview

Stop the interview after C0300C "Day of Week" if:

- All responses are nonsensical, OR
- There has been no verbal/written response to any of the questions, OR
- There has been no verbal/written response to some questions up to this point and for all others, the resident has given a nonsensical response

If the interview is stopped:

- Code - **dash** in C0400A, C0400B, and C0400C
- Code **99** in summary score in C0500
- Code **1**, yes in C0600
- Complete the **Staff Assessment for Mental Status**

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

C0200: Repetition of Three Words

Ask the individual:

"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 individual'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.

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Practice Activity

Interviewer: "The words are sock, blue, and bed. Now please tell me the three words."

Resident: "Bed, sock, and blue."

<Interviewer repeats the three words with category cues>

Coding: C0200 would be coded, 3

Rationale: Resident repeated all three items on first attempt. Order of repetition does not affect the score.

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

C0300: Temporal Orientation

Ask the individual: "Please tell me what year it is right now."

A. Able to report correct year

- 0. Missed by more than 5 years or no answer
- 1. Missed by 2-5 years
- 2. Missed by 1 year
- 3. Correct

Ask the individual: "What month are we in right now?"

B. Able to report correct month

- 0. Missed by more than 1 month or no answer
- 1. Missed by 5 days to 1 month
- 2. Accurate within 5 days

Ask the individual: "What day of the week is today?"

C. Able to report correct days of the week

- 0. Incorrect or no answer
- 2. Correct

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Examples

1. The date of interview is May 5, 2011. The resident, responding to the statement, "Please tell me what year it is right now," states that it is 2011

Coding: C0300A would be coded 3, correct

Rationale: 2011 is the current year

2. The date of interview is June 25, 2011. The resident, responding to the question, "What month are we in right now?" states that it is June

Coding: C0300B would be coded 2, accurate within 5 days

Rationale: The resident correctly stated the month

3. The day of the interview is Monday, June 25, 2011. The interviewer asks, "What day of the week is it today?" The resident responds, "It's Tuesday."

Coding: C0300C would be coded 0, incorrect

Rationale: The resident did not answer the question correctly

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

C0400: Recall

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

B. Able to recall "blue"

- 0. No - could not recall
- 1. Yes, after cueing ("A color")
- 2. Yes, no cue required

C. Able to recall "bed"

- 0. No - could not recall
- 1. Yes, after cueing ("a piece of furniture")
- 2. Yes, no cue required

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Practice Activity

1. The resident is asked to recall the three words. The resident chooses not to answer the questions and states, *"I'm tired and I don't want to do this anymore."*

Coding: C0400A-C0400C would be coded 0

Rationale: Choosing not to answer a question often indicates an inability to answer the question, so refusals are coded 0. This is more accurate way to score cognitive function, even though, on occasion, residents might choose not to answer for other reasons.

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Practice Activity

2. The resident is asked to recall the three words. The resident replies, "socks, shoes, and bed." The examiner then cues, *"one word was a color."* The resident says, *"Oh, the shoes were blue."*

Coding: C0400A, sock, would be coded **2, yes, no cue required**

Rationale: Credit is given for this response even though he also listed another item in the category because he was answering the initial question without cueing

Coding: C0400B, blue, would be coded **1, yes, after cueing**

Rationale: The resident did not recall spontaneously but recalled after a category cue. Responses that include the word in a sentence are acceptable.

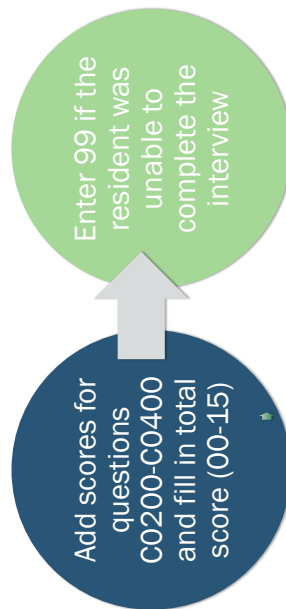
Coding: C0400C, bed, would be coded **2, yes, no cue required**

Rationale: The resident independently recalled the item on the first attempt

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

C0500: BIMS Summary Score



© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Total Score



© Proactive 2019

PROACTIVE
MEDICAL REVIEW

Example

The resident's scores on items C0200-C0400 were as follows:

C0200 (repetition)	3
C0300A (year)	2
C03000B (month)	2
C0300C (day)	1
C0400A (recall "sock")	2
C0400B (recall "blue")	2
C0400C (recall "bed")	0

**C0500: BIMS
Summary
Score = 12**

© Proactive 2019



Incomplete Interview Guidelines

- Conduct C0200 and C0300 with all residents attempting the interview
- Stop the interview after C0300 if the resident:
 - Chooses not to answer
 - Provides nonsensical responses to four or more BIMS items
- Finish the interview if after C0300 the resident provides a relevant response to at least one question in C0200 or C0300

© Proactive 2019



Incomplete Interview Coding Instructions

If the interview is stopped after C0300:

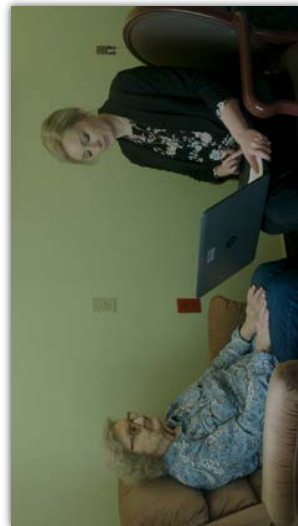
- Code C0200 and C0300 as 0
- Code C0400 with a dash (-)
- Code C0500 Summary Score as 99 to indicate an incomplete interview

Complete the Staff Assessment for Mental Status

© Proactive 2019



BIMS Video Exercise



LINK TO VIDEO: <https://drive.google.com/drive/folders/1zUrkUzNgnszd8qRx4UrUyqFdhI01pve>

Assessment of Cognitive Patterns

- An assessment must be completed even if the BIMS cannot be conducted
- Complete the Staff Assessment for Mental Status (C0700-C1100) in these cases.



C0600: Staff Assessment for Mental Status

Should C0700-C1000 (Staff Assessment for Mental Status) be conducted?

0. **No** (resident was able to complete brief interview for mental status)
→ skip to C1310, Signs & symptoms of Delirium
1. **Yes** (resident was unable to complete BIMS)
→ Continue to C0700, Short-Term Memory OK

C0600: Steps for Assessment

Review whether BIMS Summary Score (C0500), is coded 99, unable to complete interview.

Coding Instructions:

Code 0, No: If BIMS was completed & scored. Skip to C1310.

Code 1, Yes: If resident chooses not to participate in BIMS or if 4+ items were coded 0 because resident chose not to answer or gave a nonsensical response.

Note: C0500 should be coded 99.

C0700-C1000: Staff Assessment of Mental Status

Staff Assessment for Mental Status	
Check all that apply for Short-Term Memory OK (C0700, C0800, C0900, C1000) was completed	
☐ C0700, Short-Term Memory OK	Seems or appears to recall after 5 minutes
☐ C0800, Long-Term Memory OK	Seems or appears to recall long past
☐ C0900, Memory Recall Ability	Check all that the resident was normally able to recall
☐ C1000, Cognitive Skills for Daily Decision Making	Make decisions regarding tasks of daily life
Notes: 1. Independent decisions considered reasonable 2. Moderately impaired decisions require supervision only 3. Severely impaired decisions require constant supervision	

C0700: Steps for Assessment

1. Determine the resident's short-term memory status by asking:
 - o To describe an event 5 minutes after it occurred if you can validate the response, or
 - o To follow through on a direction given 5 minutes earlier
2. Observe how often the resident has to be re-oriented to an activity or instructions
3. Staff members also should observe the resident's cognitive function in varied daily activities
4. Observations should be made by staff across all shifts and departments and others with close contact with the resident
5. Ask direct care staff across all shifts and family or significant others about the resident's STM status
6. Review the medical record for clues to the resident's short-term memory during the look-back period

© Proactive 2019



Coding

Based on all information collected regarding short-term memory during the 7-day look-back period, identify and code according to the most representative level of function.

Code 0, memory OK: if the resident recalled information after 5 minutes

Code 1, memory problem: if the most representative level of function shows the absence of recall after 5 minutes

© Proactive 2019



C0800: Steps for Assessment

1. Determine the resident's long-term memory status by engaging in conversation, reviewing memorabilia with the resident or observing response to family who visit.
2. Ask questions for which you can validate answers from review of the medical record, general knowledge, the resident's family, etc.
3. Observe response to memorabilia or family members who visit.
4. Observations should be made by staff across all shifts/departments and others with close contact.
5. Ask direct care staff across all shifts & family/significant others about the resident's memory status.
6. Review the medical record for clues to the resident's long-term memory during the look-back period.

© Proactive 2019



C0900: Memory/Recall Ability

Check all that the resident was normally able to recall

- ☐ **A. Current season**
- ☐ **B. Location of own room**
- ☐ **C. Staff names and faces**
- ☐ **D. That he or she is in a nursing home/hospital swing bed**
- ☐ **Z. None of the above were recalled**

© Proactive 2019



C0900: Steps for Assessment

1. Ask resident about each item. For example, "What is the current season? Is it fall, winter, spring, or summer?" "What is the name of this place?" If the resident is not in his or her room, ask, "Will you show me to your room?" Observe resident's ability to find the way.
2. For residents with limited communication skills, ask direct care staff across all shifts and family or significant other about recall ability.
3. Observations should be made by staff across all shifts and departments and others with close contact with the resident.
4. Review the medical record for indications of the resident's recall of these subjects during the look-back period.

© Proactive 2019



Coding

For each item that the resident recalls, check the corresponding answer box. If the resident recalls non, check **none of the above**.

- **Check C0900A, current season:** if resident is able to identify the season
- **Check C0900B, location of own room:** if resident is able to locate & recognize own room. It's not necessary to know the room number but he or she should be able to find the way to the room.
- **Check C0900C, staff names and faces:** if resident is able to distinguish staff members from family members, strangers, visitors, and other residents. It's not necessary for the resident to know the staff member's name but should recognize the person is a staff member.
- **Check C0900D, that he or she is a nursing home/hospital swing bed:** if resident is able to determine current living environment is a nursing home. It is not necessary to state the name of the nursing home but should be able to refer to it by a term such as "home for older people," etc.
- **Check C0900Z, none of the above was recalled.**

© Proactive 2019



C1000: Cognitive Skills for Daily Decision Making

Made decision regarding tasks of daily life

0. **Independent** – decisions consistent/ reasonable
1. **Modified Independence** – some difficulty in new situations only
2. **Moderately Impaired** – decisions poor; cues/supervision required
3. **Severely Impaired** – never/rarely made decisions

© Proactive 2019



C1000: Steps for Assessment

1. Review the medical record. Observe the resident.
2. Staff observations are to be made across all shifts & departments
3. Record what the resident is doing.
4. Focus on the resident's actual performance.

© Proactive 2019



Coding

Record the resident's actual performance in making everyday decisions about tasks or activities of daily living. Enter one number that corresponds to the most correct response.

- **Code 0, Independent:** if the resident's decisions in organizing daily routine & making decision were consistent, reasonable and organized reflecting lifestyle, culture, values
- **Code 1, modified Independence:** if the resident organized daily routine & made safe decisions in familiar situations, but experienced some difficulty in decision making when faced with new tasks or situations
- **Code 2, moderately impaired:** if the resident's decisions were poor, the resident required reminders, cues, and supervision in planning, organizing, and correcting daily routines
- **Code 3, severely impaired:** if the resident's decision making was severely impaired; the resident never (or rarely) made decisions

© Proactive 2019



Practice Activity

Mr. C does not generally make conversation or make her needs known, but replies, "yes" when asked if she would like to go take a nap.

Coding: Item C1000 would be coded **3, severe impairment**

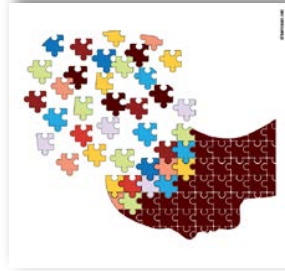
© Proactive 2019



C1310: Signs and Symptoms of Delirium

Delirium:

A mental disturbance characterized by new or acutely worsened confusion, disordered expression of thoughts, change in level of consciousness or hallucinations.



© Proactive 2019



Cognitive Level Determination

Derived from: MDS items

- **B0100** Comatose
- **GG0130A1, C1; GG0170B1, C1, D1, E1, F1** Completely dependent or activity did not occur
- **C1000** Cognitive skills for daily decision making
- **B0700** Makes self understood
- **C0700** Memory problem

© Proactive 2019



Cognitive Level Determination

- A. The resident classifies as **severely impaired** if one of the following conditions exists:
- Comatose (B0100 = 1) AND completely dependent or activity did not occur (GG0130 A1, C1; GG0170 B1, C1, D1, E1, F) OR
 - Severely impaired cognitive skills for daily decision making (C1000 = 3)
- B. If the resident is not severely impaired based on step A, determine the resident's Basic Impairment Count and Severe Impairment Count

Basic Impairment Count	Severe Impairment Count
For each of the conditions below that applies, add one to the Basic Impairment Count	For each of the conditions below that applies, add one to the Severe Impairment count
C1000 = 1 or 2	C1000 = 2
B0700 = 1, 2, or 3	B0700 = 2 or 3
C0700 = 1	

PROACTIVE
MEDICAL REVIEW

Cognitive Level Determination (cont.)

- The resident classifies as **moderately impaired** if the Severe Impairment Count is 1 or 2 and the Basic Impairment Count is 2 or 3.
- The resident classifies as **mildly impaired** if the Basic Impairment Count is 1 and the Severe Impairment Count is 0, 1, or 2, or if the Basic Impairment Count is 2 or 3 and the Severe Impairment Count is 0.
- The resident classifies as **cognitively intact** if both the Severe Impairment Count and Basic Impairment Count are 0.

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

SNF Primary Diagnosis	Clinical Category	PT Rate	OT Rate	SLP Rate	NTA Rate	Nursing Rate	Non-Case Mix Rate	Total Unadjusted Rate
Sepsis, unspecified organism (A41.9)	Acute Infections	\$92.34	\$87.09	\$15.42	\$106.28	\$69.91	\$94.84	\$465.88
Sepsis, unspecified organism (A41.9)	Acute Infections	\$92.34	\$87.09	\$33.11	\$106.28	\$69.91	\$94.84	\$483.57

Patient admitted to hospital with diagnosis of sepsis. During hospital stay received IV diuretics and is coming to SNF for skilled PT/OT and condition management.

Top row: BIMS Score = 13; Regular diet; No SLP related comorbidities; PT/OT GG Function Score - 20; Nursing GG Function Score - 16; NTA Score = 5

Bottom row: BIMS Score = 12; Regular diet; No SLP related comorbidities; PT/OT GG Function Score - 20; Nursing GG Function Score - 16; NTA Score = 5

PROACTIVE
MEDICAL REVIEW

References

Resident Assessment Instrument (RAI) Manual (v1.17)

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQuality/Downloads/MDS-30-RAI-Manual-v117_October-2019.zip

PDPM Technical Report

<https://www.cms.gov/Medicare/Medicare-Fee-for-service-payment/SNFPSP/therapyresearch.html>

PDPM Provider Impact Analysis Based on FY2017 Actual Claims

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/therapyresearch.html

© Proactive 2019

PROACTIVE
MEDICAL REVIEW

LINK TO VIDEO: <https://drive.google.com/drive/folders/1zUfKUZgNgyszd8qRx4UrUyqFdhiO1pve>

Q: Should the Brief Interview for Mental Status have been conducted?

.

Q: When should the BIMS be conducted?

Q: What if the interview wasn't conducted during the look-back period?

Q: After the resident attempted to repeat the three words in item C0200 should the interviewer have moved on to the next question?

Q: Were there any signs of delirium behaviors during the interview?

Q: What score on the BIMS affects the ST component under PDPM?

Answer Key

LINK TO VIDEO:

Q: Should the Brief Interview for Mental Status have been conducted?

A: Yes, the resident was able to be understood and an interpreter was not needed. For this reason, the interviewer continued to C0200, repetition of 3 words.

Q: When should the BIMS be conducted?

A: During the look-back period of the ARD (preferably the day before of the day of). The attempt should not be contingent upon item B0700, makes self-understood.

Q: What if the interview wasn't conducted during the look-back period?

A: Item C0100 must be coded 1, yes, and the standard no information code (a dash "-") is entered in the resident interview items. Do not complete the Staff Assessment for Mental Status Items (C0700-C1000) if the resident interview should have been completed but was not done.

Q: After the resident attempted to repeat the three words in item C0200 should the interviewer have moved on to the next question?

A: No, after the resident's first attempt, repeat the words using category cues ("sock something to wear, blue, a color, bed a piece of furniture")

Q: Were there any signs of delirium behaviors during the interview?

A: Reference C1310 of the RAI – The interviewer observed for delirium behaviors during the interview, reviewed the medical record documentation during the 7-day look-back period and did not note any fluctuations in behaviors that were not observed during the BIMS. Resident family also agreed with this finding.

Q: What score on the BIMS affects the ST component under PDPM?

A: Acumen found that SLP costs per day nearly doubled in residents with cognitive impairment. For that reason, cognitive impairment is a variable included in the SLP case mix. Mild to severe cognitive impairment is captured based on the BIMS if the resident is interviewable or the CFS if they are not. A BIMS score of 0-12 qualifies for cognitive impairment.

Coding Tips

- Attempt to conduct interview with ALL residents
- Conduct interview during the look-back period
- Interview is not contingent upon B0700 (makes self-understood)
- If interpreter is needed make every effort to provide one. If unable to obtain an interpreter code C0100 "0" and complete C0700-C1000 instead of C0200-C0500.
- If interview isn't conducted within the look-back period item C0100 must be coded "1" & "-" in interview items
- Do not complete Staff Assessment for Mental Status items (C0700-C1000) if interview should have been conducted but was not done
- *ONLY in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS. In this case, the assessor should enter 0, No in C0100: Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status.*

BIMS Basics

Directly ask the resident each item in C0200 through C0400 at one sitting and in the order provided.

If the resident chooses not to answer a particular item, accept the refusal and move on to the next question. For C0200 through C0400, code refusals as incorrect.

Interview Guidelines

- Introduce yourself; be sure the resident can hear you
- Ask whether the resident would like an interpreter
- Find a quiet, private area where you are not likely to be interrupted or overheard
- Sit face-to-face
- Establish rapport and respect
- Explain the purpose
- Say and show item response
- Ask the question as they appear
- Clarify with echoing
- Move on to another question if the resident is unable to answer

Incomplete Interview Guidelines

Conduct C0200 and C0300 with all residents attempting the interview

Stop the interview after C0300 if the resident chooses not to answer or provides nonsensical responses to 4+ BIMS items

Finish the interview if after C0300 the resident provides a relevant response to at least 1 question in C0200 or C0300

Written Introduction Card – BIMS – Items C0200 – C0400

I would like to ask you some questions, which I will show you in a moment.

- We ask everyone these same questions.
- This will help us provide you with better care.
- Some of the questions may seem very easy, while others may be more difficult.
- We ask these questions so that we can make sure that our care will meet your needs.

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Written Instruction Cards – Item C0200 – Repetition of Three Words

I have written 3 words for you to remember.

- Please read them.
- Then, I will remove the card and ask you repeat or write down the words as you remember them.

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Word Card – Item C0200

SOCK
BLUE
BED

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Category Cue Card – Item C0200

SOCK, something to wear.
BLUE, a color.
BED, a piece of furniture.

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Written Instruction Cards – Item C0300 – Temporal Orientation

Statement Card – C0300A - Year

**Please tell me
what year it is
right now.**

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Question Card – C0300B - Month

**What month are
we in right now?**

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Question Card – Item C0300C - Day

What day of the week is today?

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Written Instruction Card – Item C0400 - Recall

Let's go back to an earlier question.

What were those three words that I asked you to repeat?

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Category Cue Card – Item C0400A - Sock

Something to wear.

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Category Cue Card – Item C0400B - Blue

A color.

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Category Cue Card – Item C0400C - Bed

A piece of furniture.

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Written Introduction Card – BIMS – Items C0200 – C0400

I would like to ask you some questions, which I will show you in a moment.

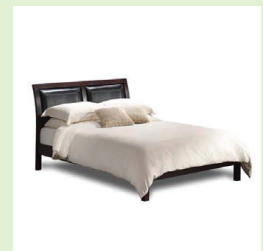
- We ask everyone these same questions.
- This will help us provide you with better care.
- Some of the questions may seem very easy, while others may be more difficult.
- We ask these questions so that we can make sure that our care will meet your needs.

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Written Instruction Cards – Item C0200 – Repetition of Three Words

I have written 3 words for you to remember.

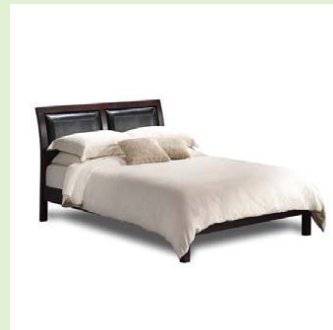
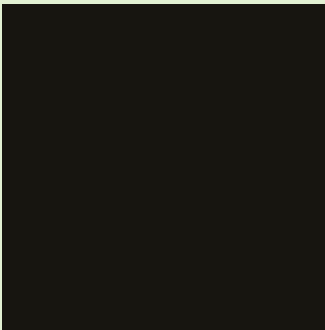
- Please read them.
- Then, I will remove the card and ask you repeat or write down the words as you remember them.
- The words/items are:



Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Word Card – Item C0200

Choose the Three words / items I just showed to you.



Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Statement Card – C0300A - Year

Please choose numbers to
make the year it is right now.

19	0	0	20	0	0
	1	1		1	1
	2	2		2	2
	3	3		3	3
	4	4		4	4
	5	5		5	5
	6	6		6	6
	7	7		7	7
	8	8		8	8
	9	9		9	9

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Question Card – C0300B - Month

What month are we in right now?

January

February

March

April

May

June

July

August

September

October

November

December

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Question Card – Item C0300C - Day

What day of the week is today?

Sunday

Saturday

Monday

Tuesday

Wednesday

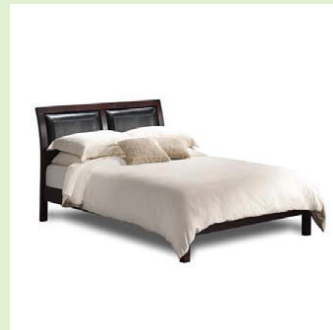
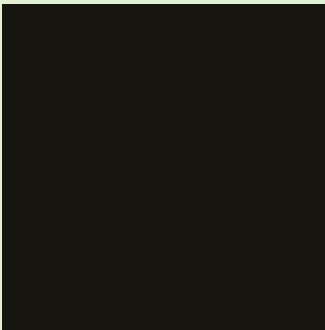
Thursday

Friday

Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Written Instruction Card – Item C0400 - Recall

Let's go back to an earlier question. What were those three words/items that I asked you to repeat?



Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Category Cue Card – Item C0400A - Sock

Something to wear.



Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Category Cue Card – Item C0400B - Blue

A color.



Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Category Cue Card – Item C0400C - Bed

A piece of furniture.



Source: CMS's RAI Version 3.0 Manual | Appendix E: PHQ9 | October 2019 | Appendix E-15

Staff Cognitive Assessment - Pre/Post-Test

Name: _____ Title: _____

Date: ____ / ____ / ____ Check one: ☐ Pre-Test ☐ Post-Test *A passing score of 80%*

1. **Interviewing guidelines include repeating response options and using category cues.**
 - a. True.
 - b. False
2. **If a resident chooses not to respond to a particular item, accept the refusal and code as incorrect.**
 - a. True.
 - b. False
3. **Which of the follow is/are true?**
 - a. Abrupt changes in cognition should be evaluated further.
 - b. Mood disorders may be associated with a decline in mental status
 - c. Awareness of impaired cognition is important to maintain a safe environment
 - d. All of the above
4. **Some residents may appear more cognitively intact than they actually are.**
 - a. True
 - b. False
5. **If the interview is incomplete, the BIMS summary score will be "0".**
 - a. True
 - b. False
6. **The BIMS is an opportunity to observe residents for signs & symptoms of delirium.**
 - a. True
 - b. False
7. **You do not need to attempt to conduct the interview with all residents.**
 - a. True
 - b. False
8. **All of the following are true except:**
 - a. The interview is not contingent upon B0700 (makes self-understood)
 - b. In certain circumstances, the BIMS may be administered in writing
 - c. Break up questions if necessary
9. **Mildly impaired cognition presents as a BIMS score of 8-12.**
 - a. True
 - b. False
10. **The BIMS should be conducted preferably one day prior to or on the ARD.**
 - a. True
 - b. False

Staff Cognitive Assessment - Pre/Post-Test

Name: _____ Title: _____

Date: ____ / ____ / ____ Check one: ☐ Pre-Test ☐ Post-Test *A passing score of 80%*

1. Interviewing guidelines include repeating response options and using category cues.
☒ a. True.
☐ b. False
2. If a resident chooses not to respond to a particular item, accept the refusal and code as incorrect.
☒ a. True.
☐ b. False
3. Which of the follow is/are true?
☐ a. Abrupt changes in cognition should be evaluated further.
☐ b. Mood disorders may be associated with a decline in mental status
☐ c. Awareness of impaired cognition is important to maintain a safe environment
☒ d. All of the above
4. Some residents may appear more cognitively intact than they actually are.
☒ a. True
☐ b. False
5. If the interview is incomplete, the BIMS summary score will be "0".
☐ a. True
☒ b. False
6. The BIMS is an opportunity to observe residents for signs & symptoms of delirium.
☒ a. True
☐ b. False
7. You do not need to attempt to conduct the interview with all residents.
☐ a. True
☒ b. False
8. All of the following are true except:
☐ a. The interview is not contingent upon B0700 (makes self-understood)
☐ b. In certain circumstances, the BIMS may be administered in writing
☒ c. Break up questions if necessary
9. Mildly impaired cognition presents as a BIMS score of 8-12.
☒ a. True
☐ b. False
10. The BIMS should be conducted preferably one day prior to or on the ARD.
☒ a. True
☐ b. False

Instructions: Indicate the level of staff competency in conducting the BIMS by checking the appropriate response: S= Satisfactory, U=Unsatisfactory

#	Competency Item	S	U
Conducting the BIMS			
1	Interviewer is able to voice that: ☐ The BIMS should be attempted with ALL residents ☐ The interview is conducted during the look-back period of the ARD (preferably the day before or the day of the ARD) ☐ When the resident's primary method of communication is in written format, the BIMS can be administered in writing		
2	Interviewer interacts with the resident using his/her preferred language		
3	Interviewer assures the resident can hear him/her and has access to preferred method for communication		
4	Interviewer offers alternatives such as writing, pointing, sign language, or cue cards if the resident appears unable to communicate		
5	Interviewer determines if the resident is rarely/never understood verbally, in writing, or using another method		
6	Interviewer reviews Language item (A1100), to determine if the resident needs or wants an interpreter ☐ If so, completes the interview with an interpreter		
7	If the interview should not be conducted because the resident is rarely/never understood; cannot respond verbally, in writing, or using another method; or an interpreter is needed but not available, interviewer skips to the Staff Assessment of Mental Status (C0700)		
8	Interviewer conducts the interview in a private setting		
9	Interviewer sits so that the resident can see his/her face and minimizes glare by directing light sources away from the resident's face		
10	Interviewer gives an introduction before starting the interview ☐ Suggested language: "I would like to ask you some questions. We ask everyone these same questions. This will help us provide you with better care. Some of the questions may seem very easy, while others may be more difficult."		
11	Interviewer directly asks the resident each item in C0200 through C0400 at one sitting and in the order provided		

12	If the resident chooses not to answer a particular item, interviewer accepts the resident's refusal and moves on to the next question ☐ Codes refusals as incorrect		
13	Interview codes nonsensical responses as zero		
14	When assessing Repetition of Three Words (C0200), interviewer: ☐ Uses the category cues as indicated ☐ If the resident repeats two or fewer words, repeats the words and category cues up to two more times ☐ Scores the number of repeated words from the first attempt only		
15	When assessing Temporal Orientation (C0300), interviewer: ☐ Asks the resident each of the 3 questions separately ☐ Allows the resident up to 30 seconds for each answer and does not provide clues		
16	Interviewer stops the interview after completing "Day of Week" (C0300C) if: ☐ 1. All responses have been nonsensical, OR ☐ 2. There has been no verbal or written response to any of the questions up to this point, OR ☐ 3. There has been no verbal or written response to some questions up to this point and for all others, the resident has given a nonsensical response		
17	When assessing Recall (C0400), interviewer: ☐ Allows up to 5 seconds for spontaneous recall of each word ☐ For any word that is not correctly recalled after 5 seconds, provides a category cue • Allows up to 5 seconds after category cueing for each missed word to be recalled		
18	Interviewer does not add up summary score while interviewing; instead, focuses full attention on the interview		

Comments:

Staff Name: _____ Date _____ Competency Monitor _____