SNF Virtual Training Program – Part 1

Section C: Changes to Cognitive Patterns Guidance

Charlotte Steniger, RN, MSN, COS-C

May 2023

Objectives

- Identify the new and revised guidance in Section C that is effective October 1, 2023.

- Reinforce understanding of the Section C data elements and guidance.
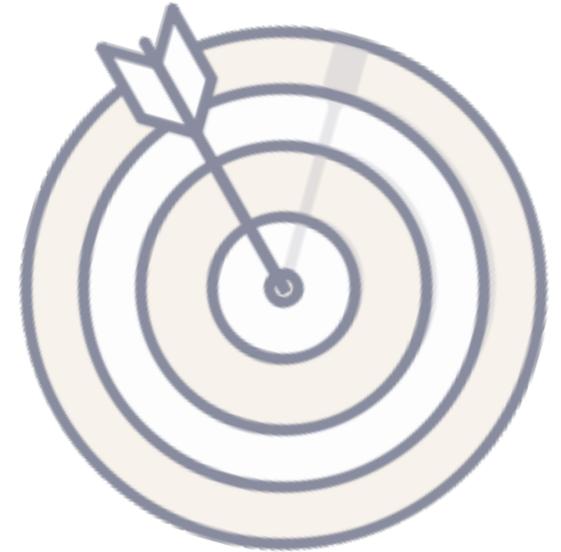
General Changes to Section C

For Section C: Cognitive Patterns, found in the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual v1.18.11:

- No new items were added to this section.

- Changes and updates were made to cross-setting data element guidance promoting alignment with other post-acute care (PAC) care settings.

Section C: Intent

The items in this section are intended to determine the resident's attention, orientation, and ability to register and recall new information and whether the resident has signs and symptoms of delirium. These items are crucial factors in many care-planning decisions.

C0100

Should Brief Interview for Mental Status (C0200–C0500) Be Conducted?

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

C0100: Item Rationale

Health-Related Quality of Life

- Most residents are able to attempt the Brief Interview for Mental Status (BIMS), a structured cognitive interview.

- A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance.

  - Without an attempted structured cognitive interview, a resident might be mislabeled based on their appearance or assumed diagnosis.

  - Structured interviews will efficiently provide insight into the resident's current condition that will enhance good care.

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) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
- 1.   **Yes** → Continue to C0200, Repetition of Three Words

C0100: Steps for Assessment

REVISED

1. Interact with the resident using their preferred language (See A1110). Be sure they can hear you and/or have access to their preferred method for communication. If the resident needs or requires an interpreter, complete the interview with an interpreter. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.

2. Determine if the resident is rarely/never understood verbally, in writing, or using another method.

   - If rarely/never understood, skip to C0600, Should the Staff Assessment for Mental Status be Conducted? unless the assessment being completed is a standalone Part A Prospective Payment System (PPS) Discharge; if that is the case, then skip to C1310. Signs and Symptoms of Delirium.

C0100: Coding Instructions and Tips

REVISED

Coding Instructions:

Instructions to skip/proceed to the next data element were removed.

Coding Tip Update:

If the resident needs an interpreter, including a resident who uses American Sign Language (ASL), every effort should be made to have an interpreter present for the BIMS. If it is not possible for a needed interpreter to participate on the day of the interview, code C0100 = 0 to indicate interview not attempted and complete C0600–C1000, Staff Assessment for Mental Status.

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

C0200–C0500

Brief Interview for Mental Status (BIMS)

C0200–C0500: Brief Interview for Mental Status (BIMS)

Brief Interview for Mental Status (BIMS)

C0200. **Repetition of Three Words**

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."*

Enter Code ☐

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)

Ask resident: *"Please tell me what year it is right now."*

Enter Code ☐

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**

Ask resident: *"What month are we in right now?"*

Enter Code ☐

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**

Ask resident: *"What day of the week is today?"*

Enter Code ☐

C. **Able to report correct day of the week**
- 0. **Incorrect** or no answer
- 1. **Correct**

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.

Enter Code ☐

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**

C0500. **BIMS Summary Score**

Enter Code ☐☐

Add scores for questions C0200-C0400 and fill in total score (00-15)
Enter 99 if the resident was unable to complete the interview

- The BIMS and BIMS Summary Score data elements were unchanged.
- Guidance revisions and updates were made for the following:
  - Item Rationale.
  - Steps for Assessment.
  - Coding Instructions.
  - Coding Tips.

C0200–C0500: BIMS Item Rationale, Planning for Care

A resident's performance on cognitive tests can be compared over time.

- An abrupt change in cognitive status may indicate delirium and may be the only indication of a potentially life-threatening illness.

- If performance worsens, then an assessment for delirium and/or depression should be considered, as a decline in mental status may also be associated with a mood disorder.

C0200–C0500: BIMS Steps for Assessment

Basic Interview Instructions for BIMS (C0200–C0500):

Steps 1–2 and 4–8 remain unchanged (except for updates to gender-neutral language).

Revised Guidance:

Step 3. Conduct the interview in a private setting, if possible.

Step 9. If the resident chooses not to answer a particular item, accept their refusal and move on to the next questions. For C0200 through C0400, code refusals as incorrect/no answer or could not recall.

C0200–C0500: BIMS General Coding Tips

If the interviewer is unable to articulate or pronounce any cognitive interview items clearly, for any reason (e.g., accent or speech impairment), have a different staff member conduct the BIMS.

Cue Cards for the BIMS in Writing
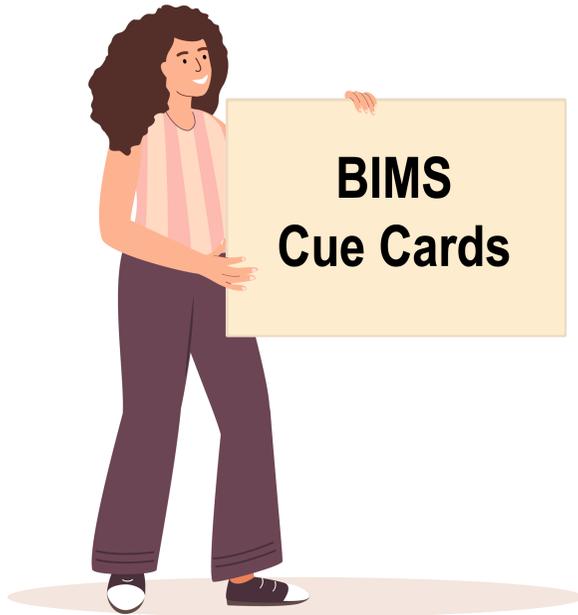
BIMS
Cue Cards

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 only this circumstance.

- CMS will be offering a set of cue cards to assist providers in administering the BIMS in a written format. These will be made available in accordance with the go live date for the MDS 3.0 RAI v.1.18.11.

Visit the SNF QRP Training webpage to find these cue cards when they become available: Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training | CMS

Definition: Complete Interview

NEW

Complete Interview

The BIMS is considered complete if the resident attempted and provided relevant answers to at least four of the questions included in C0200–C0400C.

Relevant answers do not have to be correct but do need to be related to the question that was asked.

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

C0200–C0500: Response Code 0

CODING TIPS

NEW

- Code 0 is used to represent three types of responses:
  - Incorrect answers (unless the item itself provides an alternative response code).
  - Nonsensical responses.
  - Questions the resident chooses not to answer (or "refusals").

- Since zeros resulting from these three situations are treated differently when coding the BIMS Summary Score in C0500, the interviewer may find it valuable to track the reason for each 0 response to aid in accurately calculating the summary score.

Stopping the BIMS: Incomplete Interview

Stop the interview after completing (C0300C) "Day of the Week" if:

- All responses up to this point have been nonsensical (i.e., any response that is unrelated, incomprehensible, or incoherent; not informative with respect to the item being rated).

  OR

- There has been no verbal or written response to any of the questions up to this point.

  OR

- 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.

Coding the Incomplete BIMS Interview
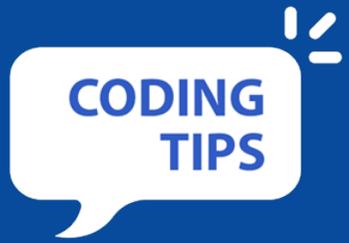
If the interview is stopped, do the following:

1. Code (-), **dash** in C0400A, C0400B, and C0400C.

2. Code **99** in the BIMS Summary Score (C0500), and if the assessment being completed is a standalone Part A PPS Discharge, continue to C1310. Signs and Symptoms of Delirium. Otherwise, proceed to Step 3.

3. Code **1. Yes,** in **C0600. Should the Staff Assessment for Mental Status be Conducted?**

4. Complete the **Staff Assessment for Mental Status**.

> **Note:** If all responses to C0300A, C0300B, and C0300C are coded 0 because answers are incorrect, continue interview.

C0200–C0500

Updates and Revisions to the BIMS

C0200. Repetition of Three Words – Item Rationale

REVISED

Health-Related Quality of Life

The inability to repeat three words on first attempt may indicate:

- A memory impairment.
- A hearing impairment.
- A language barrier, or
- Inattention that may be a sign of delirium or another health issue.

C0200.	Repetition of Three Words
	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."*
Enter Code ☐	**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 – Item Rationale

REVISED

Planning for Care

- If staff know that a resident has a problem with orientation, they can provide reorientation aids and verbal reminders that may reduce anxiety and encourage resident participation in activities.

- Reorienting those who are disoriented or at risk of disorientation may be useful in treating symptoms of delirium and cognitive problems associated with other medical conditions.

- Residents who are not oriented may need further assessment for delirium, especially if this fluctuates or is recent in onset.

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?"* **C. Able to report correct day of the week** 0. **Incorrect** or no answer 1. **Correct**

C0300. Temporal Orientation – Coding Response 0

REVISED

The coding response option 0 was revised for each of the temporal orientation data elements to account for a resident who may respond nonsensically.

C0300A. Able to Report Correct Year

- **Code 0, Missed by >5 years or no answer**: if the resident's answer is incorrect and is greater than 5 years from the current year or the resident chooses not to respond, or the answer is nonsensical.

C0300B. Able to Report Correct Month

- **Code 0, Missed by >1 month or no answer**: if the resident's answer is incorrect by more than 1 month or if the resident chooses not to answer the item, or the answer is nonsensical.

C0300C. Able to Report Correct Day of the Week

- **Code 0, Incorrect, or no answer**: if the answer is incorrect or the resident chooses not to answer the item, or the answer is nonsensical.

C0500. BIMS Summary Score – Coding Instructions

Code 99, Unable to complete interview if:

a) The resident chooses not to participate in the BIMS.

b) Four or more items were coded 0 because the resident chose not to answer or gave a nonsensical response, or

c) Any of the BIMS items is coded with a dash (-).

C0500.	BIMS Summary Score
Enter Code	**Add scores** for questions C0200-C0400 and fill in total score (00-15)
	Enter 99 if the resident was unable to complete the interview

NOTE: A 0 score does not mean the BIMS was incomplete. For the BIMS to be incomplete, a resident must choose not to answer or must give completely unrelated, nonsensical responses to four or more items. If one or more of the 0s in C0200–C0300 are due to incorrect answers, the interview should continue.

C1310

Signs and Symptoms of Delirium
(from CAM©)

C1310. Signs and Symptoms of Delirium (from CAM©)

Delirium

C1310.   Signs and Symptoms of Delirium (from CAM©)

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

A. Acute Onset Mental Status Change

Enter Code ☐ **Is there evidence of an acute change in mental status** from the resident's baseline?
   0.   **No**
   1.   **Yes**

Coding:
   0.   **Behavior not present**
   1.   **Behavior continuously present, does not fluctuate**
   2.   **Behavior present, fluctuates** (comes and goes, changes in severity)

Enter Codes in Boxes ↓

☐ B.   **Inattention** - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

☐ C.   **Disorganized Thinking** - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

☐ D.   **Altered Level of Consciousness** - Did the resident have altered level of consciousness, as indicated by any of the following criteria?
   ■   **vigilant** - startled easily to any sound or touch
   ■   **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch
   ■   **stuporous** - very difficult to arouse and keep aroused for the interview
   ■   **comatose** - could not be aroused

Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

- The C1310 data element remains unchanged.

- Revisions were made to the Steps for Assessment and Coding Instructions.

- New Coding Tips were added.

C1310: Steps for Assessment

Unchanged Guidance:

Steps for Assessment 1–3.

Revised Guidance:

Step 4. Observe the resident's behavior during interactions and consult with other staff, family members/caregivers, and others in a position to observe the resident's behavior during the 7-day look-back period.

C1310A. Acute Onset Mental Status Change – Coding Instructions

REVISED

Revised Coding Instructions:

- **Code 0. No** if there is no evidence of acute mental status change from the patient's baseline.

- **Code 1. Yes** if resident has an alteration in mental status observed in the observation period that represents an acute change from baseline.

A. Acute Onset Mental Status Change

Enter Code

Is there evidence of an acute change in mental status from the resident's baseline?
0. No
1. Yes

C1310A: Coding Tips

CODING TIPS

Examples of acute mental status changes include the following:

- A resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.

- A resident who is normally quiet and content suddenly becomes restless or noisy.

- A resident who is usually able to find their way around their living environment begins to get lost.

Summary

- There are no new items in Section C.

- Section C contains guidance updates and revisions to align these data elements with other PAC settings.

  - Revisions have clarified item rationales, steps for assessment, and coding instructions for the BIMS and the CAM.

  - New coding tips were added to:

    o Clarify the use of Code 0 for the BIMS.

    o Provide examples of acute changes in mental status for the CAM.

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

Submitting Questions

If you have questions about this presentation, please submit them to PACTraining@EconometricaInc.com by June 2, 2023.

Select questions will be answered in Q&A sessions offered during the June 2023 virtual live event.