



# IRF and LTCH Virtual Training Program – Part 1

## Section C: Cognitive Patterns

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# Objectives

- Demonstrate an understanding of the standardized patient assessment data elements identified in Section C. Cognitive Patterns.
- Describe the intent, coding instructions, and definitions for the Section C items.



# Section C

## Cognitive Patterns

# General Revisions to Section C for IRF



- Changes to the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI):
  - Created Discharge Item for C0100. Should Brief Interview for Mental Status (C0200–C0500) Be Conducted?
  - Clarified guidance for:
    - C0100. Should Brief Interview for Mental Status (C0200–C0500) Be Conducted?
    - C0200–C0500. Brief Interview for Mental Status (BIMS).
    - C0600. Should the Staff Assessment for Mental Status (C0900) be Conducted?
    - C0900. Memory/Recall Ability.
  - New Item: C1310. Signs and Symptoms of Delirium (from CAM®).

# General Revisions to Section C for LTCH



- Changes to the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE).
  - New Item: C0100. Should Brief Interview for Mental Status (C0200–C0500) be Conducted?
  - New Item: C0200–C0500. Brief Interview for Mental Status (BIMS).
  - Replaced C1610 with C1310. Signs and Symptoms of Delirium (from CAM®).

# Section C: Intent



The intent of items in Section C. Cognitive Patterns is to determine the patient's attention, orientation, and ability to register and recall new information, and if the patient has signs and symptoms of delirium.

# C0100

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



# C0100. Should Brief Interview for Mental Status (C0200–C0500) be Conducted?



<b>C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?</b> (3-day assessment period) Attempt to conduct interview with all patients.	
Enter Code <input type="text"/>	<p>0. <b>No</b> (patient is rarely/never understood) → <i>Skip to C0900, Memory/Recall Ability</i></p> <p>1. <b>Yes</b> → <i>Continue to C0200, Repetition of Three Words</i></p>



# C0100: Item Rationale



- This item identifies if the Brief Interview for Mental Status (BIMS) will be attempted.
  - The BIMS is a structured cognitive interview.
  - Most patients are able to attempt the BIMS.
- A structured cognitive test is more accurate and reliable than observation alone for evaluating cognitive performance.
  - Helps prevent mislabeling a patient based on appearance.
  - Enhances care by providing insight into a patient's current condition.

# C0100: Steps for Assessment



1. Interact with the patient using their preferred language.
  - Be sure the patient can hear you.
  - Provide access to their preferred method of communication.
  - If the patient is unable to communicate, offer alternatives (e.g., writing, pointing, sign language, cue cards).
2. Determine if the patient is rarely/never understood verbally, in writing, or using another method.
  - If rarely/never understood, skip items C0200–C0500, Brief Interview for Mental Status (BIMS). to C0900, Memory/Recall Ability.

# C0100: Coding Instructions



## For IRF and LTCH:

- Complete the assessment as close to the time of admission or discharge as possible.
- Record whether the cognitive interview should be attempted with the patient.

## For LTCH:

- Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.



# C0100: Coding Instructions (cont.)



- **Code 0. No**, if the interview should not be attempted conducted because:
  - The patient is rarely/never understood.
  - The patient cannot respond verbally, in writing, or using another method.
  - An interpreter is needed but not available.
    - Skip items C0200–C0500. Brief Interview for Mental Status (BIMS).
- **Code 1. Yes**, if the interview should be attempted conducted because:
  - The patient can be sometimes understood verbally, in writing, or using another method and an interpreter is available, if needed.
    - Proceed to C0200. Repetition of Three Words.

## CODING TIPS

Attempt to conduct the interview with ALL patients.

**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	
Enter Code	<p>Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: <b>sock, blue and bed</b>. Now tell me the three words."</p> <p><b>Number of words repeated after first attempt</b></p> <p>3. <b>Three</b> 2. <b>Two</b> 1. <b>One</b> 0. <b>None</b></p> <p>After the patient'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.</p>
C0300. Temporal Orientation (orientation to year, month, and day)	
Enter Code	<p>Ask patient: "Please tell me what year it is right now."</p> <p><b>A. Able to report correct year</b></p> <p>3. <b>Correct</b> 2. <b>Missed by 1 year</b> 1. <b>Missed by 2 - 5 years</b> 0. <b>Missed by &gt; 5 years</b> or no answer</p>
Enter Code	<p>Ask patient: "What month are we in right now?"</p> <p><b>B. Able to report correct month</b></p> <p>2. <b>Accurate within 5 days</b> 1. <b>Missed by 6 days to 1 month</b> 0. <b>Missed by &gt; 1 month</b> or no answer</p>
Enter Code	<p>Ask patient: "What day of the week is today?"</p> <p><b>C. Able to report correct day of the week</b></p> <p>1. <b>Correct</b> 0. <b>Incorrect</b> or no answer</p>
C0400. Recall	
Enter Code	<p>Ask patient: "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.</p> <p><b>A. Able to recall "sock"</b></p> <p>2. <b>Yes, no cue required</b> 1. <b>Yes, after cueing</b> ("something to wear") 0. <b>No</b> - could not recall</p>
Enter Code	<p><b>B. Able to recall "blue"</b></p> <p>2. <b>Yes, no cue required</b> 1. <b>Yes, after cueing</b> ("a color") 0. <b>No</b> - could not recall</p>
Enter Code	<p><b>C. Able to recall "bed"</b></p> <p>2. <b>Yes, no cue required</b> 1. <b>Yes, after cueing</b> ("a piece of furniture") 0. <b>No</b> - could not recall</p>

- The BIMS is comprised of four sections:
  - C0200. Repetition of Three Words.
  - C0300. Temporal Orientation.
  - C0400. Recall.
  - C0500. BIMS Summary Score.

## Brief Interview for Mental Status (BIMS) – Continued

### C0500. BIMS Summary Score

Enter Score	<b>Add scores for questions C0200-C0400 and fill in total score (00-15)</b> <b>Enter 99 if the patient was unable to complete the interview</b>

# C0200–C0500: BIMS Item Rationale



- Direct or performance-based testing of cognitive function decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium.
- Cognitively intact patients may appear to be cognitively impaired because of a language barrier, hearing impairment, or lack of social interaction.



# C0200–C0500: BIMS Item Rationale (cont.)

- Some patients may appear to be more cognitively intact than they actually are.
- If cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities, and therapies may not be offered.



Note for IRF: Item rationale was refined to enhance clarity.



# C0200–C0500: BIMS Steps for Assessment



## Basic Interview Instructions for BIMS (C0200–C0500):

1. Refer to Supplement B for a review of basic approaches to effective interviewing techniques.
2. Interview any patient not screened out by item *C0100. Should Brief Interview for Mental Status be Conducted?*
3. Conduct the interview in a private setting, *if possible*.
4. Be sure the patient can hear you.
  - Patients with a hearing impairment should be tested using their usual communication devices/techniques, as applicable.
  - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
  - Minimize background noise.

# C0200–C0500: BIMS Steps for Assessment (cont. 1)



5. Sit so that the patient can see your face.
  - Minimize glare by directing light sources away from the patient's face.
6. Provide 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."*

# C0200–C0500: BIMS Steps for Assessment (cont. 2)



7. If the patient expresses concern that you are testing their memory, reply: *“We ask these questions of everyone so we can make sure that our care will meet your needs.”*
8. Directly ask the patient each item in C0200 through C0400 in one sitting and in the order provided.
9. If the patient chooses not to answer an item, ~~or the patient provides nonsensical responses~~ accept their refusal and move on to the next question.
  - For C0200–C0400, code refusals as incorrect/**no answer** or could not recall.

# C0200–C0500: General Coding Instructions



## New for IRF and LTCH:

- Complete the assessment as close to the time of admission or discharge as possible.

## New for LTCH:

- Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.
- Preferably during the first 3 days for admission.

Specific coding instructions for each individual item within the BIMS will be reviewed later in the presentation.

# C0200–C0500: General Coding Tips



- If a staff member is unable to articulate or pronounce any of the cognitive interview items clearly, for any reason (e.g., accent or speech impairment), have a different staff member conduct the BIMS.
- Nonsensical responses, **incorrect answers, and questions the patient chooses not to answer** should be coded as zero.
  - The interviewer should track the reason for coding answers as zero, as this information will be used later for coding the summary score in C0500. BIMS Summary Score.



# C0200–C0500: Definitions



## Nonsensical Response

- Any response that is unrelated, incomprehensible, or incoherent, and is not informative with respect to the item being rated.



## Complete Interview

- The BIMS interview is considered complete if the patient 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.





# Stopping the BIMS Before It Is Complete



- Stop the interview after completing C0300C, “Day of the Week,” if:
  - Responses to ~~C0300A, C0300B, and C0300C~~ all items 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 questions up to this point, OR
  - There has been no verbal or written responses to some questions up to this point, and for all others, the patient has given a nonsensical response.

# Coding the Incomplete BIMS Interview



- If the interview is stopped:
  - Code “–” (dash) in C0400A, C0400B, and C0400C.
  - Code “99” in the summary score in C0500. BIMS Summary Score.
- **For IRF only, if the interview is stopped:**
  - Code 1. Yes, in C0600. Should the Staff Assessment for Mental Status (C0900) Be Conducted?
  - Complete the Staff Assessment for Mental Status.

# C0200–C0500: Coding Tips



- When staff identify that the patient's primary method of communication is in written format, the BIMS can be administered in writing.
  - Consult Supplement A in your setting-specific guidance manual for details on how to administer the BIMS in writing.
- If all responses to C0200, C0300A, C0300B, and C0300C are "0" because answers are incorrect, continue the interview.



# Incorrect Answers, Refusals, and Nonsensical Responses



- 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 patient chooses not to answer (or “refusals”).
- Zeros resulting from these three situations are treated differently when coding the summary score in C0500.
- The interviewer may find it valuable to track the reason for the zero response to assist in accurately calculating the summary score in C0500.



# Example of an Incorrect Answer



- The interviewer asks the patient to state the year. The patient responds that it is “1935.” This answer is incorrect but related to the question.
  - **Coding:** The answer is coded **0. Incorrect**, but would NOT be considered a nonsensical response.
  - **Rationale:** The answer is wrong, but it is logical and relates to the question.

# Example of a Refusal



- The interviewer asks the patient to state the year. The patient responds, “*What difference does the year make when you’re as old as I am?*” The interviewer repeats the question and the patient shrugs.
  - **Coding:** The answer is coded **0. Incorrect**, but would NOT be considered a nonsensical response.
  - **Rationale:** The answer is wrong because refusal is considered a wrong answer, but the patient’s comment is logical and related to the question.

# Example of a Nonsensical Response



- The interviewer asks the patient to name the day of the week. The patient responds, “*Sharon is my daughter.*” The interviewer asks the patient the question again to confirm that the patient is not hearing the question incorrectly. The patient answers with the same response.
  - **Coding:** The answer is coded **0. Incorrect**; the response is illogical and nonsensical.
  - **Rationale:** The answer is wrong, and the patient’s comment clearly does not relate to the question; it is nonsensical.



**C0200**

# Repetition of Three Words

# C0200. Repetition of Three Words



## Brief Interview for Mental Status (BIMS)

### C0200. Repetition of Three Words

Ask patient: "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 patient's first attempt, repeat the words up to two more times.



## Brief Interview for Mental Status (BIMS)

### C0200. Repetition of Three Words

Ask patient: "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

- 3. Three
- 2. Two
- 1. One
- 0. None

After the patient'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.

- The LTCH CARE Data Set (LCDS) represents the coding options from 0 to 3.
- Please note that the codes on the IRF-PAI for this item are listed in reverse order.

# C0200: Item Rationale



- The inability to repeat three words on the first attempt may indicate:
  - A memory impairment.
  - A hearing impairment.
  - A language barrier.
  - Inattention that may be a sign of delirium or another health issue.

# C0200: Steps for Assessment



## 1. Say to the patient:

*“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.”*

- Interviewers need to use the words and related category cues as indicated.
- If the interview is being conducted with an interpreter present, the interpreter should use the equivalent words and similar, relevant prompts for category cues.

In addition, use the Basic BIMS Interview Instructions, discussed earlier in this presentation and located in your guidance manual.

# C0200: Steps for Assessment (cont. 1)

2. Immediately after presenting the three words, say to the patient, *“Now please tell me the three words”*.
3. After the patient’s first attempt to repeat the items:
  - If the patient correctly stated all three words, say, *“That’s right, the words are sock, something to wear; blue, a color; and bed, a piece of furniture”* (stating the category cues).
  - Category cues serve as a hint that helps prompt the patient’s recall ability.
    - Putting words in context stimulates learning and fosters memory of the words that the patient will be asked to recall later in item C0400. Recall.



## Category Cue:

Phrase that puts a word in context to help with learning and to serve as a hint that helps prompt the patient. The category cue for sock is “something to wear.” The category cue for blue is “a color.” For bed, the category cue is “a piece of furniture.”

# C0200: Steps for Assessment (cont. 2)



- If the patient recalled two or fewer words, code **C0200**.  
**Repetition of Three Words** according to the recall on this first attempt.
  - Next, say to the patient, *“Let me say the three words again. They are sock, something to wear; blue, a color; and bed, a piece of furniture. Now tell me the three words”*.
  - If the patient still does not recall all three words correctly, you may repeat the words and category cues one more time.



# C0200: Steps for Assessment (cont. 3)



4. If the patient does not repeat all three words after three attempts, re-assess their ability to hear.
  - If the patient can hear, move on to the next question.
  - If the patient is unable to hear, attempt to maximize hearing (e.g., alter environment, use hearing amplifier) before proceeding.





# C0200: Coding Instructions



- Record the maximum number of words that the patient correctly repeated on the **first** attempt.
  - This will be any number between 0 and 3.
- The words may be recalled in any order and in any context.
  - For example, if the words are repeated back in a sentence, they would be counted as repeating the words.
- Do not score the number of repeated words on the second or third attempt.
- Do not record the number of attempts the patient needed to complete.

A patient's 2<sup>nd</sup> and 3<sup>rd</sup> attempt to recall the words help with learning the item, so only the number of correctly recalled words on the **first attempt** should go into the total score.

# C0200: Coding Instructions (cont.)




- **Code 3. Three**, if the patient repeated all 3 words on the first attempt.
- **Code 2. Two**, if the patient repeated only 2 of the 3 words on the first attempt.
- **Code 1. One**, if the patient repeated only 1 of the 3 words on the first attempt.
- **Code 0. None**, if the patient did not repeat any of the 3 words on the first attempt.

**C0300**


# Temporal Orientation

## (Orientation to Year, Month, and Day)

# C0300. Temporal Orientation

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

The LCDS represents the coding options from 0 to 3.

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

Please note that the codes on the IRF-PAI for this item are listed in reverse order.

# C0300. Temporal Orientation – Item Rationale

- A lack of temporal orientation may lead to decreased communication or participation in activities.
- Not being oriented may be frustrating or frightening.



Note for IRF: Item rationale was refined to enhance clarity.

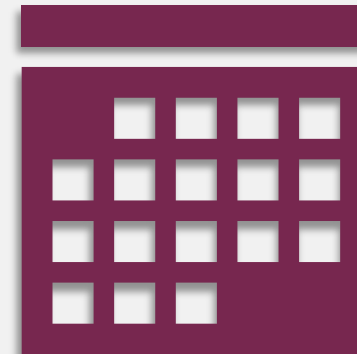


# C0300. Temporal Orientation – Definition



## Temporal Orientation

- In general, the ability to place oneself in correct time.
- For the BIMS, it is the ability to indicate the correct date in current surroundings.





# C0300. Temporal Orientation – Steps for Assessment



In addition, use the Basic BIMS Interview Instructions, discussed earlier in this presentation and located in your guidance manual.

1. Ask the patient each of the 3 questions in Item C0300 separately.
2. Allow the patient up to 30 seconds for each answer, and do not provide clues.
3. If the patient specifically asks for clues (e.g., “*Is it bingo day?*”), respond by saying:  
  
*“I need to know if you can answer this question without any help from me.”*

# C0300A. Able to Report Correct Year – Coding Instructions



Ask patient:  
*“Please tell me what year is it right now.”*

- **Code 3. Correct**, if the patient states the correct year.
- **Code 2. Missed by 1 year**, if the patient’s answer is incorrect and is within one year from the current year.
- **Code 1. Missed by 2–5 years**, if the patient’s answer is incorrect and is within 2 to 5 years from the current year.
- **Code 0. Missed by >5 years or no answer**, if the patient’s answer is incorrect and is greater than 5 years from the current year, or the patient chooses not to answer the item, **or the answer is nonsensical**.

# C0300B. Able to Report Correct Month – Coding Instructions



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

- **Code 2. Accurate within 5 days**, if the patient's answer is accurate within 5 days, counting the current date as day 1.
- **Code 1. Missed by 6 days to 1 month**, if the patient's answer is accurate within 6 days to 1 month, counting the current date as day 1.
- **Code 0. Missed by >1 month or no answer**, if the patient's answer is incorrect by more than 1 month, or if the patient chooses not to answer the item, **or the answer is nonsensical**.



## Remember

Count the current day as Day 1 when determining whether the response was accurate within 5 days or missed by 6 days to 1 month.

# C0300B. Able to Report Correct Month – Coding Tips



In most instances, it will be immediately obvious which code to select. In some cases, you may need to write the patient's response in **your notes** ~~the margin~~ and go back later to count days if you are unsure whether the date given is within 5 days.



# C0300C. Able to Report Correct Day of the Week – Coding Instructions



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

- **Code 1. Correct**, if the answer is correct.
- **Code 0. Incorrect, or no answer**, if the answer is incorrect, or the patient chooses not to answer the item, **or the answer is nonsensical**.

## CODING TIPS


In order to code 1. **Correct**, the patient must be able to report the correct day of the week. Reporting the date is not considered a day of the week.

**C0400**

**Recall**



# C0400. Recall

C0400. Recall	
Enter Code	<p>Ask patient: "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.</p> <p><b>A. Able to recall "sock"</b></p> <p>0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required</p>
	<p><b>Able to recall "blue"</b></p> <p>0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required</p>
Enter Code	<p><b>C. Able to recall "bed"</b></p> <p>0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required</p>

C0400. Recall	
Enter Code	<p>Ask patient: "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.</p> <p><b>A. Able to recall "sock"</b></p> <p>2. Yes, no cue required 1. Yes, after cueing ("something to wear") 0. No - could not recall</p>
Enter Code	<p><b>B. Able to recall "blue"</b></p> <p>2. Yes, no cue required 1. Yes, after cueing ("a color") 0. No - could not recall</p>
Enter Code	<p><b>C. Able to recall "bed"</b></p> <p>2. Yes, no cue required 1. Yes, after cueing ("a piece of furniture") 0. No - could not recall</p>

- The LCDS represents the coding options from 0 to 2.
- Please note that the codes on the IRF-PAI for this item are listed in reverse order.

# C0400. Recall – Item Rationale

- Many persons with cognitive impairment can be helped to recall if provided cues.
- Providing memory cues can help maximize patient cognitive function and decrease frustration for those patients who respond.



# C0400. Recall – Steps for Assessment



1. Ask the patient 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 the category cue used in C0200. Repetition of Three Words.
  - Category cues should be used only after the patient 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.

In addition, use the Basic BIMS Interview Instructions, discussed earlier in this presentation and located in your guidance manual.

# C0400. Recall – Coding Instructions



For each of the three words the patient is asked to remember:

- **Code 2. Yes, no cue required**, if the patient correctly remembers the word spontaneously without cueing.
- **Code 1. Yes, after cueing**, if the patient requires the category cue to remember the word.
- **Code 0. No – could not recall**, if the patient cannot recall the word even after being given the category cue, or if the patient responds with a nonsensical answer or chooses not to answer the item.

# C0400. Recall – Coding Tips



- If on the first try (without cueing), the patient names multiple items in a category, one of which is correct, they should be coded as correct for that item.
- If, however, the interviewer gives the patient the cue and the patient then names multiple items in that category, the item is coded as could not recall, even if the correct item was in the list.



**C0500**

# BIMS Summary Score



# C0500. BIMS Summary Score



## C0500. BIMS Summary Score

Enter Score

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

# C0500: Item Rationale



- The total score:
  - Decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium.
  - Provides staff with a more reliable estimate of patient function and allows staff interactions with patients that are based on more accurate impressions about patient ability.



Note for IRF: Item rationale was refined to enhance clarity.

# C0500: Steps for Assessment



After completing C0200–C0400:

1. Add up the values for all questions from C0200 through C0400.
2. Do not add up the score while you are interviewing the patient. Instead, focus your full attention on the interview.



# C0500: Coding Instructions



- Enter the total score as a two-digit number on your assessment instrument. The total possible BIMS score ranges from 00 to 15.
  - If the patient chooses not to answer a specific question(s), that question is coded as incorrect, and the item(s) counts in the total score.
  - If, however, the patient chooses not to answer four or more items, then the interview is coded as incomplete.
  - **Then, for IRF, complete the staff assessment, item C0900. Memory/Recall Ability.**

# C0500: Coding Instructions (cont. 1)



- To be considered a completed interview, the patient had to attempt and provide relevant answers to at least four of the questions included in C0200–C0400C.
- To be relevant, a response only has to be related to the question (logical); it does not have to be correct.



See general coding tips in your setting-specific guidance for patients who choose not to participate at all.

# C0500: Coding Instructions (cont. 2)



- Code 99. Unable to complete interview, if:
  - a. The patient chooses not to participate in the BIMS.
  - b. Four or more items were coded “0” because the patient chose not to answer or gave a nonsensical response.
  - c. Any of the BIMS items is coded with a “—” (dash).



# C0500: Coding Instructions (cont. 3)



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



# C0500: Coding Tips

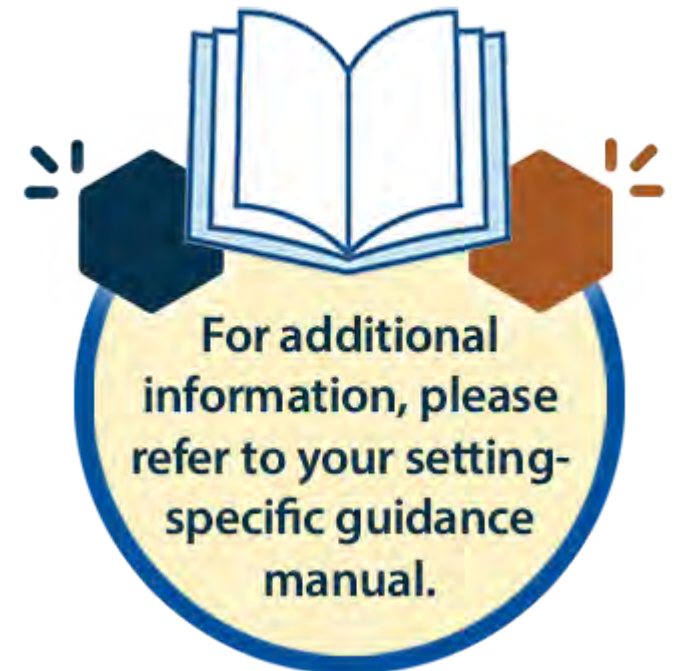


- Occasionally, a patient can communicate but chooses not to participate in the BIMS and therefore does not attempt any of the items in the section.
  - This would be considered an incomplete interview; enter code 99 for **C0500. BIMS Summary Score**.
    - For IRF, complete the staff assessment of mental status.

# Other IRF-Specific Changes to Section C



- For **C0600. Should the Staff Assessment for Mental Status be Conducted?**
  - Minor change to skip pattern.
  - New example added depicting when to code C0600.
- For **C0900. Memory/Recall Ability.**
  - Clarification to coding instructions.



# C1310

## Signs and Symptoms of Delirium (from CAM<sup>©</sup>)

# C1310. Signs and Symptoms of Delirium (from CAM<sup>©</sup>)



## C1310. Signs and Symptoms of Delirium (from CAM<sup>©</sup>)

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 patient'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 Code in Boxes

☐

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

☐

**C. Disorganized thinking** - Was the patient'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 patient 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.



# C1310: Item Rationale

- Delirium is associated with:
  - Increased mortality.
  - Functional decline.
  - Development or worsening of incontinence.
  - Behavior problems.
  - Withdrawal from activities.
  - Rehospitalizations and increased length of facility stay.





# C1310: Rationale (cont.)



- Delirium can be misdiagnosed as dementia.
- A recent deterioration in cognitive function may indicate delirium, which may be reversible if detected and treated in a timely fashion.
- Delirium may be a symptom of an acute treatable illness, such as an infection or a reaction to medication.

# Definition: Delirium

## Delirium

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



# C1310: Steps for Assessment



*If admission assessment, complete as close to the time of admission as possible.  
If discharge assessment, complete as close to the time of discharge as possible.*



1. Observe patient behavior during the cognitive assessment (**BIMS items C0200–C0400**) or other cognitive assessment for the signs and symptoms of delirium.



1. Observe patient behavior during the cognitive assessment (**BIMS items C0200–C0400**), Staff Assessment for Mental Status (C0900), or other cognitive assessment for the signs and symptoms of delirium).

# C1310: Steps for Assessment for IRF and LTCH



2. Review medical record documentation to determine the patient's baseline status, fluctuations in behavior, and behaviors that might have occurred during the assessment period that were not observed during the cognitive assessment (e.g., BIMS).
3. Observe patient's behavior during patient interactions and consult with other staff, caregivers, and others in a position to observe the patient's behavior during the assessment period.





# C1310A. Acute Onset Mental Status Change – Coding Instructions



A. Acute Onset Mental Status Change	
Enter Code <input type="text"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes

- **Code 0. No**, if there is no evidence of acute mental status change from the patient's baseline.
- **Code 1. Yes**, if the patient has an alteration in mental status observed in the assessment period or in the cognitive assessment (e.g., BIMS) that represents an acute change from baseline.

# C1310A: Coding Tips



Examples of acute mental status changes:

- A patient who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.
- A patient who is normally quiet and content suddenly becomes restless or noisy.
- A patient who is usually able to find their way around their living environment begins to get lost.





# C1310B. Inattention – Steps for Assessment



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

1. Assess attention separately from level of consciousness.
2. An additional step to identify difficulty with attention is to ask the patient to count backwards from 20.

# C1310B. Inattention – Coding Instructions



- **Code 0. Behavior not present**, if the patient remains focused during the interview and all other sources agree that the patient was attentive during other activities.
- **Code 1. Behavior continuously present, does not fluctuate**, if the patient had difficulty focusing attention, was easily distracted, or had difficulty keeping track of what was said AND the inattention did not vary during the assessment period. All sources must agree that inattention was consistently present to select this code.
- **Code 2. Behavior present, fluctuates**, if inattention is noted during the interview or any source reports that the patient had difficulty focusing attention, was easily distracted, or had difficulty keeping track of what was said AND the inattention varied during interview or during the assessment period or if information sources disagree in assessing level of attention.

# Definitions: Inattention and Fluctuation



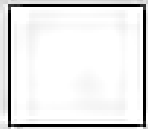
## Inattention

- Reduced ability to maintain attention to external stimuli and to appropriately shift attention to new external stimuli.
- Patient seems unaware or out of touch with environment (e.g., dazed, fixated, or darting attention).

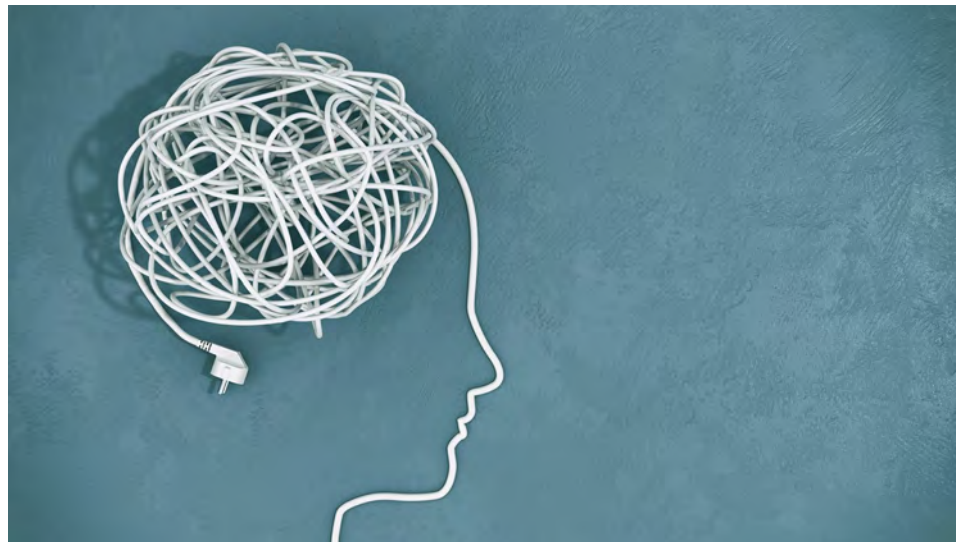
## Fluctuation

- The behavior tends to come and go and/or increase or decrease in severity.
- The behavior may fluctuate over the course of the interview or during the assessment period.
- Fluctuating behavior may be noted by the interviewer, reported by staff or family, or documented in the medical record.

# C1310C. Disorganized Thinking



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



# C1310C. Disorganized Thinking – Definition



## Disorganized Thinking

Evidenced by rambling, irrelevant, and/or incoherent speech.



# C1310C. Disorganized Thinking – Coding Instructions



- **Code 0. Behavior not present**, if all sources agree that the patient's thinking was organized and coherent, even if answers were inaccurate or wrong.
- **Code 1. Behavior continuously present, does not fluctuate**, if during the interview and according to other sources, the patient's responses were consistently disorganized or incoherent, conversation was rambling or irrelevant, ideas were unclear or flowed illogically, or the patient unpredictably switched from subject to subject.
- **Code 2. Behavior present, fluctuates**, if during the interview or according to other data sources, the patient's responses fluctuated between disorganized/incoherent and organized/clear. Also, code as fluctuating if information sources disagree.



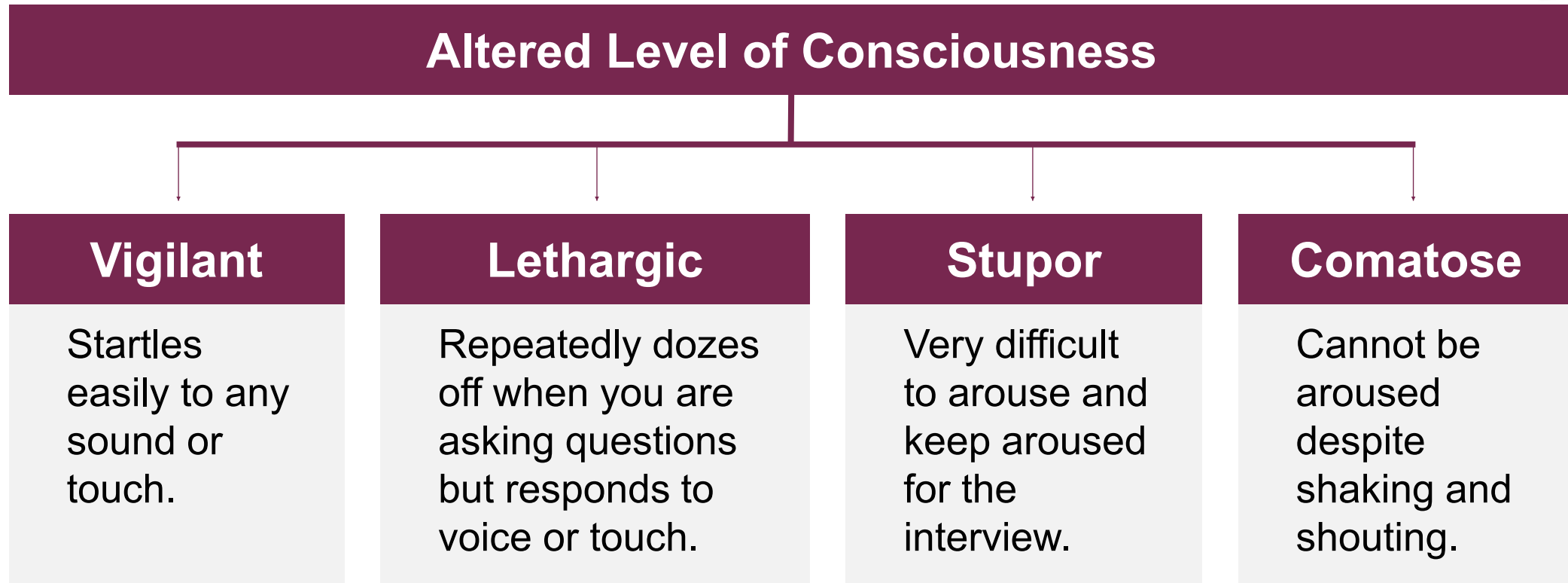


# C1310D. Altered Level of Consciousness



<input data-bbox="236 544 369 661" type="checkbox"/>	<p><b>D. Altered level of consciousness</b> - Did the patient have altered level of consciousness as indicated by any of the following criteria?</p> <ul style="list-style-type: none"><li>▪ <b>vigilant</b> – startled easily to any sound or touch</li><li>▪ <b>lethargic</b> – repeatedly dozed off when being asked questions, but responded to voice or touch</li><li>▪ <b>stuporous</b> – very difficult to arouse and keep aroused for the interview</li><li>▪ <b>comatose</b> – could not be aroused</li></ul>
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# C1310D. Altered Level of Consciousness – Definition



# C1310D. Altered Level of Consciousness – Coding Instructions



- **Code 0. Behavior not present**, if all sources agree that the patient was alert and maintained wakefulness during conversation, interview(s), and activities.
- **Code 1. Behavior continuously present, does not fluctuate**, if during the interview and according to other sources, the patient was consistently lethargic, stuporous, vigilant, or comatose.
- **Code 2. Behavior present, fluctuates**, if during the interview or according to other sources, the patient's level of consciousness varied.
  - For example, the patient was at times alert and responsive, while at other times the patient was lethargic, stuporous, or vigilant. Also, code as fluctuating if information sources disagree.



## CODING TIPS

A diagnosis of coma or stupor does not have to be present for staff to note the behavior in this section.

# C1310: CAM<sup>®</sup> Assessment Scoring Methodology



## CAM Assessment Scoring Methodology

The indication of delirium by the CAM requires the presence of:

Item A = 1 **OR** Item B, C, or D = 2

**AND**

Item B = 1 OR 2

**AND EITHER**

Item C = 1 OR 2 **OR** Item D = 1 OR 2

**Item A** = Acute Change in Mental Status.

**Item B** = Inattention.

**Item C** = Disorganized Thinking.

**Item D** = Altered Level of Consciousness.

# CAM Scoring Methodology – Condition 1

Indication of  
delirium by the  
CAM<sup>©</sup>

The first condition  
requires that at least  
one of the following be  
true:

C1310A = 1  
or  
C1310B, C, or D = 2

C1310. Signs and Symptoms of Delirium (from CAM <sup>©</sup> )			
Code <b>after completing</b> Brief Interview for Mental Status or Staff Assessment, and reviewing medical record.			
<b>A. Acute Onset Mental Status Change</b>			
Enter Code	Is there evidence of an acute change in mental status from the patient's baseline?		
<b>1</b>	0. No 1. Yes		
<b>Coding:</b>			
0. Behavior not present	<b>OR</b> ↓ Enter Code in Boxes	<b>2</b>	<b>B. Inattention</b> - Did the patient have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said?
1. Behavior continuously present, does not fluctuate		<b>2</b>	<b>C. Disorganized thinking</b> - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
2. Behavior present, fluctuates (comes and goes, changes in severity)		<b>2</b>	<b>D. Altered level of consciousness</b> - Did the patient have altered level of consciousness as indicated by any of the following criteria? <ul style="list-style-type: none"><li>• <b>vigilant</b> - startled easily to any sound or touch</li><li>• <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch</li><li>• <b>stuporous</b> - very difficult to arouse and keep aroused for the interview</li><li>• <b>comatose</b> - could not be aroused</li></ul>

AND

# CAM Scoring Methodology – Condition 2

Assuming that the first condition is met, the second condition must also be met.

Item C1310B.  
Inattention is coded as a 1 or 2.



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

AND





# CAM Scoring Methodology – Condition 3

Finally, assuming that the first and second conditions are met, the third condition in order to indicate delirium is that:

Item C1310C. Disorganized Thinking is coded as a 1 or 2.

OR

Item C1310D. Altered level of consciousness is coded as a 1 or 2.

1  
OR  
2

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

OR

1  
OR  
2

**D. Altered level of consciousness** - Did the patient 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

# Summary



- There are new/revised data elements identified for **Section C Cognitive Patterns: C0100, C0200–C0500, and C1310.**
- New for LTCH: **C0200–C0500. Brief Interview for Mental Status (BIMS)** is intended to determine a patient's attention, orientation, and ability to register and recall new information.
- New for IRF and revised for LTCH: **C1310. Signs and Symptoms of Delirium** is intended to identify if the patient has signs and symptoms of delirium.

# Submitting Questions

- If you have questions about this presentation, please submit them to [PACTraining@Econometricalnc.com](mailto:PACTraining@Econometricalnc.com) by June 3, 2022.
- Select questions will be answered in a Q&A session during the June 2022 virtual live event.

