Question of the Month

November 2024

D0100: Should Resident Mood Interview Be Conducted & J0200: Should Pain Assessment Interview Be Conducted.

Question: I have questions about coding resident interviews for Section D (PHQ 2-9) and Section J (Pain Assessment Interview) when completing a 5-day PPS assessment that is combined with an end of PPS stay and the OBRA discharge assessment, unplanned.

The scenario is related to when a Medicare Part A resident is unexpectedly discharged from the facility (i.e., emergency transfer to a hospital or against medical advice (AMA)) within the assessment window but prior to staff completing the required interviews (i.e., day 2 or 3 of their Medicare Part A stay).

Page D-13 of the RAI 3.0 User's Manual states "Alternate means of assessing mood must be used for residents who cannot communicate or refuse or are unable to participate in the PHQ-2 to 9© Resident Mood Interview. This ensures that information about their mood is not overlooked. When staff determine the resident is not interviewable (i.e., D0100 = 0, No), scripted interviews with staff who know the resident well should provide critical information for understanding mood and making care planning decisions".

There is similar language on page J-19; "Resident interview for pain is preferred because it improves the detection of pain. However, a small percentage of residents are unable or unwilling to complete the pain interview." Also, "Resident self-report is the most reliable means of assessing pain. However, when a resident is unable to provide the information, staff assessment is necessary. Even though the resident was unable to complete the interview, important insights may be gained from the responses that were obtained, observing behaviors and observing the resident's affect during the interview."

My questions are:

1) When a resident is discharged unexpectedly, would this be considered as they are unable (such as an emergency transfer to a hospital) or unwilling (such as leaving AMA) to complete the required interviews?
2) In this case, how would we code the MDS? Should we code D0100 and J0200 with 0. No, to reflect that the interview was unable to be conducted, or the resident was unwilling to complete the interview. Or should we both with 1. Yes, and then proceed to code the assessment items with a dash (-) to indicate no information since the resident was unable/unwilling to interview?

Answer: When an interviewable resident is unexpectedly discharged and the staff did not have the opportunity to conduct the interview items for section D and/or section J, the assessor should code 1. Yes, in D0100, Should Resident Mood Interview Be Conducted and/or J0200, Should Pain Assessment Interview Be Conducted. Then the assessor should enter a dash (—) to indicate no information in D0150: Resident Mood Interview and/or J0300–J0600: Pain Assessment Interview as applicable. Resident refusal to do the interview is not a reason to do the staff interview.

GG0130: Self-Care, GG0170: Mobility.

Question: Does the interdisciplinary teams (IDT) assessment and documentation of a resident's usual performance need to occur within the 3-day assessment window?
Or can the IDT assimilate the data to determine "usual performance" after the 3-day assessment window as long as they only utilize data/information from the 3-day assessment window or before therapeutic intervention?

Answer: The IDT coding determination does not need to occur within the three-day assessment window but must be based on assessment(s) completed within the three-day assessment window. The IDT can assimilate the data to determine "usual performance" after day three as long as they only utilize data/information from the 3-day assessment window or before therapeutic intervention.

Q0400: Discharge Plan.

Question: Page Q-11 of the draft RAI Manual states, "If there is not an active discharge plan, residents should be asked if they want to talk to someone about community living (Q0500B) and then referred to the LCA accordingly." If the resident has a legal guardian or other legally authorized representative that makes the decision about where the resident should live then does the guardian/legally authorized representative have to give permission to the NH before they make the Section Q referral?

Answer: Please refer to the coding tip on page Q-18, which states "A 'yes' response to item Q0500B will trigger follow-up care planning and contact with the facility's designated LCA [Local Contact Agency]." A response of "1. Yes" to Q0500B "Do you want to speak to someone about the possibility of leaving this facility and returning to live and receive services in the community?" is considered a request for information, not a request for discharge. In instances where there is question as to whether a referral should be made, a "1. Yes" response is also considered a request for information, not a request for discharge. In these cases, and in response to the question being asked, the answer is "Yes, a referral should be made." Once the referral is made and the LCA and the nursing home have identified potential options available to the individual that requested the information, the options available can be conveyed to the resident and the legally authorized representative (LAR) or the legal guardian responsible for medical decision making. It is also important to remember the coding tip on page Q-18 that

states, “Return to community questions may upset residents who cannot understand what the question means and result in them being agitated or saddened by being asked the question. If the resident’s documented level of cognitive impairment is such that the resident does not understand Q0500, a family member, significant other, guardian and/or legally appointed decision-maker for that individual should be asked the question.” The medical record, including the care plan, should reflect the most appropriate approach to addressing the resident’s preferences.