

## Section B – Hearing, Speech, & Vision



- Hearing, speech, or vision problems can contribute to sensory deprivation, social isolation, & mood/ behavior disorders
- Unaddressed problems can be mistaken for confusion or cognitive impairment
- Lack of speech clarity or ability to speak should not be mistaken for cognitive impairment



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## Intent and General Coding Tips

- For most assessment items it will be obvious what code, or number to select
- You may need to just jot down the response on the form
- Go back later to calculate the answer
- Do not interrupt the flow of the interview to do your calculations

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## B0100: Comatose – past 7 days

- Documented neurological dx. of persistent vegetative state, no discernible consciousness by Dr., physician assistant, nurse practitioner, clinical nurse specialist
- **0 = No:** Dx. of coma / persistent vegetative state not present. **Continue to B0200 Hearing.**
- **1 = Yes:** record indicates documented dx. of coma/ persistent vegetative state.

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## B0100: Risks and Care Planning

- Residents in a coma or persistent vegetative state are at risk for complications of immobility, including skin breakdown & joint contractures
- Care planning should center on eliminating or minimizing complications and providing care consistent with the resident's health care goals

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### B0200 – Hearing - Ability to hear with hearing aid /hearing appliance if normally used



- **0 = Adequate:** in normal conversation, social events, TV, phone calls, etc.
- **1 = Minimal Difficulty:** in some cases -person speaks softly, noisy setting, hard to hear if not in one-on-one situations
- **2 = Moderate Difficulty:** Need increased volume; distinct speech; only when speaker's face clearly visible
- **3 = Highly Impaired:** Absence of useful hearing - hears only some sounds; frequently fails to respond even if face-to-face with speaker

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### B0300 – Hearing Aid/other hearing appliance used in assessing B0200 – Hearing

- Persons who benefit from &/or own hearing aids may not have them on NH Admission; or the hearing aid may not be functional
- Many residents without hearing aids/ hearing appliances could benefit from them; for those w/ hearing aids, document in care planning their use & maintenance
  - **0 = No - Did not use**
  - **1 = Yes- Did use**

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### B0600 – Speech Clarity

- Best description of Speech Pattern
- Unclear/absent speech can:
  - Hinder communication, be frustrating to an individual, mistaken for cognitive impairment, result in physical & psychosocial needs not being met, & can contribute to depression & social isolation

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### B0600 – Speech Clarity

- **0 = clear speech:** Resident usually utters distinct, intelligible words
- **1 = unclear speech:** Resident usually utters slurred or mumbled words
- **2 = no speech:** Absence of spoken words, not clear enough for needs to be known – explore other methods of communication

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### B0700 – Makes Self Understood

- Ability to express ideas & wants
- If Resident has difficulty making self understood, identify the underlying cause or causes
- Identify best methods to facilitate communication – can be speech, writing, sign language, gestures, or a combination of these

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### B0700 – Makes Self Understood, cont.

- **0 = understood:** expresses clearly
- **1 = usually understood:** difficulty communicating /finishing thoughts, needs prompting or more time
- **2 = sometimes understood:** limited ability, but able to express concrete requests re: basic needs (e.g., food, drink, sleep, toilet)
- **3 = rarely or never understood:** limited to staff interpretation of individual, specific sounds or body language (e.g., in pain or need to toilet)

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### B0800 – Ability to Understand Others

- Understanding verbal content, however able -
- Inability to understand person-to-person communication can severely limit association with others – **(review A1100B – Language)**
- Can inhibit an individual's ability to follow instructions that can affect health & safety



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### B0800 – Ability to Understand Others, cont.

- **0 = understands:** Clearly comprehends & demonstrates by words, actions, behaviors
- **1 = usually understands:** Misses some part of message, **but** comprehends most of it
- **2 = sometimes understands:** Frequent difficulties with comprehension
- **3 = rarely/never understands:** Very limited ability to understand

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## B1000 - Vision



- Ability to see in Adequate Light - Sufficient/ comfortable for a person w/ normal vision to see fine detail
- Vision often diminishes over time & if uncorrected, limits enjoyment of everyday hobbies & activities – e.g., reading newspapers, books, letters, etc.
- Limits ability to manage personal business, e.g., reading & signing consents

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## B1000 – Vision, cont.



- **0 = adequate:** Sees fine detail -regular print in newspapers/books
- **1 = impaired:** Sees large print, but not regular print in newspapers/books
- **2 = moderately impaired:** Limited vision; cannot see headlines, identify objects in environment
- **3 = highly impaired:** Ability to identify objects in in question- eye movements appear to be following objects (people walking by)
- **4 = severely impaired:** No vision, sees only light, colors, shapes -doesn't follow objects w/eyes

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## B1200 – Corrective Lenses



- Corrective lenses (contacts, glasses, magnifying glass) used in completing **B1000- Vision**
- **0 = no:** Did not use eyeglasses or other vision aid during **B1000, Vision** assessment
- **1 = yes:** Corrective lenses or other visual aids used for visual ability assessment **B1000**
  - **Surgical lens implants not a visual aid**
- **Remember, have test for those who cannot read**
  - E.g. – Use pictures, numbers, displayed in the appropriate size of book or newspaper print

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## Section C: Cognitive Patterns

- Review Brief Assessment for Mental Status -**BIMS**
- Explain Confusion Assessment Method (CAM)
- Review Delirium Assessment
- Resident may appear to be impaired because of lack of interaction or language issues
- Determines resident's attention, orientation & ability to register & recall new information



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### **C0100 -C1600 Cognitive Patterns past 7 days**

- Many persons with some memory problems can be cognitively intact & function successfully in a structured routine environment
- Incorrect /missed dx. may result in inappropriate tx. & worthwhile activities & therapies not offered
- **Make every effort to conduct the BIMS**
- **Use either the BIMS or Staff Assessment**

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### **C0100 – C0500 Brief Interview for Mental Status (BIMS)**

- **Should the BIMS be conducted?**
- **Do not conduct Staff assessment** if BIMS completed & Summary Score, C0500 = 00 – 15
  - If scored 00, do not do a staff assessment as 00 is a legitimate score
- **Conduct Staff Assessment (C0600-C01000) if C0500 is coded 99 (incomplete interview)**

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### **C0100 – Should BIMS be conducted?**

- **Review B0700-Makes Self Understood-determine:**
  - If resident is understood at least sometimes (B0700 = 0, 1, or 2)
  - If A1100 – Interpreter needed
- **Conduct the BIMS if they can respond verbally OR by writing out answers**
- Structured cognitive test is more accurate & reliable than observation alone for observing cognitive performance

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### **C0100 – Should BIMS be conducted?, cont.**

- **Consists of three components**
  - **C0200 – Repetition of 3 Words**
  - **C0300 – Temporal Orientation**
  - **C0400 - Recall**
- **Results totaled in the Summary Score**
  - **C0500 – Summary Score**
- The BIMS in 3.0 essentially expands upon the same process used in MDS 2.0 substituting the words: “sock, blue, & bed” for the words: “book, watch, & table”

MDS 3.0 Section C

### C0100-C0600 Conducting the Interview

- Explain interview reason, conduct in private, & address any resident concerns
- Sit so the resident can see your face
- Ask each item in the order on the MDS form
- Accept any refusal & move on
- **Complete the interview in 1 setting**

If resident's primary method of communication is in written format, administer the BIMS in writing. See Appendix E for details

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### C0100 – Review Definitions

- **Category Cue:** Phrase that puts a word in context – helps learning & a hint to prompt the resident
  - E.g. a category cue for blue is “a color.”
- **Nonsensical Response:** Any response unrelated, incomprehensible, or incoherent; not informative with respect to the question
  - E.g. Question: “What day of the week is it?”  
Answer: I like your shoes.”

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### C0100 – Should BIMS be conducted?

- **0 = No** = BIMS should not be attempted - resident rarely/never understood verbally or in writing – (**Review (B0700 = 3)**)
- Or interpreter needed, but not available
- **Skip to C0700**, Staff Assessment of Mental Status
- **1 = Yes = BIMS** should be attempted because resident is at least sometimes understood verbally or in writing
- An interpreter is needed, & one is available

### C0200 – BIMS – Repetition of 3 Words

- **See C0200** – Say: “I am going to say 3 words for you to remember. Please repeat the words after I have said all 3. The words are: sock, blue, bed”
- **Code maximum # of words repeated correctly after the *first* attempt – *only***
- **Words may be recalled in any order, or repeated back in a sentence**

Make sure interviewer is saying words clearly, without an accent or slurred speech – Coding Tips pg. C- 4

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### C0200 – BIMS – Repetition of 3 Words, cont.

- If resident correctly stated all 3 words say, "That's right," & repeat the words w/ category cues – e.g.:
- **Say**, "That's correct, the words are sock, something to wear, blue, a color, and bed, a piece of furniture."
  - This prompts learning ability & helps recall
- **Code 3 = resident repeated all 3 words correctly on 1<sup>st</sup> attempt**

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### C0200 – BIMS – Repetition of 3 Words, cont.

- If **resident** replies, "Sock, bed, black," or says, "Blue socks belong in the dresser."
- **Interviewer** repeats the 3 words PLUS category cues – e.g. - Say, "The words are sock, something to wear; blue, a color; and bed, a piece of furniture."
- **Code 2 = resident repeated 2 words correctly on 1<sup>st</sup> attempt**

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### C0200 – BIMS – Repetition of 3 Words, cont.

- If **resident** replies, "Sock, clock, time," or just can remember 1 word -
- **Interviewer** repeats the 3 words PLUS category cues – e.g. - Say, "The words are sock, something to wear; blue, a color; and bed, a piece of furniture."
- **Code 1 = resident repeated 1 word correctly on 1<sup>st</sup> attempt**

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### C0200 – BIMS – Repetition of 3 Words, cont.

- If **resident** replies, "What's are the words?" or "I don't know..."
- **Interviewer** repeats the 3 words PLUS category cues – e.g. - Say, "The words are sock, something to wear; blue, a color; and bed, a piece of furniture."
- **Code 0 = resident repeated no words correctly on 1<sup>st</sup> attempt, or response is nonsensical**

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### C0300 – Temporal Orientation

- **Orientation to Year, Month & Day**
- Ability to place oneself in correct time
- Ask each of the 3 questions separately
- Allow up to 30 seconds for each answer– No clues
- If they ask for clues say, “I need to know if you can answer this question without any help from me.”

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### C0300A – Orientation to Year

- **Ask: “Please tell me what year it is right now.”**
- **0** = Missed by > 5 years, or NO answer
- **1** = Missed by 2-5 years
- **2** = Missed by 1 year
- **3** = Correct answer
- **CMS said “ok” if resident looks at calendar**

Also, code 0 if resident gives a nonsensical response

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### C0300B – Orientation to Month

- **Ask: “What month are we in right now?”**
- **0** = Missed by > 1 month, or NO answer
- **1** = Missed by 6 days to 1 month
- **2** = Accurate within 5 days

Also, code 0 if resident gives a nonsensical response

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### C0300B – Orientation to Day

- **Ask: “What day of the week is today?”**
- **0** = Incorrect, or NO answer
- **1** = Correct

Also, code 0 if resident gives a nonsensical response



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**Section C - Cognitive Patterns**  
**~ Stopping the Interview if necessary ~**

- Stop after C0300C – Temporal Orientation (the 4<sup>th</sup> cognitive question) if up to that point:
  - All responses have been nonsensical,
  - No verbal or written responses to any questions,
  - No verbal/written responses to some questions, & nonsensical responses to other questions
  - Recommendation: document this reason in the resident's medical record.

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**Section C - Cognitive Patterns**  
**~ If the Interview is Stopped ~**

- **Code a dash, - ,** in C0400A, C0400B, C0400C
- **Code 99** in summary score in C0500
- **1 = Yes** – in C0600 – Should Staff Assessment for Mental Status be Conducted
- **Complete Staff Assessment for Mental Status– C0700- C1000**

**✓ Reminders - Cognitive Patterns - BIMS**

- For the BIMS to be considered a completed interview, resident has to attempt to provide **relevant answers to at least 4 questions**
- A relevant answer = response related to the question (logical), doesn't have to be correct
- **A zero - 0 - score does NOT mean the BIMS was incomplete – just means resident gave an incorrect, but relevant answer**

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**C0400- Recall**

- **Ask:** “Let's go back to an earlier question. What were those three words I asked you to repeat?”
- **Allow up to 5 seconds for spontaneous recall of each word**
- For any word not correctly recalled after 5 seconds, provide a category cue – cues used only after resident unable to recall 1 or more of the 3 words
- **Allow up to 5 seconds after cueing for missed word to be recalled**

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### C0400 – Recall, cont

- **0 = No—could not recall:** Even after given a category cue, or resident responds with a nonsensical answer, or chooses not to respond
- **1 = Yes, after cueing:** Requires a category cue to remember the word
- **2 = Yes, no cue required:** Correctly remembers the word spontaneously – no cueing



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### C0500 – Summary Score

- **Add Scores for C0200 – C0400 & fill in Total Score (00-15)**
- **Code 99** - Unable to complete interview – refuses to answer or nonsensical answers
- **Compares current & past performances**
- **Scoring:**
  - 13 - 15: cognitively intact
  - 8 - 12: moderately impaired
  - 0 - 7: severe impairment

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### C0600 – Should Staff Assessment for Mental Status be Conducted?

- **Review Summary Score - C0500**
- **0 = No:** BIMS completed & scored between 00 -15. **Skip to C1300.**
- **1 = Yes: C0500 coded 99 –**
  - Chooses not to participate, or 4 or more items coded 0 = nonsensical responses
  - **Continue to C0700-C1000 – Staff Assessment**

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### Staff Assessment for Mental Status General Coding Tips

- Observe how often re-orientation needed for activity or instructions & observe resident's cognitive function daily (ADLs) – past 7days
- IDT should observe across all shifts, ask family or significant others in close contact w/ resident
- Review the medical record

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### C0700 – Short Term Memory OK

- **Assess mental state of residents who cannot be interviewed.**
- Ask resident to describe an event 5 minutes after it occurred; validate resident's response, or have resident follow through on a direction given 5 minutes earlier
- An observed LT memory problem may indicate a need for support, reminders & reassurance
- It may also indicate delirium if a change from their baseline

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### C0700 – Short Term Memory OK

- **0 = memory OK:** Recalled information after 5 minutes
- **1 = memory problem:** Most representative level of function - absence of recall after 5 minutes
- Test can't be conducted (uncooperative, non-responsive, etc.) & IDT unable to make a determination based on observation, use standard **no information code, "a dash,"** - = no information available - could not be assessed

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### C0800 – Long Term Memory ok

- **Seems or appears to recall past events, people, etc.**
- Observe LT memory – engage in conversation, review memorabilia (photos, memory books, keepsakes, etc) & observe response to family visits
- Ask questions you can validate with answers from medical record, general knowledge, or resident's family – e.g., "Are you married?" "What is your spouse's name?" "Do you have any children?" "How many?" "When is your birthday?"

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### C0800 – Long Term Memory ok

- **0 = memory OK:** Accurately recalled long past information
- **1 = memory problem:** Did not recall long past information, or did not recall it correctly
- Remember the standard **"no information" code of "a dash" (-)** = no information available = could not be assessed

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### C0900 – Memory/Recall Ability

- Check all resident normally able to recall – in past 7 days
- See examples & Coding Tips in the Manual
- Check C0900A = current season
- Check C0900B = location of own room
- Check C0900C = staff names & faces
- Check C0900D = that they are in a NH
- Check C0900Z = none of above recalled

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### C1000 - Cognitive Skills for Daily Decision Making

- **Made decisions re: ADLs**
- Focus on actual performance (actively making decisions) - not whether staff believes resident might be capable of doing so
- Remember, a resident's decision to exercise the right to decline treatment is not considered impaired decision making
- Refer to page C-24 in the MDS 3.0 manual for more information

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### C1000 - Cognitive Skills for Daily Decision Making, cont.

- **0 = independent:** Decisions organizing daily routine consistent, reasonable & organized
- **1 = modified independence:** Organized daily routine, safe decisions in familiar situations, but difficulty when faced with new tasks/ situations
- **2 = moderately impaired:** Decisions poor; required reminders, cues, & supervision
- **3 = severely impaired:** resident never (or rarely) made decisions

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### C1300 - Signs & Symptoms of Delirium past 7 days

- Reference to "comatose" in response C1300C (altered level of consciousness) **not** applicable - **Section C would be skipped** if comatose
- Delirium can be misdiagnosed as dementia; prompt detection essential to identify, treat, eliminate cause
- Review records, BIMS, staff asmts.; interview family & others to determine: Baseline status, behavior fluctuations, & S&S that might have occurred & not seen during the BIMS
- Additional guidance on delirium in Appendix C

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### **C1300A, B, C, D – Signs & Symptoms of Delirium**

- **0 = behavior not present: Focused** during interview & **everyone agrees** resident is attentive in activities
- **1 = behavior continuously present, did not fluctuate: All sources must agree**
- **2 = behavior present, fluctuates:** Inattention noted /varied, and **all sources disagree**

If ANY sources of information vary cannot code as a 0 – see Coding example #3 on page C-28

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### **C1300 - Signs & Symptoms of Delirium, cont.**

- **Code 0, 1, or 2** after completing BIMS or Staff Assessment & reviewing medical record – Evaluate the following:
  - **C1300A – Inattention**
  - **C1300B – Disorganized thinking**
  - **C1300C – Altered level of Consciousness**
  - **C1300D – Psychomotor retardation**

See Coding Example # 2 for  
“Disorganized Thinking” on page C-29

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### **C1600 – Acute Onset Mental Status Change**

- **Evidence of an acute change in mental status from resident’s baseline?**
- **0 = No:** No evidence of acute mental status change from resident’s baseline.
- **1 = Yes:** Alteration in mental status observed in the past 7 days, or in the BIMS that represents a change from baseline

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