

Section D – Mood, Items D0100 – D0650 14 - day look-back



- PHQ-9 © - Interview process
- Most residents are able to attempt the interview
- Incorporates “resident voice” in care planning
- Staff aren’t making a depression dx., but coding a presence of mood indicators to consider in the resident’s individualized care plan
- Mood distress often under-diagnosed & untreated

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PHQ-9 © - 9 item Pt. Health Questionnaire

- A validated interview process - screens for both presence & frequency of depression symptoms
 - Provides a standardized severity & rating score
- Important to identify signs & symptoms, causes & contributing factors as they are often treatable
- Identify interventions – e.g., tx, personal support, & environmental modifications = ensure safety

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Depression Indicators

- **May lead to Psychological & Physical Distress**
 - Poor adjustment to environment: chronic illness, loss of independence, increased sensitivity to pain, decreased participation in therapy/activities, isolation
- **Decreased functional status**
 - Resistance to daily care and ADL,
- **Poorer Outcomes**
 - Decreased appetite and cognitive status

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D0100- Should Resident Mood Interview be Conducted?

- **D0100:** Attempt to conduct Interview with all residents
- **0 = No** (B0700 = 3 - Resident rarely/never understood) – Skip to D0500-D0600 - Staff Assmt.
- **1 = Yes** (B0700 = 0, 1, Or 2) - **Continue to D0200** (PHQ-9 ©). Interpreter present or not needed
- If cue cards used, use large font - can also write responses

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Item D0100 – Resident Mood Interview - Coding Tips

- Review item B0700 (Makes Self Understood at least sometimes) - should be coded 0, 1, or 2
- Review item A1100 (Language) to determine if resident needs or requires an interpreter
- If resident needs an interpreter, every effort should be made to have one present for interviews. If it's absolutely not possible for needed interpreter to be present on day of the interview, code D0100 = 0 - indicates interview wasn't attempted

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D0200- Resident Mood Interview -PHQ-9©

- Interview any resident when D0100 = 1 = "Yes"
Conduct interview **preferably the day before, or day of ARD** ↖ NEW
- Review interview techniques - Sect C & in manual
- Ask questions openly & without hesitation
- Code the **higher frequency** if they have difficulty selecting between 2 options
 - Explore possible differences between shifts?

CMS deleted reference to "the day before or day of ARD" for time of interview

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➤ D0200: "Over the last 2 weeks have you been bothered by any of the following problems?"

- A. Little interest/pleasure in doing things
- B. Feeling down, depressed, hopeless
- C. Trouble falling/staying asleep; sleeping too much
- D. Feeling tired /having little energy
- E. Poor appetite/overeating
- F. Feeling bad about yourself; a failure
- G. Trouble concentrating, e.g. reading, watching t.v.
- H. Moving/speaking so slowly others noticed; or opposite
- I. Thoughts you'd be better off dead; or hurting yourself

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D0200 Coding Instructions

- **Code Symptom Presence**
 - 0 = No
 - 1 = Yes
 - 9 = No response
- **Code Symptom Frequency**
 - 0 = Never or 1 day
 - 1 = 2 - 6 days
 - 2 = 7 - 11 days
 - 3 = 12 - 14 days (nearly every day)

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Guidance for Item D0200 – PHQ-9

- Read the item as written – do NOT provide definition of item, as the meaning must be based on resident's interpretation
- Questions must be asked in sequence to assess **presence (Column 1) & frequency (Column 2)**
- **Code 9** = No response, or any response unrelated, incomprehensible, incoherent, or nonsensical

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Guidance for Item D0200 – PHQ-9 - cont.

- If “Yes” in Column 1 (Presence), then ask
- How often they were bothered by symptom over past 14 days for coding Column 2 (Frequency)
 - Ask resident to show how many days & use cue cards for assistance
- Code responses as stated, regardless if resident, or interpreter, attributes symptoms to something else

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Item D0200(I) – the “Hard Question”

- “Life isn’t worth living, wishes for death, etc.
- Staff may feel uncomfortable asking this item
 - Fear of upsetting resident; question too personal; will give resident inappropriate ideas
- Experience shows residents appreciate the opportunity to express their feelings
- Your further evaluation of clinical relevance is captured in D0350

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Item D0200 – PHQ-9 © - 6 Interview Techniques

- 1) Repeat Question & Guide the Conversation
- 2) Ask for Clarification
- 3) Unfolding – helps select a frequency
- 4) Probing – explores noncommittal responses
- 5) Echoing – helps summarize long answers
- 6) Disentangling – helps residents understand multiple or longer questions

During the memory testing in Section C, you may not use these techniques.

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Interview Techniques – 1) Guide Conversation

- **Guide** - Many residents eager to talk; may stray from the topic - Acknowledge their response, &
- Guide conversation back to topic
 - “That’s interesting, now I need to know...”
 - “Let’s get back to ...”
 - “I understand, can you tell me about ...”

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Interview Techniques – 2) Ask for Clarification

- **Clarification** - Validate your understanding of what the resident is saying
 - “I think I hear you saying that ...”
 - “Let’s see if I hear you correctly....”
 - “You said ... Is that correct?”



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Interview Techniques – 3) Unfolding

- **Unfolding** occurs when a resident has difficulty selecting a response for “Frequency”
- First, offer one “Frequency” response & follow with a sequence of more specific questions - e.g.,
 - “Would you say [Symptom] bothered you more than half the days in the past 14 days?”
 - If response is “Yes” or “No,” show cue card to narrow down their answer

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Interview Techniques – 4) Probing

- **Probing** - Gently encourage residents to report any symptoms & explore noncommittal responses such as “Not really, ...”
- Probe by asking or open-ended questions:
 - “What do you mean?”
 - “Give me an example.”
 - “Tell me more about that...”

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Interview Techniques – 5) Echoing

- **Echoing** - Summarize resident's longer answer to narrow down to available response choices
- E.g.: Item "D0200E – Poor appetite or overeating"
- **Resident:** " *The food here is always cold & just doesn't taste like home, & Dr. won't let me have any salt.*"
- **Echoing:** " *You're saying the food isn't like what you eat at home & you can't add salt. How often would you say you were bothered by poor appetite?*"

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Interview Techniques – 6) Disentangling

- **Disentangling** - Separates multiple-part items into single questions & lets resident respond after each one
- E.g. – "D0200C – Trouble falling, or staying asleep, or sleeping too much" - Break it down:
 - "How often are you having problems falling asleep?"
 - ... *staying asleep?*"
 - ... *sleeping too much?*"

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Coding Item D0200 - Mood

- Watch the video clip of PHQ-9 Interview



- https://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp
- **Main MDS 3.0 site -> from left side of the screen, select MDS 3.0 Training Materials**

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D0300 – Total Severity Score

- Add up numeric scores of Column 2 (Frequency) in D0200 & code Total Severity score
- Enter Frequency score as 2-digit number; range is between **00 and 27** (3 x 9)
- **D0200 interview (PHQ-9 ©) - successful if resident answered at least 7 of the 9 questions**
- If Frequency scores are blank for **more than 3 items**, interview process is **NOT complete - code as 99 & go to D0500 - Staff Assessment instead**

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Coding Item D0300 – Total Severity Score

- Total Severity Score Interpretation:
 - 01- 04 = minimal depression
 - 05 - 09 = mild depression
 - 10 - 14 = moderate depression
 - 15 - 19 = moderately severe depression
 - 20 - 27 = severe depression

Software will calculate Total Severity Score. Appendix E - PHQ-9© Total Severity Score Scoring Rules.

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D0350 – Safety Notification

- Complete only when D0200(I) coded “1” (“Thoughts you would be better off dead, or hurting yourself in some way”)
- Possibility of potential for resident self-harm



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D0350 – Safety Notification

- “Was responsible staff / provider notified there of potential for resident self-harm?”
- “0” – No (= No Notification), or
- “1” – Yes (= Notification made)
- Enter a dash (-) if item does NOT apply

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Coding D0350 – Safety Notification

- Documents if appropriate clinical staff and/or mental health providers are informed of situation
- Recognition & treatment of depression can be lifesaving not only in the NH, but also for those discharged to the community
- Review information & resources in the D0350 section, Appendix C, & Appendix G of the MDS 3.0 manual

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**Coding D0500 – Staff Assessment of Resident Mood
PHQ-9-OV © for past 14 days**

- Use staff assessment, D0500-PHQ-9-OV © **only** for residents who cannot, or refuse to self-report
- Use the same techniques/coding process as for **D0200**
- **D0500 has an additional “irritability” item**
 - **D0500(J) – Being short-tempered, easily annoyed**

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**Coding D0500 – Staff Assessment
of Resident Mood - PHQ-9-OV © cont.**

- Ensures information on a resident’s mood won’t be overlooked for those unable/unwilling to communicate
- Interview staff from all shifts & who know the resident best – still protect resident privacy
- If resident in facility <14 days, speak to family or others, & review transfer records to determine a frequency code

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D0500 Coding Instructions

- **Code Symptom Presence**
 - 0 = No
 - 1 = Yes
- **Code Symptom Frequency**
 - 0 = Never or 1 day
 - 1 = 2 - 6 days
 - 2 = 7 - 11 days
 - 3 = 12 - 14 days (nearly every day)

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D0500 – Coding Instructions cont.

- Many examples & tips in the MDS 3.0 manual
- Don’t calculate a score during staff interview, but focus your full attention on the interview process
- Reminder Column 2 – Symptom Frequency
 - If separating multiple questions, select highest frequency rating reported
 - If staff have difficulty selecting between 2 different “Frequency” responses, select the higher frequency

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Coding Item D0600 – Total Severity Score

- Add scores of all responses in Column 2 (“Frequency” scores)
- **Score will be between 00 and 30 (3 x 10)**
- D0500 has an additional “irritability” item
- D0500 interview (PHQ-9 ©) - is successful if staff answered at least 7 of 10 questions

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Coding Item D0600 – Total Severity Score

- Refer to complete Coding Tips in the manual
- **Total Severity Score Interpretation:**
 - 01- 04 = minimal depression
 - 05 - 09 = mild depression
 - 10 - 14 = moderate depression
 - 15 - 19 = moderately severe depression
 - 20 - 30 = severe depression

Software will calculate Total Severity Score Appendix E: PHQ-9© Total Severity Score Scoring Rules.

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Coding D0650 – Safety Notification

- **Complete only when D0500(I) coded “1”- possible self-harm.**
- Documents appropriate clinical staff and/or mental health provider notification - **Code:**
 - **0 = “No”** = No Notification, or
 - **1 = “Yes”** = Notification made
 - Enter dash (-) if item does NOT apply

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Coding D0650 – Safety Notification

- Recognition & treatment of depression can be lifesaving not only in the NH, but also for those discharged to the community
- Have good documentation if PHQ-9 © shows evidence of identifying depression symptoms, either by resident interview or staff interview
- Review information & resources in section D, Appendix C, & Appendix G of the MDS 3.0 manual

MDS 3.0 Section D

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Section E – Behavior – past 7 days

- Review intent, purpose, & Behavior Assessment Guidelines
- Define behavior terms used for coding
- Includes behaviors potentially harmful to resident
- **Focus on actions, not intent of behavior**



MDS 3.0 Section E

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Section E – Behavior, cont.

- Staff often become used to behavior & may under-report or minimize by presuming intent
- Evaluation & care plan interventions can improve symptoms and/or reduce their impact
- Behaviors may place resident at risk for:
 - Injury, Isolation, Inactivity
- Behaviors may also indicate:
 - Unrecognized Needs, Preferences, Illnesses

MDS 3.0 Section E

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E0100 - Psychosis

- **Code behaviors observed and/or expressed**, not a diagnosis. **Check all that apply.**
- Review records, interview IDT & others to identify behavior symptoms that cause distress/ disruptive to resident, others, staff, environment
- Determine if behaviors are problematic or not
- Observe conversations, interviews, & listen for statements indicating hallucinations, or expression of false beliefs (delusions)

MDS 3.0 Section E

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E0100 – Psychosis, cont.

- **E0100A, hallucinations:** = a perception of the presence of something not actually there – auditory, visual, smell, taste or touch.
- **E0100B, delusions:** = a fixed, false belief, not shared by others; resident holds true, even in the face of evidence to the contrary.
- **E0100Z, none of the above:** past 7 days
- Do not challenge the resident re: beliefs

MDS 3.0 Update: Page E-3: New Example #1 & coding for Example #4 was corrected.

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E0100: Importance of accurate coding

- Psychotic symptoms may be associated with:
 - Delirium or dementia
 - Adverse drug effects or psychiatric disorders
 - Hearing or vision impairment
- Hallucinations and delusions may:
 - Be distressing to residents and families
 - Cause disabilities
 - Lead to dangerous behavior and possible harm
 - Interfere with the delivery of care

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E0200: Behavioral Symptom - Presence & Frequency -

- Again, focus on actions, not intent
- Goal: develop interventions to alleviate symptoms or reduce their impact
- Determine presence of problematic behaviors
 - May be physical or verbal; directed toward self or others
- If behaviors present, determine Frequency
 - Determine the impact on self or others

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E0200: Behavioral Symptom Presence & Frequency, past 7 days, cont.

➤ Determine Behavior Presence

- **A – Physical behavioral symptoms directed toward others**
- **B – Verbal behavioral symptoms directed toward others**
- **C – Other behavioral symptoms NOT directed toward others**

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E0200: Behavioral Symptom Presence & Frequency, past 7 days, cont.

➤ Determine Behavior Frequency

- **0 = behavior not exhibited:** or if previously shown, absent in past 7 days
- **1 = behavior of this type occurred 1-3 days:** Regardless of the number OR severity of episodes that occurred on any 1 of those days

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**E0200: Behavioral Symptom
Presence & Frequency, past 7 days, cont.**

➤ **Code Behavior Frequency, cont.**

- **2 = behavior of this type occurred 4-6 days, but less than daily:** Regardless of the # or severity of episodes that occurred on any of those days.
- **3 = behavior of this type occurred daily:** Regardless of # or severity of episodes that occurred on any of those days.

E0200: Coding Scenario

- Every morning the nursing assistant tries to help a resident who cannot dress himself. The last 4 of 6 mornings, the resident hit and scratched the aide during cares.

How would you code E0200?

Answer E0200A = 2.

The numbers “4 of 6” in the coding Example were corrected on 6/08/10 to match the coding instructions for a code of “2.”

**E0300: Overall Presence of
Behavioral Symptoms**

- **Were any behavioral symptoms in E0200A, B, or C coded 1, 2, or 3?**
- **Review & follow coding instructions:**
 - **0 = No:** Skip to E0800 - Rejection of Care
 - **1 = Yes:** if any of E0200A, E0200B, or E0200C were coded 1, 2, or 3, then
 - **Proceed to E0500 & E0600**

E0500: Impact on Resident

**New
Item**

- **Did any identified symptoms:**
 - **A** – Put resident at significant risk for physical illness or injury?
 - **B** – Significantly interfere with resident's care?
 - **C** – Significantly interfere with resident's participation in activities or social interactions?

Coding Ex. #2 - brand new as of 6/08/10. Page E- 9.

E0600: Impact on Others

New
Item

➤ Did any identified symptoms:

- **A** – Put others at significant risk for physical injury?
- **B** – Significantly intrude on the privacy or activity of others?
- **C** – Significantly disrupt care or living environment?

Coding Ex. #1 – added information & coding guidance from 6/08/10. See page E- 11.

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E0800: Rejection of Care – past 7 days

➤ Did resident reject care or evaluation necessary to achieve goals for health & well-being? Don't include behaviors already coded.

- **0 = NO - skip to Wandering - Impact (E1000)**
- **1 = behavior occurred 1-3 days:** regardless of # of episodes that occurred on any one of those days
- **2 = behavior of this type occurred 4-6 days, but less than daily:** regardless of # of episodes that occurred on any one of those days
- **3 = behavior of this type occurred daily:** regardless of # of episodes that occurred on any one of those days

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E0800: Rejection of Care

- If resident declines/ refuses care, explore further
- Do not include behaviors already addressed and/or determined to be consistent with resident's preferences, values, or goals
- CMS added Pg. E-13 -"It is really a matter of resident choice. When rejection/decline of care is first identified, the team should investigate & determine if the rejection/decline of care is really a matter of resident's choice. If so, education provided & the resident's choices become part of the plan of care. On future assessments, this behavior would not be coded in this item.

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E0900: Wandering – 7 day look-back Presence & Frequency

➤ Has resident Wandered? (moving, walking or locomotion in a w/c, from place to place without a specified course or known direction

- **0 = behavior not exhibited:** no wandering occurred in last 7 days – **SKIP to E1100**
- **1 = wandering occurred 1-3 days**
- **2 = wandering occurred 4-6 days, not daily**
- **3 = wandering occurred daily**

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MDS 3.0 – What's New from CMS

- CMS clarified that assessors should **code wandering in Item E0900** even if the wandering has a purpose but the wandering is unrealistic
- E.g., a Resident gets up & walks around the facility because he thinks he needs to go to work & may have a purpose in his mind. But since that purpose is unrealistic, it should be coded as “wandering” in **E0900**
- **From August CMS MDS 3.0 Conference**

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E1000: Wandering — Impact

- **Answer only if Wandering (E0900) was coded 1, 2, or 3.**
- **0 = No and 1 = Yes**
- **E1000A** – Does wandering place resident at significant risk of getting to a potentially dangerous place (e.g. stairs, outside)?
- **E1000B** – Does wandering significantly intrude on privacy or activities of others?

CMS added ...”based on clinical judgment for the individual resident.” See page E-19.

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E1100: Change in Behavioral or Other Symptoms

- **Consider all symptoms assessed in E0100 - E1000. Question:** How does resident's current behavior status, care rejection, or wandering compare to prior OBRA or PPS assessment?
- 0 = Same**
- 1 = Improved**
- 2 = Worse**
- N/A – because no prior MDS assessment**

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Section E: Impact on Plan of Care

- **Observe** behaviors to determine accurate coding of Section E & the manner in which staff address behaviors - Include reviews of chart, care plan interventions & staff interviews - **Consider ...**
- **If behavior worsening:** whether it's r/t to new health problems or worsening of pre-existing health problems; change in environmental stimuli or caregivers that influences behavior; or adverse effects of tx.
- **If behaviors improved:** what interventions should be continued or modified (e.g., to minimize risk of relapse or adverse effects of treatment).

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Section F - Preferences for Customary Routine & Activities

- Quality of life greatly enhanced when respecting resident's choice re: distinct lifestyle preferences
- Activities establish meaning in their lives
- Best information comes directly from resident, family, significant other, or IDT interviews if resident can't report
- **8 Daily preferences &**
- **8 Activity preferences**



MDS 3.0 Section F

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F0300: Should Interview for Daily & Activity Preferences Be Conducted?

- Attempt to interview all residents able to communicate; otherwise interview resident's family or significant other.
- **0 = No:** Rarely / never understood (**B0700 = 3**), needs interpreter but not available; and/or doesn't have family or significant other available.

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F0300: Should Interview for Daily & Activity Preferences Be Conducted?

- **1 = Yes:** Resident always, usually or at least sometimes understood (**B0700 = 0, 1, or 2**); an interpreter isn't needed, or is present; or has family member or significant other available for interview.



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F0300: Interview Guidelines

- ✓ No set look-back period – just current preferences.
- ✓ This item isn't just required upon Admission, but also updated at subsequent assessments
- ✓ #5 response option = "Important, but can't do or no choice" – If resident chooses this response, the NH has an opportunity now to think of ways to help them do their activity of choice.

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F0400: Interview for 8 Daily Preferences & 8 Activity Preferences

➤ **Show response options (or cue card). Say: “While you’re in this facility...? Choices:**

- 1 = Very important**
- 2 = Somewhat important**
- 3 = Not very important**
- 4 = Not Important at all**
- 5 = Important, but can’t do, or no choice**
- 9 = No response or non-responsive**

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F0600: Daily & Activity Preferences Primary Respondent

➤ Indicate primary respondent for Daily & Activity Preferences (F0400-F0500)

- 1 = Resident**
- 2 = Family or significant other (close friend, other representative, etc.)**
- 3 = Interview **not completed** by resident or family/significant other, or **no response to 3 or more items in either F0400 or F0500****

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F0700: Should Staff Assessment of Daily & Activity Preferences Be Conducted?

- **Must have 3 or more unanswered questions (No response = coded 9) - in either F0400 or F0500 to proceed**
- Use staff observations of behaviors, likes and/or dislikes for **20 response options** – prior options divided out
- Allows for better individualized care plans
- **Check all that apply**

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