

C0100: Should Brief Interview for Mental Status Be Conducted?

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

Attempt to conduct interview with all residents

Enter Code

☐

0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
1. **Yes** → Continue to C0200, Repetition of Three Words

Item Rationale

Health-related Quality of Life

- Most residents are able to attempt the Brief Interview for Mental Status (BIMS), *a structured cognitive interview*.
- A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance.
 - Without an attempted structured cognitive interview, a resident might be mislabeled based on *their* appearance or assumed diagnosis.
 - Structured interviews will efficiently provide insight into the resident's current condition that will enhance good care.

Planning for Care

- Structured cognitive interviews assist in identifying needed supports.
- The structured cognitive interview is helpful for identifying possible delirium behaviors (C1310).

Steps for Assessment

1. Interact with the resident using *their* preferred language (*See A1110*). Be sure *they* can hear you and/or *have* access to *their* preferred method for communication. *If the resident needs or requires an interpreter, complete the interview with an interpreter*. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
2. Determine if the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to C0600, *Should the Staff Assessment for Mental Status be Conducted?*, *unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to C1310. Signs and Symptoms of Delirium*.

C0100: Should Brief Interview for Mental Status Be Conducted? (cont.)

Coding Instructions

- **Code 0, no:** if the interview should not be conducted because the resident is rarely/never understood; cannot respond verbally, in writing, or using another method; or an interpreter is needed but not available.
- **Code 1, yes:** if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.

Coding Tips

- Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood.
- If the resident needs an interpreter, *including a resident who uses American Sign Language (ASL)*, every effort should be made to have an interpreter present for the BIMS. If it is not possible for a needed interpreter to participate on the day of the interview, code C0100 = 0 to indicate interview not attempted and complete C0600-C1000, **Staff Assessment *for* Mental Status**.
- If the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, item C0100 must be coded 1, Yes, and the standard “no information” code (a dash “-”) entered in the resident interview items.
- Do not complete the Staff Assessment for Mental Status items (C0700-C1000) if the resident interview should have been conducted but was not done.
- Because a PDPM cognitive level is utilized in the speech language pathology (SLP) payment component of PDPM, **only** in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS. In this case, the assessor should enter 0, No in C0100: Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status.

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



Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words."

Enter Code

☐
Number of words repeated after first attempt

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

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

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

Enter Code

☐
A. Able to report correct year

- 0. Missed by > 5 years or no answer
- 1. Missed by 2-5 years
- 2. Missed by 1 year
- 3. Correct

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

Enter Code

☐
B. Able to report correct month

- 0. Missed by > 1 month or no answer
- 1. Missed by 6 days to 1 month
- 2. Accurate within 5 days

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

Enter Code

☐
C. Able to report correct day of the week

- 0. Incorrect or no answer
- 1. Correct

C0400. Recall

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

Enter Code

☐
A. Able to recall "sock"

- 0. No - could not recall
- 1. Yes, after cueing ("something to wear")
- 2. Yes, no cue required

Enter Code

☐
B. Able to recall "blue"

- 0. No - could not recall
- 1. Yes, after cueing ("a color")
- 2. Yes, no cue required

Enter Code

☐
C. Able to recall "bed"

- 0. No - could not recall
- 1. Yes, after cueing ("a piece of furniture")
- 2. Yes, no cue required

C0500. BIMS Summary Score

Enter Score

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview

C0200-C0500: Brief Interview for Mental Status (BIMS) (cont.)



Item Rationale

Health-related Quality of Life

- Direct or performance-based testing of cognitive function decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium.
- Cognitively intact residents may appear to be cognitively impaired because of extreme frailty, hearing impairment or lack of interaction.
- Some residents 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.
- The BIMS is an opportunity to observe residents for signs and symptoms of delirium.

Planning for Care

- Assessment of a resident's mental state provides a direct understanding of resident function that may:
 - enhance future communication and assistance and
 - direct nursing interventions to facilitate greater independence such as posting or providing reminders for self-care activities.
- A resident's performance on cognitive tests can be compared over time.
 - An abrupt change in cognitive status may indicate delirium and may be the only indication of a potentially life-threatening illness.
 - *If performance worsens, then an assessment for delirium and/or depression should be considered, as a* decline in mental status may also be associated with a mood disorder.
- Awareness of possible impairment may be important for maintaining a safe environment and providing safe discharge planning.

Steps for Assessment: Basic Interview Instructions for BIMS (C0200-C0500)

1. Refer to Appendix D for a review of basic approaches to effective interviewing techniques.
2. Interview any resident not screened out by **Should Brief Interview for Mental Status Be Conducted?** (Item C0100).
3. Conduct the interview in a private setting, *if possible*.
4. Be sure the resident can hear you.
 - Residents with 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: Brief Interview for Mental Status (BIMS) (cont.)



5. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
6. Give 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."

7. If the resident expresses concern that you are testing *their* memory, *they* may be more comfortable if you reply: "We ask these questions of everyone so we can make sure that our care will meet your needs."
8. Directly ask the resident each item in C0200 through C0400 at one sitting and in the order provided.
9. If the resident chooses not to answer a particular item, accept *their* refusal and move on to the next questions. For C0200 through C0400, code refusals as incorrect *no answer or could not recall*.

Coding Instructions

See coding instructions for individual items.

Coding Tips

- If the interviewer is unable to *articulate or* pronounce any cognitive *interview* items clearly, *for any reason (e.g., accent or speech impairment)*, have a different staff member *conduct* the BIMS.
- Rules for stopping the *BIMS* before it is complete:
 - Stop the interview after completing (C0300C) "Day of the Week" if:

DEFINITION

COMPLETE INTERVIEW

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