

D0100: Should Resident Mood Interview Be Conducted?

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

Enter Code

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0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. **Yes** → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©)

Item Rationale

Health-related Quality of Life

- Most residents who are capable of communicating can answer questions about how they feel.
- Obtaining information about mood directly from the resident, sometimes called “hearing the resident’s voice,” is more reliable and accurate than observation alone for identifying a mood disorder.

Planning for Care

- Symptom-specific information from direct resident interviews will allow for the incorporation of the resident’s voice in the individualized care plan.
- If a resident cannot communicate, then **Staff Mood Interview** (D0500 A-J) should be conducted, *unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.*

D0100: Should Resident Mood Interview Be Conducted? (cont.)

Steps for Assessment

1. Interact with the resident using *their* preferred language. Be sure *they* can hear you and/or *have* access to *their* preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
2. Determine whether the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to D0500, Staff Assessment of Resident Mood (PHQ-9-OV[©]), *unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.*
3. Review Language item (A1110) to determine if the resident needs or wants an interpreter to communicate with doctors or health care staff (A1110 = 1).
 - If the resident needs or wants an interpreter, complete the interview with an interpreter.

Coding Instructions

- **Code 0, no:** if the interview should not be conducted because the resident is rarely/never understood or cannot respond verbally, in writing, or using another method, or an interpreter is needed but not available. Skip to item D0500, Staff Assessment of Resident Mood (PHQ-9-OV[©]), *unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.*
- **Code 1, yes:** if the resident 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. Continue to item D0150, Resident Mood Interview (PHQ-2 to 9[©]).

Coding Tips and Special Populations

- 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, every effort should be made to have an interpreter present for the PHQ-2 to 9[©] interview. If it is not possible for a needed interpreter to be present on the day of the interview, code D0100 = 0 to indicate that an interview was not attempted and complete items D0500–D0600, *unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.*
- Includes residents who use American Sign Language (ASL).
- If the resident interview was not conducted within the look-back period of the ARD, item D0100 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 of Resident Mood items (D0500) if the resident interview should have been conducted but was not done, *or if the assessment being completed is a stand-alone Part A PPS Discharge assessment.*

