

Table of Contents

About the Author	ix
About the Expert Reviewers	x
AANAC and the Education/Certification Programs.	xiii
Welcome	1
Learning Objectives.	3
Pretest.	4
Introduction to the Resident Assessment Instrument (RAI) Process	7
Accurate Coding of Assessments	9
<i>Regulatory Requirement</i>	9
<i>Information Collection</i>	10
<i>Supporting Documentation</i>	12
<i>Intent of the Questions</i>	13
<i>Additional Assessments</i>	14
<i>Maintenance of MDS Records</i>	15
<i>Quiz 1—Accurate Coding of Assessments</i>	16
Section A. Identification Information.	17
<i>A0050: Type of Record</i>	17
<i>A0100: Facility Provider Numbers</i>	19
<i>A0200: Type of Provider</i>	20
<i>A0310: Type of Assessment</i>	21
<i>A0410: Submission Requirement</i>	26
<i>A0500: Legal Name of Resident</i>	28
<i>A0600: Social Security and Medicare Numbers</i>	29
<i>A0700: Medicaid Number</i>	30
<i>A0800: Gender</i>	31
<i>A0900: Birth Date</i>	31
<i>A1000: Race/Ethnicity</i>	32
<i>A1100: Language</i>	33
<i>A1200: Marital Status</i>	35
<i>A1300: Optional Resident Items</i>	36
<i>A1500: Preadmission Screening and Resident Review (PASRR)</i>	37
<i>A1510: Level II Preadmission Screening and Resident Review (PASRR) Conditions</i>	40
<i>A1550: Conditions Related to Intellectual Disability/Developmental Disability (ID/DD) Status</i>	41
<i>A1600: Entry Date (date of this admission/entry or reentry into the facility)</i>	42
<i>A1700: Type of Entry</i>	43
<i>A1800: Entered From</i>	44
<i>A2000: Discharge Date</i>	46
<i>A2100: Discharge Status</i>	47

<i>A2200: Previous Assessment Reference Date for Significant Correction</i>	48
<i>A2300: Assessment Reference Date</i>	49
<i>A2400: Medicare Stay</i>	52
<i>Quiz 2—Section A</i>	56
Section B. Hearing, Speech, and Vision	.57
<i>B0100: Comatose</i>	57
<i>B0200: Hearing</i>	59
<i>B0300: Hearing Aid</i>	61
<i>B0600: Speech Clarity</i>	62
<i>B0700: Makes Self Understood</i>	63
<i>B0800: Ability to Understand Others</i>	65
<i>B1000: Vision</i>	67
<i>B1200: Corrective Lenses</i>	69
<i>Quiz 3—Section B</i>	71
Section C. Cognitive Patterns	.72
<i>C0100: Should Brief Interview for Mental Status Be Conducted?</i>	72
<i>C0200-C0500: Brief Interview for Mental Status (BIMS)</i>	74
<i>C0200: Repetition of Three Words</i>	78
<i>C0300: Temporal Orientation (Orientation to Year, Month, and Day)</i>	81
<i>C0400: Recall</i>	85
<i>C0500: Summary Score</i>	87
<i>C0600: Should the Staff Assessment for Mental Status (C0700-C1000) Be Conducted?</i>	91
<i>C0700-C1000: Staff Assessment of Mental Status Item</i>	92
<i>C0700: Short-term Memory OK</i>	93
<i>C0800: Long-term Memory OK</i>	95
<i>C0900: Memory/Recall Ability</i>	97
<i>C1000: Cognitive Skills for Daily Decision Making</i>	99
<i>C1300: Signs and Symptoms of Delirium</i>	103
<i>C1600: Acute Onset of Mental Status Change</i>	110
<i>Quiz 4—Section C</i>	112
Section D. Mood	113
<i>D0100: Should Resident Mood Interview Be Conducted?</i>	114
<i>D0200: Resident Mood Interview (PHQ-9®)</i>	115
<i>D0300: Total Severity Score</i>	124
<i>D0350: Follow-up to D0200I</i>	126
<i>D0500: Staff Assessment of Resident Mood (PHQ-9-OV®)</i>	127
<i>D0600: Total Severity Score</i>	131
<i>D0650: Follow-up to D0500I</i>	133
<i>Quiz 5—Section D</i>	134
Section E. Behavior	135
<i>E0100: Potential Indicators of Psychosis</i>	136

<i>E0200: Behavioral Symptom—Presence & Frequency</i>	139
<i>E0300: Overall Presence of Behavioral Symptoms</i>	142
<i>E0500: Impact on Resident</i>	142
<i>E0600: Impact on Others</i>	145
<i>E0800: Rejection of Care—Presence & Frequency</i>	149
<i>E0900: Wandering—Presence & Frequency</i>	156
<i>E1000: Wandering—Impact</i>	158
<i>E1100: Change in Behavioral or Other Symptoms</i>	160
<i>Quiz 6—Section E</i>	163
Section F. Preferences for Customary Routine and Activities.	164
<i>F0300: Should Interview for Daily and Activity Preferences Be Conducted?</i>	164
<i>F0400: Interview for Daily Preferences</i>	166
<i>F0500: Interview for Activity Preferences</i>	174
<i>F0600: Daily and Activity Preferences Primary Respondent</i>	178
<i>F0700: Should the Staff Assessment of Daily and Activity Preferences Be Conducted?</i>	179
<i>F0800: Staff Assessment of Daily and Activity Preferences</i>	180
<i>Quiz 7—Section F</i>	182
Section G. Functional Status	183
<i>G0110: Activities of Daily Living (ADL) Assistance</i>	185
<i>G0120: Bathing</i>	202
<i>G0300: Balance During Transitions and Walking</i>	206
<i>G0400: Functional Limitation in Range of Motion</i>	218
<i>G0600: Mobility Devices</i>	222
<i>G0900: Functional Rehabilitation Potential</i>	224
<i>Quiz 8—Section G</i>	226
Section H. Bladder and Bowel	227
<i>H0100: Appliances</i>	228
<i>H0200: Urinary Toileting Program</i>	230
<i>H0300: Urinary Continence</i>	236
<i>H0400: Bowel Continence</i>	239
<i>H0500: Bowel Toileting Program</i>	241
<i>H0600: Bowel Patterns</i>	242
<i>Quiz 9—Section H</i>	244
Section I. Active Diagnoses.	245
<i>Active Diagnoses in the Last 7 Days</i>	245
<i>Quiz 10—Section I</i>	257
Section J. Health Conditions	258
<i>J0100: Pain Management (5-Day Look Back)</i>	259
<i>J0200: Should Pain Assessment Interview Be Conducted?</i>	262
<i>J0300-J0600: Pain Assessment Interview</i>	264
<i>J0300: Pain Presence (5-Day Look-Back)</i>	267

<i>J0400: Pain Frequency (5-Day Look-Back)</i>	269
<i>J0500: Pain Effect on Function (5-Day Look-Back)</i>	271
<i>J0600: Pain Intensity (5-Day Look-Back)</i>	274
<i>J0700: Should the Staff Assessment for Pain be Conducted? (5-Day Look-Back)</i>	276
<i>J0800: Indicators of Pain (5-Day Look-Back)</i>	278
<i>J0850: Frequency of Indicator of Pain or Possible Pain (5-Day Look-Back)</i>	282
<i>J1100: Shortness of Breath (dyspnea)</i>	283
<i>J1300: Current Tobacco Use</i>	285
<i>J1400: Prognosis</i>	286
<i>J1550: Problem Conditions</i>	288
<i>J1700: Fall History on Admission/Entry or Reentry</i>	290
<i>J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</i>	294
<i>J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</i>	296
<i>Quiz 11—Section J</i>	299
Section K. Swallowing/Nutritional Status	300
<i>K0100: Swallowing Disorder</i>	300
<i>K0200: Height and Weight</i>	302
<i>K0300: Weight Loss</i>	304
<i>K0310: Weight Gain</i>	309
<i>K0510: Nutritional Approaches</i>	311
<i>K0700: Percent Intake by Artificial Route</i>	316
<i>Quiz 12—Section K</i>	319
Section L. Oral/Dental Status	320
<i>L0200: Dental</i>	320
<i>Quiz 13—Section L</i>	323
Section M. Skin Conditions	324
<i>M0100: Determination of Pressure Ulcer Risk</i>	325
<i>M0150: Risk of Pressure Ulcers</i>	328
<i>M0210: Unhealed Pressure Ulcer(s)</i>	329
<i>M0300: Current Number of Unhealed Pressure Ulcers at Each Stage</i>	332
<i>M0300A: Number of Stage 1 Pressure Ulcers</i>	333
<i>M0300B: Stage 2 Pressure Ulcers</i>	334
<i>M0300C: Stage 3 Pressure Ulcers</i>	336
<i>M0300D: Stage 4 Pressure Ulcers</i>	339
<i>M0300E: Unstageable Pressure Ulcers Related to Non-removable Dressing/Device</i>	340
<i>M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar</i>	341
<i>M0300G: Unstageable Pressure Ulcers Related to Suspected Deep Tissue Injury</i>	344
<i>M0610: Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Unstageable Pressure Ulcer Due to Slough or Eschar</i>	348

M0700: Most Severe Tissue Type for Any Pressure Ulcer 351
M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry 354
M0900: Healed Pressure Ulcers 357
M1030: Number of Venous and Arterial Ulcers 359
M1040: Other Ulcers, Wounds and Skin Problems 362
M1200: Skin and Ulcer Treatments 365
 Quiz 14—Section M 372
 Section N. Medications 373
 N0300: Injections 373
 N0350: Insulin 375
 N0410: Medications Received 376
 Quiz 15—Section N 383
 Section O. Special Treatments, Procedures, and Programs 384
 O0100: Special Treatments, Procedures, and Programs 384
 O0250: Influenza Vaccine 391
 O0300: Pneumococcal Vaccine 395
 O0400: Therapies 401
 O0450: Resumption of Therapy 421
 O0500: Restorative Nursing Programs 423
 O0600: Physician Examinations 431
 O0700: Physician Orders 432
 Quiz 16—Section O 435
 Section P. Restraints 436
 P0100: Physical Restraints 437
 Quiz 17—Section P 446
 Section Q. Participation in Assessment and Goal Setting 447
 Q0100: Participation in Assessment 448
 Q0300: Resident’s Overall Expectation 450
 Q0400: Discharge Plan 456
 Q0490: Resident’s Preference to Avoid Being Asked Question Q0500B 460
 Q0500: Return to Community 462
 Q0550: Resident’s Preference to Avoid Being Asked Question Q0500B Again 466
 Q0600: Referral 467
 Quiz 18—Section Q 471
 Section V. Care Area Assessment (CAA) Summary 472
 V0100: Items From the Most Recent Prior OBRA or PPS Assessment 473
 V0200: CAAs and Care Planning 476
 Quiz 19—Section V 480
 Section X. Correction Request 481
 X0150: Type of Provider 482
 X0200: Name of Resident 483

<i>X0300: Gender</i>	483
<i>X0400: Birth Date</i>	484
<i>X0500: Social Security Number</i>	484
<i>X0600: Type of Assessment/Tracking</i>	485
<i>X0700: Date on Existing Record to Be Modified/Inactivated</i>	487
<i>X0800: Correction Attestation Section</i>	488
<i>X0900: Reasons for Modification</i>	489
<i>X1050: Reasons for Inactivation</i>	490
<i>X1100: RN Assessment Coordinator Attestation of Completion</i>	491
Section Z. Assessment Administration	493
<i>Z0100: Medicare Part A Billing</i>	493
<i>Z0150: Medicare Part A Non-Therapy Billing</i>	495
<i>Z0200: State Medicaid Billing (if required by the state)</i>	497
<i>Z0250: Alternate State Medicaid Billing (if required by state)</i>	497
<i>Z0300: Insurance Billing</i>	498
<i>Z0400: Signatures of Persons Completing the Assessment or Entry/Death Reporting</i>	499
<i>Z0500: Signature of RN Assessment Coordinator Verifying Assessment Completion</i>	501
Quiz 20—Section Z	503
Pretest and Quiz Answer Keys	505
Glossary	506
References	508
Resources.	509
<i>Minimum Data Set (MDS)—Version 3.0</i>	510
<i>Federal Regulations for Resident Assessment</i>	550
<i>Interviewing to Increase Resident Voice</i>	570
<i>PHQ-9 Scoring Rules and Instruction for BIMS (When Administered in Writing)</i>	574
<i>Skills for Effective Interviews</i>	589
<i>MDS 3.0 Cue Cards</i>	593
<i>Coding Examples for G0110: Activities of Daily Living (ADL) Assistance</i>	597
<i>Scenarios for Pressure Ulcer Coding</i>	606
AANAC Training Manual Evaluation	617
AANAC Membership	619