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
  Regulatory Requirement ................................................. 9
  Information Collection ..................................................... 10
  Supporting Documentation ................................................ 12
  Intent of the Questions ................................................... 13
  Additional Assessments ................................................... 14
  Maintenance of MDS Records ............................................ 15
  Quiz 1—Accurate Coding of Assessments ................................ 16
Section A. Identification Information ..................................... 17
  A0050: Type of Record .................................................... 17
  A0100: Facility Provider Numbers ..................................... 19
  A0200: Type of Provider .................................................. 20
  A0310: Type of Assessment .............................................. 21
  A0410: Submission Requirement ....................................... 26
  A0500: Legal Name of Resident ....................................... 28
  A0600: Social Security and Medicare Numbers ......................... 29
  A0700: Medicaid Number ............................................... 30
  A0800: Gender ............................................................ 31
  A0900: Birth Date ........................................................ 31
  A1000: Race/Ethnicity .................................................... 32
  A1100: Language ........................................................ 33
  A1200: Marital Status .................................................... 35
  A1300: Optional Resident Items ......................................... 36
  A1500: Preadmission Screening and Resident Review (PASRR) ...... 37
  A1510: Level II Preadmission Screening and Resident Review (PASRR) Conditions .................................................. 40
  A1550: Conditions Related to Intellectual Disability/Developmental Disability (ID/DD) Status ........................................... 41
  A1600: Entry Date (date of this admission/entry or reentry into the facility) .... 42
  A1700: Type of Entry ....................................................... 43
  A1800: Entered From ..................................................... 44
  A2000: Discharge Date ..................................................... 46
  A2100: Discharge Status .................................................. 47
Section A. MDS 3.0 Coding for OBRA and PPS

A2200: Previous Assessment Reference Date for Significant Correction 48
A2300: Assessment Reference Date 49
A2400: Medicare Stay 52
Quiz 2—Section A 56

Section B. Hearing, Speech, and Vision

B0100: Comatose 57
B0200: Hearing 59
B0300: Hearing Aid 61
B0600: Speech Clarity 62
B0700: Makes Self Understood 63
B0800: Ability to Understand Others 65
B1000: Vision 67
B1200: Corrective Lenses 69
Quiz 3—Section B 71

Section C. Cognitive Patterns

C0100: Should Brief Interview for Mental Status Be Conducted? 72
C0200-C0500: Brief Interview for Mental Status (BIMS) 74
C0200: Repetition of Three Words 78
C0300: Temporal Orientation (Orientation to Year, Month, and Day) 81
C0400: Recall 85
C0500: Summary Score 87
C0600: Should the Staff Assessment for Mental Status (C0700-C1000) Be Conducted? 91
C0700-C1000: Staff Assessment of Mental Status Item 92
C0700: Short-term Memory OK 93
C0800: Long-term Memory OK 95
C0900: Memory/Recall Ability 97
C1000: Cognitive Skills for Daily Decision Making 99
C1300: Signs and Symptoms of Delirium 103
C1600: Acute Onset of Mental Status Change 110
Quiz 4—Section C 112

Section D. Mood

D0100: Should Resident Mood Interview Be Conducted? 114
D0200: Resident Mood Interview (PHQ-9°) 115
D0300: Total Severity Score 124
D0350: Follow-up to D0200 126
D0500: Staff Assessment of Resident Mood (PHQ-9-OV°) 127
D0600: Total Severity Score 131
D0650: Follow-up to D0500 133
Quiz 5—Section D 134

Section E. Behavior

E0100: Potential Indicators of Psychosis 136
E0200: Behavioral Symptom—Presence & Frequency  139
E0300: Overall Presence of Behavioral Symptoms  142
E0500: Impact on Resident  142
E0600: Impact on Others  145
E0800: Rejection of Care—Presence & Frequency  149
E0900: Wandering—Presence & Frequency  156
E1000: Wandering—Impact  158
E1100: Change in Behavioral or Other Symptoms  160
Quiz 6—Section E  163
Section F. Preferences for Customary Routine and Activities.  164
F0300: Should Interview for Daily and Activity Preferences Be Conducted?  164
F0400: Interview for Daily Preferences  166
F0500: Interview for Activity Preferences  174
F0600: Daily and Activity Preferences Primary Respondent  178
F0700: Should the Staff Assessment of Daily and Activity Preferences Be Conducted?  179
F0800: Staff Assessment of Daily and Activity Preferences  180
Quiz 7—Section F  182
Section G. Functional Status  183
G0110: Activities of Daily Living (ADL) Assistance  185
G0120: Bathing  202
G0300: Balance During Transitions and Walking  206
G0400: Functional Limitation in Range of Motion  218
G0600: Mobility Devices  222
G0900: Functional Rehabilitation Potential  224
Quiz 8—Section G  226
Section H. Bladder and Bowel  227
H0100: Appliances  228
H0200: Urinary Toileting Program  230
H0300: Urinary Continence  236
H0400: Bowel Continence  239
H0500: Bowel Toileting Program  241
H0600: Bowel Patterns  242
Quiz 9—Section H  244
Section I. Active Diagnoses.  245
Active Diagnoses in the Last 7 Days  245
Quiz 10—Section I  257
Section J. Health Conditions  258
J0100: Pain Management (5-Day Look Back)  259
J0200: Should Pain Assessment Interview Be Conducted?  262
J0300-J0600: Pain Assessment Interview  264
J0300: Pain Presence (5-Day Look-Back)  267
J0400: Pain Frequency (5-Day Look-Back) 269
J0500: Pain Effect on Function (5-Day Look-Back) 271
J0600: Pain Intensity (5-Day Look-Back) 274
J0700: Should the Staff Assessment for Pain be Conducted? (5-Day Look-Back) 276
J0800: Indicators of Pain (5-Day Look-Back) 278
J0850: Frequency of Indicator of Pain or Possible Pain (5-Day Look-Back) 282
J1100: Shortness of Breath (dyspnea) 283
J1300: Current Tobacco Use 285
J1400: Prognosis 286
J1550: Problem Conditions 288
J1700: Fall History on Admission/Entry or Reentry 290
J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent 294
J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent 296
Quiz 11—Section J 299

Section K. Swallowing/Nutritional Status 300
K0100: Swallowing Disorder 300
K0200: Height and Weight 302
K0300: Weight Loss 304
K0310: Weight Gain 309
K0510: Nutritional Approaches 311
K0700: Percent Intake by Artificial Route 316
Quiz 12—Section K 319

Section L. Oral/Dental Status 320
L0200: Dental 320
Quiz 13—Section L 323

Section M. Skin Conditions 324
M0100: Determination of Pressure Ulcer Risk 325
M0150: Risk of Pressure Ulcers 328
M0210: Unhealed Pressure Ulcer(s) 329
M0300: Current Number of Unhealed Pressure Ulcers at Each Stage 332
M0300A: Number of Stage 1 Pressure Ulcers 333
M0300B: Stage 2 Pressure Ulcers 334
M0300C: Stage 3 Pressure Ulcers 336
M0300D: Stage 4 Pressure Ulcers 339
M0300E: Unstageable Pressure Ulcers Related to Non-removable Dressing/Device 340
M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar 341
M0300G: Unstageable Pressure Ulcers Related to Suspected Deep Tissue Injury 344
M0610: Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Unstageable Pressure Ulcer Due to Slough or Eschar 348
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>X0300</td>
<td>Gender</td>
<td>483</td>
</tr>
<tr>
<td>X0400</td>
<td>Birth Date</td>
<td>484</td>
</tr>
<tr>
<td>X0500</td>
<td>Social Security Number</td>
<td>484</td>
</tr>
<tr>
<td>X0600</td>
<td>Type of Assessment/Tracking</td>
<td>485</td>
</tr>
<tr>
<td>X0700</td>
<td>Date on Existing Record to Be Modified/Inactivated</td>
<td>487</td>
</tr>
<tr>
<td>X0800</td>
<td>Correction Attestation Section</td>
<td>488</td>
</tr>
<tr>
<td>X0900</td>
<td>Reasons for Modification</td>
<td>489</td>
</tr>
<tr>
<td>X1050</td>
<td>Reasons for Inactivation</td>
<td>490</td>
</tr>
<tr>
<td>X1100</td>
<td>RN Assessment Coordinator Attestiation of Completion</td>
<td>491</td>
</tr>
</tbody>
</table>

Section Z. Assessment Administration

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z0100</td>
<td>Medicare Part A Billing</td>
<td>493</td>
</tr>
<tr>
<td>Z0150</td>
<td>Medicare Part A Non-Therapy Billing</td>
<td>495</td>
</tr>
<tr>
<td>Z0200</td>
<td>State Medicaid Billing (if required by the state)</td>
<td>497</td>
</tr>
<tr>
<td>Z0250</td>
<td>Alternate State Medicaid Billing (if required by state)</td>
<td>497</td>
</tr>
<tr>
<td>Z0300</td>
<td>Insurance Billing</td>
<td>498</td>
</tr>
<tr>
<td>Z0400</td>
<td>Signatures of Persons Completing the Assessment or Entry/Death Reporting</td>
<td>499</td>
</tr>
<tr>
<td>Z0500</td>
<td>Signature of RN Assessment Coordinator Verifying Assessment Completion</td>
<td>501</td>
</tr>
</tbody>
</table>

Quiz 20—Section Z  503

Pretest and Quiz Answer Keys........................................... 505

Glossary ................................................................. 506

References ............................................................... 508

Resources ................................................................. 509

  Minimum Data Set (MDS)—Version 3.0  510
  Federal Regulations for Resident Assessment  550
  Interviewing to Increase Resident Voice  570
  PHQ-9 Scoring Rules and Instruction for BIMS (When Administered in Writing)  574
  Skills for Effective Interviews  589
  MDS 3.0 Cue Cards  593
  Coding Examples for G0110: Activities of Daily Living (ADL) Assistance  597
  Scenarios for Pressure Ulcer Coding  606

AANAC Training Manual Evaluation ................................. 617

AANAC Membership ..................................................... 619