MDS Competency

MDS Coding PHQ-9

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MDS Competency MDS Coding PHQ-9

3.8.21

Harmony Healthcare International (HHI)

"HHI **C.A.R.E.S.** about Care"

C ompliance

A udit
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E ducation
fficiency

S urvey

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HHI C.A.R.E.S. About Care
harmony21 is the nation's leading interdisciplinary
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Learning Objectives

1. Understanding patient interviews
2. Articulate the intent of patient interviews for MDS 3.0 section D, and correct coding strategies for each item
3. Identify when to conduct a patient vs a staff interview

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CMS Has Expressed Concern…

- Overuse or inappropriate use of dashes on assessments
- Skipped interviews
- Per CMS, "Every assessment must be completed as fully as possible with all available information at the time of the assessment"

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Patient Interviews

- CMS stresses the importance of the interviews and the need to make every attempt to complete them
- State survey agencies have verified that, in some cases, interviews are not completed when the resident could participate
- Failure to complete the interviews places the facility at risk for citation during survey

Patient Interviews

- Resident interviews are an important aspect of the entire Care Planning process
- All residents capable of any communication should be asked to provide information regarding what they consider to be the most important facets of their lives
- 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 on item B0700, Makes Self Understood.

Importance of Accurate Interviews

- Several MDS 3.0 sections require direct interview of the resident as the primary source of information
- Self-report is the single most reliable indicator of these topics
- Resident interview should be part of a supportive care environment that assists residents to fulfill their choices over aspects of their lives
- If the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, the item 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.

Importance of Accurate Interviews

- 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.

Patient interviews

- There are RAI resources available to increase the relevancy of your interviews
- Appendix D offers some tips and techniques for more successful resident interviews
- Appendix E offers PHQ-9 scoring rules and instructions for administering the BIMS in writing

The Importance of Accurate Interviews

Bottom Line:

It’s all about the Resident

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Steps to Prepare for a Successful Interview

- Interview approaches:
  - Introduce yourself to the resident
  - Be sure the resident can hear what you are saying
  - Ask whether the resident would like an interpreter (language or signing)
  - Find a quiet, private area where you are not likely to be interrupted or overheard

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Steps to Prepare for a Successful Interview

- Interview approaches:
  - Sit where the resident can see you clearly and you can see his or her expressions:
    - Ask the resident where you should sit so that he or she can see best
  - Establish rapport and respect
  - Explain the purpose of the questions to the resident

Steps to Prepare for a Successful Interview

- Interview approaches:
  - **Say and show the item responses**
  - **Ask the questions** as they appear in the questionnaire

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Steps to Prepare for a Successful Interview

- Interview approaches:
  - Break the question apart if necessary:
    - Unfolding refers to the use of a general question about the symptom followed by a sequence of more specific questions if the symptom is reported as present

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Steps to Prepare for a Successful Interview

- Interview approaches:
  - Break the question apart:
    - Disentangling refers to separating items with several parts into manageable pieces

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Steps to Prepare for a Successful Interview

- Interview approaches:
  - Clarify using echoing:
    - Echoing means simply restating part of the resident's response
  - Repeat the response options as needed
  - Move on to another question if the resident is unable to answer

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Steps to Prepare for a Successful Interview

- Interview approaches:
  - **Break up the interview** if the resident becomes tired or needs to leave for rehabilitation, etc.
  - **Do not try to talk a resident out of an answer**

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Steps to Prepare for a Successful Interview

- Record the resident's response:
  - Do not record what you believe he or she should have said
- If the resident becomes sorrowful or agitated sympathetically respond to his or her feelings:
  - Allow emotional expression
  - You may need to finish the interview later

Steps to Prepare for a Successful Interview

- Remember that resident preferences may be influenced by many factors
- A resident's physical and/or psychological state or environment may play a role in current preferences
- Resident preferences can be a challenge to discern

Steps to Prepare for a Successful Interview

- A simple, performance-based assessment of cognitive function can quickly define a resident's cognitive status
- The majority of residents, even those with moderate to severe cognitive impairment, are able to answer simple questions within the interview structure

Steps to Prepare for a Successful Interview

- In other words, the interview items may be coded using the responses provided by the resident on a previous assessment only if the date of the interview responses from the previous assessment, as documented in item Z0400, were obtained no more than 14 days prior to the date of completion for the interview items on the unscheduled assessment, as documented in item Z0400, for which those responses will be used.

14 Day Look Back

- If the resident interview was not conducted within the look-back period (preferably the day before or the day 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.

Section D: Mood

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Section D: Mood

- Nursing homes are required to evaluate for depression. The RAI manual provides a validated interview that screens for symptoms of depression. It provides a standardized severity score and a rating for evidence of a depressive disorder. The intent is not to diagnosis depression, but to identify possible indicators of depression. Per the RAI, the intent of section D of the MDS is to
- “address mood distress, a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable”. “Facility staff should recognize these indicators and consider them when developing the resident’s individualized care plan”.

Section D: Mood

- MDS 3.0 introduced facilities to the PHQ-9 resident interview. This resident interview is a **structured assessment** that must be administered according to RAI User's Manual instructions. The following key concepts should be followed when completed.

Section D: Mood

- The signs and/or symptoms of mood distress are identifiable and treatable
- The completion of this Section does not diagnose depression or other mood disorder
- Facility staff should incorporate these indicators when developing individualized Care Plans

D0100: Mood

- Determine if the resident is understood at least sometimes as defined by item B0700 Makes Self Understood (B0700 = 0, 1, or 2)
- Review Language item (A1100) and determine if the resident needs/wants an interpreter to communicate with doctors or health care staff (A1100 = 1):
  - If the resident needs or wants an interpreter, complete the interview with an interpreter

D0100: Mood

- If it is not possible for a needed interpreter to be present the day before or day of the ARD, code D0100 = 0 to indicate that an interview was not attempted and complete items D0500-D0650
- Coding Instructions:
  - Code 0, no
  - Code 1, yes

D0200: Mood Interview (PHQ-9)

- Look-back period = 14 days
- Looks back may include prior to admission
- Conduct the interview preferably the day before or day of the ARD
- Conduct interview in a private setting
- Suggested language: "Over the last 2 weeks, have you been bothered by any of the following problems?"

D0200: Mood Interview (PHQ-9)

- For each question in Resident Mood Interview (D0200), **read the item as it is written**
- Do not provide definitions because the meaning **must be** based on the resident's interpretation
- For example, the resident defines for himself what "tired" means. The item should be scored based on the resident's interpretation.

D0200: Mood Interview (PHQ-9)

- Each question must be asked in sequence to assess presence (column 1) and frequency (column 2) before proceeding to the next question
- Enter code 9 for any response that is unrelated, incomprehensible, or incoherent or if the resident's response is not informative with respect to the item being rated

D0200: Mood Interview (PHQ-9)

- Coding Instructions for Column 1. Symptom Presence:
  - Code 0, no: If resident indicates symptoms listed are not present enter 0. Enter 0 in Column 2 as well.
  - Code 1, yes: If resident indicates symptoms listed are present enter 1. Enter 0, 1, 2, or 3 in Column 2, Symptom Frequency.
  - Code 9, no response: If the resident was unable or chose not to complete the assessment, responded nonsensically and/or the facility was unable to complete the assessment. Leave Column 2, Symptom Frequency, blank.

D0200: Mood Interview (PHQ-9)

- Coding Instructions for Column 2. Symptom Frequency:
  - Code 0, never or 1 day: If the resident indicates that he or she has never or has only experienced the symptom on 1 day
  - Code 1, 2-6 days (several days): If the resident indicates that he or she has experienced the symptom for 2-6 days
  - Code 2, 7-11 days (half or more of the days): If the resident indicates that he or she has experienced the symptom for 7-11 days
  - Code 3, 12-14 days (nearly every day): If the resident indicates that he or she has experienced the symptom for 12-14 days

D0200: Mood Interview (PHQ-9)

- Record the resident's responses as they are stated, regardless of whether the resident or the assessor attributes the symptom to something other than mood
- Further evaluation of the clinical relevance of reported symptoms should be explored by the responsible clinician

D0200: Mood Interview (PHQ-9)

- If the resident uses his own words to describe a symptom, this should be briefly explored
- If it is determined that the resident is reporting the intended symptom but using his own words, ask them to tell you how often they were bothered by that symptom
- Select only one frequency response per item
- If the resident has difficulty selecting between two frequency responses, code for the **higher frequency**

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D0200: Mood Interview (PHQ-9)

- Some items contain more than one phrase
- If a resident gives different frequencies for the different parts of a single item, select **the highest frequency** as the score for that item
- Residents may respond to questions verbally, by pointing to their answers on the cue card or by writing out their answers

D0300: Total Severity Score

- The **Total Severity Score** does not diagnose a mood disorder or depression
- May indicate a need for follow-up with a mental health professional
- The **Total Severity Score** is a summary of the frequency scores on the PHQ-9© that indicates the extent of potential depression symptoms and can be useful for knowing when to request additional assessments and track symptoms and how they change over time

D0300: Total Severity Score

- Steps for Assessment:
  - After completing D0200 A-1:
    1. Add the numeric scores across all frequency items in Resident Mood Interview (D0200) Column 2
    2. Do not add up the score while you are interviewing the resident. Instead, focus your full attention on the interview.
    3. The maximum resident score is 27

    (9 × 3)

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D0300: Total Severity Score

- Coding Instructions:
  - The interview is successfully completed if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9©
  - If symptom frequency is blank for 3 or more items, the interview is deemed to be incomplete. Total Severity Score should be coded as "99" and the Staff Assessment of Mood should be conducted.
  - Enter the total score as a two-digit number. The Total Severity Score will be between 00 and 27.
  - "99" is coded if symptom frequency is blank for 3 or more items

D0300: Total Severity Score

- PHQ-9© Total Severity Score can be used to track changes in severity over time. Total Severity Score can be interpreted as follows:

1-4:	Minimal depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

D0350: Follow-up to D0200I

- Complete item D0350 **only** if item D0200I **Thoughts That You Would Be Better Off Dead, or of Hurting Yourself in Some Way** = 1, indicating the possibility of resident self-harm:
  - **Code 1, no**: If responsible staff or provider was not informed that there is a potential for resident self-harm
  - **Code 2, yes**: If responsible staff or provider was informed that there is a potential for resident self-harm

Section D: Incomplete patient Interview

- Sometimes a patient may be unable to participate in an interview or partially complete the interview which results in an **incomplete interview**. The patient interview for **mood is successfully completed** when the patient answered the frequency responses of at least **7 of the 9 items** on the PHQ-9. If the symptom frequency is blank for 3 or more items, the interview is deemed **not** complete. The total severity score should then be coded as “99” and the staff assessment of mood should then be conducted.

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D0500: Staff Assessment of Resident Mood (PHQ-9-OV©)

- Staff should complete the PHQ-9-OV© Staff Assessment of Mood to ensure that signs or symptoms of mood, behavior distress are identified and treated in patients who are unable or unwilling to complete the PHQ-9© Resident Mood Interview
- If the resident is not able to complete the PHQ-9©, because of communication/refusal or inability to participate then a scripted interview with staff who knows the resident well should be completed to provide critical information to understand the mood and for Care Plans

D0500: Staff Assessment of Resident Mood (PHQ-9-OV©)

- Interview staff from all shifts who know the resident best. Conduct interview in a location that protects resident privacy.
- Encourage staff to report symptom frequency, even if the staff believes the symptom to be unrelated to depression
- If frequency cannot be coded because the resident has been in the facility for less than 14 days, talk to family or significant other and review transfer records to inform the selection of a frequency code

D0500: Staff Assessment of Resident Mood (PHQ-9-OV©)

- Coding Instructions for Column 1: Symptom Presence:
  - Code 0, no: If symptoms listed are not present. Enter 0 in Column 2, Symptom Frequency.
  - Code 1, yes: If symptoms listed are present. Enter 0, 1, 2, or 3 in Column 2, Symptom Frequency.

D0500: Staff Assessment of Resident Mood (PHQ-9-OV)

- Coding Instructions for Column 2. Symptom Frequency:
  - Code 0, never or 1 day: If staff indicate that the resident has never or has experienced the symptom on only 1 day
  - Code 1, 2-6 days (several days): If staff indicate that the resident has experienced the symptom for 2-6 days
  - Code 2, 7-11 days (half or more of the days): If staff indicate that the resident has experienced the symptom for 7-11 days
  - Code 3, 12-14 days (nearly every day): If staff indicate that the resident has experienced the symptom for 12-14 days

D0600: Total Severity Score

- Steps for Assessment:
  - After completing items D0500 A-J:
    - Add the numeric scores across all frequency items for Staff Assessment of Mood, Symptom Frequency (D0500) Column 2
    - Maximum score is 30 (3 × 10)

D0600: Total Severity Score

- PHQ-9© Total Severity Score can be used to track changes in severity over time. Total Severity Score can be interpreted as follows:

1-4:	Minimal depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-30:	Severe depression

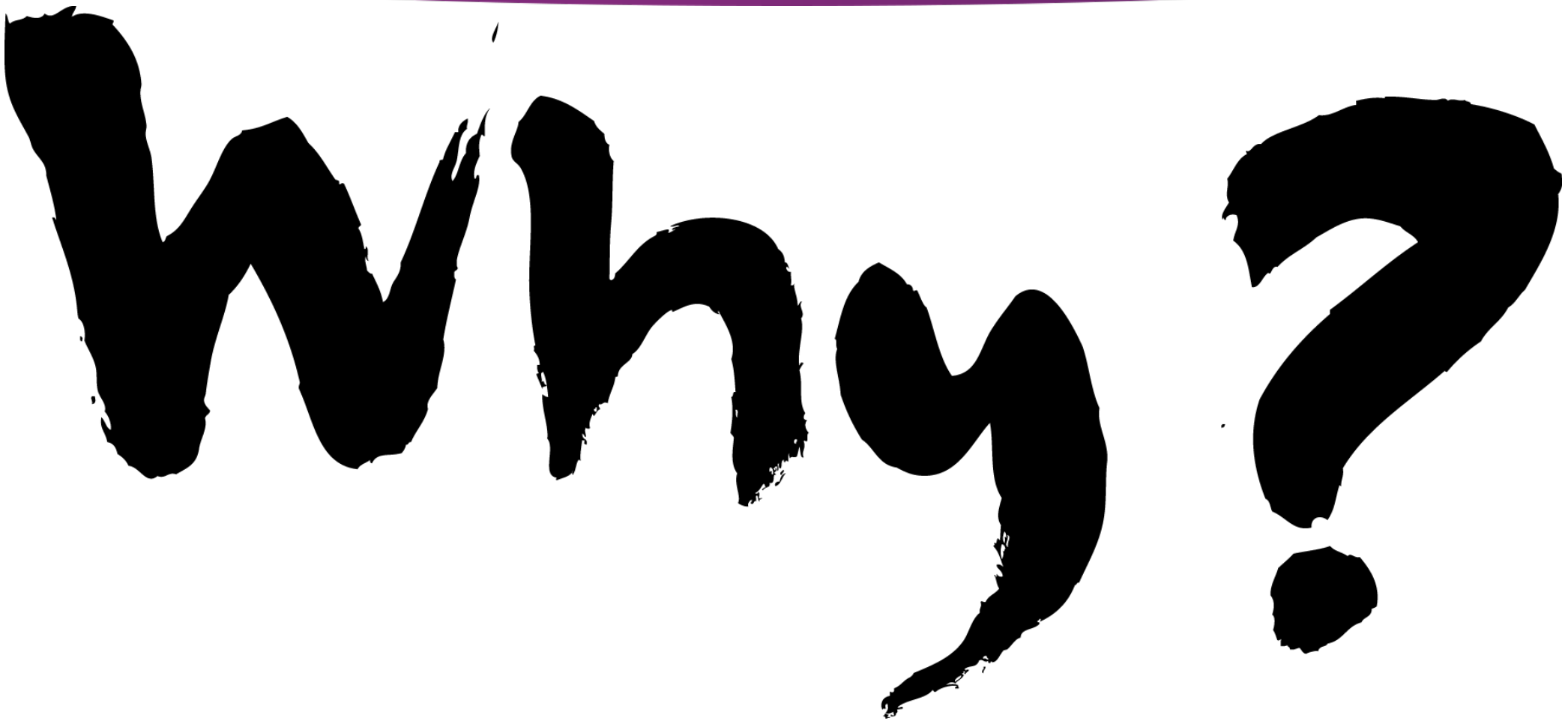
D0650: Follow-up to D0500I

- Steps for Assessment:
  - Complete item D0650 only if item D0500I, States That Life Isn't Worth Living, Wishes for Death, or Attempts to Harm Self = 1 indicating the possibility of resident self-harm
- Coding Instructions:
  - Code 1, no: If responsible staff or provider was not informed that there is a potential for resident self-harm
  - Code 2, yes: If responsible staff or provider was informed that there is a potential for resident self-harm

Section D: Mood

- Depression:
- The D0300 Total Severity Score is greater than or equal to 10 but not 99
- Or
- the D0600 Total Severity Score is greater than or equal to 10

Section D: Mood



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Section D: Mood

MDS 3.0

Patient Centered Care

Know your resident

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Section D: Mood

- The reason for many nursing home admissions often include loss of function and mobility from an independent living environment.
- Add with chronic pain, loss of loved ones, and an unfamiliar environment heighten the need to screen for and treat depression among residents in nursing homes.

Section D: Mood

- Approximately 40% of residents in nursing homes have symptoms of depression
- Elderly individuals who suffer from chronic pain are between 2 and 4 times more likely to experience depression
- Approximately 68% of adults aged 65 and over know about depression

(American Geriatric Society/National Institutes for health/Mental Heal America)

Section D: Mood

- Per the RAI:
- Depression can be associated with:
  - psychological and physical distress (e.g., poor adjustment to the nursing home, loss of independence, chronic illness, increased sensitivity to pain),
  - decreased participation in therapy and activities (e.g., caused by isolation),
  - decreased functional status (e.g., resistance to daily care, decreased desire to participate in activities of daily living [ADLs]), and
  - poorer outcomes (e.g., decreased appetite, decreased cognitive status)

Care Planning

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Care Planning

- Review patients at interdisciplinary team meetings within five days of an admission and discuss observations or family interviews that revolved around changes in mood or activities, including depression.

Care Planning

- With recent CMS updates on regulations, care planning is a new focus for compliance.

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Care Planning

- Everything you are diagnosing or capturing in the notes or on the MDS as a problem or risk needs to be included in the care plan.

- The significance of depression adds to the clinical complexity of nursing, creating an even greater importance in proper care planning.

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PDPM

What role does depression play in PDPM

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PDPM Depression

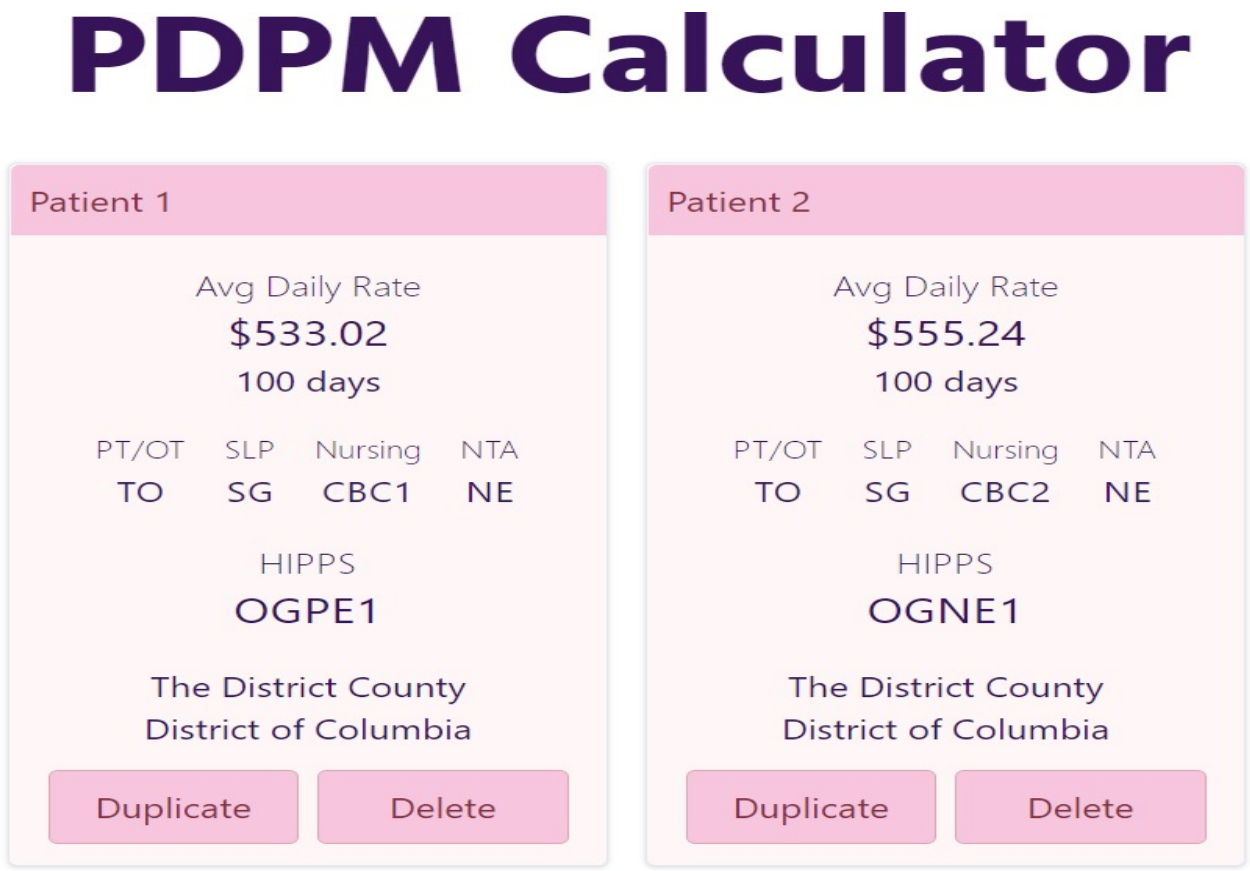
- PDPM offers a huge opportunity, both clinically and financially, for SNFs who can properly capture, identify and treat depression.
- Proper coding under PDPM is most important to the residents of this new patient-focused care model.
- PDPM breaks down the condition of a patient ensuring a more focused review and individualization of the care needed.

PDPM Depression

- When SNFs properly identify and treat depression as part of a resident's overall care plan, reimbursements can increase up to 17% in the nursing component, according to The Centers for Medicare and Medicaid Services final rule for the SNF prospective payment system

PDPM Depression

Brittany can you remove "pdpm calculator"



- Patient 1:
  - New CVA with Hemiparesis
  - No Depression
  - Patient 2
    - New CVA with Hemiparesis
    - Depression

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Properly assessing and knowing our residents allows us to provide better care

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Our Process

- Prescribed medical record review process that encompasses HHI's core business
- HHI Regional Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
  - MDS Accuracy
  - MDS Supporting Documentation
  - Billing Accuracy
  - Nursing Documentation
  - Therapy Documentation
  - Clinically Appropriate Care

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HHI
Services and Plans

Gold C.A.R.E.S.
2 Year Service Plan

Platinum C.A.R.E.S.
3 Year Service Plan

List of HHI Services

PDPM Training and Audits | Medicare | Compliance | Rehab Program Development | Seminars | MMQ Audits | Mock RAC Audits | Rehab Certification | Mock Health Inspection Survey | MDS Competency | Talent Management | Denials Management | Compliance Certification | Clinically Appropriate Stay | QAPI | QIS | Medicare Part B Program | MDSC Mentor Program | Case Mix Consulting | Professional Development | Leadership Trainings | Regulatory and Survey Assistance | Five Star | PBJ | Quality Measures | Analysis | Staff Training | Infection Control and More!

Silver C.A.R.E.S.
1 Year Service Plan

A La C.A.R.E.S.
Customized Service Plan

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Our Senior HHI Specialists

- Founded in 2001
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America three years in a row
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS

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https://www.harmony-healthcare.com/harmonyhelp

Live Support Available
8:00 a.m. – 5:00 p.m. EST

HarmonyHelp

With **HarmonyHelp**, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a HHI Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The **Knowledge Center** is loaded with **information** that will assist with your daily responsibilities at your facility. This self-help site is broken up into **5 Sections:**

Manuals I Tools I C.A.R.E.S. Community I Hot Topics I FAQ (Frequently Asked Questions)

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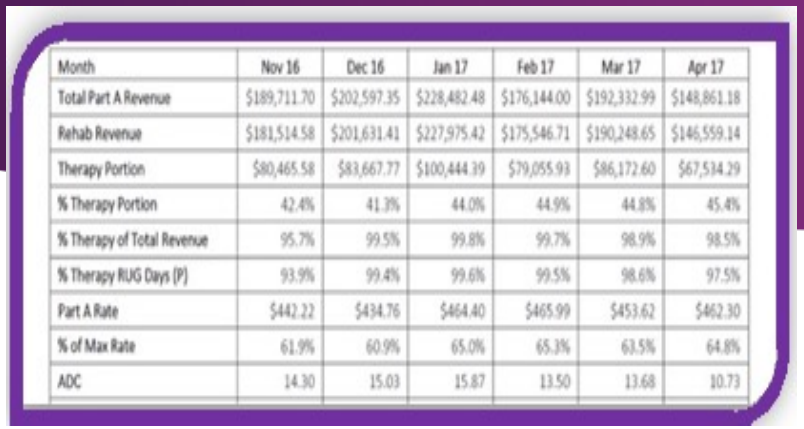
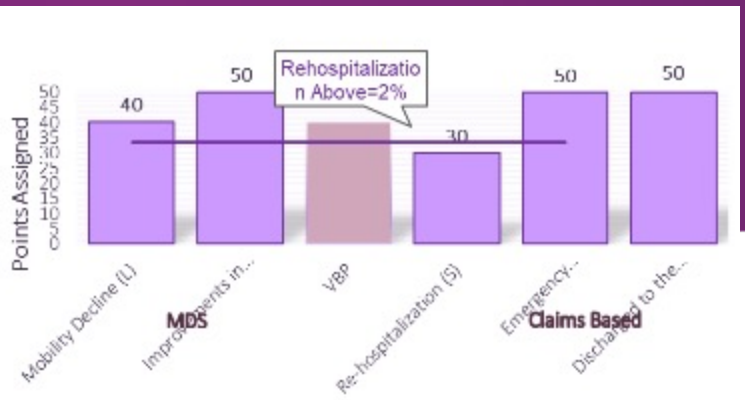
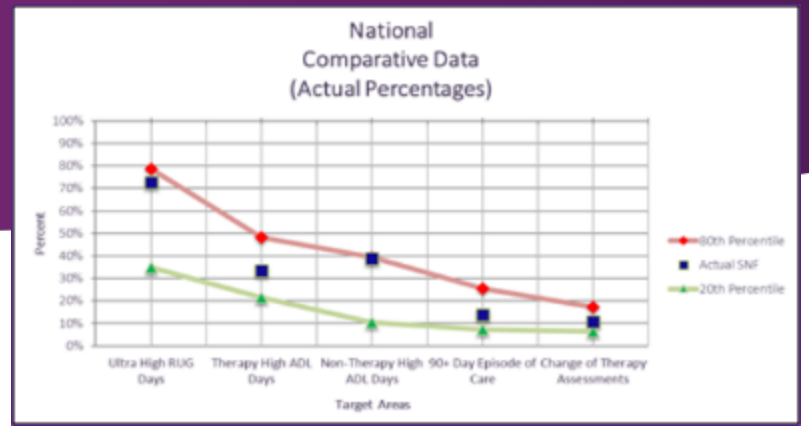


Month	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total Part A Revenue	$189,711.70	$202,597.35	$228,482.48	$176,144.00	$192,332.99	$148,861.18
Rehab Revenue	$181,514.58	$201,631.41	$227,975.42	$175,546.71	$190,248.65	$146,559.14
Therapy Portion	$80,465.58	$83,667.77	$100,444.39	$79,055.93	$86,172.60	$67,534.29
% Therapy Portion	42.4%	41.3%	44.0%	44.9%	44.8%	45.4%
% Therapy of Total Revenue	95.7%	99.5%	99.8%	99.7%	98.9%	98.5%
% Therapy RUG Days (P)	93.9%	99.4%	99.6%	99.5%	98.6%	97.5%
Part A Rate	$442.22	$434.76	$464.40	$465.99	$453.62	$462.30
% of Max Rate	61.9%	60.9%	65.0%	65.3%	63.5%	64.8%
ADC	14.30	15.03	15.87	13.50	13.68	10.73





Complimentary HHI Offerings

- PDPM Revenue and Risk Analysis
- Medicare Part A Revenue and Risk Analysis
- Five-Star Quality Measure Points Analysis
- PEPPER Analysis

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