



DOCUMENTATION IS
KEY

SUCCESSFUL RESIDENT INTERVIEWS AND MDS CODING



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Interview Skills



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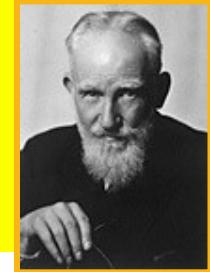
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Successful Communication and Team Building

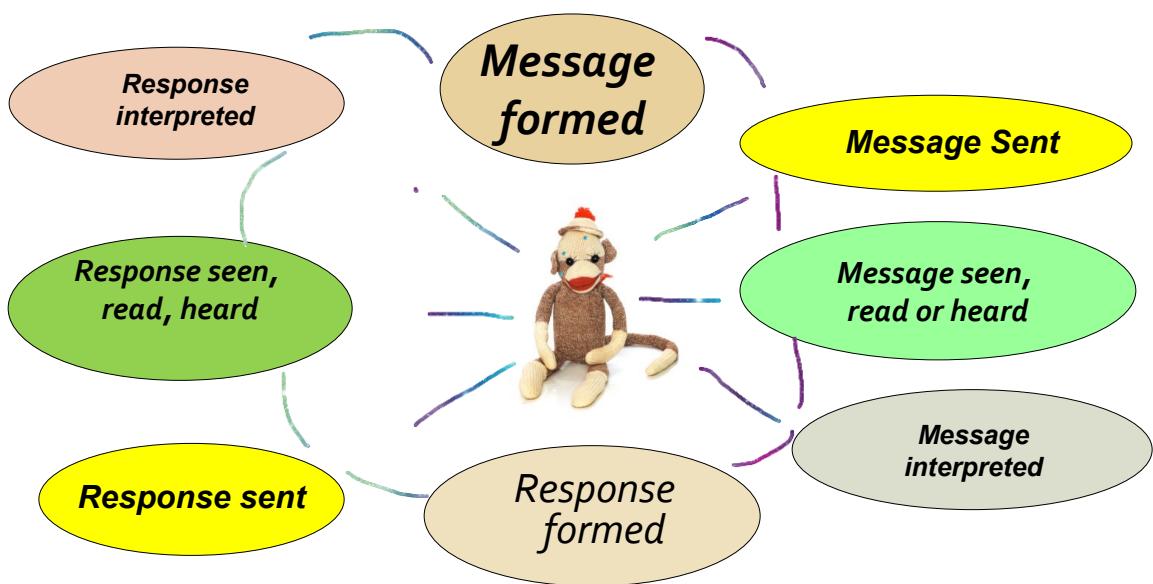
'The biggest problem in communication is the illusion that it has been accomplished "

– George Bernard Shaw



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Communication: Process



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Verbal Communication Components

- 7-8% Words
- 38% Tone of Voice
- 55% Body Language



“Whether you speak to one or one thousand, communicating effectively is the most important activity of your life.”

Bert Decker, Executive Coach/Trainer

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Communication Tips

- Set aside appropriate times to talk.
- Talk about one thing at a time.
- Provide time for talking and for listening.
- Avoid blame.
- Avoid exaggerations.
- Focus on problem identification and solutions.



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It's not what you say, but how you say it.

Two monks were praying, walking and talking as they do all day long. The junior monk said to the senior monk. "I'm surprised you're allowed to smoke while walking around and praying here in the monastery my dear brother. When I joined the monastery I asked our Head Monk about smoking and his answer was a resounding no. How come you are able to smoke with no problem? The senior monk smiled and said, "Am I right to assume, my dear brother, that you asked the Head Monk whether it was alright for you to smoke while praying? "Yes," said the junior monk. "I asked him whether it was alright for me to smoke while praying, and he looked at me disapprovingly and said, "Of course not. I'm surprised you would even ask."

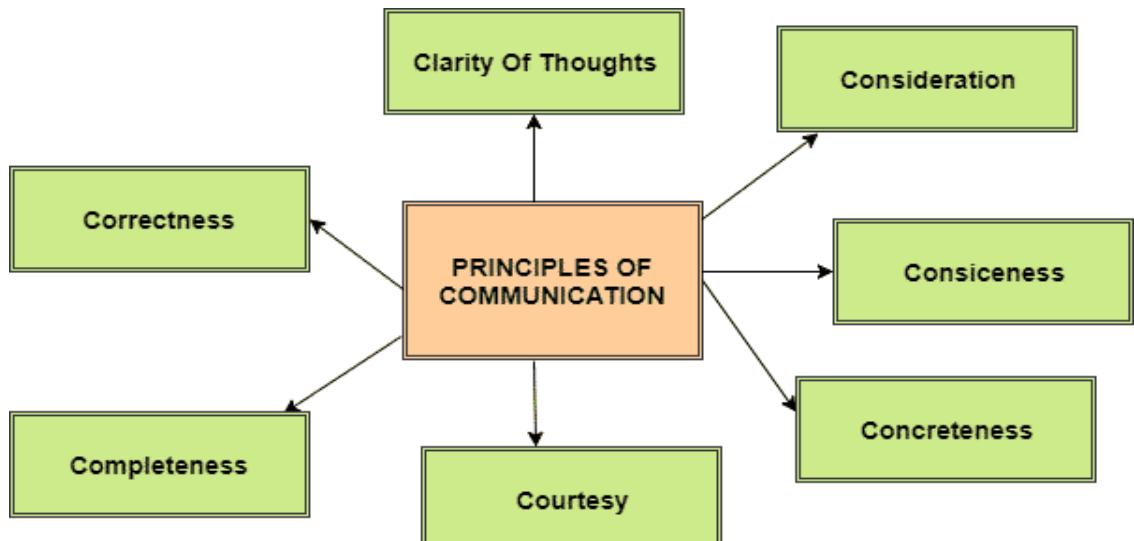
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It's not what you say, but how you say it.

"Ah!" exclaimed the senior monk. "You didn't know how to ask my dear brother. It all depends on how you put it. When I joined the monastery, I too asked the Head Monk about smoking, but in a slightly different manner. I asked him: "Dear Master, Is it alright for me to pray while smoking?" And he said, "But of course my son. You can pray anytime."

In asking questions, as well as in all other aspects of communication, it's not what you say that counts, but how you say it.

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Guiding Principles

- **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.
- **Self-report** is the single most reliable indicator of these topics



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Key Considerations

- Right Resident
- Right Time
- Right Interviewer



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MDS Interview Tips

- Introduce yourself to the resident.
- Ask whether the resident would like an interpreter
- Find a quiet, private area where you are not likely to be interrupted or overheard – **MINIMIZE INTERRUPTIONS**
- Sit where the resident can see you clearly and you can see his or her expressions



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MDS Interview Tips



- Establish rapport and respect
- Explain the purpose of the questions to the resident
 - Start by introducing the topic and explain that you are going to ask a series of questions.
 - You can tell the resident that these questions are designed to be asked of everyone to make sure that nothing is missed.
 - Highlight what you will ask.
 - End by explaining that their answers will help the care team develop a care plan that is appropriate for the resident.

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MDS Interview Tips

- Say and show the item responses.
 - It is helpful to many older adults to both hear and read the response options.
- Ask the questions as they appear in the questionnaire



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MDS Interview Tips

- Don't be afraid of what the resident might say; you are there to hear it.
- **Actively listen**; these questions can provide insights beyond the direct answer



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Active Listening

- Listening is one of the most important skills you can have. How well you listen has a major impact on your job effectiveness, and on the quality of our relationships with others.
 - We listen to obtain information.
 - We listen to understand.
 - We listen for enjoyment.
 - We listen to learn.



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5 Key Elements for Active Listening

1. Pay attention
2. Show that you are listening
3. Provide feedback
4. Defer judgment
5. Respond appropriately



Be deliberate with your listening and remind yourself frequently that your goal is to truly hear what the other person is saying

<http://www.mindtools.com/community/pages/article/ActiveListening.php>

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Comprehensive Assessment for Nursing Homes

Version 3.0 implemented in October 2010

Revisions October 2019

MDS 3.0 Minimum Data Set

Resident	Identifier	Date
MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING ALL ITEM LISTING		
Section A Identification Information		
A0100. Facility Provider Numbers		
A. National Provider Identifier (NPI): <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/>		
B. CMS Certification Number (CN): <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/>		
C. State Provider Number: <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/>		
A0200. Type of Provider		
Enter Code Type of provider <input style="width: 10%; height: 15px; border: 1px solid #ccc;" type="text"/> <input checked="" style="width: 15px; height: 15px; border: 1px solid #ccc;" type="radio"/> 1. Nursing home (CNF/NF)		

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RAI Completion

An RAI (MDS + CAA process + utilization guidelines) must be completed for **ALL residents** residing in Medicare/Medicaid certified beds, including certified SNFs/NFs in hospitals;



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MDS Schedules

OBRA

PPS

Other – Tracking Forms

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MDS Assessment Schedule

OBRA assessments – all residents in a certified bed for Medicare/Medicaid regardless of payor source

- Admission/comprehensive assessment within **14** days of admission
- Quarterly assessment at least every **92** days from previous ARD
- Annual comprehensive at least every **366** days from previous ARD
- Significant change assessment within **14** days of determination
- Discharge assessments

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Overview of the Resident Assessment Instrument (RAI) and CAAs



The care delivery system in a nursing home is complex yet critical to successful resident care outcomes and is guided by both professional standards of practice and regulatory requirements..

Documentation of this assessment process is necessary to assure continuity of care and to identify declines, improvements, or maintenance of a resident's condition.



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RAI Manual

1300+ Pages

The layout of the RAI manual is as follows:

- Chapter 1: Resident Assessment Manual
- Chapter 2: Instructions and Schedule for Completing the Mandated Clinical and Medicare Assessments
- Chapter 3: Item-by-Item Guide to the MDS 3.0
- Chapter 4: Care Area Assessment (CAA) Process and Care Planning
- Chapter 5: Submission and Correction of the MDS Assessments
- Chapter 6: Medicare Skilled Nursing Home Prospective Payment System (SNF PPS)
- Appendices – A thru H

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Required Interviews for MDS 3.0

- Section C – Cognitive Status
- Section D – Mood
- **Section F – Preferences for Customary Routines and Activities**
 - Not required for quarterly , PPS or discharge assessments
- Section J – Health Conditions
- Section Q – Return to Community

CMS
Expectations:
85% of the
nursing facility
residents are
expected to be
Interviewable

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Guiding Principles For Conducting Interviews

- **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.
- **Self-report is the single most reliable indicator of these topics**



Refer to Appendix C
of the RAI Manual

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Section F – Preferences for Customary Routine and Activities



- **Intent:** The intent of items in this section is to obtain information regarding the resident's preferences for his or her daily routine and activities. This is best accomplished when the information is obtained directly from the resident or through family or significant other, or staff interviews if the resident cannot report preferences.

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F0300: Should Interview for Daily and Activity Preferences Be Conducted?

Section F Preferences for Customary Routine and Activities	
F0300. Should Interview for Daily and Activity Preferences be Conducted? - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other	
Enter Code <input type="text"/>	0. No (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences 1. Yes → Continue to F0400, Interview for Daily Preferences

Code 0 If NO; and SKIP to and complete F0800 for Staff Assessment

Code 1 If YES, and continue to F0400

Record whether the resident preference interview should be attempted.

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F0300: Should Interview for Daily and Activity Preferences Be Conducted?

- **Steps for Assessment**

1. Review **Makes Self Understood** item (B0700) to determine whether or not resident is understood at least sometimes (B0700 = 0, 1 or 2).
2. Review **Language** item (A1100) to determine whether or not the resident needs or wants an interpreter.
 - If the resident needs or wants an interpreter, complete the interview with an interpreter.

3. **The resident interview should be conducted if the resident can respond:**

- **verbally, by pointing to their answers on the cue card, OR by writing out their answers.**

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Fo400: Interview for Daily Preferences



- **Suggested language:** "I'd like to ask you a few questions about your daily routines. The reason I'm asking you these questions is that the staff here would like to know what's important to you. This helps us plan your care around your preferences so that you can have a comfortable stay with us. Even if you're only going to be here for a few days, we want to make your stay as personal as possible."

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Fo400: Interview for Daily Preferences

- If resident cannot report preferences, then interview family or significant others.



**Use same
questions and
responses**



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F0700: Should the Staff Assessment of Daily and Activity Preferences Be Conducted?

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

Enter Code	<input type="text"/>
------------	----------------------

0. **No** (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance
 1. **Yes** (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

Code 0 If NO; and
SKIP and go to Section G

Code 1 If YES,
continue to F0800 and
complete Staff
Assessment

Coding Instructions

Code 0, no: if Interview for Daily and Activity Preferences items (F0400 and F0500) was completed by resident, family or significant other. Skip to Section G, Functional Status.

Code 1, yes: if Interview for Daily and Activity Preferences items (F0400 and F0500) was not completed because the resident, family, or significant other was unable to answer 3 or more items in either section (3 or more items coded as 9 in F0400 or F0500).

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F0800: Staff Assessment of Daily and Activity Preferences

F0800. Staff Assessment of Daily and Activity Preferences	
Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed	
Resident Prefers:	
↓ Check all that apply	
<input type="checkbox"/> A. Choosing clothes to wear <input type="checkbox"/> B. Caring for personal belongings <input type="checkbox"/> C. Receiving tub bath <input type="checkbox"/> D. Receiving shower <input type="checkbox"/> E. Receiving bed bath <input type="checkbox"/> F. Receiving sponge bath <input type="checkbox"/> G. Snacks between meals <input type="checkbox"/> H. Staying up past 8:00 p.m. <input type="checkbox"/> I. Family or significant other involvement in care discussions <input type="checkbox"/> J. Use of phone in private <input type="checkbox"/> K. Place to lock personal belongings <input type="checkbox"/> L. Reading books, newspapers, or magazines <input type="checkbox"/> M. Listening to music <input type="checkbox"/> N. Being around animals such as pets <input type="checkbox"/> O. Keeping up with the news <input type="checkbox"/> P. Doing things with groups of people <input type="checkbox"/> Q. Participating in favorite activities <input type="checkbox"/> R. Spending time away from the nursing home <input type="checkbox"/> S. Spending time outdoors <input type="checkbox"/> T. Participating in religious activities or practices <input type="checkbox"/> Z. None of the above	

Steps for Assessment

Observe the resident when the care, routines, and activities specified in these items are made available to the resident.

Observations should be made by staff across all shifts and departments and others with close contact with the resident.

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MDS Interview Tips

- Break the question apart if necessary
 - Unfolding
 - Disentangling
 - Echoing



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MDS Interview Tips

- Move on to another question if the resident is unable to answer
- 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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MDS Interview Tips

- **Record the resident's response**
- Resident preferences may be influenced by many factors in a resident's physical, psychological and environmental state, and can be challenging to truly discern



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CAA Process



- Using the results of the assessment, the IDT and the resident and/or resident's representative, will be able to identify areas of concern:
 - That warrant intervention,
 - That impact on the resident's functioning – improvement / stabilization / decline
 - If the resident is at risk of decline, that minimize decline in order to avoid functional complications, to the extent possible, including pain or the development of contractures; or
 - That may address palliative care, including symptom relief or pain management

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CATs

MDS 3.0 has 20 possible CATs

Care Area Triggers (CATs) are a set of items and responses from the MDS that are indicators of particular issues and conditions that affect nursing home residents. **The triggers identify those potential issues and conditions that need additional assessment and review and therefore form a critical link between the MDS and care planning.**

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What Answers on MDS = Activity Trigger

- **ANY** of the following
 - Do200A/1 or Do500A/1 coded as “little interest”
 - Any 6 items for interview for activity preferences [Fo500A-H] has the value of 4 (not important at all) or 5 (important, but cannot do or no choice **or** Any 6 of Fo800L through Fo800T = not checked

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CAA Process



- Each care area comprises:
 - an introduction that provides general information about the issue or condition and
 - a list of items and responses from the MDS that are considered CATs for the issue or condition.
- Each triggered CAA must be assessed further to facilitate care plan decision making, but it may or may not represent a condition that should be addressed in the care plan.

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“Working” the Activity CAA

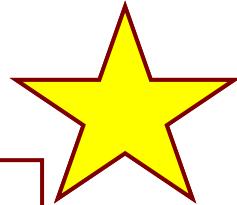
- Domains for investigation
 - Preferences prior to admission
 - Current activity pursuits
 - Health issues
 - Environmental / staffing issues
 - Unique skills / knowledge of resident
 - Issues that may result in reduced participation
 - Input from resident



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CAA Process Documentation



For MDS 3.0, no specific tool is mandated as long as the tools are current and founded on evidence-based or expert-endorsed research, clinical practice guidelines, and resources. Facility must designate tools that will be used.

- *Follow your organization's guidelines for documentation of CAA analysis*

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Completion of Section V

- Written documentation of the CAA findings and decision-making process may appear anywhere in a resident's record.
 - It can be written in discipline-specific flow sheets, progress notes, the care plan summary notes, a CAA summary narrative, etc.
 - Nursing homes should use a format that provides the information as outlined in this manual and the State Operations Manual (SOM). If it is not clear that a facility's documentation provides this information, surveyors will ask facility staff to provide such evidence.

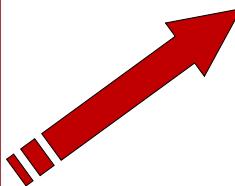
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CAAs – Management Tips

- Use the CAA process as a guide to expand your assessment findings from the MDS, and then “chart your thinking.”



A CAA should provide nursing home staff with comprehensive information for evaluating factors that may cause, contribute to, or exacerbate the triggered condition.



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Care Plan

- Once the resident has been assessed using triggered CAAs, the opportunity for development or modification of the care plan exists.
- Even though a CAA may not have been triggered in the assessment process, the IDT must use the care plan to address a resident issue/condition in that area, if clinically warranted.
- Clinical judgment must be exercised in identifying problems and potential problems in developing the plan of care, including determining the role of the resident in decision making.

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Care Plan Management Tips

- The care plan is driven not only by identified resident issues/conditions but also by a resident's unique characteristics, strengths, and needs



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What do I do when there is a “disconnect” between what the resident says [verbally, tone or body language], what staff say or what medical record has documented ??

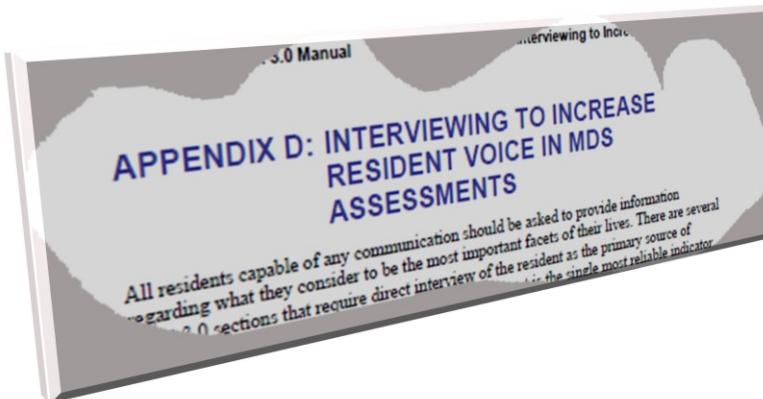


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CMS Guidance for Interviewing



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Group Discussion – Doing No Evil

- Affirms the importance of person-centered care by establishing systems to ensure that within reason and facility capability, residents choices are elicited, valued and met.



Principles of Excellence for Leaders in Long Term Care Administration; ACHCA

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Group Activity – Conducting the interview

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Thank You

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