In today's world of Medicare, the use of cognitive testing – specifically the Brief Instrument for Mental Status, or BIMs – is completed in order to satisfy Section C: Cognitive Patterns on the Minimum Data Set (MDS) to effectively guide care planning for residents with confusion or a cognitive impairment.

Under PDPM, cognitive testing will become more important. Knowing whether a resident has a mild-to-severe cognitive impairment will truly impact:

- Care planning and the interdisciplinary team's approach, and
- SNF revenue – by increasing the Case Mix Index related to the SLP component under PDPM (because a cognitive impairment requires more resources, it will therefore will pay more in the new system).

The problem today: We see residents who have diagnoses of cognitive communication disorders Alzheimer's who are actually scoring as "cognitively intact" on the BIMs. Is this because the test is not sensitive enough to pick up a mild cognitive impairment?

Yes, and maybe no.

The answer perhaps can be found in whether we are approaching cognitive testing with a person-centered approach and giving consideration to the environmental set-up. These two factors may mean an important difference!

Team members completing the interview to score the BIMs must know, understand, and follow the script in the Resident Assessment Instrument, or RAI Manual.

Tips to ensure accurate scoring for each resident include:

- **No more, no less.** Give only the cues allowable as per the RAI Manual as part of the process.
- **Set the stage.** Ensure the environment is quiet and private and the interviewer gives the resident their full attention, faces the resident directly, and does not rush through the interview. It is important to help the resident feel at ease by building rapport with the resident prior to the interview so the resident feels comfortable answering the interview questions.
- **Timing is everything.** Conduct the interview during an optimal time to accurately capture a true picture of the resident's cognitive status (rather than at a time when it's most convenient for the interviewer).

Also, the RAI Manual currently specifies the interview should be completed within the "look back period, preferably the day before or of the Assessment Reference Date." The question is: Should the cognitive assessment be done sooner in order for care planning to be effective and appropriate from the beginning and part of the baseline care plan?

The occupational therapist (OT) should be assessing cognition using a standardized assessment during every evaluation. Best practice should include the OT collaborating with the team member who completes the interview regarding the results of the OT cognitive assessment. This is especially important, because it is widely recognized that the BIMs is not as sensitive as other tests for identifying a mild cognitive impairment.

Ask: "How can Rehab support the need to identify and document a mild-to-severe cognitive impairment?"

Every effort must be made to support accurate coding on the MDS and reduce the risk for denials. If the OT assessment results do not match the BIMs interview results, the BIMs is the "final say" in determining payment. To ensure all steps are correctly followed and a true clinical cognitive picture of the resident is captured for effective care planning: ***Always consider the timing of the interview and the way in which the interview is conducted.***

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