

**Track Changes
from Chapter 3 Section D v1.16
to Chapter 3 Section D v1.17.1**

Chapter	Section	Page	Change
3	D0100	D-2	<ul style="list-style-type: none"> If the resident needs an interpreter, every effort should be made to have an interpreter present for the PHQ-9[©] interview. If it is not possible for a needed interpreter to be present on the day of the interview, code D0100 = 0 to indicate that an interview was not attempted and complete items D0500-D0650.
3	D0100– D0600	D-3– D-14	Page length changed due to revised content.
3	D0100	D-3	<ul style="list-style-type: none"> There is one exception to completing the Staff Assessment of Resident Mood items (D0500) in place of the resident interview. This exception is specific to a stand-alone, unscheduled PPS assessment only and is discussed on page 2-60. For this type of assessment only, the resident interview may be conducted up to two calendar days after the ARD. When coding a stand-alone Change of Therapy OMRA (COT), a standalone End of Therapy OMRA (EOT), or a standalone Start of Therapy OMRA (SOT), 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.
3	D0200	D-6	<p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> For question D0200I, Thoughts That You Would Be Better Off Dead or of Hurting Yourself in Some Way: <ul style="list-style-type: none"> The checkbox in item D0350 reminds the assessor to notify a responsible clinician (psychologist, physician, etc). Follow facility protocol for evaluating possible self-harm. Beginning interviewers may feel uncomfortable asking this item because they may fear upsetting the resident or may feel that the question is too personal. Others may worry that it will give the resident inappropriate ideas. However,

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Chapter	Section	Page	Change				
3	D0350	D-10	<p>D0350: Follow-up to D02001</p> <table border="1"> <tr> <td colspan="2">D0350. Safety Notification - Complete only if D02001 = 1 indicating possibility of resident self harm</td> </tr> <tr> <td>Enter Code <input type="checkbox"/></td> <td>Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes</td> </tr> </table>	D0350. Safety Notification - Complete only if D02001 = 1 indicating possibility of resident self harm		Enter Code <input type="checkbox"/>	Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes
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Enter Code <input type="checkbox"/>	Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes						
3	D0350	D-10	<p>Item Rationale</p> <p>Health-related Quality of Life</p> <ul style="list-style-type: none"> This item documents if appropriate clinical staff and/or mental health provider were informed that the resident expressed that he or she had thoughts of being better off dead, or hurting him or herself in some way. It is well known that untreated depression can cause significant distress and increased mortality in the geriatric population beyond the effects of other risk factors. Although rates of suicide have historically been lower in nursing homes than for comparable individuals living in the community, indirect self harm and life threatening behaviors, including poor nutrition and treatment refusal are common. Recognition and treatment of depression in the nursing home can be lifesaving, reducing the risk of mortality within the nursing home and also for those discharged to the community. <p>Planning for Care</p> <ul style="list-style-type: none"> Recognition and treatment of depression in the nursing home can be lifesaving, reducing the risk of mortality within the nursing home and also for those discharged to the community (available at https://www.agingcare.com/Articles/Suicide-and-the-Elderly-125788.htm). 				

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3	D0350	D-10	<p>Steps for Assessment</p> <p>1. Complete item D0350 only if item D020011 Thoughts That You Would Be Better Off Dead, or of Hurting Yourself in Some Way = 1 indicating the possibility of resident self-harm.</p> <p>Coding Instructions</p> <ul style="list-style-type: none"> Code 0, no: if responsible staff or provider was not informed that there is a potential for resident self-harm. Code 1, yes: if responsible staff or provider was informed that there is a potential for resident self-harm. 						
3	D0500	D-10	<p>Health-related Quality of Life</p> <ul style="list-style-type: none"> PHQ-9[®] Resident Mood Interview is preferred as it improves the detection of a possible mood disorder. However, a small percentage of patients are unable or unwilling to complete the PHQ-9[®] Resident Mood Interview. Therefore, staff should complete the PHQ-9-OV[®] Observational Version (PHQ-9-OV[®]) Staff Assessment of Mood in these instances so that any behaviors, signs, or symptoms of mood distress are identified. 						
3	D0600	D-13	<p>Health-related Quality of Life</p> <ul style="list-style-type: none"> Review Item Rationale for D0300, Total Severity Score (page D-8). The PHQ-9[®] Observational Version (PHQ-9-OV[®]) is adapted to allow the assessor to interview staff and identify a Total Severity Score for potential depressive symptoms. 						
3	D0650	D-14	<p>D0650: Follow-up to D0500</p> <div style="border: 1px solid black; padding: 5px;"> <p>D0650. Safety Notification - Complete only if D050011 = 1 indicating possibility of resident self harm</p> <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Enter Code</td> <td style="padding: 2px;">Was responsible staff or provider informed that there is a potential for resident self harm?</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">0. No</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;"></td> <td style="padding: 2px;">1. Yes</td> </tr> </table> </div>	Enter Code	Was responsible staff or provider informed that there is a potential for resident self harm?	<input type="checkbox"/>	0. No		1. Yes
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3	D0650	D-14	<p>Item Rationale</p> <p>Health-related Quality of Life</p> <ul style="list-style-type: none"> • This item documents if appropriate clinical staff and/or mental health provider were informed that the resident expressed that they had thoughts of being better off dead, or hurting him or herself in some way. • It is well known that untreated depression can cause significant distress and increased mortality in the geriatric population beyond the effects of other risk factors. • Although rates of suicide have historically been lower in nursing homes than for comparable individuals living in the community, indirect self-harm and life-threatening behaviors, including poor nutrition and treatment refusal are common. <p>Planning for Care</p> <ul style="list-style-type: none"> • Recognition and treatment of depression in the nursing home can be lifesaving, reducing the risk of mortality within the nursing home and also for those discharged to the community (available at https://www.agingcare.com/Articles/Suicide-and-the-Elderly-125788.htm).
3	D0650	D-14	<p>Steps for Assessment</p> <p>1. 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.</p> <p>Coding Instructions</p> <ul style="list-style-type: none"> • Code 0, no: if responsible staff or provider was not informed that there is a potential for resident self-harm. • Code 1, yes: if responsible staff or provider was informed that there is a potential for resident self-harm.