

“A Knowledgeable and Compassionate partner”



PDPM Refresher Part 3: **An Interdisciplinary Approach to** **Completing The PHQ 2 to 9**

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APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, virtual**
 - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 1 week

Learning Objectives

An Interdisciplinary Approach to Completing The PHQ 2 to 9

- Recognize how to properly administer the interview
- Understand the components of the PHQ 2 to nine assessment
- Identify accurate PHQ 2 to 9 scoring
- Appreciate the IDT approach to successful completion

Resources

- Broad River Rehab Insiders™
- CMS MDS 3.0 page
- Participant Questions from the SKILLED NURSING FACILITY MDS 3.0 RAI v1.18.11 GUIDANCE TRAINING PROGRAM
- Videos on Interviewing Vulnerable Elders (V.I.V.E)

The Proper Interview: Appendix D

- **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.**
- The majority of residents, even those with moderate to severe cognitive impairment, are able to answer some simple questions about these topics.
- Even simple scripted interviews like those in MDS 3.0 involve a dynamic, collaborative process.
- There are some **basic approaches** that can make interviews simpler and more effective.

The Proper Interview: Appendix D

- **Basic 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.
- Sit where the resident can see you clearly and you can see their expressions.
- Establish rapport and respect.
- Explain the purpose of the questions to the resident.
- Say and show the item responses.
- Ask the questions **as they appear in the questionnaire.**

The Proper Interview: Appendix D

- **Basic Approaches (cont.)**

- Break the question apart if necessary.(not with the BIMS)
 - Unfolding refers to the use of a general question about the symptom followed by a sequence of more specific questions
 - Disentangling refers to separating items with several parts into manageable pieces
- Clarify using echoing i.e., restating part of the resident's response
- Probe further when there is a noncommittal responses such as “not really”
- Repeat the response options as needed.
- 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.

The Proper Interview: Appendix D

- **Basic Approaches (cont.)**

- Record the resident's response, not what you believe they should have said.
- If the resident becomes deeply sorrowful or agitated, sympathetically respond to their feelings.
- Resident preferences may be influenced by many factors in a resident's physical, psychological and environmental state, and can be challenging to truly discern. Use other sources as allowed.

Section D - Mood CATs QM \$\$ QRP

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

- Enter Code
0. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©) CATs QM \$\$ QRP

D0150. Resident Mood Interview (PHQ-2 to 9©) CATs QM \$\$ QRP

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.

If yes in column 1, then ask the resident: "About how often have you been bothered by this?"

Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence
 0. No (enter 0 in column 2)
 1. Yes (enter 0-3 in column 2)
 9. No response (leave column 2 blank)
2. Symptom Frequency
 0. Never or 1 day
 1. 2-6 days (several days)
 2. 7-11 days (half or more of the days)
 3. 12-14 days (nearly every day)

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	

A. Little interest or pleasure in doing things (1,2) CAA: *7 (1), *10 (1), N030.03 (2), ♠ (1, 2)

B. Feeling down, depressed, or hopeless (1,2) N030.03 (2), ♠ (1, 2)

If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.

C. Trouble falling or staying asleep, or sleeping too much (1,2) ♠ (1, 2)

D. Feeling tired or having little energy (1,2) ♠ (1, 2)

E. Poor appetite or overeating (1,2) ♠ (1, 2)

F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down (1,2) ♠ (1, 2)

G. Trouble concentrating on things, such as reading the newspaper or watching television (1,2) ♠ (1, 2)

H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual (1,2) ♠ (1, 2)

I. Thoughts that you would be better off dead, or of hurting yourself in some way (1,2) CAA: *8 (1), ♠ (1, 2)

D0160. Total Severity Score CATs QM \$\$ QRP

Enter Score

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items). CAA: 8, *8, N030.03, ♠

The Proper Interview: Process

- It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable.
- Most residents who are capable of communicating can answer questions about how they feel.
- 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.
- If a resident cannot communicate, then Staff Mood Interview (D0500 A-J) should be conducted, unless the assessment being completed is a stand-alone Part A PPS Discharge.

The Proper Interview: Process

- **D0100: Should Resident Mood Interview Be Conducted?**
 - Determine whether the resident is rarely/never understood verbally, in writing, or using another method.
 - **D0100** serves as a gateway item for the Resident Mood Interview (PHQ-2 to 9©) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV©). The assessor will complete the Staff Assessment only when D0100 is coded 0, No.
 - **Code 0, no:** if the interview should not be conducted because the resident is rarely/never understood or cannot respond verbally, in writing, or using another method, or an interpreter is needed but not available.
 - **Code 1, yes:** if the resident interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.

The Proper Interview: Process

- **D0150: Resident Mood Interview (PHQ-2 to 9©)**
 - **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 upon item B0700, Makes Self Understood.**
 - If the resident interview was not conducted within the look-back period 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, or if the assessment being completed is a stand-alone Part A PPS Discharge assessment.
 - Resident refusal or unwillingness to participate in the interview would result in Item D0100 being coded 1, Yes, and code 9, No response being entered in Column 1. Symptom Presence.

The Proper Interview: Process

- **DEFINITION** PATIENT HEALTH QUESTIONNAIRE (PHQ-2 to 9©): A validated interview that screens for symptoms of depression. It provides a standardized severity score and a rating for evidence of a depressive disorder.
- **Additional Steps**
 - Explain the reason for the interview before beginning.
 - Explain and /or show the interview response choices. A cue card with the response choices clearly written in large print might help the resident comprehend the response choices.
 - Start by asking the first two questions of the Resident Mood Interview (PHQ-2 to 9©).
 - Determine whether to ask the remaining seven questions (D0150C to D0150I) of the Resident Mood Interview (PHQ-2 to 9©). Whether or not further evaluation of a resident's mood is needed depends on the resident's responses to the first two questions (D0150A and D0150B) of the Resident Mood Interview.

The Proper Interview: Process

- **Additional Steps (cont.)**
 - For each item Read the item as it is written.
 - Do not provide definitions because the meaning must be based on the resident's interpretation.
 - Each question must be asked in sequence to assess Symptom Presence (column 1) and Symptom Frequency (column 2) before proceeding to the next question.
- **Coding Instructions for Column 1**
 - **Code 0, no:** if resident indicates symptoms listed are not present. Enter 0 in Column 2 as well.
 - **Code 1, yes:** if resident indicates symptoms listed are present. 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 or responded nonsensically. Leave Column 2, Symptom Frequency, blank.
 - **Enter a Dash** in Column 1 if the symptom presence was not assessed.

The Proper Interview: Process

- **Coding Instructions for Column 2**


- **Code 0, never or 1 day:** if the resident indicates that during the past 2 weeks they have never been bothered by the symptom or have only been bothered by the symptom on 1 day.
- **Code 1, 2-6 days (several days):** if the resident indicates that during the past 2 weeks they have been bothered by the symptom for 2-6 days.
- **Code 2, 7-11 days (half or more of the days):** if the resident indicates during the past 2 weeks they have been bothered by the symptom for 7-11 days.
- **Code 3, 12-14 days (nearly every day):** if the resident indicates during the past 2 weeks they have been bothered by the symptom for 12-14 days.

The Proper Interview: Process

- **Other Tips**

- If the resident uses their own words to describe a symptom, this should be briefly explored. If you determine that the resident is reporting the intended symptom but using their 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.
- Some items (e.g., item D0150F) 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.
- Repeat a question if you think that it has been misunderstood or misinterpreted.
- Some residents may be eager to talk with you and will stray from the topic at hand. When a person strays, you should gently guide the conversation back to the topic.

The Proper Interview: Process

PHQ-2 to 9 Cue Card	
SYMPTOM FREQUENCY	
	Never or 1 day
	2–6 days (several days)
	7–11 days (half or more of the days)
	12–14 days (nearly every day)
	

The Proper Interview: Scoring

- **Scoring Methodology D0150**

- Whether or not further evaluation of a resident's mood is needed depends on the resident's responses to the first two questions (D0150A and D0150B).
- If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, end the PHQ interview; otherwise continue.
- If both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2© and leave D0160, Total Severity Score blank.
- If both D0150A2 and D0150B2 are coded 0 or 1, then end the PHQ-2© and enter the total score from D0150A2 and D0150B2 in D0160, Total Severity Score.
- For all other scenarios, proceed to ask the remaining seven questions (D0150C to D0150I of the PHQ-9©) and complete D0160, Total Severity Score.

The Proper Interview: Scoring

- **Scoring Methodology (D0150 cont.)**
 - If Column 1 equals 0, enter 0 in Column 2.
 - If Column 1 equals 9 or dash, leave Column 2 blank.
 - Enter code 9 in Column 1 and leave Column 2 blank if the resident was unable or chose not to complete the assessment or responded nonsensically.
 - A **nonsensical response** is one that is unrelated, incomprehensible, or incoherent or if the resident's response is not informative with respect to the item being rated (e.g., when asked the question about "poor appetite or overeating," the resident answers, "I always win at poker.").
 - For a yes response, ask the resident to tell you how often they were bothered by the symptom over the last 2 weeks. Use the response choices in D0150 Column 2, Symptom Frequency.
 - Start by asking the resident the number of days that they were bothered by the symptom and read and show cue card with frequency categories/descriptions (0-1 days—never or 1 day, 2-6 days—several days, 7-11 days—half or more of the days, or 12-14 days—nearly every day).

The Proper Interview: Scoring

- **Scoring Methodology (Computing D0160)**
- If all of the items in Column 2 have a value of 0, 1, 2, or 3 (i.e., they all contain non-missing values), then item D0160 is equal to the simple sum of those values.
- If any of the items in Column 2 are blank (or skipped), then omit their values when computing the sum.
- If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed NOT complete. Total Severity Score should be coded as “99,” do not complete the Staff Assessment of Mood, and skip to D0700, Social Isolation.
- If the number of missing items in Column 2 is equal to one, then compute the simple sum of the eight items in Column 2 that have non-missing values, multiply the sum by $9/8$ (1.125), and place the result rounded to the nearest integer in item D0160.

The Proper Interview: Scoring

- **Scoring Methodology (Computing D0160)**
- If the number of missing items in Column 2 is equal to two, then compute the simple sum of the seven items in Column 2 that have non-missing values, multiply the sum by $9/7$ (1.286), and place the result rounded to the nearest integer in item D0160.

The Proper Interview: IDT Approach

- Completion of the PHQ 2 to 9 is a dynamic, collaborative process that involves the entire IDT.
- Who is involved? Nursing, Therapy, Social Services, Activities, Dietary, MD, NPP.
- Other disciplines can complete this interview. Who is best suited to get the most resident centered information and when?
- **CAAs/Care Plan**
 - Assessors **do not make or assign a diagnosis** based on these findings; they simply record the presence or absence of specific clinical signs and symptoms of depressed mood. Facility staff should recognize these signs and symptoms and consider them when developing the resident's individualized care plan.
 - CAAs 7 (Psychosocial Wellbeing), 8 (Mood State), and 10 (Activities) are triggered by the PHQ 2 to 9
 - **Example CAA10 (Activities):**

Triggering Conditions	MDS 3.0 Item	Description	Response Values
1. Resident has little interest or pleasure in doing things as indicated by:	<ul style="list-style-type: none">• D0150A1	Resident Mood Interview PHQ-2 to 9: little interest or pleasure in doing things-presence	= 1

The Proper Interview: IDT Approach

- **CAAs/Care Plan (cont.)**
 - **D0150 and/or D0160** are used for further evaluation in the following CAAs.
 - 1. Delirium
 - 2. Cognitive Loss/Dementia
 - 3. Visual Function
 - 4. Communication
 - 5. Activities of Daily Living
 - 7. Psychosocial Well-Being
 - 9. Behavioral Symptoms
 - 10. Activities
 - 13. Feeding Tube(s)
 - 14. Dehydration/Fluid Maintenance
 - 16. Pressure Ulcer/Injury
 - 17. Psychotropic Medication Use
 - 18. Physical Restraints
 - 19. Pain

The Proper Interview: IDT Approach

- **CAAs/Care Plan (cont.)**
 - **D0150 and/or D0160** are used for further evaluation in the following CAAs.
 - Example CAA Resource for Delirium

CMS's RAI Version 3.0 Manual		Appendix C: CAA Resources 1. Delirium
✓	Associated or progressive signs and symptoms	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	• Sleep disturbances (for example, up and awake at night/asleep during the day) (D0150C, D0500C, J0510)	
<input type="checkbox"/>	• Agitation and inappropriate movements (for example, unsafe climbing out of bed or chair, pulling out tubes) (E0500)	
<input type="checkbox"/>	• Hypoactivity (for example, low or lack of motor activity, lethargy or sluggish responses) (D0150D, D0500D)	
<input type="checkbox"/>	• Perceptual disturbances such as hallucinations (E0100A) and delusions (E0100B)	

The Proper Interview: Quality Measures

- The PHQ 2 to 9 is used to determine whether QM N030.03 is triggered.
- Percent of Residents Who Have Depressive Symptoms

The measure reports the percentage of long-stay residents who have had symptoms of depression during the 2-week period preceding the MDS 3.0 target assessment date.

Measure Specifications
Numerator Long-stay residents with a selected target assessment where the target assessment meets <i>either</i> of the following two conditions: CONDITION A (The resident mood interview must meet Part 1 and Part 2 below): PART 1: <ul style="list-style-type: none">▪ Little interest or pleasure in doing things half or more of the days over the last two weeks (D0150A2 = [2, 3]).or▪ Feeling down, depressed, or hopeless half or more of the days over the last two weeks (D0150B2 = [2, 3]). PART 2: The resident interview total severity score indicates the presence of depression (D0160 ≥ [10] and D0160 ≤ [27]). CONDITION B (The staff assessment of resident mood must meet Part 1 and Part 2 below): PART 1: <ul style="list-style-type: none">▪ Little interest or pleasure in doing things half or more of the days over the last two weeks (D0500A2 = [2, 3]).or▪ Feeling or appearing down, depressed, or hopeless half or more of the days over the last two weeks (D0500B2 = [2, 3]). PART 2: The staff assessment total severity score indicates the presence of depression (D0600 ≥ [10] and D0600 ≤ [30]). Denominator All long-stay residents with a selected target assessment, except those with exclusions.

The Proper Interview: PDPM

Nursing Categories **Special Care High**, **Special Care Low** and **Clinically Complex** are all impacted by signs and symptoms of depression (D0160 or D0600 >= 10) .

Example: **Special Care High**,

PDPM Nursing Case Mix Group	Clinical Condition/Extensive Service	Depression (PHQ-2 to 9 >= 10)	Restorative (2 or More)	GG Based Function Score	Nursing Case- Mix Index	Urban Rate	Rural Rate
HDE2	1. B0100, Section GG items Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1, all equal 01, 09, or 88) 2. I2100 Septicemia 3. I2900, N0350A, B Diabetes with both of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B) 4. I5100, Quadriplegia with Nursing Function Score <= 11 5. I6200, J1100C Chronic obstructive pulmonary disease and shortness of breath when lying flat 6. J1550A, Fever and one of the following; I2000 Pneumonia J1550B Vomiting, K0300 Weight loss (1 or 2), K0520B2 or K0520B3 Feeding tube* 7. K0520A2 or K0520A3 Parenteral/IV feedings 8. O0400D2 Respiratory therapy for all 7 days * Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days. (Note: if Nsg. function score is 15 or 16, skip to clinically complex)	Yes	-	0-5	2.27	\$ 298.44	\$ 285.13
HDE1		No	-	0-5	1.88	\$ 247.16	\$ 236.15
HBC2		Yes	-	6-14	2.12	\$ 278.72	\$ 266.29
HBC1		No	-	6-14	1.76	\$ 231.39	\$ 221.07

Next Steps

- Evaluate who and how the PHQ 2 to 9 is completed. Study the interview techniques and train.
- Watch the V.I.V.E videos together as an IDT and ask questions. Talk about how this interview is being completed.
- Audit for accuracy
- Observe for compliance and authenticity
- Ensure that the best results are obtained by the staff with the best rapport
- Don't settle for half hearted answers. Create an environment where the resident is comfortable and feels safe answering the interview questions honestly
- Make the process truly interdisciplinary
- Review your ResDAC data and see how you compare to the state, Nation etc.
- Care for your residents with this interview.

Questions?

Don't Forget!

2025 BRR Reflections

- **August 14th** - BRR Reflections – SNF PPS FY 2026 Final Rule

2025 BRR Insiders™ Summer Series (CMS 100-2 Chapter 8 Refresher)

All sessions are from 12:00 pm – 21:30 pm EST, 0.5 hours NAB and ANCC

- **July 25th** – Denial of Payment for New Admissions Criteria (Joel VanEaton)
- **August 8th** – Consolidated Billing (Joel VanEaton)
- **August 22nd** – Direct Nursing Skilled Services and Indirect Nursing Skilled Services (Shannon Hayes)