

## MDS Alert

### How To Make The Right Selection For C1600

**Heed 3 ways to establish a baseline and compare behaviors.**

As you know, C1600 (Acute Onset of Mental Status Change) is a critically important part of Section C, because the answer to this question could indicate delirium or other serious medical complications. But answering this question in the MDS isn't as easy as it seems.

"Examples of acute onset mental status change include residents who usually are noisy and belligerent become quiet, lethargic and inattentive," said **Karen Schoeneman**, owner of **Karen Schoeneman Consulting** and recently retired technical director for the CMS Division of Nursing Homes, in a recent **Centers for Medicare & Medicaid Services** (CMS) instructional session. "Residents who normally are quiet and content suddenly become restless and noisy." Or residents who are usually able to find their way around the facility suddenly begin to get lost.

You'll code "0 ☐ no" if you find no evidence of an acute mental status change from the resident's baseline, or code "1 ☐ yes" if you observe an alteration in mental status in the past seven days or in the Brief Interview for Mental Status (BIMS) that represents a change in the baseline.

Schoeneman offered the following tips for correctly coding C1600:

- **Compare two BIMS:** If you've completed more than one BIMS for that resident, compare your current BIMS to the last one to determine whether there was a change in the resident's behavior.
- **Interview family:** Especially with newer admissions, interviewing the resident's family members can give you insight on what the resident's behavior was like prior to your assessment.
- **Look to the medical record:** "Review the medical record prior to the seven-day look-back period," Schoeneman instructed. "What you're trying to do there is establish what the baseline was for that resident."

