Determining Cognitive Impairment

What is case mix?

Minnesota Case Mix is a system that classifies residents into distinct groups, called Resource Utilization Groups (RUGs), based on the resident’s condition and the care the resident was receiving at the time of the assessment. These groups determine the daily rate the facility charges for the resident’s care. A value is assigned to each classification, which is then used to calculate the daily rate of payment.

Cognitive Impairment relates to the resident’s attention, orientation and ability to register and recall new information. The resident’s cognitive status is a crucial factor in many care-planning decisions. The resident’s cognitive status is determined by the summary score of a resident interview using the Brief Interview for Mental Status (BIMS). If the resident is rarely or never understood verbally or in writing, a staff assessment of mental status is conducted.

The BIMS interview has three sections. In the first section the resident is asked to repeat three words. The second section focuses on temporal orientation (the ability to remember the year, month and date). In the third section, the resident is asked to recall the three words from the first section. The use of this performance-based testing decreases the chance of incorrect labeling of a resident’s cognitive ability and improves the detection of delirium. It may also detect subtle changes in residents who appear to be more cognitively intact than they actually are. The BIMS interview allows a resident’s cognitive performance to be compared over time.

The staff assessment for mental status is only conducted when the resident is rarely or never understood or the resident chose not to answer or gave nonsensical answers to questions on the BIMS interview. The staff interview evaluates short and long term memory, recall ability and cognitive skills for daily decision making.

Assessment of cognitive impairment is important because abrupt changes in cognitive status often signal an underlying potentially life-threatening illness. A change in cognition may be the only indication of the underlying problem. Specific aspects of cognitive impairment, when identified, can direct nursing interventions to facilitate greater independence and function.

The presence of cognitive impairment is one of the qualifiers for both the Extensive Services and Impaired Cognition RUG classifications.