Section A: how to code interRAI MDS item A8 – Reason for Assessment

Information for interRAI assessors

This MDS item A8 'Reason for Assessment' is an administrative item and does not impact on the outcome scales, CAPs and care plan for the individual.

The first four coding options for this item are considered below:

Option 1: First assessment

The code '1' is used for this MDS item to identify when a person first moves from one care area to another, for example,

a) When a person has the first interRAI Home Care Assessment as it signifies that this person now requires some support (both funded and non-funded) to remain living in the community.

b) When the assessor records the 'first assessment' of the interRAI Long-Term Care Facilities Assessment, this identifies that this person now requires a significant level of support, which is unable to be provided within a community setting.

c) When the assessor records the 'first assessment' of the interRAI Palliative Care Assessment, this identifies that this person is being supported in the community by a palliative care based programme.

Option 2: Routine reassessment

This is the code when an organisation/ facility has a set timeframe for reassessment and this person has been identified as requiring an assessment during this timeframe.

Option 3: Return assessment

This code is used following an interruption in funded services that are supporting this person at home or in a residential facility. This could be due to a hospital admission or a planned absence not requiring funded services.

Option 4: Significant change in status reassessment

This code is used when a person has had a significant change to their condition or status that impacts on more than one area of the person's well-being and requires a comprehensive reassessment. This change has not required a hospital admission or any other interruption in funded services.

A significant change reassessment is required if a decline or improvement is consistently noted (over 3 days) in two or more areas that affect a person's care plan.If the condition is self-limiting no reassessment is required.
Self-limiting condition definition: an illness or condition which will either resolve on its own or which has no long term harmful effect on the person's health.

Note: If there has been a hospital admission at the time of the 'significant change in status' then the MDS item code for Reason for Assessment is '3'- 'Return Assessment'.