Schizophrenia in Nursing Facilities:

Checkpoints to Ensure Documentation Supports the Diagnosis of Schizophrenia

Schizophrenia is a serious life-long brain disorder with a wide range of symptoms that affect a person's thoughts, emotions, and behaviors. New diagnoses are uncommon after age 40 and rare after age 65. A new onset of schizophrenia in a post-acute and long-term care setting should not be coded on the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual (Item I6000) unless there is documentation of the diagnosis by a qualified clinician using evidence-based criteria and professional standards, such as the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition Revision (DSM-5-TR).

Checkpoints to Ensure Documentation Supports Diagnosis of Schizophrenia.

- ☐ Documentation should include supporting evidence of a history of symptoms beginning at an appropriate age. Schizophrenia symptoms typically become apparent at ages 16–30.
- ☐ Ensure dementia, other mental health disorders, or medical conditions with similar symptoms have been ruled out.
- ☐ Collaborate with the resident and family to obtain symptoms and psychiatric and family history.
- ☐ Efforts should be made to obtain records from an identified outpatient behavioral health provider to confirm the diagnosis.
- ☐ Further assessment and review of the resident's history may be necessary if the diagnosis is based only on hospital records. Involve the appropriate medical clinicians in the nursing facility to ensure an appropriate diagnosis.
- ☐ If an antipsychotic is added during the hospital admission, verify and assess the need for continued use.

Preadmission Screening and Resident Review (PASRR):

Many residents with a schizophrenia diagnosis meet the criteria for a Level II PASRR. Consider these questions:

- ☐ Is proper PASRR Level I documentation present?
- ☐ Is Level II completed, if required?
- ☐ Are any specialized services recommended in the PASRR review?
- ☐ Are specialized services being provided?
- ☐ Is the PASRR status properly documented in MDS Item #A1500 and, when applicable, #A1510?

Individualized Care Planning:

- ☐ Include the resident and family in the care planning process.
- ☐ Ensure the care plan interventions are individualized.
- ☐ Obtain recommendations from the resident and family for effective symptom management strategies.
- ☐ If interventions are not effective, they should be discontinued, and new interventions implemented.
- ☐ Incorporate the PASRR review details into the care plan.
- ☐ Document in the medical record the use and effectiveness of all pharmacological and nonpharmacological interventions.
- ☐ When a pharmacological intervention is instituted, document the effectiveness and attempts made to use the lowest effective dose under the supervision of a qualified medical clinician in collaboration with the consultant pharmacist.

Potential Appropriate Interventions Include:

- ☐ Individual therapy
- ☐ Group therapy
- ☐ Individualized, social, and psychosocial activities
- ☐ Train nursing facility staff to understand the resident's condition and appropriate interventions.

References:
CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual. Version 1.20.11; October 2026. Available at: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual. Accessed on: November 4, 2026.
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