



Home Health Virtual Training Program – Part 1

Social Determinants of Health New Items for Sections A and B

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Objectives

- Discuss the Social Determinants of Health (SDOH) items and their significance in the assessment process.
- Define and discuss the new non-SDOH assessment items in Section A: Administrative/Identification Information.
- Define and discuss the new non-SDOH assessment items in Section B: Hearing, Speech, and Vision.
- Summarize the implications for these items.




Overview of Changes

New SDOH Items for HH:

A1005. Ethnicity.  Replaces M0140
A1010. Race.
A1100. Language.
A1250. Transportation.
B1300. Health Literacy.
D0700. Social Isolation.

New Non-SDOH Items for HH:

A2120–A2124. Transfer of Health.
B0200. Hearing.
B1000. Vision.  Replaces M1200



What Are SDOH?

- SDOH:
 - Are the conditions in which people live, work, learn, and play.
 - Affect a wide range of health risks and outcomes.¹
- SDOH items added to the post-acute care (PAC) assessment instruments conform to the 2011 U.S. Department of Health and Human Services (HHS) data standards.²



¹ <https://www.cdc.gov/socialdeterminants/about.html>

² <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0>

Why Is It Important to Collect SDOH?

Capturing standardized SDOH data helps to:

- Understand factors at the individual, community, and population levels.
- Improve quality of care and health outcomes.
- Document and track health disparities.
- Allow for comparison of SDOH data within and across PAC settings.
- Support the collecting/sharing of data across certification, policy, and coordination agencies and stakeholders.

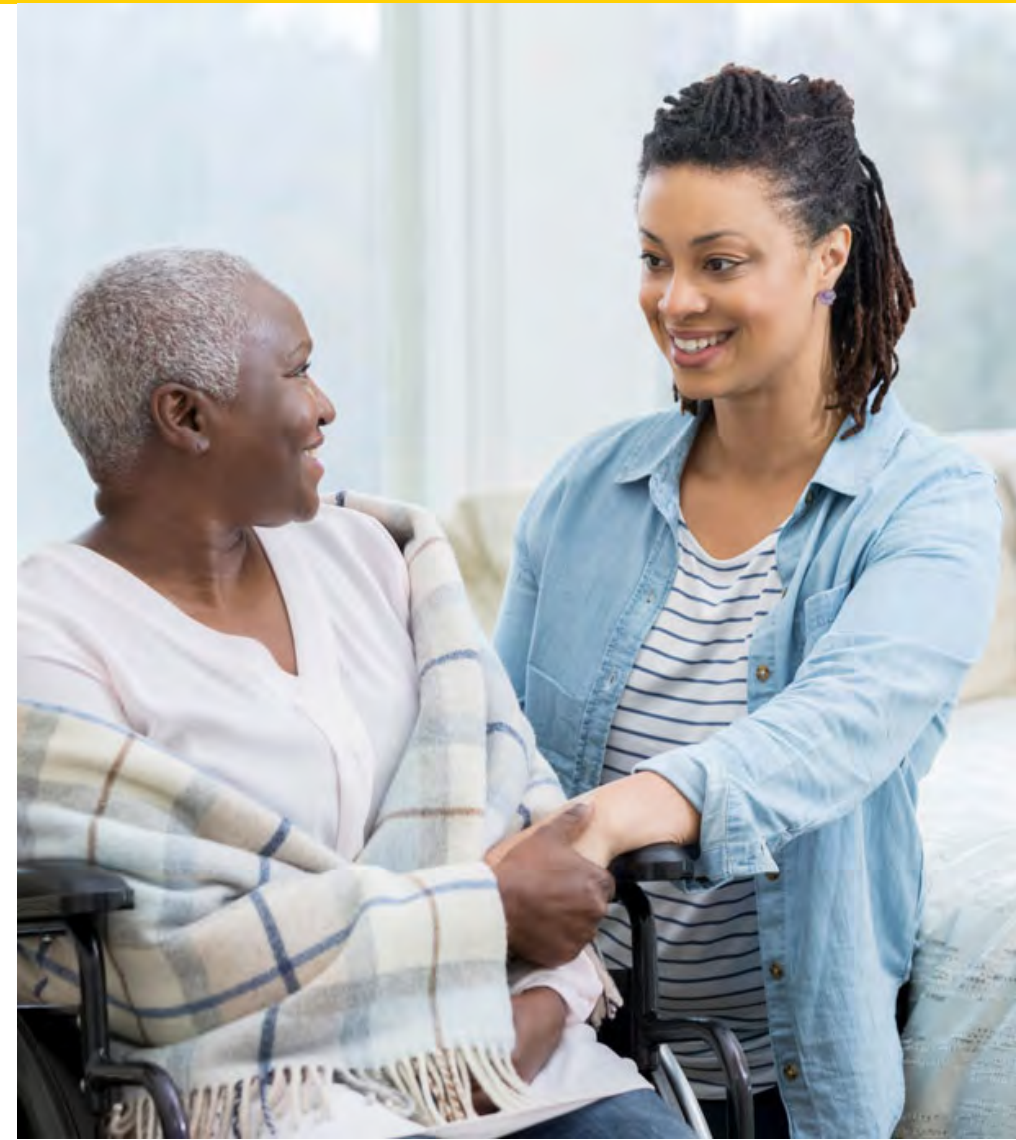
SDOH Items

Sections A, B, and D

SDOH Data Elements: Sections A, B, and D

There are six standardized patient assessment items in Sections A, B, and D that are reflective of SDOH:

- A1005. Ethnicity.
- A1010. Race.
- A1110. Language.
- A1250. Transportation.
- B1300. Health Literacy.
- D0700. Social Isolation.



A1005 and A1010

Ethnicity and Race

A1005. Ethnicity



A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓	Check all that apply
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond



A1010. Race



A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above



A1005 and A1010: Item Rationale



- The ability to improve understanding of and address ethnic disparities in healthcare outcomes requires the availability of better data related to SDOH, including ethnicity.
- Collection of **A1005. Ethnicity** and **A1010. Race** provide data granularity that is important for documenting and tracking health disparities and conforms to the 2011 HHS data standards.
- Collection of ethnicity data is an important step in improving quality of care and health outcomes.

A1005 and A1010: Item Rationale (cont.)



- Standardizing self-reported data collection for ethnicity allows for the comparison of data within and across multiple PAC settings.
- These categories are NOT used to determine eligibility for participation in any Federal program.

A1005 and A1010: Response Specific Instructions

- Ask the patient to select the category or categories that most closely correspond to the patient's ethnicity and race from the lists in A1005. Ethnicity and A1010. Race.
 - Individuals may be more comfortable if this and the subsequent question are introduced by saying:
 - ***“We want to make sure that all of our patients get the best care possible, regardless of their ethnic (A1005)/racial (A1010) background.”***

Complete as close to SOC as possible.



A1005 and A1010: Response Specific Instructions (cont.)



Patient **able** to respond

- Check all that apply.
- Check box(es) for indicating ethnicity/race category(ies) identified by the patient.

Patient **unable** to respond

A proxy response may be used.

If neither the patient nor a proxy is able to provide a response, use medical record documentation.

Patient **declines** to respond

Do **not** code based on a proxy response or medical record documentation.

A1005 and A1010: Coding Instructions



- **Code X, Patient unable to respond**, if the patient was unable to respond.
 - A response may be determined via proxy.
 - If a proxy is not able to provide a response, medical record documentation may be used.
 - If determined via proxy and/or medical record documentation, check all boxes that apply, ***including Code X. Patient unable to respond.***
 - If no other resources provided the necessary information, ***Code X. Patient unable to respond, only.***



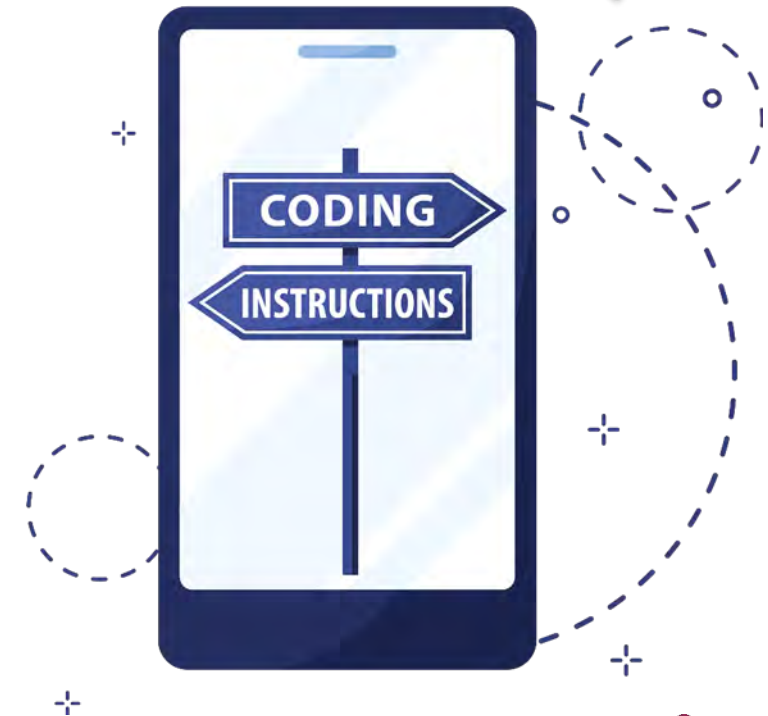
A1005 and A1010: Coding Instructions (cont. 1)

- **Code Y, Patient declines to respond**, if the patient declines to respond.
 - In these cases, Code Y, Patient declines to respond, **only**.
 - Do not code based on a proxy input or medical record documentation.



A1010: Coding Instructions

- **Code Z, None of the above**, if the patient reports or it is determined from proxy or medical record documentation that none of the listed races apply to the patient.



A1110

Language

A1110. Language

A1110. Language																
<div>Enter Code</div> <div><input type="checkbox"/></div>	<p>A. What Is your preferred language?</p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															
<p>B. Do you need or want an Interpreter to communicate with a doctor or health care staff?</p> <p>0. No</p> <p>1. Yes</p> <p>9. Unable to determine</p>																



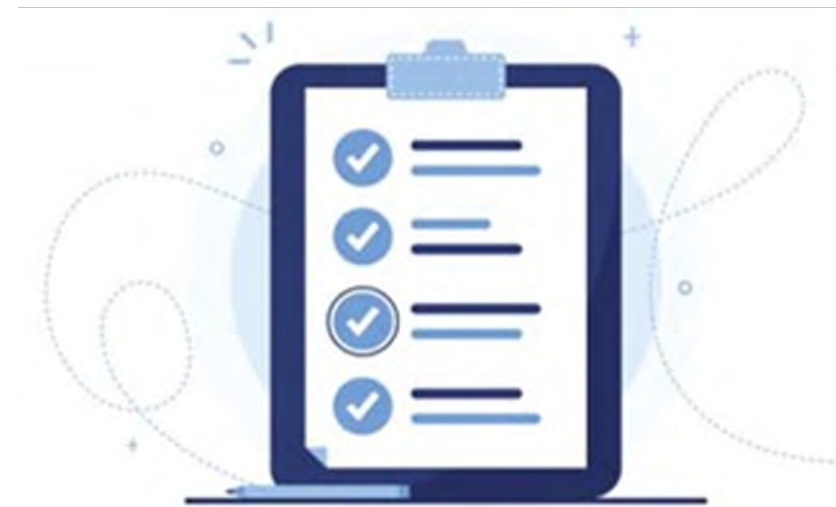
A1110: Item Rationale



- Language barriers can lead to social isolation, depression, and patient safety issues.
- Language barriers can interfere with accurate assessment.

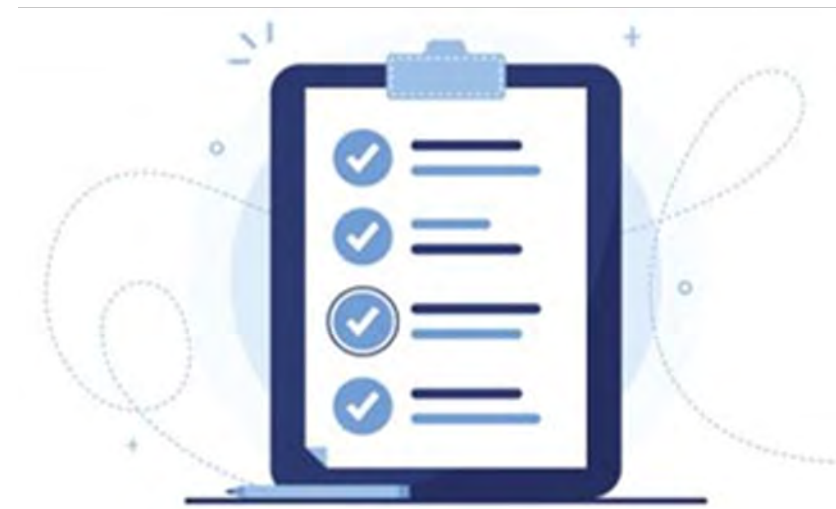
A1110: Response Specific Instructions

- Ask for the patient's preferred language.
- Ask if the patient needs or wants an interpreter to communicate with a doctor or healthcare staff.
- A proxy response is permitted if:
 - The patient themselves – or with the assistance of an interpreter – is unable to respond to A1110A. What is your preferred language? or A1110B. Do you need or want an interpreter?



A1110: Response Specific Instructions (cont.)

- If neither the patient nor a proxy is able to provide a response to A1110A or A1110B, medical record documentation may be used.
- Complete as close to the time of SOC as possible.



A1110A: Preferred Language

A. What is your preferred language?

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A1110. Language

A. What is your preferred language?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enter Code

☐

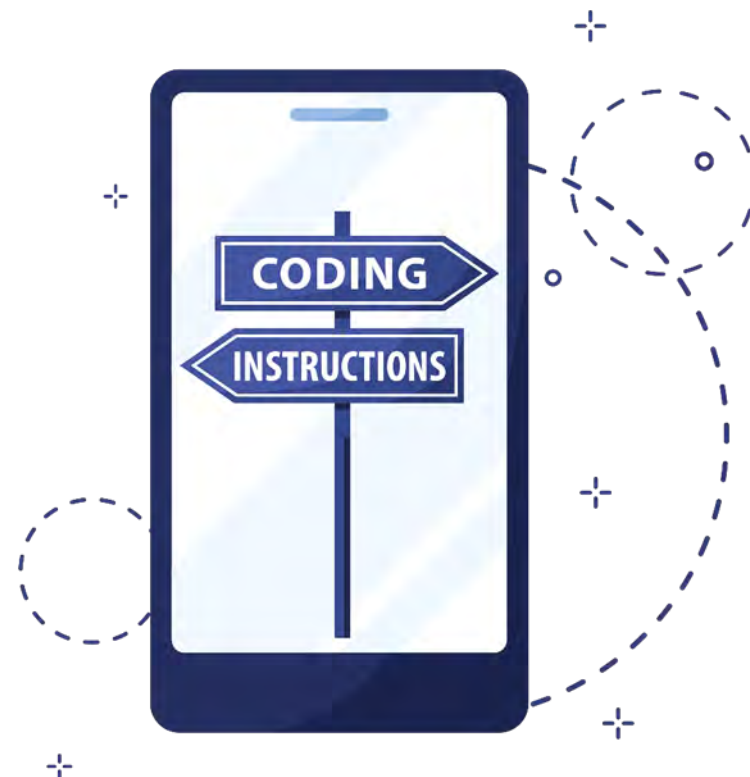
B. Do you need or want an interpreter to communicate with a doctor or health care staff?

- 0. No
- 1. Yes
- 9. Unable to determine



A1110A: Coding Instructions

- Enter the preferred language the patient primarily speaks or understands.
- If the patient or any available source cannot or does not identify preferred language, enter a dash (“-”) in the first box.
 - A dash indicates “no information.” CMS expects dash use to be a rare occurrence.



A1110B: Patient Needs or Wants an Interpreter

- B. Do you need or want an interpreter to communicate with a doctor or health care staff?**
- 0. **No**
 - 1. **Yes**
 - 9. **Unable to determine**

A1110. Language																			
Enter Code <input type="checkbox"/>	A. What is your preferred language?																		
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
B. Do you need or want an interpreter to communicate with a doctor or health care staff?																			

- 0. **No**
- 1. **Yes**
- 9. **Unable to determine**



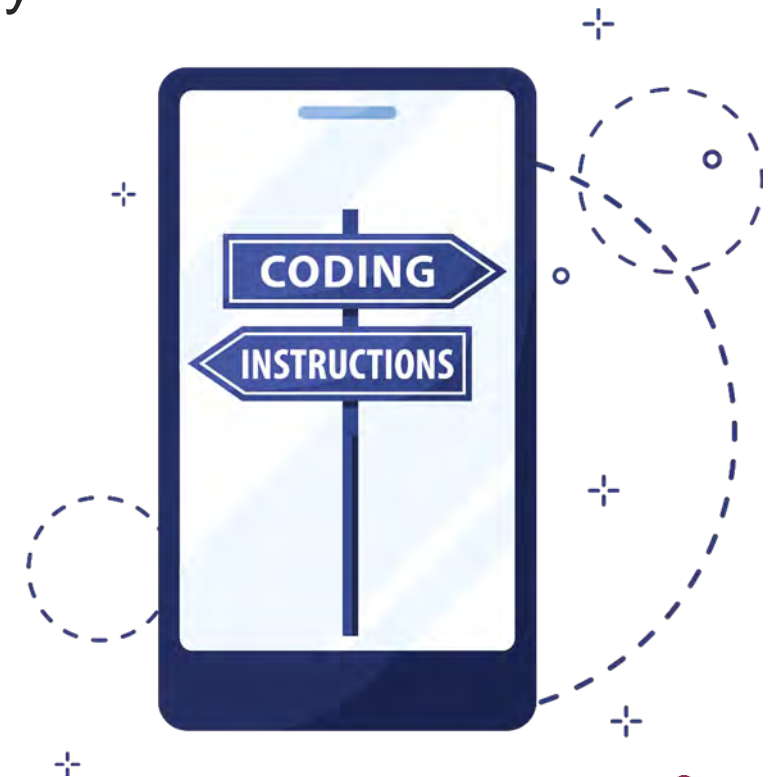
A1110B: Coding Instructions

- **Code 0, No**, if the patient indicates no need or want of an interpreter to communicate with a doctor or healthcare staff.
- **Code 1, Yes**, if the patient indicates the need or want of an interpreter to communicate with a doctor or healthcare staff. Ensure that preferred language is indicated.
 - If the patient is unable to indicate the need or want of an interpreter, proxy input may be used.
 - If the patient is unable and a proxy response is not available, then medical record documentation may be used.



A1110B: Coding Instructions (cont.)

- **Code 9, Unable to determine**, if no source can identify whether the patient wants or needs an interpreter.
- **Dash** is **not** a valid response for this item.



A1110: Coding Tips

CODING TIPS

An organized system of signing such as American Sign Language (ASL) can be reported as the preferred language if the patient needs or wants to communicate in this manner.



A1250

Transportation

A1250. Transportation



A1250. Transportation (from NACHC©)
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

↓ Check all that apply

<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input checked="" type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

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A1250: Item Rationale



- Access to transportation for ongoing healthcare and medication access needs is essential to effective care management.
- Understanding patient transportation needs can help organizations assess barriers to care and facilitate connections with available community resources.



A1250: Response Specific Instructions



- Ask the patient:

“In the past six months to a year, has lack of transportation kept you from non-medical meetings, appointments, work, or from getting things that you need?”

“In the past six months to a year, has lack of transportation kept you from medical appointments or from getting your medications?”

- Patient should be offered the option of selecting more than one “yes” designation, if applicable.
- If the patient is unable to respond, a proxy response may be used.

A1250: Response Specific Instructions (cont.)



- If neither the patient nor a proxy is able to provide a response to this item, medical documentation may be used.
- If the patient declines to respond, do not code based on proxy input or medical documentation.
- Complete as close to the time of SOC/ROC as possible and within 3 days of discharge.
- Check all that apply.



A1250: Coding Instructions



- **Code A, Yes**, if the patient indicates that lack of transportation has kept the patient from medical appointments or from getting medications.
- **Code B, Yes**, if the patient indicates that lack of transportation has kept the patient from non-medical meetings, appointments, work, or from getting things that the patient needs.
- **Code C, No**, if the patient indicates that a lack of transportation has not kept the patient from medical appointments, getting medications, non-medical meetings, appointments, work, or getting things that the patient needs.

A1250: Coding Instructions (cont. 1)



- **Code X, Patient unable to respond**, if the patient was unable to respond.
 - A response may be determined via proxy.
 - If a proxy is not able to provide a response, medical record documentation may be used.
 - If determined via proxy and/or medical record documentation, check all boxes that apply, ***including Code X. Patient unable to respond.***
 - If no other resources provided the necessary information, ***Code X. Patient unable to respond, only.***

A1250: Coding Instructions (cont. 2)

- **Code Y, Patient declines to respond**, if the patient declines to respond.
 - In cases where the patient declines to respond, **Code Y, Patient declines to respond**, only.
 - If the patient **declines to respond**, do not code based on proxy input or medical record documentation to complete this item.

B1300

Health Literacy

B1300. Health Literacy



B1300. Health Literacy (from Creative Commons©)

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Enter Code	
<input type="text"/>	
	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	7. Patient unable to respond
	8. Patient declines to respond

The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.








B1300: Rationale



- Similar to language barriers, low health literacy interferes with communication between provider and patient.
- Health literacy can also affect the ability for patients to understand and follow treatment plans, including medication management.
- Poor health literacy is linked to lower levels of knowledge of health, worse outcomes, the receipt of fewer preventive services, and higher medical costs and rates of emergency department use.

patients with low
HEALTH LITERACY...

 Are more likely to visit an EMERGENCY ROOM	 Have more HOSPITAL STAYS	 Are less likely to follow TREATMENT PLANS	 Have higher MORTALITY RATES
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www.cdc.gov/phpr 

B1300: Definition



Health Literacy



Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

B1300: Response Specific Instructions



This item is intended to be a patient self-report item.
No other source should be used to identify the response.

- Ask the patient:

“How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”

B1300: Coding Instructions

- Complete as close to the time of SOC/ROC as possible and within 3 days of discharge.



B1300: Coding Instructions (cont. 1)



- **Code 0, Never**, if the patient indicates never needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 1, Rarely**, if the patient indicates rarely needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 2, Sometimes**, if the patient indicates sometimes needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.

B1300: Coding Instructions (cont. 2)



- **Code 3, Often**, if the patient indicates often needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 4, Always**, if the patient indicates always needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 7, Patient declines to respond**, if the patient declines to respond.
- **Code 8, Patient unable to respond**, if the patient was unable to respond.

D0700

Social Isolation

D0700. Social Isolation



D0700. Social Isolation

How often do you feel lonely or isolated from those around you?

Enter Code

- 0. **Never**
- 1. **Rarely**
- 2. **Sometimes**
- 3. **Often**
- 4. **Always**
- 7. **Patient declines to respond**
- 8. **Patient unable to respond**

SOC/ROC



**DISCHARGE
FROM AGENCY**



D0700: Item Rationale



- Social isolation:
 - Tends to increase with age.
 - Is a risk factor for physical and mental illness.
 - Is a predictor of mortality.

D0700: Definition



Social Isolation



Social isolation refers to an actual or perceived lack of contact with other people, such as living alone or residing in a remote area.

D0700: Response Specific Instructions



This item is intended to be a patient self-report item.
No other source should be used to identify the response.

- Ask the patient:

“How often do you feel lonely or isolated from those around you?”

D0700: Coding Instructions

- Complete as close to the time of SOC/ROC and DC as possible.
- **Code 0, Never**, if the patient indicates never feeling lonely or isolated from others.
- **Code 1, Rarely**, if the patient indicates rarely feeling lonely or isolated from others.
- **Code 2, Sometimes**, if the patient indicates sometimes feeling lonely or isolated from others.



D0700: Coding Instructions (cont.)



- **Code 3, Often**, if the patient indicates often feeling lonely or isolated from others.
- **Code 4, Always**, if the patient indicates always feeling lonely or isolated from others.
- **Code 7, Patient declines to respond**, if the patient declines to respond.
- **Code 8, Patient unable to respond**, if the patient was unable to respond.

Non-SDOH Data Elements

A2120–A2124

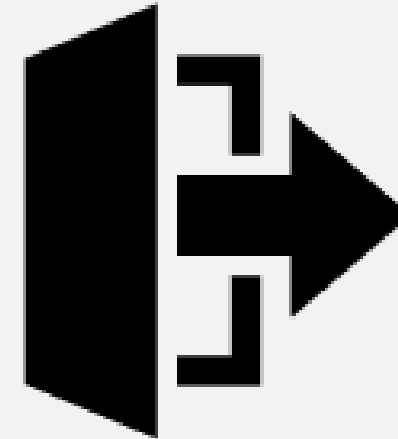
Transfer of Health Information

A2120–A2124: Important Terms



At the Time of Transfer or Discharge

This is the period of time as close to the actual time of transfer or discharge as possible. This time may be based on agency, State, or Federal guidelines for data collection at discharge.



A2120–A2124: Important Terms (cont.)



Current Reconciled Medication List

This refers to a list of the patient's current medications at the time of discharge that was reconciled by the agency prior to the patient's discharge.



A2120–A2124: Definitions



Means of Providing a Current Reconciled Medication List



Means of Providing a Current Reconciled Medication List

- Providing the current reconciled medication list at the time of transfer or discharge can be accomplished by any means, including active means (e.g., by mail, electronically, or verbally) and more passive means (e.g., a common electronic health record (EHR), giving providers access to a portal).

A2120–A2124: Definitions (cont.)



Electronic Health Record



EHR/Electronic Medical Record (EMR)

- An EHR, sometimes referred to as an Electronic Medical Record (EMR), is an electronic version of a patient's medical history that is maintained by the provider over time.

Portal



Portal

- A portal is a secure online website that gives providers, patients, and others convenient, 24-hour access to personal health information from anywhere with an internet connection.

A2120 and A2121

Provision of Current Reconciled Medication List to Subsequent Provider at Transfer and Discharge

A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer



A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer

At the time of transfer to another provider, did your agency provide the patient’s current reconciled medication list to the subsequent provider?

<div>Enter Code</div> <div><input type="text"/></div>	<div>0. No – Current reconciled medication list not provided to the subsequent provider → Skip to J1800, Any Falls Since SOC/ROC</div> <div>1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider</div> <div>2. NA – The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC</div>
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A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge



A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

At the time of discharge to another provider, did your agency provide the patient’s current reconciled medication list to the subsequent provider?

Enter Code	
<input type="checkbox"/>	<div>0. No – Current reconciled medication list not provided to the subsequent provider → Skip to B1300, Health Literacy</div> <div>1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider</div>



A2120/A2121: Item Rationale



- The transfer of a current reconciled medication list at the time of discharge or transfer can improve care coordination and quality of care, help subsequent providers reconcile medications, and may mitigate adverse outcomes related to medications.
- Communication of medication information at discharge/transfer is critical to ensure safe and effective transitions from one healthcare setting to another.



NOTE:

The guidance for items A2120 and A2121 is the same, except that one item is used for home health transfers and the other one for discharges.

A2120: Response Specific Instructions



- For Home Health at **Transfer**:
 - Complete **A2120** only if:
 - M0100. This Assessment is Currently Being Completed for the Following Reason is:
 - 6. *Transferred to an inpatient facility - patient not discharged from agency,*
- OR**
- 7. *Transferred to an inpatient facility – patient discharged from agency.*

A2121: Response Specific Instructions



- For Home Health at **Discharge**:
 - Complete **A2121** only if:
 - M0100. This Assessment is Currently Being Completed for the Following Reason is:
 - 9. *Discharge from Agency,*

AND

 - M2420. Discharge Disposition is:
 - 2. *Patient remained in the community (with formal assistive services),***or**
 - 3. *Patient transferred to a non-institutional hospice.*

A2120/A2121: Coding Instructions



- **Code 0, No**, if at transfer or discharge to a subsequent provider, your agency did not provide the patient's current reconciled medication list to the subsequent provider.
- **Code 1, Yes**, if at transfer or discharge to a subsequent provider, your agency did provide the patient's current reconciled medication list to the subsequent provider.
- **A2120 only: Code 2, N/A**, if at transfer to a subsequent provider, your agency was not made aware of the transfer timely and was therefore unable to provide the patient's current reconciled medication list to the subsequent provider.

A2120/A2121: Coding Tips

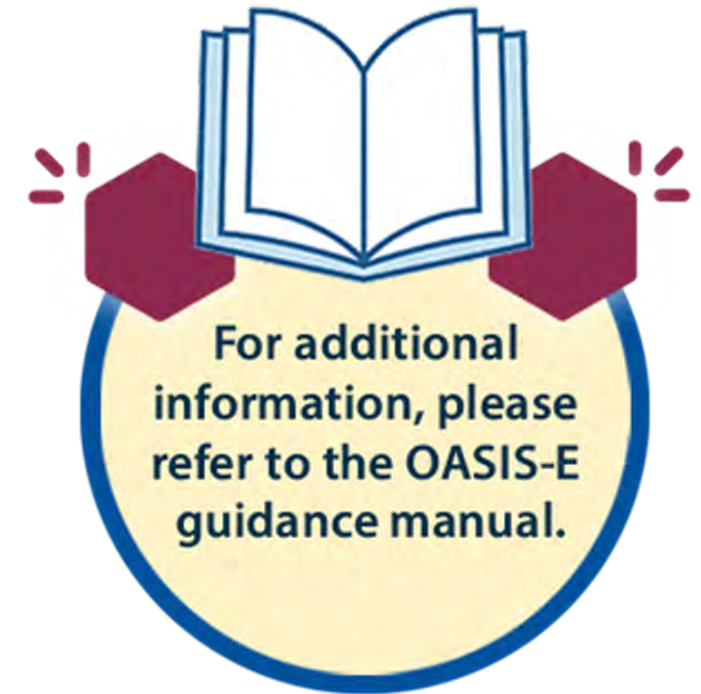


- While the patient may receive care from other providers—such as primary care providers, other outpatient providers, and treatment centers—after discharge from your agency, these locations are not considered to be subsequent providers for the purposes of coding this item.
- Your agency should be guided by current standards of care and any applicable regulations and guidelines (e.g., Conditions of Participation) in determining what information should be included in a current reconciled medication list.

Additional Considerations for Important Medication List Content



- Items that could be on a reconciled medication list include, but are not limited to:
 - Demographic information.
 - Allergies and/or adverse reactions.
 - Special instructions.
 - Purpose or indication for use.
 - Current prescribed and over-the-counter medications.
- While this information serves as guidance, the completeness of the medication list is left to the discretion of the provider and patient.



A2120/A2121: Documentation Sources



- Sources for reconciled medication list information include:
 - Electronic and/or paper records.

Examples of such records:

- Discharge summary records.
- Medication Administration Record.
- Intravenous Medication Administration Record.
- Home medication list.
- Physician orders.

A2123

Provision of Current Reconciled Medication List to Patient at Discharge

A2123. Provision of Current Reconciled Medication List to Patient at Discharge

A2123. Provision of Current Reconciled Medication List to Patient at Discharge	
At the time of discharge, did your agency provide the patient's current reconciled medication list to the patient, family and/or caregiver?	
Enter Code <input type="text"/>	<div>0. No– Current reconciled medication list not provided to the patient, family, and/or caregiver → <i>Skip to B1300, Health Literacy</i></div> <div>1. Yes – Current reconciled medication list provided to the patient, family, and/or caregiver → Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient.</div>



A2123: Item Rationale



- Communication of medication information to the patient at discharge is critical to ensuring safe and effective discharges.
- The item, collected at the time of discharge, can improve care coordination and quality of care, aids in medication reconciliation, and may mitigate adverse outcomes related to medications.
- It is recommended that a reconciled medication list that is provided to the patient, family, and/or caregiver use consumer-friendly terminology and plain language to ensure that the information provided to patients and caregivers is clear and understandable.

A2123: Response Specific Instructions



- For Home Health at **Discharge**:
 - Complete A2123 only if:
 - *M0100. This Assessment is Currently Being Completed for the Following Reason is:*
 - 9, *Discharge from Agency,*

AND

 - *M2420. Discharge Disposition is:*
 - 1, *Patient remained in the community (without formal assistive services), or*
 - 4, *Unknown, because patient moved to a geographic location not served by this agency, or*
 - *UK, Other unknown.*



A2123: Coding Instructions



- **Code 0, No**, if at discharge to a home setting, your agency did not provide the patient's current reconciled medication list to the patient, family, and/or caregiver.
- **Code 1, Yes**, if at discharge to a home setting, your agency did provide the patient's current reconciled medication list to the patient, family, and/or caregiver.

A2123: Coding Tips



Patient/Family/Caregiver:

- To code 1, Yes, a current reconciled medication list was transferred. The recipient of the current reconciled medication list can be the:
 - Patient.
 - Family member.
 - Other caregiver.
- It is not necessary to provide the current reconciled medication list to all of these recipients in order to code 1, Yes.

A2122 and A2124

Route of Current Reconciled Medication List Transmission to Subsequent Provider and Patient

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider



A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

Route of Transmission	
	↓ Check all that apply ↓
A. Electronic Health Record	<input type="checkbox"/>
B. Health Information Exchange	<input type="checkbox"/>
C. Verbal (e.g., in-person, telephone, video conferencing)	<input type="checkbox"/>
D. Paper-based (e.g., fax, copies, printouts)	<input type="checkbox"/>
E. Other Methods (e.g., texting, email, CDs)	<input type="checkbox"/>

After completing 1300, H



A2124. Route of Current Reconciled Medication List Transmission to Patient



A2124. Route of Current Reconciled Medication List Transmission to Patient	
Indicate the route(s) of transmission of the current reconciled medication list to the patient, family, and/or caregiver.	
Route of Transmission	
	↓ Check all that apply ↓
A. Electronic Health Record	<input type="checkbox"/>
B. Health Information Exchange	<input type="checkbox"/>
C. Verbal (e.g., in-person, telephone, video conferencing)	<input type="checkbox"/>
D. Paper-based (e.g., fax, copies, printouts)	<input type="checkbox"/>
E. Other Methods (e.g., texting, email, CDs)	<input type="checkbox"/>

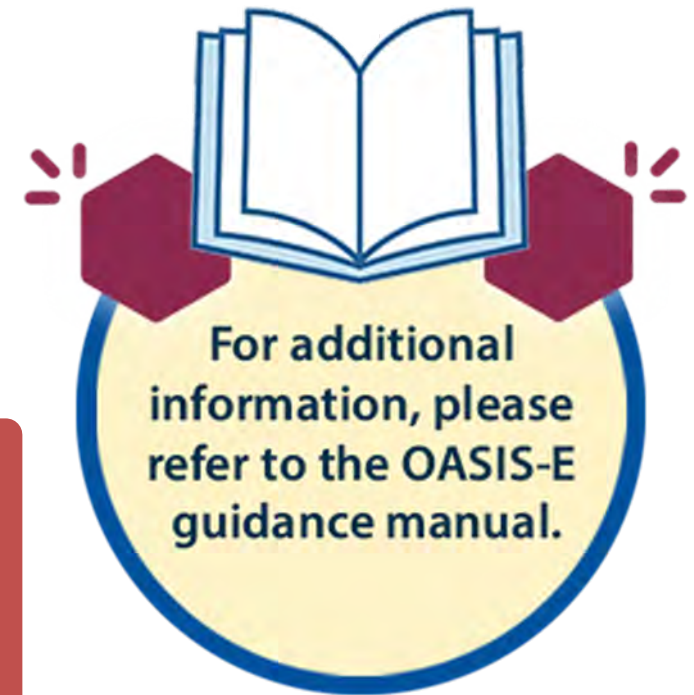


A2122/A2124. Route of Current Reconciled Medication List Transmission to Subsequent Provider and Patient

- The guidance addresses coding the route(s) of transmission to the subsequent provider at transfer (**A2120**) and at discharge (**A2121**) and to the patient (**A2123**). The guidance is combined here, with specific instructions for either transfer or discharge as needed.



Please note: The guidance for items A2122 and A2124 is the same, except that one item is used for the subsequent provider at transfer/discharge and the other one at discharge for the patient, family, and/or caregiver.



A2122/A2124: Item Rationale

- These items collect important data to monitor how medication lists are transmitted at transfer/discharge to the subsequent provider and at discharge to the patient, family, and caregiver.

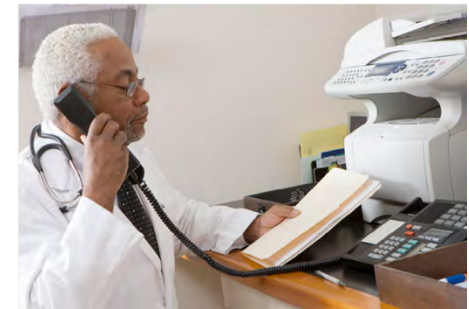


A2122: Response Specific Instructions – Transfer

- For Home Health at **Transfer**:
 - Complete **A2122** only if:
 - M0100. This Assessment is Currently Being Completed for the Following Reason is:
 - 6, *Transferred to an inpatient facility – patient not discharged from agency,*

OR

 - 7, *Transferred to an inpatient facility – patient discharged from agency.*



A2122: Response Specific Instructions – Discharge



- For Home Health at **Discharge**:
 - Complete **A2122** only if:
 - M0100. This Assessment is Currently Being Completed for the Following Reason is:
 - 9, *Discharge from Agency*,
- AND**
- M2420. Discharge Disposition is:
 - 2, *Patient remained in the community (with formal assistive services)*, **or**
 - 3, *Patient transferred to a non-institutional hospice*.

A2124: Response Specific Instructions – Discharge



- For Home Health at **Discharge**:

- Complete **A2124** only if:

- M0100. This Assessment is Currently Being Completed for the Following Reason is:

- 9, *Discharge from Agency,*

AND

- M2420. Discharge Disposition is:

- 1, *Patient remained in the community (without formal assistive services), **or***

- 4, *Unknown, because patient moved to a geographic location not served by this agency, **or***

- *UK, Other unknown.*

A2122/A2124: Coding Instructions

- **Check A2122A/A2124A, Electronic Health Record**, if your agency has an EHR and used it to transmit or provide access to the reconciled medication list to the subsequent provider, patient, family, and/or caregiver.
 - This would include:
 - Situations where both the discharging and receiving provider have direct access to a common EHR system.
 - Providing the patient with direct access to their EHR medication information through a patient portal.
 - Checking this route does not require confirmation that the patient has accessed the medication list from the portal, or that the subsequent provider has accessed the common EHR system for the medication list.



A2122/A2124: Coding Instructions (cont. 1)



- **Check A2122B/A2124B, Health Information Exchange**, if your agency participates in a Health Information Exchange (HIE) and used the HIE to electronically exchange the current reconciled medication list with the subsequent provider, patient, family, and/or caregiver.
- **Check A2122C/A2124C, Verbal**, if the current reconciled medication list information was verbally communicated (e.g., in-person, telephone, video conferencing) to the subsequent provider, patient, family, and/or caregiver.

A2122/A2124: Coding Instructions (cont. 2)



- **Check A2122D/A2124D, Paper-Based**, if the current reconciled medication list was transmitted to the subsequent provider, patient, family, and/or caregiver using a paper-based method such as a printout, fax, or e-fax.
- **Check A2122E/A2124E, Other Methods**, if the current reconciled medication list was transmitted to the subsequent provider, patient, family, and/or caregiver using another method not listed above (e.g., texting, email, CDs).

B0200

Hearing

B0200. Hearing



B0200. Hearing

Enter Code

Ability to hear (with hearing aid or hearing appliances if normally used)

0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
3. **Highly impaired** - absence of useful hearing



B0200: Item Rationale

- Problems with hearing can contribute to sensory deprivation, social isolation, and mood and behavior disorders.
- Unaddressed communication problems related to hearing impairment can be mistaken for confusion or cognitive impairment.



B0200: Response Specific Instructions



- Ensure that the patient is using their normal hearing appliance, if they have one. Hearing devices may not be as conventional as a hearing aid. Some patients by choice may use hearing amplifiers or a microphone and headphones as an alternative to hearing aids. Ensure that the hearing appliance is operational.
- Interview the patient and ask about hearing function in different situations (e.g., hearing staff or family members, talking to visitors, using telephone, watching TV, participation in group discussion).



B0200: Response Specific Instructions (cont.)



- Observe the patient during your verbal interactions and when interacting with others.
- Review the clinical record or other available documentation.
- Consult the patient's family, caregivers, and/or speech or hearing specialists.

B0200: Coding Instructions



- Complete as close to the time of SOC as possible.
- **Code 0, Adequate**, No difficulty hearing in normal conversation and social interactions, or listening to TV. The patient hears all normal conversational speech and telephone or group conversations.
- **Code 1, Minimal Difficulty**, Difficulty in some environments (e.g., when a person speaks softly, or the setting is noisy). The patient hears speech at conversational levels but has difficulty hearing when not in quiet listening conditions or when not in one-on-one situations. The patient's hearing is adequate after environmental adjustments are made, such as reducing background noise by moving to a quiet room or by lowering the volume on television or radio.

B0200: Coding Instructions (cont.)



- **Code 2, Moderate Difficulty**, Speaker has to increase volume and speak distinctly. Although hearing-deficient, the patient compensates when the speaker adjusts tonal quality and speaks distinctly; or the patient can hear only when the speaker's face is clearly visible.
- **Code 3, Highly Impaired**, Absence of useful hearing. The patient hears only some sounds and frequently fails to respond even when the speaker adjusts tonal quality, speaks distinctly, or is positioned face-to-face. There is no comprehension of conversational speech, even when the speaker makes maximum adjustments.
- **Dash** is a valid response when coding this item.
 - A dash indicates “no information.” CMS expects dash use to be a rare occurrence.

B0200: Coding Tips



- Patients who are unable to respond to a standard hearing assessment due to cognitive impairment will require alternate assessment methods.
 - The patient can be observed in their normal environment.
 - Do they respond (e.g., turn their head) when a noise is made at a normal level?
 - Does the patient seem to respond only to specific noise in a quiet environment?
 - Assess whether the patient responds only to loud noise, or do they not respond at all.

B1000

Vision

B1000. Vision



B1000. Vision

Enter Code

Ability to see in adequate light (with glasses or other visual appliances)

0. **Adequate** - sees fine detail, such as regular print in newspapers/books
1. **Impaired** - sees large print, but not regular print in newspapers/books
2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired** - object identification in question, but eyes appear to follow objects
4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects



B1000: Item Rationale

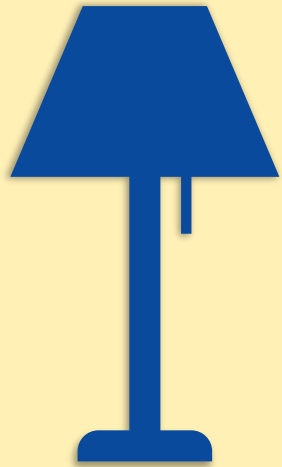


- A person's reading vision often diminishes over time.
- If uncorrected, vision impairment can limit the enjoyment of everyday activities such as reading newspapers, books, or correspondence, and maintaining and enjoying other activities. It also limits the ability to manage personal business, such as signing consent forms.
- Moderate, high, or severe impairment can contribute to sensory deprivation, social isolation, and depressed mood.

Definition



Adequate Lighting



Lighting that is sufficient or comfortable for a person with normal vision to see fine detail.

B1000: Response Specific Instructions



- Ask the patient, family, caregivers, and/or staff, if possible, about the patient's usual vision patterns (e.g.. is the patient able to see newsprint, menus, and greeting cards?).
- Ensure that the patient's customary visual appliance for close vision is in place (e.g., eyeglasses, magnifying glass).
- Ensure adequate lighting.



B1000: Response Specific Instructions (cont.)



- Ask the patient to look at regular-sized print in a book or newspaper. Then ask the patient to read aloud, starting with larger headlines and ending with the finest, smallest print. If the patient is unable to read a newspaper, provide material with larger print, such as a flyer or large textbook.
- When the patient is unable to read aloud (e.g., due to aphasia, illiteracy), you should test this by another means, such as, but not limited to:
 - Substituting numbers or pictures for words that are displayed in the appropriate print size (regular-size print in a book or newspaper).

B1000: Coding Instructions



Complete as close to the time of SOC as possible.

- **Code 0, Adequate**, if the patient sees fine detail, including regular print in newspapers/books.
- **Code 1, Impaired**, if the patient sees large print but not regular print in newspapers/books.
- **Code 2, Moderately Impaired**, if the patient has limited vision and is not able to see newspaper headlines but can identify objects nearby in their environment.

B1000: Coding Instructions (cont.)

- **Code 3, Highly Impaired**, if the patient's ability to identify objects nearby in their environment is in question, but the patient's eye movements appear to be following objects (especially people walking by).
- **Code 4, Severely Impaired**, if the patient has no vision; sees only light, colors, or shapes; or does not appear to follow objects with their eyes.
- **Dash** is a valid response when coding this item.
 - A dash indicates “no information.” CMS expects dash use to be a rare occurrence.



B1000: Coding Tips



- Some patients have never learned to read or are unable to read English. In such cases, ask the patient to read numbers, such as dates or page numbers, or to name items in small pictures. Be sure to display this information in two sizes (equivalent to regular and large print).

B1000: Coding Tips (cont.)



- If the patient is unable to communicate or follow your directions for testing vision, observe the patient's eye movements to see if their eyes seem to follow movement and objects.
- Though these are gross measurements of visual acuity, they may assist you in assessing whether or not the patient has any visual ability.
- For patients who appear to follow movement and objects, **Code 3, Highly impaired.**

Summary



- New SDOH assessment items in Sections A, B, and D were added to the OASIS-E to conform to the 2011 HHS data standards.
- In addition, there are several non-SDOH data elements that were added to achieve standardization.

Submitting Questions

- If you have questions about this presentation, please submit them to PACTraining@Econometricalnc.com by August 31, 2022.
- Select questions will be answered in a Q&A session during the September 2022 virtual live event.

