



IRF and LTCH Virtual Training Program – Part 2

Social Determinants of Health and New/Revised Items A, B, D Workshop

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SDOH Data Elements

Sections A, B, and D

A1005

Ethnicity

A1005: Practice Scenario 1

A patient was interviewed regarding their ethnic background. They stated that their mother was from Mexico, their father was from Puerto Rico, and they were born in the United States. The patient stated that they consider themselves Mexican, Mexican American, and Puerto Rican.



How would you code A1005. Ethnicity?

- A. Code B. Yes, Mexican, Mexican American, Chicano/a.
- B. Code C. Yes, Puerto Rican.
- C. Code E. Yes, another Hispanic, Latino or Spanish Origin.
- D. Both A and B.

Q₁

How would you code A1005. Ethnicity?

- A. Code B. Yes, Mexican, Mexican American, Chicano/a.
- B. Code C. Yes, Puerto Rican.
- C. Code E. Yes, another Hispanic, Latino or Spanish Origin.



D. Both A and B.



A1005: Practice Scenario 1 – Rationale

- **Answer:** The answer is D. **Code B, Yes, Mexican, Mexican American, Chicano/a** and **Code C, Puerto Rican**, would be checked.
- **Rationale:** The patient identified that their mother was Mexican, their father Puerto Rican and consider themselves as Hispanic of both ethnic origins.

A1005: Practice Scenario 2

A patient was confused and unable to answer the question related to whether they are of Hispanic, Latino, or Spanish origin.

The patient's daughter stated that the patient was born in Brazil and has never considered themselves as of Hispanic, Latino, or Spanish origin.



How would you code A1005. Ethnicity?

- A. Code A. No, Not of Hispanic, Latino/a, or Spanish origin and Code X, Patient unable to respond.
- B. Code B. Yes, Mexican, Mexican American, Chicano/a.
- C. Code X. Patient unable to respond.
- D. Code Y. Patient declines to respond.

How would you code A1005. Ethnicity?



- A. Code A. No, Not of Hispanic, Latino/a, or Spanish origin and Code X, Patient unable to respond.**
- B. Code B. Yes, Mexican, Mexican American, Chicano/a.
- C. Code X. Patient unable to respond.
- D. Code Y. Patient declines to respond.

A1005: Practice Scenario 2 – Rationale

- **Answer:** The answer is A. **Code A, No, Not of Hispanic, Latino/a, or Spanish origin** and **Code X, Patient unable to respond**, would be **checked**.
- **Rationale:** The patient was confused and unable to answer this question. The patient's daughter was available and provided information about the patient's ethnic origin as their proxy. The assessor was able to document that the patient was not of Hispanic, Latino/a, or Spanish origin.

When the patient is unable to respond, but response(s) is/are determined via proxy input, and/or medical record documentation, check all boxes that apply, including Code X. Patient unable to respond.

A1005: Practice Scenario 3

The patient was just admitted to the facility, and after several attempts, declined to respond to the question of ethnic origin.



How would you code A1005. Ethnicity?

- A. Code A. No, Not of Hispanic, Latino/a, or Spanish origin.
- B. Code B. Yes, Mexican, Mexican American, Chicano/a.
- C. Code X. Patient unable to respond.
- D. Code Y. Patient declines to respond.

How would you code A1005. Ethnicity?

- A. Code A. No, Not of Hispanic, Latino/a, or Spanish origin.
- B. Code B. Yes, Mexican, Mexican American, Chicano/a.
- C. Code X. Patient unable to respond.
- D. Code Y. Patient declines to respond.**



A1005: Practice Scenario 3 – Rationale

- **Answer:** The answer is D, **Code Y. Patient declines to respond** would be **checked**.
- **Rationale:** The patient declined to answer this question.



A1010

Race

A1010: Practice Scenario 4



A patient was just admitted to the facility. Because they are in the late stages of dementia, their daughter was assisting with answering some of the assessment information. The patient's daughter stated that their father is African American.

How would you code A1010. Race?

- A. Code B. Black or African American.
- B. Code D. Asian Indian.
- C. Code F. Filipino.
- D. Code X. Patient unable to respond.
- E. Both A and D.



How would you code A1010. Race?

- A. Code B. Black or African American.
- B. Code D. Asian Indian.
- C. Code F. Filipino.
- D. Code X. Patient unable to respond.
- E. Both A and D.**



A1010: Practice Scenario 4 – Rationale

- **Answer:** The answer is E. **Code B, Black or African American** and **Code X, Patient unable to respond**, would be checked.
- **Rationale:** The patient was unable to respond accurately due to late-stage dementia; but the patient's daughter was able to provide the information that their father is African American.

When the patient is unable to respond, but response(s) is/are determined via proxy input, and/or medical record documentation, check all boxes that apply, including Code X. Patient unable to respond.

A1010: Practice Scenario 5

A patient was being interviewed regarding racial background. They stated that their parents were from different countries.

The patient's father was born in the United States and is African American, and the patient's mother is Japanese. The patient considers themselves to be African American and Japanese.



How would you code A1010. Race?

- A. Code B. Black or African American.
- B. Code D. Asian Indian.
- C. Code G. Japanese.
- D. Code J. Other Asian.
- E. Both A and C.

Q⁵

How would you code A1010. Race?

A. Code B. Black or African American.

B. Code D. Asian Indian.

C. Code G. Japanese.

D. Code J. Other Asian.



E. Both A and C.

A1010: Practice Scenario 5 – Rationale

- **Answer:** The answer is E. **Code B, Black or African American,** and **Code G, Japanese,** would be **checked.**
- **Rationale:** The patient stated that they are African American and Japanese.

A1110

Language

A1110: Practice Scenario 6

The patient was just admitted to the facility, and they communicate mostly in Spanish. The patient asked for their son to be present to interpret and assist in responding to questions from the assessor.

The son confirmed that their mother's preferred language is Spanish as very few words are spoken in English.

The facility documents the need for interpreter services and arranges to have a Spanish-speaking interpreter available for the patient and assigns the patient to a care team that has at least one Spanish-speaking member.



What language would you enter in A1110A. What is your preferred language?

- A. English.
- B. Portuguese.
- C. Spanish.
- D. Latin.





What language would you enter in A1110A. What is your preferred language?

- A. English.
- B. Portuguese.
- C. Spanish.**
- D. Latin.





How would you code A1110B. Do you need or want an interpreter to communicate with a doctor or health care staff?

- A. Code 0. No.
- B. Code 1. Yes.
- C. Code 9. Unable to determine.





How would you code A1110B. Do you need or want an interpreter to communicate with a doctor or health care staff?

- A. Code 0. No.
- B. Code 1. Yes.**
- C. Code 9. Unable to determine.



A1110: Practice Scenario 6 – Rationale

- **Answer:**
 - The answer is C. Enter “**Spanish**” for A1110A. **What is your preferred language?**
 - The answer is B, Code 1, Yes for A1110B. **Do you need or want an interpreter to communicate with a doctor or health care staff?**
- **Rationale:** The patient was unable to respond to this assessment item without the need for an interpreter. The patient’s son provided the information that their mother mostly communicates in Spanish and will need an interpreter while receiving services in the facility.

A1250

Transportation

A1250: Practice Scenario 7

The nurse asked the patient upon admission if over the last 6 months to a year, whether lack of transportation kept them from medical appointments, meetings, work, or from getting things needed for daily living.

The patient stated that over the last 6 months, they did not have difficulty getting things needed for daily living but did have difficulty getting to and from their medical appointments because they were living alone and did not have a way to get to appointments.

The patient reports that after discharge they will not have difficulty getting to their doctor's appointments because their sister will be living with them.



How would you code A1250. Transportation?

- A. Code A. Yes, it has kept me from medical appointments or from getting my medications.
- B. Code B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
- C. Code C. No.
- D. Code X. Patient unable to respond.
- E. Code Y. Patient declines to respond.



How would you code A1250. Transportation?



- A. Code A. Yes, it has kept me from medical appointments or from getting my medications.**
- B. Code B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
- C. Code C. No.
- D. Code X. Patient unable to respond.
- E. Code Y. Patient declines to respond.



A1250: Practice Scenario 7 – Rationale

- **Answer:** The answer is A. **Code A, Yes, it has kept me from medical appointments or from getting my medications, would be checked.**
- **Rationale:** The patient identified that prior to admission, over the last 6 months to a year, they had difficulty getting to medical appointments.

A1250: Practice Scenario 8

A patient was asked about whether they had any lack of transportation per the questions provided.

The patient declined to answer any more questions and asked to be left alone. The patient does not have a proxy to respond to these questions, nor does any other resource provide information related to transportation.



How would you code A1250. Transportation?

- A. Code A. Yes, it has kept me from medical appointments or from getting my medications.
- B. Code B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
- C. Code C. No.
- D. Code X. Patient unable to respond.
- E. Code Y. Patient declines to respond.



How would you code A1250. Transportation?

- A. Code A. Yes, it has kept me from medical appointments or from getting my medications.
- B. Code B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
- C. Code C. No.
- D. Code X. Patient unable to respond.
- E. Code Y. Patient declines to respond.**



A1250: Practice Scenario 8 – Rationale

- **Answer:** The answer is E. **Code Y, Patient declines to respond**, would be **checked**.
- **Rationale:** The patient declined to answer this question.

If the patient declines to respond, do not code based on proxy input, and/or medical record documentation, to complete this item. Check only Code Y. Patient declines to respond.

B1300

Health Literacy

B1300: Practice Scenario 9

A patient was recently hospitalized after a heart attack with a subsequent diagnosis of atrial fibrillation and was admitted to your facility. When asked the question regarding health literacy, The patient stated:

- *“It was very difficult to comprehend the instructions that were given to me regarding my new warfarin medication. All the other discharge instructions, I understood without a problem. I rarely had a problem before with other medication instructions, pamphlets, or other written materials from doctors or pharmacies; but this medication requires testing and adjustments that I just don’t understand, so I need help with that.”*

How would you code B1300. Health Literacy?

- A. Code 1. Rarely.
- B. Code 2. Sometimes.
- C. Code 3. Often.
- D. Code 4. Always.
- E. Code 7. Patient declines to respond.

Q₁₀ How would you code B1300. Health Literacy?



A. Code 1. Rarely.

B. Code 2. Sometimes.

C. Code 3. Often.

D. Code 4. Always.

E. Code 7. Patient declines to respond.



B1300: Practice Scenario 9 – Rationale

- **Answer:** The answer is A. **Code 1, Rarely.**
- **Rationale:** The patient stated that when discharged from the hospital, they were given instructions regarding a new medication that they did not understand. The patient reported understanding all other discharge instructions. The patient added that prior to this, they rarely needed help when reading instructions, pamphlets, or other written materials from doctors or pharmacies.

D0700

Social Isolation

D0700: Practice Scenario 10

A patient was just admitted to the facility. When asked about how often they have felt lonely or isolated from those around them, the patient stated that for a time they did feel isolated, but ever since they moved in with their daughter, they have rarely felt that way.

The patient is looking forward to returning to their daughter's home after discharge.



How would you code D0700. Social Isolation?

- A. Code 0. Never.
- B. Code 1. Rarely.
- C. Code 2. Sometimes.
- D. Code 4. Always.
- E. Code 8. Patient unable to respond.

Q₁₁ How would you code D0700. Social Isolation?



- A. Code 0. Never.
- B. Code 1. Rarely.**
- C. Code 2. Sometimes.
- D. Code 4. Always.
- E. Code 8. Patient unable to respond.

D0700: Practice Scenario 10 – Rationale

- **Answer:** The answer is B. **Code 1, Rarely.**
- **Rationale:** The patient stated that ever since they moved in with their daughter, they rarely feel lonely or isolated from those around them.

Non-SDOH Data Elements

A2121 and A2122

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

A2121 and A2122: Practice Scenario 11

A patient is being discharged from your facility to an acute care hospital in the same health care system that uses the same Electronic Health Record (EHR).

The patient's progress notes, reconciled medication list, and transfer information is updated in the EHR by your facility at the time of discharge and can be accessed by the acute care hospital staff admitting the patient.




How would you code A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge?

- A. Code 0. No, Current reconciled medication list not provided to the subsequent provider.
- B. Code 1. Yes, Current reconciled medication list provided to the subsequent provider.



How would you code A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge?

- A. Code 0. No, Current reconciled medication list not provided to the subsequent provider.
-  B. **Code 1. Yes, Current reconciled medication list provided to the subsequent provider.**



A2121: Practice Scenario 11 – Rationale

- **Answer:** The answer is **1, Yes, Current reconciled medication list provided to the subsequent provider.**
- **Rationale:** Having access to the patient's reconciled medication list through the same EHR system is one way to transfer important clinical information. **Code 1, Yes**, is used for this passive means of transferring this information when the sending and receiving provider can access the same EHR system.

How would you code A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider?

- A. Code A. Electronic Health Record.
- B. Code B. Health Information Exchange (HIE).
- C. Code C. Verbal (e.g., in-person, telephone, video conferencing).
- D. Code D. Paper-based (e.g., fax, copies, printouts).
- E. Code E. Other Methods (e.g., texting, email, CDs).

How would you code A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider?



A. Code A. Electronic Health Record.

B. Code B. Health Information Exchange (HIE).

C. Code C. Verbal (e.g., in-person, telephone, video conferencing).

D. Code D. Paper-based (e.g., fax, copies, printouts).

E. Code E. Other Methods (e.g., texting, email, CDs).

A2122: Practice Scenario 11 – Rationale

- **Answer:** The answer is A. **Code A. Electronic Health Record** would be **checked**.
- **Rationale:** The facility and the acute care hospital share the same EHR system, and each provider can access this information directly.

A2123 and A2124

Provision of Current Reconciled Medication
List to Patient at Discharge and
Route of Current Reconciled Medication
List Transmission to Patient

A2123 and A2124: Practice Scenario 12

A patient had several medications discontinued during the stay at the facility. At the time of discharge home, the patient still had an over-the-counter heartburn relief medication as well as numerous prescription medications ordered.

The nurse verbally reviewed all the medications, including the over-the-counter heartburn relief medication, and provided the current reconciled medication list, in writing, to the patient at the time of discharge.



How would you code A2123. Provision of Current Reconciled Medication List to Patient at Discharge?

- A. Code 0. No, Current reconciled medication list not provided to the patient, family, and/or caregiver.
- B. Code 1. Yes, Current reconciled medication list provided to the patient, family, and/or caregiver.



How would you code A2123. Provision of Current Reconciled Medication List to Patient at Discharge?

A. Code 0. No, Current reconciled medication list not provided to the patient, family, and/or caregiver.



B. Code 1. Yes, Current reconciled medication list provided to the patient, family, and/or caregiver.


A2123: Practice Scenario 12 – Rationale

- **Answer:** The answer is 1, Yes, Current reconciled medication list provided to the patient, family, and/or caregiver.
- **Rationale:** The patient was provided with the reconciled medication list.

How would you code A2124. Route of Current Reconciled Medication List Transmission to Patient?

- A. Code A. Electronic Health Record.
- B. Code B. Health Information Exchange.
- C. Code C. Verbal (e.g., in-person, telephone, video conferencing).
- D. Code D. Paper-based (e.g., fax, copies, printouts).
- E. Code C. Verbal and Code D. Paper-based.

How would you code A2124. Route of Current Reconciled Medication List Transmission to Patient?

- A. Code A. Electronic Health Record.
- B. Code B. Health Information Exchange.
- C. Code C. Verbal (e.g., in-person, telephone, video conferencing).
- D. Code D. Paper-based (e.g., fax, copies, printouts).
-  E. **Code C. Verbal and Code D. Paper-based.**

A2124: Practice Scenario 12 – Rationale

- **Answer:** The answer is E. Code **C, Verbal (in-person, telephone, video conferencing)** and **D, Paper-based (fax, copy, printout)** would both be checked.
- **Rationale:** The nurse verbally reviewed the reconciled medication list with the patient and provided the patient with a paper-based copy of the reconciled medication list.

B0200

Hearing

B0200: Practice Scenario 13

When asked by the nurse if the patient had difficulty hearing normal conversation, the patient stated:


- *“I have always had trouble hearing normal conversations due to some hearing loss since childhood. Thankfully, I can read lips, so that makes things easier when I am speaking with someone. Sometimes it helps if the person talks a little bit louder, but what helps the most is if they are closer to me, speak clearly, and I can see their lips.”*



How would you code B0200. Hearing?

- A. Code 0. Adequate.
- B. Code 1. Minimal Difficulty.
- C. Code 2. Moderate Difficulty.
- D. Code 3. Highly Impaired.

How would you code B0200. Hearing?

- A. Code 0. Adequate.
- B. Code 1. Minimal Difficulty.
-  C. **Code 2. Moderate Difficulty.**
- D. Code 3. Highly Impaired.

B0200: Practice Scenario 13 – Rationale

- **Answer:** The answer is C. **Code 2, Moderate Difficulty.**
- **Rationale:** The patient stated that they have had hearing loss since childhood that required them to learn to read lips. The patient stated that they can have a conversation with someone if the person sits close by, raises their voice, speaks clearly, and faces them so that they can see their lips.

B1000

Vision

B1000: Practice Scenario 14

- The nurse hands the patient a newspaper and eyeglasses and asks them to read out loud. The patient states, *“Just looking at this newspaper, I can tell you that I can only see the newspaper headlines, even though I’m wearing my glasses.”*
- The patient read the headlines out loud but was unable to read any of the smaller text, and then put the newspaper and eyeglasses down on the nightstand next to the chair.



How would you code B1000. Vision?

- A. Code 0. Adequate.
- B. Code 1. Impaired.
- C. Code 2. Moderately Impaired.
- D. Code 3. Highly Impaired.
- E. Code 4. Severely Impaired.

How would you code B1000. Vision?

A. Code 0. Adequate.



B. Code 1. Impaired.

C. Code 2. Moderately Impaired.

D. Code 3. Highly Impaired.

E. Code 4. Severely Impaired.

B1000: Practice Scenario 14 – Rationale

Answer: The answer is B. **Code 1, Impaired.**

Rationale: The patient demonstrated that they were not able to read any print other than the headlines in the newspaper and can identify objects in their environment.

Key Insights

- SDOH affect a wide range of health risks and outcomes and are important factors to consider when collecting patient data. Collecting this data is an important step in improving quality of care and health outcomes.
- Access to transportation is essential to effective care management and can facilitate the patient's connection within the community.
- Poor health literacy interferes with communication between provider and patient and is linked to poor outcomes, higher medical costs, decrease in preventive service visits, and increase in Emergency Department use.



Key Insights

- Social isolation increases with age, is a risk factor for physical and mental illness and is a predictor of mortality.
- Ensuring that a current reconciled medication list is provided to a subsequent provider and/or a patient at time of discharge is critical to ensure safe and effective transitions of care.
- Unaddressed communication problems related to hearing can be mistaken for confusion or cognitive impairment, and hearing or vision impairment can limit enjoyment of the patient's every-day life, contributing to social isolation which can lead to mood and behavior disorders.

