

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	—	—	Hyperlinks in this section have been revised to reflect up-to-date locations.
3	—	A-3– A-5	Page length changed due to revised content.
3	—	A-14– A-28	Page length changed due to revised content.
3	A0800	A-15	<del>A0800</del> 10: GenderSex
3	A0800	A-15	<p>Replaced screenshot.</p> <p><b>OLD</b></p> <p>A0800. Gender</p> <p>Enter Code <input type="checkbox"/> 1. Male 2. Female</p> <p><b>NEW</b></p> <p>A0810. Sex</p> <p>Enter Code <input type="checkbox"/> 1. Male 2. Female</p>
3	A0800	A-15	<p><b>Item Rationale</b></p> <ul style="list-style-type: none"> <li>Assists in correct identification.</li> <li>Provides demographic gendersex specific health trend information.</li> </ul> <p><b>Coding Instructions</b></p> <ul style="list-style-type: none"> <li><b>Code 1:</b> if resident is male.</li> <li><b>Code 2:</b> if resident is female.</li> </ul> <p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>Resident gendersex on the MDS must match what is in the Social Security system.</li> </ul>

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1005	A-16	<p><b>Item Rationale</b></p> <ul style="list-style-type: none"> <li>• The ability to improve understanding of and address ethnic disparities in health care outcomes requires the availability of better data related to social determinants of health, including ethnicity.</li> <li>• The ethnicity data element uses a one-question multi-response format based on whether or not the resident is of Hispanic, Latino/a, or Spanish origin. Collection of ethnic data provides data granularity important for documenting and tracking health disparities and conforms to the 2011 Health and Human Services Data Standards.</li> <li>• This item uses the common uniform language approved by the Office of Management and Budget (OMB) to report ethnic categories. Response choices A1005B through A1005E roll up to the Hispanic or Latino/a category of the OMB standard (see Definition Ethnicity). The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature.</li> <li>• Collection of ethnicity data is an important step in improving quality of care and health outcomes.</li> <li>• Standardizing self-reported data collection for ethnicity allows for the comparison of data within and across multiple post-acute health care settings and is an important step in improving quality of care and health outcomes.</li> <li>• These categories are NOT used to determine eligibility for participation in any Federal program.</li> <li>• For the source of these categories and definitions, see “Racial and Ethnic Categories and Definitions for NIH Diversity Programs and for Other Reporting Purposes, Notice Number: NOT-OD-15-089” available at <a href="https://grants.nih.gov/grants/guide/notice_files/NOT-OD-15-089.html">https://grants.nih.gov/grants/guide/notice_files/NOT-OD-15-089.html</a>. Additional information on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status is available at <a href="https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53">https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53</a>.</li> </ul>


**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1005	A-16	Steps for Assessment: Interview Instructions reordered for clarity.
3	A1005	A-16	<p><b>Steps for Assessment: Interview Instructions</b></p> <ol style="list-style-type: none"> <li>1. Ask the resident to select the category or categories that most closely correspond to their ethnicity from the list in A1005. <ul style="list-style-type: none"> <li><del>• Individuals may be more comfortable if this question is introduced by saying, “We want to make sure that all our residents get the best care possible, regardless of their ethnic background. We would like you to tell us your ethnic background so that we can review the treatment that all residents receive and make sure that everyone gets the highest quality of care” (Baker et al., 2005).</del></li> </ul> </li> <li>2. Ethnic category definitions are provided only if requested in order to answer the item.</li> <li>3. Respondents should be offered the option of selecting one or more ethnic designations.</li> <li>4. If the resident declines to respond, <b>code Y, Resident declines to respond, and</b> do not code based on other resources (family, significant other, or guardian/legally authorized representative or medical records).</li> </ol>

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1005	A-18	<p><b>Item Rationale</b></p> <ul style="list-style-type: none"> <li>• <del>The ability to improve understanding of and address racial disparities in health care outcomes requires the availability of better data related to social determinants of health, including race.</del></li> <li>• <del>Collection of A1010. Race provides data granularity important for documenting and tracking health disparities and conforms to the 2011 Health and Human Services Data Standards.</del></li> <li>• <del>This item uses the common uniform language approved by the Office of Management and Budget (OMB) to report racial categories (see Definitions: Race). Response choices A1010D through A1010J roll up to the Asian category of the OMB standard. Response choices A1010K through A1010N roll up to the Native Hawaiian or Other Pacific Islander category of the OMB standard. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature.</del></li> <li>• <del>Collection of race data is an important step in improving quality of care and health outcomes.</del></li> <li>• Standardizing self-reported data collection for race allows for the equal comparison of data across multiple post-acute-healthcare settings and is an important step in improving quality of care and health outcomes.</li> <li>• These categories are NOT used to determine eligibility for participation in any Federal program.</li> </ul>
3	A1005	A-19	Steps for Assessment: Interview Instructions reordered for clarity.

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1005	A-19	<p><b>Steps for Assessment: Interview Instructions</b></p> <ol style="list-style-type: none"> <li>1. Ask the resident to select the category or categories that most closely correspond to the resident's race from the list in A1010, Race. <ul style="list-style-type: none"> <li><del>• Individuals may be more comfortable if this question is introduced by saying, "We want to make sure that all our residents get the best care possible, regardless of their racial background. We would like you to tell us your racial background so that we can review the treatment that all residents receive and make sure that everyone gets the highest quality of care" (Baker et al., 2005).</del></li> </ul> </li> <li>3. Racial category definitions are provided only if requested in order to answer the item.</li> <li>4. Respondents should be offered the option of selecting one or more racial designations.</li> <li>5. If the resident declines to respond, <b>code Y, Resident declines to respond, and</b> do not code based on other resources (family, significant other, or legally authorized representative or medical records).</li> </ol>
3	A1255	A-25	<p><b>A12505. Transportation</b></p> 

**Track Changes**  
**from Chapter 3 Section A v1.19.1**  
**to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1255	A-25	<p>Replaced screenshot.</p> <p><b>OLD</b></p> <p><b>A1250. Transportation (from NACHC®)</b>  Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?  Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1</p> <p>↓ Check all that apply</p> <p><input type="checkbox"/> A. Yes, it has kept me from medical appointments or from getting my medications</p> <p><input type="checkbox"/> B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> X. Resident unable to respond</p> <p><input type="checkbox"/> Y. Resident declines to respond</p> <p><small>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</small></p> <p><b>NEW</b></p> <p><b>A1255. Transportation</b>  Complete only if A0310B = 01 and A2300 minus A1900 is less than 366 days</p> <p>Enter Code <input type="checkbox"/></p> <p><i>In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?</i></p> <p>0. Yes  1. No  7. Resident declines to respond  8. Resident unable to respond</p>
3	A1255	A-25	<p><i>Transportation item has been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organizations (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit <a href="http://www.prapare.org">www.prapare.org</a>.</i></p> <p><i>Complete only if A0310B = 01 and A2300 minus A1900 is less than 366 days.</i></p>

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1255	A-25	<p><b>Item Rationale</b></p> <p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>Access to transportation for ongoing health care and medication access needs, particularly for those with chronic diseases, is essential for effective successful care management.</li> <li>Understanding resident transportation needs can help organizations assess barriers to care and facilitate connections with available community resources.</li> </ul> <p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>Assessing for information regarding transportation barriers will help facilitate better care coordination and discharge planning for follow-up care.</li> </ul>
3	A1255	A-25	Steps for Assessment reordered for clarity.

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1255	A-25	<p><b>Steps for Assessment: Interview Instructions</b></p> <ol style="list-style-type: none"> <li>1. Ask the resident: “In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?” <ul style="list-style-type: none"> <li>• <del>“In the past six months to a year, has lack of transportation kept you from medical appointments or from getting your medications?”</del></li> <li>• <del>“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?”</del></li> </ul> </li> <li><del>2. Respondents should be offered the option of selecting more than one “yes” designation, if applicable.</del></li> <li>2. Ask the resident to select the response that most closely corresponds to the resident’s transportation status from the list in A1255.</li> <li>3. If the resident declines to respond, code 7, Resident declines to respond, and do not code based on other resources (family, significant other, or legally authorized representative or medical records).</li> <li>4. If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.</li> <li>5. Only use medical record documentation to code A1255, Transportation if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative may provides a response for this item, <del>use medical record documentation.</del></li> </ol>
3	A1255	A-26	Coding Instructions reordered due to new item structure.



Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1255	A-26	<p><b>Coding Instructions</b></p> <ul style="list-style-type: none"> <li>• <b>Code A0, Yes, it has kept me from medical appointments or from getting my medications:</b> if the resident indicates that in the past 12 months, a lack of reliable transportation has kept the resident them from medical appointments, meetings, work or from getting medications things needed for daily living.</li> <li>• <del><b>Code B, Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need:</b></del> if the resident indicates that lack of transportation has kept the resident from non-medical meetings, appointments, work, or from getting things that the resident needs.</li> <li>• <b>Code C1, No:</b> if the resident indicates that in the past 12 months, a lack of reliable transportation has not kept the resident them from medical appointments, getting medications, non-medical meetings, appointments, work, or from getting things that the resident needs needed for daily living.</li> </ul>

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1255	A-26	<ul style="list-style-type: none"> <li>• <b>Code Y7, Resident declines to respond:</b> if the resident declines to respond. <ul style="list-style-type: none"> <li>— <del>When the resident declines to respond, code only Y. Resident declines to respond.</del></li> <li>— When the resident declines to respond, do not code based on other resources (family, significant other, or legally authorized representative or medical records).</li> </ul> </li> <li>• <b>Code X8, Resident unable to respond:</b> if the resident is unable to respond: <ul style="list-style-type: none"> <li>— <del>In the cases where the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, check all boxes that apply, including X. Resident unable to respond.</del></li> <li>— If the resident is unable to respond and no other resources (family, significant other, or legally authorized representative or medical records) provided the necessary information, <del>code A1250 as only X. Resident unable to respond.</del></li> </ul> </li> </ul>
3	A1255	A-26	<p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>• A dash (–) value is a valid response for this item; however, CMS expects dash use to be a rare occurrence.</li> <li>• If the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, select the response that applies.</li> <li>• This item is only collected for residents whose episode of care is less than 366 days (i.e., A2300 minus A1900 is less than 366 days).</li> </ul>

**Track Changes  
from Chapter 3 Section A v1.19.1  
to Chapter 3 Section A v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	A1255	A-27	<p><b>Examples</b></p> <ol style="list-style-type: none"> <li>Resident E is admitted with Multiple Sclerosis. They are confused and unable to understand when asked if they have had a lack of transportation that has kept them from medical appointments, meetings, work, or from getting things needed for daily living. No family, significant other, or legally authorized representative with <del>related</del> information <b>about transportation</b> is available, but their medical record indicates that <b>in the past 12 months</b>, their spouse <del>uses</del><b>used</b> their car to transport Resident E wherever they needed <del>to go</del>.</li> </ol> <p><b>Coding:</b> A1250<b>5</b>, <b>Transportation</b> would be coded as <del>C.1</del>, No and <del>X. Resident unable to respond</del>.</p> <p><b>Rationale:</b> <del>If n</del>Neither Resident E nor their family, significant other, or legally authorized representative was able to provide a response, but the medical record documentation <del>can</del><b>provided</b> the necessary information, <del>code both the information in the medical record and X. Resident unable to respond</del> <b>regarding transportation</b>.</p> <ol style="list-style-type: none"> <li>Resident B indicates that in the last 12 months, they have not had reliable transportation, which has occasionally kept them from attending medical appointments.</li> </ol> <p><b>Coding:</b> A1255, <b>Transportation</b> would be coded as 0, Yes.</p> <p><b>Rationale:</b> Resident B reported they have not had access to reliable transportation in the last 12 months, which has kept them from medical appointments, meetings, work or from getting things needed for daily living.  </p>