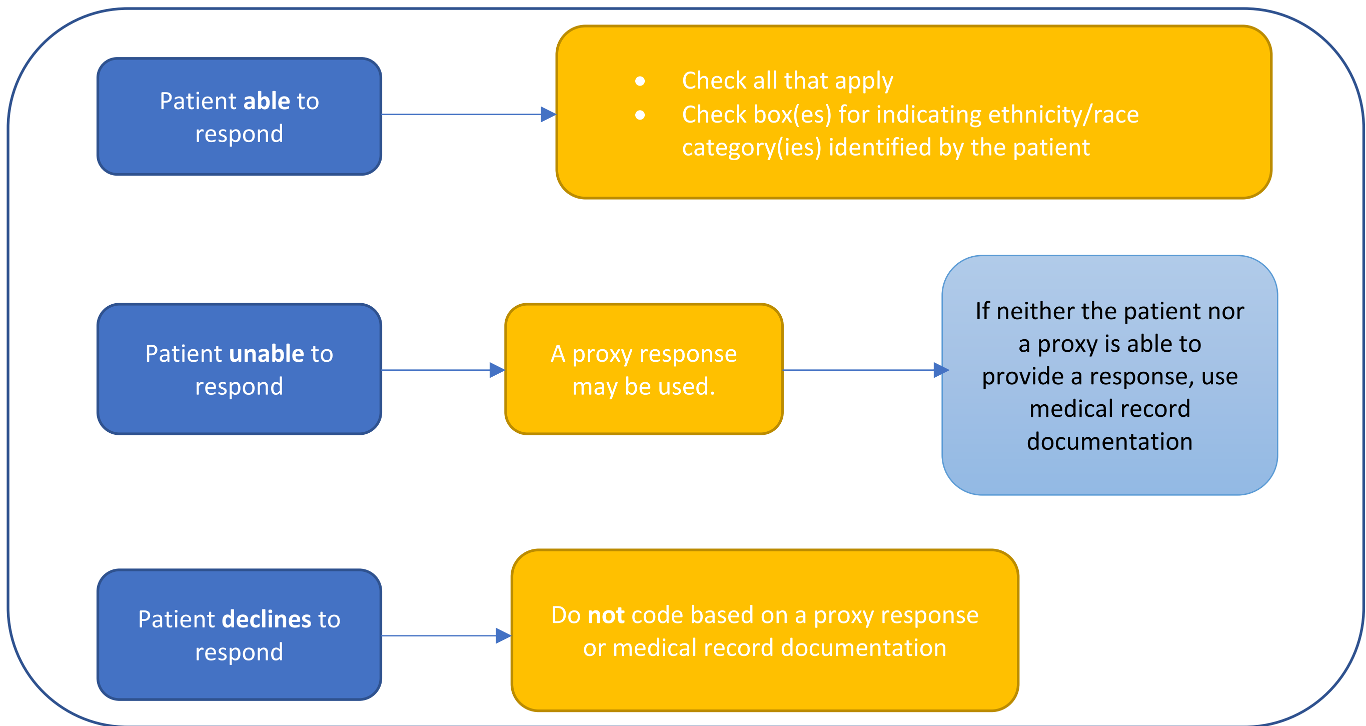
A1005 ETHNICITY AND A1010 RACE

- 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."



A1110 LANGUAGE

- 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 or A1110B.
- If neither the patient nor a proxy is able to provide a response to A1110A or A1110B, medical documentation may be used

CODING TIP:

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

- 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.
- 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.
- Check all that apply.

ALORA Home Health Software

B0200 HEARING

- 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).
- 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.

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

- 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.
- 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.

CODING TIPS

- 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).
- 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 movements 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.**

B1300 HEALTH LITERACY

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

C0200 REPETITION OF THREE WORDS

CODING TIPS

- The words may be recalled in any order and in any context.
    - For example, if the words are repeated back in a sentence, they would be counted as repeating the words.
- Do not score the number of repeated words on the second or third attempt.
    - These attempts help with learning the item, but only the number correct on the first attempt go into the total score.
    - Do not record the number of attempts that the patient needed to complete.

C0300 TEMPORAL ORIENTATION

- Allow the patient up to 30 seconds for each answer and do not provide clues.
- If the patient specifically asks for clues (e.g., "Is this the day my daughter always visits?") respond by saying, "I need to know if you can answer this question without any help from me."

C0400 RECALL

- Allow up to 5 seconds for spontaneous recall of each word
- For any word that is not correctly recalled after 5 seconds, provide the category cue used in C0200 Repetition of Three Words.
    - Category cues should be used only after the patient is unable to recall one or more of the three words.
- Allow up to 5 seconds after category cueing for each missed word to be recalled.

CODING TIPS

- If on the first try (without cueing), the patient names multiple items in a category, one of which is correct, they should be coded as correct for that item.
- If, however, the assessing clinician gives the patient the cue and the patient then names multiple items in that category, the item is coded as could not recall, even if the correct item was in the list.

C1310 SIGNS AND SYMPTOMS OF DELIRIUM (FROM CAM)

- Observe patient behavior during the assessment for the signs and symptoms of delirium.
- Review medical record documentation and consult with other staff, family members/caregivers, and others in a position to determine the patient's baseline status compared to status on the day of assessment.
    - Consider all relevant information and use clinical judgment to determine if an acute change in mental status has occurred.

C1310B INATTENTION

- Assess attention separately from level of consciousness.
- An additional step to identify difficulty with attention is to ask the patient to count backwards from 20.

D0150 PATIENT MOOD INTERVIEW

- Conduct the interview in a private setting, if possible.
- Interact with the patient using their preferred language.
    - If the patient appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
- If an interpreter is used during patient interviews, the interpreter should not attempt to determine:
    - The intent behind what is being translated.
    - The outcome of the interview.
    - The meaning or significance of the patient's responses.
- Explain the reason for the interview before beginning. Suggested Language:

"I am going to ask you some questions about your mood and feelings over the past 2 weeks. I will also ask about some common problems that are known to go along with feeling down. Some of the questions might seem personal, but everyone is asked to answer them. This will help us provide you with better care."

- A cue card with the response choices clearly written in large print may help the patient comprehend the response choices.
    - Suggested Language:

"I am going to ask you how often you have been bothered by a particular problem over the past 2 weeks. I will give you the choices that you see on this card."

- For each of the questions:
    - Read the item as it is written.
    - Do not provide definitions.
        - The meaning **must be** based on the patient's interpretation.
            - For example, the patient defines for themselves what "feeling down" means; the item should be scored based on the patient's interpretation.
    - Each question **must be** asked in sequence to assess presence and frequency before proceeding to the next question.

CODING TIPS

- For question D0150I Thoughts That You Would Be Better Off Dead or Hurting Yourself in Some Way:
  - Experienced interviewers have found that most patients who are having this feeling appreciate the opportunity to express it.
  - Asking about thoughts of self-harm does not give the person the idea. It does let the provider better understand what the patient is already feeling.
  - The best interviewing approach is to ask the question openly and without hesitation.
- If the patient uses their own words to describe a symptom, this should be briefly explored.
  - If you determine that the patient is reporting the intended symptom but using their own words, ask the patient to tell you how often they were bothered by that symptom.

INTERVIEWING TIPS

- Repeat a question if you think that it has been misunderstood or misinterpreted.
- Some patients may be eager to talk with you and will stray from the topic at hand. When a person strays, you should gently guide the conversation back to the topic. Example Language:

"That's interesting, now I need to know…"; "Let's get back to…"; "I understand, can you tell me about…"

- Validate your understanding of what the patient is saying by asking for clarification. Example Language:

"I think I hear you saying that…"; "Let's see if I understood you correctly."; "You said… Is that right?"

- If the patient has difficulty selecting a frequency response, start by offering a single frequency response and follow with a sequence of more specific questions. This is known as **unfolding.**
  - Example

"Would you say feeling down, depressed or hopeless bothered you more than half the days in the past 2 weeks?"

  - If the patient says "yes," show the cue card and ask whether it bothered them nearly every day (12-14 days) or on half or more of the days (7-11 days).
  - If the patient says "no," show the cue card and ask whether it bothered them several days (2-6 days) or never or 1 day (0-1 day).
- **PROBING:** Noncommittal responses such as "not really" should be explored.
  - Patients may be reluctant to report symptoms and should be gently encouraged to tell you if the symptom bothered them, even if it was only some of the time.
  - Probe by asking neutral or nondirective questions such as:

- "What do you mean?"
- "Tell me what you have in mind."
- "Tell me more about that."
- "Please be more specific."
  "Give me an example."

- **ECHOING:** Sometimes respondents give a long answer to interview items.
  - To narrow the answer to the response choices available, it can be useful to summarize their longer answer and then ask them which response option best applies.
  - Example: Item D0150E Poor Appetite or Overeating:
    - The patient responds,

"My daughter's food is always cold, and it just doesn't taste like it does at home. The doctors won't let me have any salt."

    - Possible interview response:

"You are telling me the food is not what you eat at home, and you can't add salt. How often would you say that you were bothered by a poor appetite or overeating during the last 2 weeks?"

- **DISENTANGLING:** If the patient has difficulty with longer items, separate the item into shorter parts and provide a chance to respond after each part.
  - Disentangling is helpful if a patient has moderate cognitive impairment but can respond to simple, direct questions.
  - Example: Item D0150E Poor Appetite or Overeating:
    - You can simplify this item by asking:

"In the past 2 weeks, how often have you been bothered by poor appetite?" (Pause for a response) "Or overeating?"

D0700 SOCIAL ISOLATION

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

K0520 NUTRITIONAL APPROACHES

- To determine if any of the listed nutritional approaches apply:
  - Consult the patient, family , or caregiver.
  - Review the clinical record.
  - Review other available documentation.

CODING TIPS

- If a patient will receive one of the listed nutritional approaches as a result of this SOC/ROC assessment, mark the applicable nutritional approach.
  - Examples:
    - IV hydration will be started at this visit or a specified subsequent visit.
    - The physician is contacted for an enteral order
- K0520A Parenteral/IV Feeding includes parenteral or IV fluids provided for nutrition or hydration
  - Includes additional fluid intake specifically addressing a documented nutrition or hydration need
  - Excludes fluids provided solely to maintain access and patency.
  - Included examples:
    - IV fluids or hyperalimentation, including total parenteral nutrition, administered continuously or intermittently.
    - Hypodermoclysis and subcutaneous ports in hydration therapy.
    - IV fluids can be coded in K0520A if the additional fluid intake is specifically needed for nutrition and hydration.
  - The following items are NOT to be coded in K0520A:
    - IV Meds (Coded in O0110H IV Medications)
    - IV fluids used to reconstitute and/or dilute meds for IV administration.
    - IV fluids administered as a routine part of operative or diagnostic procedure or recovery room stay.
    - IV fluids administered to flush the IV line.
    - Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis.
- K0520B Feeding Tube – code only feeding tubes used to deliver nutritive substances and/or hydration during the time period under consideration.
- K0520D Therapeutic Diet – Code enteral feeding formulas as a therapeutic diet **only** when used to manage problematic health conditions (e.g., enteral formula specific to diabetes).
  - Do **not** code enteral feeding formulas as a mechanically altered diet.
  - Includes:
    - Food elimination diets related to food allergies (e.g., peanut allergy).
    - Supplements (whether taken with, in-between, or instead of meals) are **only coded when** they are being taken as part of a therapeutic diet to manage problematic health conditions (e.g., supplement for protein-calorie malnutrition).

N0415 HIGH -RISK DRUG CLASSES

- Data Sources:
    - Medical Records received from facilities where the patient received healthcare
    - Recent Documents: Recent history and physical, transfer docs, discharge summaries, medication lists/records, clinical progress notes
    - Discussions with acute care hospital, other staff and clinicians, or with patient and the patient's family or significant other

CODING TIPS:

- Combination Medications: These medications should be coded in all categories/pharmacological classes that constitute the combination.
    - Example: Prochlorperazine is dually classified as an antipsychotic and antiemetic. Code as an antipsychotic, regardless of how it is used.
- Long-Active Medications: Count only if they are part of the current drug regimen at the time of the assessment.
    - Example: Transdermal patches designed to release medication over a period of time (typically 3-5 days) would be considered long-acting medications and are included as long as they are part of the patient's current drug regimen.
- Do **NOT** include:
    - Herbal and Alternative Medications by Any Route – These products are considered to be dietary supplements by the US Food and Drug Administration and should not be counted as medications (e.g., melatonin, chamomile, valerian root).

O0110: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

- Data Sources:
    - Review: Patient's clinical record
    - Consult: Patient, family, caregiver(s), and/or staff.
- Do **NOT** check:
    - Services provided solely in conjunction with a surgical procedure or diagnostic procedure such as IV meds. Surgical procedures include routine pre- and post-operative procedures.

A2120/A2121 PROVISION OF CURRENT RECONCILED MEDICATION LIST

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., COPs) in determining what information should be included in a current reconciled medication list.