



## A1110. Language

A. What is your preferred language?

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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

## Item Rationale

### Health-related Quality of Life

- Inability to make needs known and to engage in social interaction because of a language barrier can be very frustrating and can *lead to social isolation, depression, resident safety issues*, and unmet needs.
- Language barriers can interfere with accurate assessment.

### Planning for Care

- When a resident needs or wants interpreter *services*, the nursing home *must* ensure that an interpreter is available.
- An alternate method of communication also should be made available to help ensure that basic needs can be expressed at all times (*e.g.*, communication board with pictures on it for the resident to point to, if able).
- Identifies residents who need interpreter services in order to answer interview items or participate in consent process.

## Steps for Assessment

1. *Ask for the resident's preferred language.*
2. Ask the resident if *they* need or want an interpreter to communicate with a doctor or health care staff.
3. If the resident—*even with the assistance of an interpreter*—is unable to respond, a family member, significant other, *and/or guardian/legally authorized representative* should be asked.
4. If neither *the resident nor a family member, significant other, nor guardian/legally authorized representative* source is *able to provide a response* for *this item, medical documentation may be used.*
5. It is acceptable for a family member, significant other, *and/or legally authorized representative* to be the interpreter if the resident is comfortable with it and if the family member, significant other, *and/or guardian/legally authorized representative* will translate exactly what the resident says without providing *their* interpretation.

## A1110: Language (cont.)



### Coding Instructions for A1110A

- *Enter the preferred language the resident primarily speaks or understands after interviewing the resident and family, significant other and/or guardian/legally authorized representative and/or reviewing the medical record.*
- *If the resident, family member, significant other, guardian/legally authorized representative and/or medical record documentation 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.*

### Coding Instructions for A1110B

- **Code 0, No:** if the resident (family, significant other, guardian/legally authorized representative or medical record) indicates there is no need or want of an interpreter to communicate with a doctor or health care staff.
- **Code 1, Yes:** if the resident (family, significant other, guardian/legally authorized representative or medical record) indicates the need or want of an interpreter to communicate with a doctor or health care staff. Ensure that preferred language is indicated.
- **Code 9, Unable to determine:** if the resident is unable or declines to respond or any available source (family, significant other, guardian/legally authorized representative or medical records) cannot or does not identify the need or want of an interpreter.

### Coding Tips and Special Populations

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

# **CMS's RAI Version 3.0 Manual**

# **CH 3: MDS Items [A]**