

OMB # 0935-0099
EXPIRES: 09/30/97

PSF ID #: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

DATE OF INTERVIEW: _____/_____/_____
MONTH DAY YEAR

TIME INTERVIEW BEGAN: _____ am/pm

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and
National Center for Health Statistics

MEDICAL EXPENDITURE PANEL SURVEY

NATIONAL NURSING HOME EXPENDITURE SURVEY

NATIONAL

SAMPLED FACILITY QUESTIONNAIRE

ROUND 2

Version 3.1

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ROUND 2 SAMPLE FACILITY LEVEL INSTRUMENT, Version 3.1, August 1, 1996

FACILITY LEVEL INSTRUMENT

The Round 2 sample facility-level instrument is divided into three sections:

- FB** Facility Structure and Characteristics. This section updates certification status, collects data on accreditation, services, the resident population, admission and discharge policies, and physicians and groups. It retrieves the staffing questionnaire and rate schedule if missing in Round 1.
- FG** is the Facility Records Organization Grid. It includes prompts for identifying the various records the facility maintains with resident data, and for obtaining access to the records and to facility staff members in charge of the records.
- SS** is the sampling section, for selecting a sample of first admissions. Related to this section is a "Call Home Office" function, a mechanism for interviewers to alert NNHES statisticians in real time about problems with the measure of size, the information on the NHPI about the facility, and a variety of other issues.

Preceding the instrument itself are 3 documents:

- **Face Sheet.** This includes selected data items from Round 1: SPs, respondents, and facility parts.
- **Place Roster.** This is a list of all the places identified in the course of work in the facility. It is used as a tool initially in the structure section for complex facilities, to enumerate all their parts, classify them, and determine their eligibility and relationship to the sampled facility. It grows through additions in the sample person residence history sections.
- **Respondent Roster.** A facility-level directory, it lists all potential respondents, beginning with the facility administrator and her/his title, if collected.

FB -- FACILITY DEFINITION

Section FB is by far the largest of the three sections. The first subsection updates the Medicaid/Medicare certification status of the facility and its eligible parts. The next subsection collects data on the facility's accreditation and the population served. Next, the questionnaire asks about services routinely provided by the facility to residents and nonresidents both on- and off-site. The following section asks about the facility's admission and discharge policies. FB ends with questions about physicians and groups whose services are billed through the facility's basic care or ancillary rates. It is also in the FB section that the interviewer is prompted for data retrieval of the Round 1 SAQ and/or the facility's rates.

FG -- FACILITY RECORDS ORGANIZATION GRID

Section FG is short, only 3 screens. It prompts for collecting the names of facility records and contact persons, designed to aid the interviewer in negotiating through the facility's structure and in planning the remainder of the data collection session. The names are recorded on a paper form (the Facility Records Organization Grid or FROG).

SS -- SP SAMPLING

The sampling section concludes the interviewer's work at the facility level. Section SS directs the interviewer to list all first admissions, i.e., residents admitted to the facility as of January 1, 1996 through May 31, 1996. A memorandum specifying the sampling algorithms is appended to Section SS.

GENERAL SPECIFICATIONS FOR FACILITY-LEVEL INSTRUMENT

In the Facility-level Questionnaire, the concept of "facility" has several levels.

- The SAMPLED FACILITY is what was sampled from the NHPI, as modified by the Screener or home office activities prior to Round 1.
- A LARGER FACILITY may be identified in the Round 1 facility-level structure section; it may include the sampled facility, or the sampled facility may itself turn out to be a larger facility.
- The structure section identifies those parts that are tentatively eligible for the study; aside from the sampled facility itself, these are called TENTATIVE ADDITIONS.
- All tentatively eligible "entities" (including the sampled facility, if it is not classified as ineligible in the structure questions) are subjected to a set of eligibility questions. Those parts that are determined to in fact be eligible, in combination, are called the ELIGIBLE FACILITY.
- If the ELIGIBLE FACILITY (or NURSING UNIT) has any beds or parts that are not certified or licensed as nursing beds, those noneligible beds are excluded from consideration in all questions about the ELIGIBLE FACILITY.
- The structure of the eligibility part (FA19-23) of the Round 1 Facility instrument is repeated in Round 2. That is, if the parts of the facility were reported separately in Round 1, they are presented in separate loops in Round 2.

Facility Fills. At the outset of the Facility-level Questionnaire, where {FACILITY} appears as a fill, the current name of the sampled facility (the name of the facility sampled from the NHPI) is displayed, as reported in Round 1 procedures. However, there are a number of places in the facility and SP-level questionnaires where more precision in the fill for {FACILITY} is required. They are outlined below:

- **Eligible Facility.** This was the result of applying the Round 1 Facility-level questionnaire's Structure and Eligibility sections to all potentially eligible parts associated in some way with the sampled facility, and determining that at least some part meets the NNHES definition of eligibility. For all intents and purposes, after the Sampled Facility (if tentatively eligible at BOX FA12) and any tentative additions have passed through the Eligibility Block (FA19-23), the {FACILITY} fill can be safely interpreted to mean "Eligible Facility."

The actual text used to fill {FACILITY}, however, may be different than the sampled facility name. If the sampled facility turns out to be ineligible, but some part is eligible, a better fill after eligibility is determined is the name of the eligible part. (See last statement in BOX FA12, Item 7.) Instructions above FA24 direct the program to display in a header the name of each part that is determined to be eligible.

- **Eligible Unit(s).** Sometimes, particularly in complex situations or where context is especially important, the concept of "eligible facility" may be insufficient to guide the interviewer and respondent. More detail is required. For example, the SP-level Health Status question on where fractures occurred needs to refer to something more specific than the facility, if the facility includes eligible and ineligible parts. The fill for "Eligible Units" should encompass the eligible parts of the eligible facility, including any special care units. For Health Status, the most useful way to convey this display is {FACILITY/ELIGIBLE UNITS}.
- **Ineligible Units of an Eligible Facility.** Early in the Round 1 Facility-level Questionnaire, an attempt was made to identify whether the facility includes any beds that are not certified or licensed for nursing care (FA25). These parts are enumerated in FA26-29. In subsequent fills for {FACILITY}, unless otherwise specified, the facility name should be followed by the phrase (excluding the {SUM OF BEDS AND UNITS IN FA28} non-nursing beds/units).
- **Larger Facility.** Some questions in the Facility-level Questionnaire require a fill for {LARGER FACILITY}. This is identified by BOXES FA5 and FA8, and flagged on the Place Roster. The Eligible Facility may be a larger facility, or may be part of a larger facility, but no more than one larger facility can be created or identified for a given sampled facility.

- **Ineligible Parts of Larger Facility.** Almost by definition, a larger facility has some parts that are eligible (i.e., contain certified or licensed nursing beds) and some that are not. All these parts were identified in FA11-15 in Round 1.
- **Facility Unit Where Sampled.** This concept is unique to the Sampling Section of the Facility Questionnaire and the Residence History Section. It is equivalent to the eligible unit of the eligible facility where the current resident was on January 1, 1996. It provides an anchor for sampling and the starting point for residence history. But because residents move, from unit to unit and into and out of facilities, it has little or no meaning outside this specific reference point.

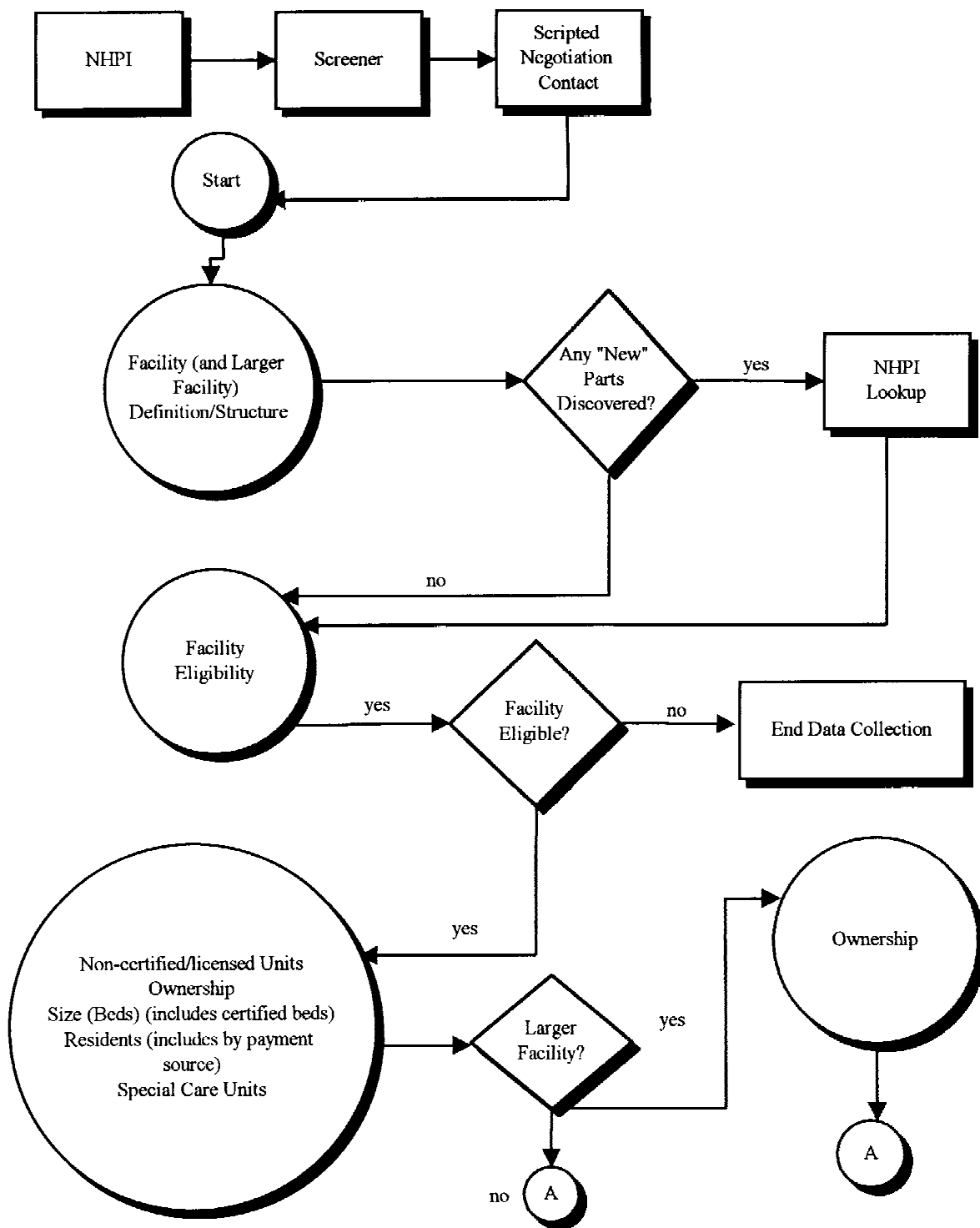
Format. There are three potential elements to any question: instructions before the question, the question itself (including answer categories), and instructions following the question. The first two are identified by the question number, and the last one is specified by "PROGRAMMER SPEC." or "MANAGEMENT SYSTEM SPEC." In addition to questions, there are also boxes (labelled BOX FA1, BOX FA2, etc.) that contain programmer instructions but do not include a question.

Flow. If no flow instructions are specified, default to the next question or box. Flow may be specified in one of two ways. Simple flow -- which depends only on the question currently being asked -- may be expressed in parentheses after the question categories. Anything more than simple flow (including flow instructions that involve missing data such as DK or REF, or that involve answers to previous questions) are expressed in a box below the question.

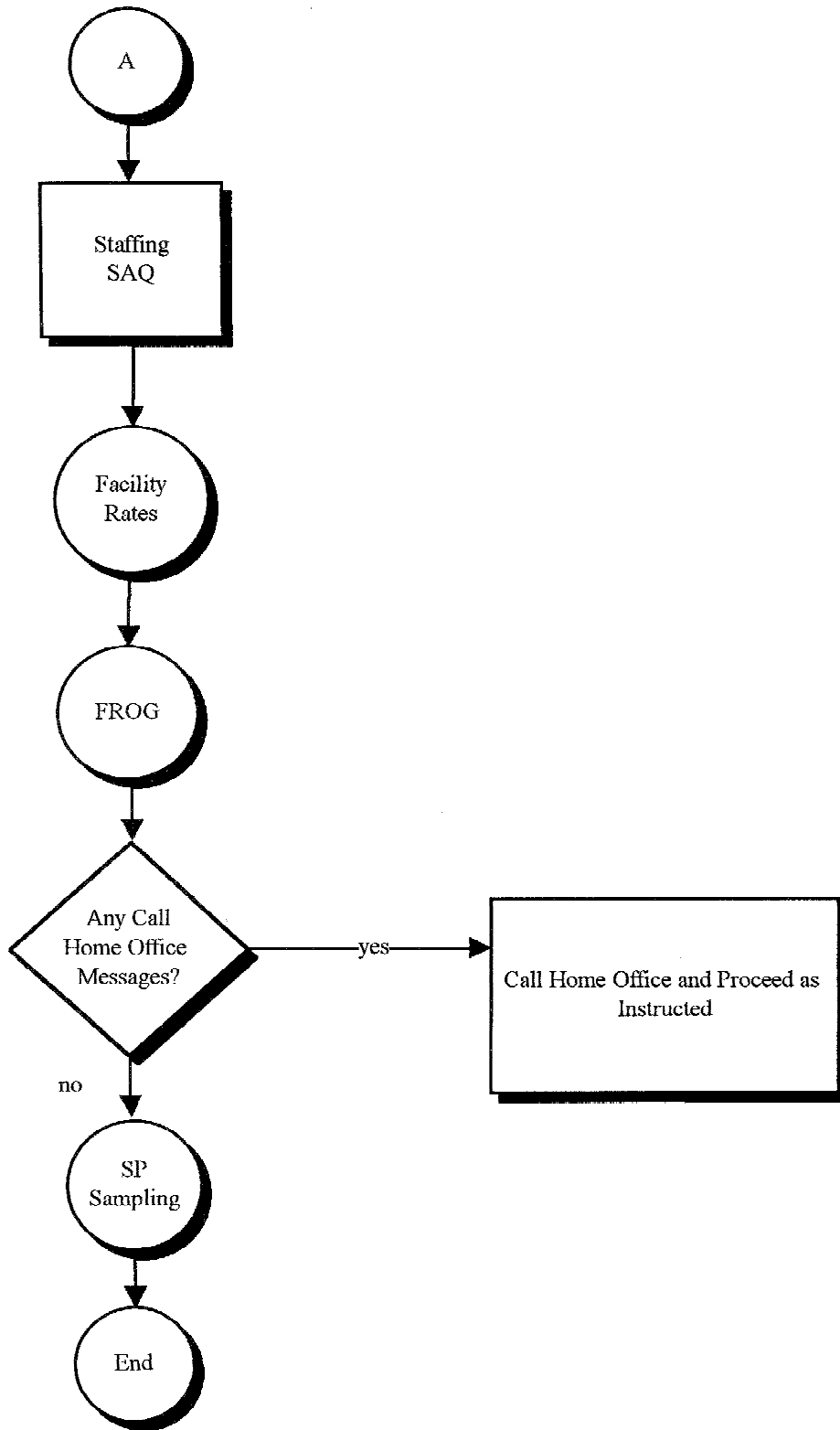
Headers. In a complex facility, a special header lists all eligible nursing units associated with the case, or lists the particular unit referenced in the question. The header was determined in Round 1.

Management System Spec. for all of the Facility-level Questionnaires: Unless otherwise specified, allow DK and RF.

Round 1
Facility-Level Overview Flow Chart



Round 1
Facility-Level Overview Flow Chart (continued)



PLACE ROSTER

The Place Roster is a list (at the facility level) of all places that are mentioned in the Facility Questionnaire and the SP-level questionnaires in all rounds. At the beginning of Round 2, it is initialized with all the places reported in the FQ and RH questionnaires. The Round 1 Locator Code Status and Place Type are brought forward to Round 2. (For Place Roster displays, only the name and place type are shown in text.)

Three levels of potential interest are pinpointed in the Facility-level Questionnaire: the eligible long-term care place, the larger place it is part of, and the parts within the long-term care place. Note that NNHES status and place code are independent of the locator code: A place that is part of the eligible sampled facility may itself be ineligible. A place labeled ineligible for NNHES purposes (in terms of being included as part of this facility), may in fact be a certified nursing home.

The Place Roster arrays these three levels in a hierarchy. First is the LARGER FACILITY (if any), followed by all the parts whose NNHES statuses are ineligible. Next is the SAMPLED FACILITY, followed by the parts within it -- first those that are eligible, followed by any that are ineligible. (The SAMPLED FACILITY may itself be a larger facility, with nursing units contained within; each nursing unit may have special units within it. But we don't expect or allow more than one LARGER FACILITY per case.)

The nesting units within a larger facility are indented under the largest entity. For example, if the larger facility is a CCRC, then the Place Roster will display:

PLACE NAME	PLACE TYPE
CCRC	INELIG LTC
Nursing Unit	ELIG LTC
Assisted Living Unit	INELIG LTC
Residential Units	COMMUNITY
Riverside Hospital	HOSPITAL

If there are special care units within an eligible long-term care unit, they will be nested within the nursing unit on the Place Roster. An example below:

PLACE NAME	PLACE TYPE
CCRC	INELIG LTC
Nursing Unit	ELIG LTC
General Population Unit	ELIG LTC
Alzheimer's Unit	ELIG LTC
Assisted Living Unit	INELIG LTC
Residential Units	COMMUNITY
Riverside Hospital	HOSPITAL

Additions to the Place Roster from the Round 2 SP-level questionnaires are placed after the Round 1 Places. Order by ascending code (following the code structure of Round 1 FQ, FA6, p. 22). For other place types, order by ascending code (following the code structure of Round 1 FQ, FA12, p. 26).

In the SP-level questionnaires, any unit can be selected. However, if the interviewer selects the CCRC in the first example, or the CCRC or the nursing unit in the second example, we will display a soft range error message that asks the interviewer to verify the selection. If the selection passes the soft range message, we will use the place type for the selection in the instrument section. We want to give interviewers flexibility if their respondent cannot give the detailed unit we have mapped out. We are thinking about using color to indicate which units could be selected.

Display Instructions

Do not display a facility or unit header on screens that use Place Roster. Allow 3 lines for other header information.

Allow 5 lines for question text on screens that use Place Roster, plus a following blank line.

Display 8 lines within the roster window plus a line for headings above, a line drawn to form the bottom of the box, and a blank following line.

Display "CONSIDER THIS PLACE..." on the 21st line when there are two or more places on the Roster and at least one of them has NNHES STATUS = ELIGIBLE.

Display interviewer instructions in screen tail (line 24).
 Allow two spaces for a checkmark to be displayed at the far left, when a place is selected from the Place Roster.
 Allow one space for an asterisk to the left of NAME, to denote places with NNHES STATUS=ELIGIBLE.
 Allow 30 spaces for NAME field.
 Allow 4 spaces to separate NAME and ALSO KNOWN AS... fields.
 Allow 20 spaces for ALSO KNOWN AS... field.
 Allow 4 spaces to separate ALSO KNOWN AS... and PLACE TYPE fields.
 Allow 10 spaces for PLACE TYPE.

SAMPLE LAYOUT

PLACE NAME	ALSO KNOWN AS...	PLACE TYPE
JORDAN HOME		INEL LTC
HORIZON HOUSE		COMMUNITY
* Samson House		ELIG LTC
√ * ALZHEIMER'S UNIT	FIFTH FLOOR	ELIG LTC
* HEALTH CARE UNIT		ELIG LTC
THOMAS WING	ASSISTED LIVING	INEL LTC
NAOMI HOUSE		INEL LTC
MERCURY HOUSE		ELIG LTC

{*CONSIDER THIS PLACE AS PART OF THE ELIGIBLE CASE.}

USE ARROW KEYS. ENTER = SELECT. CTRL/A = ADD. TO EXIT, PRESS ESC.

There are five types of Place Roster screens:

1. The Place Roster display for review only;
2. The full Place Roster display for selection and addition;
3. A static display of the facility parts on the Place Roster, excluding the place referenced first in the question text;
4. Dynamic display of all facility parts on the Place Roster, for selection only; and
5. A dynamic display of the eligible facility parts (i.e., NNHES Status=ELIGIBLE and Place Type=ELIGIBLE LTC) for selection only.

The sample layout displayed above is for the second version of the Place Roster, the primary format used in Residence History.

Table 1 shows the functions that are allowed for each Place Roster version, and where each is used in the CAPI application.

Table 1. Place Roster Versions throughout the NNHES Application

	<u>Description</u>	<u>Functions Allowed</u>	<u>Location</u>
1.	All Facility Parts	Review only	TBD
2.	All places	Select, add	RH21
3.	All "other" facility places	NA (static list)	RH11A, RH11B, RH21C
4.	All Facility Parts	Select only	RH2B, BQ15a, IN11, RH21D
5.	Eligible parts (lowest level)	Varies	FB46, SS2, SS19, RH1, SS19A, SS19B

Sample layouts of each version follow page 11 as "ATTACHMENT A".

Version 1. The "all facility parts" version is for review only. It's displayed whenever the F2 key is pressed throughout the application. It is also displayed at a specific point in the Round 2 Facility Questionnaire; FBOPRE.

The first version differs from the sample layout only in the screen tail (the bottom line on the screen): the interviewer instruction reads "USE ARROW KEYS. TO EXIT, PRESS ESC." Also note that no SP-level data are included; only facility-level places are displayed.

Version 2. The "all places" version for selection and addition is the full-blown Place Roster, including SP-level additions from Residence History as well as the facility-level entries. It is only accessed in Residence History: RH21 asks where the SP went (after determining a move occurred).

Version 3. The "all 'other' facility places" version is not a roster at all, but the static display of "other" facility parts (as a simple list, not in dynamic format). It is used in:

- RH11A and RH11B, questions that determine whether the SP has been in the SAD/TAD unit (or the place at the last interview date) the whole time and
- RH21C, a question that is called when adding facility places in residence history, to determine if the added place is also known by any of the names for parts of the facility that were already enumerated.

The list of all other facility-level units is displayed (i.e., the unit referenced in the question text is excluded).

The third version display differs markedly from Version 2: only the Place Name and the Also Known As... entry are displayed, and only for places that are collected at the facility level. Furthermore, the RH displays exclude the place referenced first in the question text. There are no asterisks or checkmarks, no indentation, no place type, no footnote for eligible parts of the case, and no interviewer instructions at the bottom.

Version 4. Like Version 1 -- it displays all facility parts -- but it allows selection. Four items in the SP-level instruments access this Place Roster display:

- RH2B captures residence at Transfer Admit Date;
- RH21D determines which part of the facility is the same as the place added in RH21;
- BQ15a collects the part of the facility the spouse lived in; and
- IN11 identifies the part of the facility where the SP resided when Medicaid coverage first began.

The display includes an additional line at the bottom of the list, for "OTHER PLACE." (The display for RH21D is an exception; no "OTHER PLACE" choice is displayed for RH21D.) The asterisks are omitted, and there is no footnote beneath the list. The screen tail omits the instruction regarding additions.

Version 5. The last type of Place Roster display, the "eligible parts" version, is used in several places to present only the eligible parts of the facility -- that is, places with NNHES STATUS=ELIGIBLE and PLACE TYPE=ELIGIBLE LTC -- at the lowest level reported. (For example, in the sample layout, only the Alzheimer's Unit and the Health Care Unit would be displayed.)

Eligible parts, including the SAMPLE FACILITY, are listed in FA24PRE. These places are, thereafter, listed in the "special" header, right-justified. Eligible parts are listed in FA85PRE (the SAQ item) to help the interviewer record the eligible parts on the SAQ form. Version 5 is also called in the Sampling Section, at SS2 (to confirm the sampling list includes all eligible residents in all eligible units) and SS19 and RH1 (the place of official residence at SAD). (RH1 is a followup to SS19, if official place of residence was not obtained in the Sampling Section.) The asterisks and footnote are omitted from the display.

Version 5 takes a different form for each appearance. In FA85PRE it is presented as a static list. In SS2, it becomes part of a form, for interviewer confirmation. In SS19 and RH1, it is a "select one" choice list.

ATTACHMENT A

SAMPLE LAYOUT OF PLACE ROSTER

Place Roster Version 1 - Used at F2, F16a, FA30a, FA66a
Parts are indented according to facility hierarchy.
Asterisks are displayed for eligible facility parts in F2, FA30a, FA66a

PLACE NAME ALSO KNOWN AS...PLACE TYPE

Displays all facility parts For Review Only
--

{*CONSIDER THIS PLACE AS PART OF THE ELIGIBLE CASE.}
USE ARROW KEYS. TO EXIT, PRESS ESC.

Place Roster Version 2 - Used at RH21
Parts are indented according to facility hierarchy.

SELECT ONE.

PLACE NAME ALSO KNOWN AS...PLACE TYPE

Displays all places - facility and non-facility places Select and add allowed
--

*CONSIDER THIS PLACE AS PART OF THE ELIGIBLE CASE.

USE ARROW KEYS. ENTER=SELECT/DESELECT CTRL/A=ADD CTRL/D=DELETE ESC=EXIT

Place Roster Version 3 - Used at RH11A, RH11B, RH21C
Displays all other facility parts as a list, not a roster. List is displayed flush left below the Q text, above the input field.
In RH11A and RH11B, excludes the current place displayed in question text.
In RH21C, excludes the added place displayed in question text.

Place Roster Version 4 - Used in RH21D
No parts are indented.
No asterisks are displayed.

SELECT ONE.

PLACE NAME ALSO KNOWN AS...PLACE TYPE

Displays all facility parts Selection only is allowed SOME OTHER PLACE is displayed for BQ15A, IN11 only
--

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

ATTACHMENT A (cont.)

Place Roster Version 5 - Used in FA24PRE, FA85PRE

Displays the lowest level of eligible parts of the facility (NNHES STATUS=ELIGIBLE and PLACE TYPE=ELIGIBLE LTC).

No asterisks are displayed.

At FA24PRE and FA85PRE Version 5 is displayed as a list, with the lowest level eligible facility parts all displayed flush left.

SELECT ONE.

PLACE NAME

ALSO KNOWN AS...PLACE TYPE

Displays lowest level eligible facility parts Selection only is allowed IN FACILITY - CAN'T TELL WHERE SOME OTHER PLACE
--

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

Place Roster Updates. As noted on the preceding pages, the Place Roster is initialized in Round 1 with the Sample Facility name. Additions or changes to the Place Roster can occur at the following points in the application:

- FAVERIF1 (name updates for SF/NF)
- BOXES FA5, FA7, FA8 (set locator code, hence order of places on Roster)
- FA11-14 (adds parts or units in complex facilities)
- BOXES FA10, FA11, FA12, and FA16 (set locator code, status code, and place type)
- FA26, FA27 (add non-nursing units within eligible units)
- FA55, FA56 (add special care units)
- FA66 (adds name for remainder of eligible units)
- RH21 (adds name of place SP went to)
- RH21C (determines if added place is same as a facility unit already listed)

These update points play a role in the design of the F2 function, reviewing the Place Roster at any point in the application. When F2 is invoked, the Place Roster as it existed at the latest update point should be displayed.

Flow for Residence History Additions to the Place Roster

All RH21 additions to the Roster go immediately to RH21B.

RH21B
Display as an overlay.

RH21B	
CHOOSE A CODE	
PART OF LARGER FACILITY	5
PART OF SAMPLE FACILITY	6
OTHER	7
	(SET A FLAG TO INDICATE THIS IS AN ADDITION AND GO TO RH22)

RH21C	
Is {CURRENT PLACE} also known by any of these names -- [READ PLACE NAMES BELOW]?	
{PLACE ROSTER VERSION 3}	
YES	1
NO	0 (BOX RH14)
DK	-8 (BOX RH14)
RF	-7 (BOX RH14)

RH21D	
Which name is {CURRENT PLACE} also known by?	
{PLACE ROSTER VERSION 4}	

PROGRAMMER SPECS:
When a selection is made, delete the new line on the Place Roster.

RH21E

YOU HAVE SELECTED {PLACE NAME}.
DO YOU WANT TO DISPLAY {PLACE NAME ADDED IN RH21}
IN THE "ALSO KNOWN AS..." FIELD?

YES 1
NO 0

PROGRAMMER SPECS:

If RH21E=1, post first 20 characters of {RH21 PLACE NAME} to "ALSO KNOWN AS..." field for selected place.
Then (for all responses to RH21E), set a flag to indicate this is a selection (rather than an addition), and go to BOX RH13.

BOX RH14	SET A FLAG TO INDICATE THIS IS AN ADDITION, SET LOCATOR CODE ACCORDING TO ENTRY IN RH21B, AND GO TO RH21F.
-------------	---

RH21F

SHOW
CARD
RH2

What type of (place/unit) is that?

NURSING HOME/UNIT OR REHABILITATION UNIT 4
HOSPITAL 6 (RH21)
ASSISTED LIVING FACILITY 8 (RH21)
BOARD AND CARE HOME 9 (RH21)
DOMICILIARY CARE HOME 10 (RH21)
PERSONAL CARE HOME 11 (RH21)
REST HOME 12 (RH21)
INDEPENDENT LIVING UNITS 14 (RH21)
MENTAL HEALTH/PSYCHIATRIC SETTING 15 (RH21)
OTHER (SPECIFY: _____) 91 (RH21)

PROGRAMMER SPECS:

Disallow DK and RF.

Assign NNHES status code to "INELIGIBLE" and NNHES PLACE TYPE as in BOX FA11.

RH21G

SHOW
CARD
RH4

Is it a special care unit, such as those listed on this card?

YES	1	
NO	0	(RH21I)
DK	-8	(RH21I)
RF	-7	(RH21I)

RH21H

Display as an overlay to RH21G

RH21H

What kind of special care unit is {UNIT NAME}?

ALZHEIMER'S AND RELATED DEMENTIAS	1
AIDS/HIV	2
DIALYSIS	3
CHILDREN WITH DISABILITIES	4
BRAIN INJURY (TRAUMATIC OR ACQUIRED)	5
HOSPICE	6
HUNTINGTON'S DISEASE	7
REHABILITATION	8
VENTILATOR/PULMONARY	9
OTHER (SPECIFY:_____)	91

PROGRAMMER SPECS:

Disallow DK and RF.

BOX RH14A omitted.

RH21I

In what year did the unit begin operation?

YEAR 19()

PROGRAMMER SPECS:

Soft range: 87-95; hard range 00-97,

BOX RH14B omitted.

RH21Ja

Is the unit still in operation?

YES	1	(RH21K)
NO	0	(RH21J)
DK	-8	(RH21K)
RF	-7	(RH21K)

RH21J

When did the unit end operations?

YEAR 19()

PROGRAMMER SPECS:
 Soft range: 87-95; hard range 00-97,
 If RH21J is less than RH21I, display the following error message at the bottom of RH21J, flush left:

YEAR ENDED CANNOT BE EARLIER THAN YEAR BEGAN. BACK UP TO CORRECT.

BOX RH14C omitted.

RH21K
 If RH21Ja = 1, display "are"; else display "were".

RH21K

How many beds {are/were} dedicated to {UNIT NAME}?

NO. OF BEDS

PROGRAMMER SPECS:
 Soft range: 3-100; hard range 0-500.

BOX RH14Ca	If RH21Ja=0, go to RH21M; else go to RH21L.
---------------	--

RH21L

How many residents were in {UNIT NAME} at midnight last night?

NO. OF RESIDENTS

PROGRAMMER SPECS:

Soft range: 3-100; hard range 0-500.

RH21M

If RH21Ja = 1, display "Does; else display "Did".

RH21M

{Does/Did} {UNIT NAME} have direct care patient staff dedicated to it?

YES 1
NO 0

BOX RH14D	For all responses, set a flag to indicate this is a selection (rather than an addition), and go to BOX RH13.
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In RH21, besides the capability of adding a place to the Roster, the interviewer has the ability to use arrow keys and add or overwrite an entry in the "ALSO KNOWN AS..." field for an existing line.

The Use of Places in SP-level Section Headers

There are no place headers in Residence History. All other SP-level sections feature a header that includes the eligible LTC places in this facility (i.e., places with NNHES status=eligible) where the SP resided during the reference period. The only exception is screens that include the Place Roster; these screens have no places in the header.

For screens that don't include the Place Roster in HS, PM, BQ, IN, IA, USE, EX, and CRR, the eligible unit where the SP lived during the reference period is displayed right-justified on the second line of the screen. If the SP lived in three or four eligible units during the reference period, they are right-justified on the third, fourth, and fifth lines. If the SP lived in more than four eligible units, the fifth line reads: "MORE UNITS -- USE F2" and is right-justified.

**RR1-7
RESPONDENT ROSTER**

The Respondent Roster is a list (at the facility level) of all respondents (and potential respondents) identified in the course of data collection.

In the course of the CAPI application, every point that calls for an addition to be made to the Respondent Roster is signalled by a question, such as "Who is ...?" or "What is the name of the ...?" The entry to such a question is automatically posted to the NAME cell on the next available line of the Respondent Roster, the interviewer is presented with the roster screen, and the cursor is in the title cell for the roster addition.

In the title cell the interviewer can enter the title code from memory, and the text for the category should be displayed in the roster. If the interviewer escapes from the roster and the title cell is not filled, the RR2 question is presented as specified at various points throughout the Facility Questionnaire. The question is formatted as a choice roster with answer categories (codes and text) displayed as formatted on the following page. After an entry is made, it should be posted to the respondent roster in the title cell next to the appropriate name.

SAMPLE LAYOUT

RESPONDENT ROSTER	
RR1 NAME	RR2 TITLE

RR2

Fill with entry in RR2.

Display the following list of codes in an F1 screen:

HEALTH CARE AND MEDICAL RECORDS STAFF TITLES

- 01 = Director Of Nursing/VP Of Nursing
- 02 = Assistant Director Of Nursing
- 03 = Head Nurse/Nurse Supervisor/Charge Nurse
- 04 = Nurse, Floor/Shift
- 05 = Social Worker/Case Worker/Activities Coordinator Or Director
- 06 = Medical Records Clerk/Supervisor/Director
- 07 = Nurses Aide

MDS/QUALITY CONTROL TITLES

- 11 = MDS Coordinator/Nurse
- 12 = Case Mix Coordinator/Nurse
- 13 = Care Plan Coordinator/Nurse
- 14 = Quality Assurance Coordinator

ADMINISTRATIVE TITLES

- 21 = Owner
- 22 = Administrator/Executive Director
- 23 = Assistant Administrator/Administrator In Training
- 24 = Medical Director
- 25 = Admissions Director/Coordinator
- 26 = Human Resources Staff Member
- 27 = VP For Operations
- 28 = Administrative Assistant/Secretary/Receptionist

BUSINESS OR FINANCE TITLES

- 30 = VP For Finance
- 31 = Controller/Comptroller
- 32 = Business Office Manager
- 33 = Accounting Supervisor
- 34 = Accounting/Billing Or Accounts Receivable Clerk/Bookkeeper
- 35 = Electronic Data Processing Staff Member

- 91 = OTHER (SPECIFY:_____)

RR2

What is {RESPONDENT'S NAME}'s title or position?
SELECT ONE.

{TITLE CATEGORIES}

PROGRAMMER SPECS:

When the code for title is entered, the text for the category should be displayed in the roster.

MANAGEMENT SYSTEM SPECS:

If missing, prompt for Title the first time a respondent is selected from the roster.

RR3-5 omitted.

FACILITY SET-UP SCREENS

The following series of screens precede the facility-level application, as part of the management system:

SCREEN FOR SELECTING FACILITY (PART OF MANAGEMENT SYSTEM)

SCREEN TO CONFIRM YOU WANTED TO SELECT THIS FACILITY (PART OF MANAGEMENT SYSTEM)

WITHIN-FACILITY NAVIGATION SCREEN: SELECT FACILITY-LEVEL QUESTIONNAIRE

SELECT FACILITY-LEVEL QUESTIONNAIRE RESPONDENT FROM RESPONDENT ROSTER

**RR1-7
RESPONDENT ROSTER**

The Respondent Roster is a list (at the facility level) of all respondents (and potential respondents) identified in the course of data collection.

In the course of the CAPI application, every point that calls for an addition to be made to the Respondent Roster is signalled by a question, such as "Who is ...?" or "What is the name of the ...?" The entry to such a question is automatically posted to the NAME cell on the next available line of the Respondent Roster, the interviewer is presented with the roster screen, and the cursor is in the title cell for the roster addition.

In the title cell the interviewer can enter the title code from memory, and the text for the category should be displayed in the roster. If the interviewer escapes from the roster and the title cell is not filled, the RR2 question is presented as specified at various points throughout the Facility Questionnaire. The question is formatted as a choice roster with answer categories (codes and text) displayed as formatted on the following page. After an entry is made, it should be posted to the respondent roster in the title cell next to the appropriate name.

SAMPLE LAYOUT

RESPONDENT ROSTER	
RR1 NAME	RR2 TITLE

RR2

What is {RESPONDENT'S NAME}'s title or position?
SELECT ONE.

{TITLE CATEGORIES}

PROGRAMMER SPECS:

When the code for title is entered, the text for the category should be displayed in the roster.

MANAGEMENT SYSTEM SPECS:

If missing, prompt for Title the first time a respondent is selected from the roster.

RR3-5 omitted.

BOX FB1A	GO TO RESPONDENT SELECTION SCREEN. THEN, IF THERE IS ONLY ONE PLACE ROSTER LINE FOR THIS FACILITY (AS DETERMINED IN ROUND 1), GO TO FB1PRE; ELSE, GO TO FBOPRE.
-------------	--

FBOPRE

Display all parts of the facility as identified in Round 1 (PLACE ROSTER VERSION 1).

FBOPRE
HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

FB0A

Display all parts or units of the facility that were identified in Round 1, questions FA11-FA15 as NNHES STATUS=ELIGIBLE and PLACETYPE = ELIGIBLE as determined at BOX FA16 (Round1). Allow 6 lines.

FB0A

Would you be able to answer some questions about the certification status and services offered for [READ PLACES LISTED BELOW]?

{ELIGIBLE PARTS OF FACILITY}

YES	1	(FB1PRE)
NO	0	(FBOB)
DK	-8	(FBOB)
RF	-7	(FBOB)

BOX FB1B omitted.

FB0B

Present FB0B as an overlay to FB0A.

FB0B

Please tell me who in {ELIGIBLE PART OF FACILITY} could give me that information?

USE YOUR PAPER FROG TO WRITE DOWN THE NAME OF THE RESPONDENT.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

FB1PRE

I would like to review with you some information that I collected about {FACILITY/[READ FACILITY/UNITS ABOVE]} the last time I was here.
PRESS ENTER TO CONTINUE.

BOX FB2	WAS FACILITY CERTIFIED BY MEDICAID?		
	YES	1	(FB1)
	NO	0	(FB2)
	DK	-8	(FB2)
	RF	-7	(FB2)

FB1

Is {FACILITY/[READ FACILITY/UNITS ABOVE]} still certified by Medicaid as a Nursing Facility (NF)?

YES

NO

DK

RF

1 (BOX FB3)

0 (BOX FB3)

-8 (BOX FB3)

-7 (BOX FB3)

FB2

Is {FACILITY/[READ FACILITY/UNITS ABOVE]} certified by Medicaid as a Nursing Facility (NF)?

YES

NO

DK

RF

1 (FB3)

0 (BOX FB3)

-8 (BOX FB3)

-7 (BOX FB3)

FB3

How many beds are certified under Medicaid as nursing facility beds?

OF BEDS

PROGRAMMER SPECS:

Hard range: 1-1,600; soft range: 10-300.

FB4

Based on your most recent daily census, how many current residents have {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a source of payment?

MEDICAID RESIDENTS

PROGRAMMER SPECS:

Hard range: 0-1,600; soft range: 10-300.

BOX FB3	WAS FACILITY CERTIFIED BY <u>Medicare</u> ?		
	YES	1	(FB5)
	NO	0	(FB6)
	DK	-8	(FB6)
	RF	-7	(FB6)

FB5

Is {FACILITY} still certified by Medicare as a Skilled Nursing Facility?

YES 1 (BOX FB4)
NO 0 (BOX FB4)
DK -8 (BOX FB4)
RF -7 (BOX FB4)

FB6

Is {FACILITY} certified by Medicare as a Skilled Nursing Facility (SNF)?

YES 1 (FB7)
NO 0 (BOX FB4)
DK -8 (BOX FB4)
RF -7 (BOX FB4)

FB7

How many beds are certified under Medicare?

BEDS

PROGRAMMER SPECS:

Hard range: 1-1,600; soft range: 10-300.

FB8

Based on your most recent daily census, how many current residents have Medicare as their primary source of payment?

MEDICARE RESIDENTS

PROGRAMMER SPECS:

Hard range: 0-1,600; soft range: 10-300.

BOX FB4	IF FACILITY WAS CERTIFIED BY BOTH MEDICAID AND MEDICARE IN ROUND 1 (BOX FB2=1 AND BOX FB3=1), GO TO FB11PRE. ELSE, IF FACILITY IS NOW CERTIFIED BY BOTH MEDICAID AND MEDICARE (FB1 OR FB2=1 <u>AND</u> FB5 OR FB6=1), GO TO FB9. ELSE, IF FACILITY HAS GAINED CERTIFICATION STATUS SINCE ROUND 1 (FB2=1 OR FB6=1), GO TO FB10. ELSE, GO TO FB11PRE.
---------	--

FB9

How many beds are certified under both Medicaid and Medicare? (That is, how many beds are dually certified?)

BEDS

PROGRAMMER SPECS:

Hard range: 0-1,600; soft range: 10-300.

FB10

Based on your most recent daily census, how many of the current residents in {FACILITY/[READ FACILITY/UNITS ABOVE]} have private pay as their only source of payment for basic care?

PRIVATE PAY RESIDENTS

PROGRAMMER SPECS:

Hard range: 0-1,600; soft range: 10-300.

FB11PRE

The next questions are about accreditation, services, and the resident population.

PRESS ENTER TO CONTINUE.

FB12

Is {FACILITY} accredited by the Joint Commission on Accreditation of Health-care Organizations (JCAHO)?

YES 1
NO 0

FB13

Is {FACILITY} accredited by any other organization? Please do not consider agencies or departments that provide only licensing such as the State Department of Health or the Public Health Agency.

YES 1
NO 0 (FB15)
DK -8 (FB15)
RF -7 (FB15)

FB14
Display as an overlay to FB13.

FB14

Which organization?
PROBE: Any others?

(1) _____

(2) _____

FB15
If {FACILITY}'s NNHES locator code = PART OF LARGER FACILITY or PART OF SAMPLED FACILITY, display "Thinking about..."

FB15

{Thinking about {FACILITY} only,} Does {FACILITY} primarily serve one of the groups or populations on this card?

SHOW CARD FB5	<u>ELDERLY PERSONS WITH PHYSICAL/ MENTAL DISABILITIES</u>	1
	<u>CHILDREN WITH PHYSICAL/MENTAL DISABILITIES</u>	2
	<u>PERSONS WITH MENTAL RETARDATION/ DEVELOPMENTAL DISABILITIES</u>	3
	<u>PERSONS WITH MENTAL ILLNESS</u>	4
	<u>PERSONS WITH ALCOHOL/DRUG PROBLEMS</u>	5
	<u>PERSONS WITH BRAIN INJURY (TRAUMATIC OR ACQUIRED)</u>	6
	<u>PERSONS WITH AIDS/HIV DISABILITY</u>	7
	<u>SOME OTHER SPECIAL GROUP (SPECIFY: _____)</u>	91
	<u>NO ONE GROUP PRIMARILY</u>	95

FB16PRE

The next questions are about the services that {FACILITY/[READ FACILITY/UNITS ABOVE]} currently offers.

PRESS ENTER TO CONTINUE.

FB16

First, we are interested in services routinely provided to residents on site by specially trained and licensed, registered, or certified providers. Are any of these specially trained providers routinely providing services to residents at {FACILITY/[READ FACILITY/UNITS ABOVE]}? By routinely, we mean that the special provider is on-site at least one day a week.

SELECT ALL THAT APPLY.

SHOW
CARD
FB6

- PHYSICAL THERAPIST
- SPEECH THERAPIST
- OCCUPATIONAL THERAPIST
- RESPIRATORY THERAPIST
- AUDIOLOGIST
- PODIATRIST
- DENTIST
- DENTAL HYGIENIST
- NUTRITIONIST OR DIETICIAN
- PSYCHIATRIST
- PSYCHOLOGIST
- PSYCHIATRIC SOCIAL WORKER
- PSYCHIATRIC NURSE
- OPTOMETRIST
- PHARMACIST
- SPECIAL EDUCATION
- OTHER MENTAL HEALTH PROFESSIONAL
(SPECIFY: _____)
- OTHER PROVIDER
(SPECIFY: _____)
- NONE OF THE ABOVE

FB17

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} regularly provide any of these services to residents on-site?
By regularly, we mean that each week there is at least one resident receiving the service on-site.

PROBE: The provider does not have to have special training or certification.

SELECT ALL THAT APPLY.

SHOW
CARD
FB7

- VENTILATOR CARE
- IV THERAPY
- DIALYSIS
- TUBE FEEDING
- ISOLATION (FOR HIGHLY CONTAGIOUS CONDITIONS
OR FOR COMPROMISED IMMUNE SYSTEM)
- NONE OF THE ABOVE

PRESS F1 FOR DEFINITION OF DIALYSIS.

FB18

Does {FACILITY/[READ FAC/UNITS ABOVE]} vaccinate residents for influenza?

- YES, ON ADMISSION IF THEY HAVE NOT BEEN
RECENTLY VACCINATED AND THEN ANNUALLY 1
- YES, ON SOME OTHER SCHEDULE 2
- NO 0 (FB20)
- DK -8 (FB20)
- RF -7 (FB20)

FB19

What proportion of your residents have been vaccinated against influenza in the past 12 months? Include all vaccinated residents, even if not done at this facility.

_____ %

PROGRAMMER SPECS:
Hard range: 0-100.

FB20

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} vaccinate residents for pneumonia?

- YES, ON ADMISSION IF THEY HAVE NOT BEEN
VACCINATED OR REQUIRE A BOOSTER 1
- YES, ON SOME OTHER SCHEDULE 2
- NO 0 (FB22)
- DK -8 (FB22)
- RF -7 (FB22)

FB21

What proportion of your residents have ever been vaccinated against pneumococcal pneumonia? Include all vaccinated residents, even if not done at this facility.

_____ %

PROGRAMMER SPECS:

Hard range: 0-100.

FB22

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} give residents a hearing test?

- YES, ON ADMISSION 1
- YES, ONCE A YEAR 2
- YES, ON SOME OTHER SCHEDULE
(SPECIFY: _____) 3
- NO 0

FB23

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide transportation for residents to and from scheduled medical appointments off-site? By routinely, we mean that each week there is at least one resident transported to an appointment off-site.

- YES 1
- NO 0

PROGRAMMER SPECS:

Soft range: In FB23, the first time 1 is entered, display the following message:

PROBE: As before, answer "Yes" only if you are currently providing transportation to at least one resident.

FB24

Codes for categories in FB24 and FB25 have been consolidated into a single coding scheme.

FB24

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} regularly provide any of these services to non-residents on-site? By regularly, we mean that each week there is at least one non-resident receiving the service on-site.

SELECT ALL THAT APPLY.

SHOW
CARD
FB8

- ADULT DAY CARE
- REHABILITATION THERAPY (PT/OT/ST)
- DIALYSIS
- CASE MANAGEMENT SERVICES
- FAMILY SUPPORT (FOR EXAMPLE, COUNSELING)
- OTHER (SPECIFY: _____)
- NONE OF THE ABOVE

PRESS F1 FOR DEFINITION OF DIALYSIS.

FB25

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} regularly provide any of the services on this card to non-residents off-site? Again, what we mean by regularly is that each week there is at least one non-resident receiving the services off-site.

SELECT ALL THAT APPLY.

SHOW
CARD
FB9

- HOME-DELIVERED MEALS
- HOMEMAKER OR CHORE SERVICES
- INFUSION THERAPY
- REHABILITATION THERAPY (PT/OT/ST)
- WOUND CARE OR OTHER POST-ACUTE
SKILLED NURSING CARE
- HOSPICE CARE
- CASE MANAGEMENT SERVICES
- OTHER (SPECIFY: _____)
- NONE OF THE ABOVE

FB26PRE

Now, I'd like to turn to another topic, admission and discharge policies.

PRESS ENTER TO CONTINUE.

BOX FB5	If {FACILITY} Locator Code = PART OF LARGER FACILITY or PART OF SAMPLED FACILITY or SAMPLED FACILITY, PART OF LARGER FACILITY, go to FB27. Others, go to FB28.
---------	--

FB27

Display Places with PLACETYPE = INELIG LTC, COMMUNITY, and HOSPITAL entered in Round 1 FA27, and any INELIGIBLE parts of LARGER FACILITY entered in FA11. Allow 4 lines. If no such places, display LARGER FACILITY.

FB27

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} admit only persons who are residents of [READ PLACES LISTED BELOW]?

{INELIGIBLE PARTS OF LARGER FACILITY ENTERED IN FA11/INELIGIBLE PARTS OF ELIGIBLE FACILITY ENTERED IN FA27/LARGER FACILITY}

YES	1
NO	0

FB28

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a bedholding policy for residents who are not formally discharged but leave the {home/facility} temporarily, for example, for short-term hospital stays or temporary placements?

YES	1
NO	0

BOX FB25 and BOX FB26 omitted.

FB69-71 omitted.

FB29

If {FACILITY} is PART OF LARGER FACILITY or PART OF SAMPLED FACILITY, display probe and fill with LARGER FACILITY/SAMPLED FACILITY name.

If {FACILITY} includes some non-certified or licensed beds (FA25 = 1), display probe and fill with FACILITY name.

If both conditions above are met, display probe and fill with "{LARGER FACILITY} or {FACILITY}"

FB29

Are your residents ever placed in trial living arrangements outside {FACILITY/[READ FACILITY/UNITS ABOVE]}, without being formally discharged?

{PROBE: This includes moves to non-nursing {home/facility} units of {FACILITY/[READ FACILITY/UNITS ABOVE].}

- YES 1
- NO 0 (FB32)
- DK -8 (FB32)
- RF -7 (FB32)

FB30

Is there a limit on the number of days a trial placement can last before the resident is formally discharged?

- YES 1
- NO 0 (FB32)
- DK -8 (FB32)
- RF -7 (FB32)

FB31

Display as an overlay to FB30.

FB31

What is the maximum number of days?

NO. OF DAYS

PROGRAMMER SPECS:

Soft range: 7-100; hard range: 1-365.

FB32

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a specified number of beds identified for and dedicated to respite care?

YES	1	
NO	0	(BOX FB6)
DK	-8	(BOX FB6)
RF	-7	(BOX FB6)

PRESS F1 FOR DEFINITION OF "RESPITE CARE."

FB32A

Display as an overlay to FB32.

FB32A

How many?

NO. OF BEDS

PROGRAMMER SPECS:

Soft range: 3-100; hard range: 1-300.

Consistency check: entry in FA76 must be less than FA19.

BOX FB6	If FACILITY locator code = PART OF LARGER FACILITY or PART OF SAMPLED FACILITY, or SAMPLED FACILITY, PART OF LARGER FACILITY, go to FB33PRE. Others, go to BOX FB8.
---------	--

FB33PRE

CTRL/E OK

The next set of questions is about {LARGER FACILITY} as a whole.

PRESS ENTER TO CONTINUE.

BOX FB7 omitted.

FB33

Does {LARGER FACILITY} primarily serve one of the groups or populations on this card?

SHOW
CARD
FB14

<u>ELDERLY PERSONS WITH PHYSICAL/ MENTAL DISABILITIES</u>	1
<u>CHILDREN WITH PHYSICAL/MENTAL DISABILITIES</u>	2
<u>PERSONS WITH MENTAL RETARDATION/ DEVELOPMENTAL DISABILITIES</u>	3
<u>PERSONS WITH MENTAL ILLNESS</u>	4
<u>PERSONS WITH ALCOHOL/DRUG PROBLEMS</u>	5
<u>PERSONS WITH BRAIN INJURY (TRAUMATIC OR ACQUIRED)</u>	6
<u>PERSONS WITH AIDS/HIV DISABILITY</u>	7
<u>SOME OTHER SPECIAL GROUP (SPECIFY:_____)</u>	91
<u>NO ONE GROUP PRIMARILY</u>	95

FB34

Besides the services you told me about earlier that are provided by {FACILITY/[READ FACILITY/UNITS ABOVE]}, which of the services listed on this card does {LARGER FACILITY} routinely provide to its residents?

SELECT ALL THAT APPLY.

SHOW
CARD
FB11

PHYSICAL THERAPY
SPEECH THERAPY
OCCUPATIONAL THERAPY
RESPIRATORY THERAPY
HEARING TESTING OR THERAPY
PODIATRY
DENTAL CARE
NUTRITION SERVICES
MENTAL HEALTH SERVICES
NONE OF THE ABOVE

FB35

Which of the services listed on this card does {LARGER FACILITY} routinely provide?

SELECT ALL THAT APPLY.

SHOW
CARD
FB12

VENTILATOR CARE
IV THERAPY
DIALYSIS
TUBE FEEDING
NONE OF THE ABOVE

PRESS F1 FOR DEFINITION OF DIALYSIS.

FB36

Which of the services listed on this card does {LARGER FACILITY} routinely provide to non-residents?

SELECT ALL THAT APPLY.

SHOW
CARD
FB13

- ADULT DAY CARE
- HOME-DELIVERED MEALS
- HOMEMAKER OR CHORE SERVICES
- HOME HEALTH CARE
- HOSPICE CARE
- CASE MANAGEMENT SERVICES
- NONE OF THE ABOVE

BOX FB8	If FB37-FB45 have already been administered, and no items have been flagged for data retrieval, go to BOX FB12; else if FB37-FB45 have been administered and any items have been flagged for data retrieval, go to the first item that has been flagged (FB37, FB40, FB42, FB43, FB44); else go to FB37.
---------	--

FB37

Next, I have a few questions about physicians' services within {FACILITY/[READ FACILITY/UNITS ABOVE]}. Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a contract with any group of physicians to provide services to residents?

- YES 1
- NO 0 (FB43)
- DK -8 (FB43)
- RF -7 (FB43)

FB38
Display Group Roster.

FB38

What is the name of the group?

PROBE: Are there any other groups?

NAME OF GROUP

NAME OF GROUP

USE ARROW KEYS. CTRL/A = ADD. CTRL/D = DELETE TO EXIT, PRESS ESC.

BOX FB9	ASK FB39 - FB42 FOR ALL GROUPS IN FB38.
---------	---

FB39

What is the number of physicians provided under contract from {GROUP}?

NUMBER

Hard range: 0-999; soft range: 1-20.

If 0 entered, display overlay screen: PRESS CTRL/K TO EXPLAIN WHY THERE ARE NO PHYSICIANS. THEN PRESS ENTER TO CONTINUE.

FB40

Ask for each group recorded in FB38. Fill with name of group from FB38.

Display "Think about" for first group.

Display "Next, think about" for second group.

FB40

{Think about/Next, think about} the physician services provided by {GROUP}. Does {FACILITY/[READ FACILITY/UNITS ABOVE]} ever bill the resident through the basic or ancillary rate for these services, at least for some residents or some of the time?

- YES 1
- NO 0 (NEXT GROUP OR FB43)
- DK -8 (NEXT GROUP OR FB43)
- RF -7 (NEXT GROUP OR FB43)

FB41

Taking all their visits to residents into account, does {GROUP} bill entirely, mostly, sometimes, or rarely through {FACILITY/[READ FACILITY/UNITS ABOVE]}?

- ENTIRELY 1
- MOSTLY 2
- SOMETIMES 3
- RARELY 4

FB42

If this is other than the first group entered in FB38, display "ENTER=SELECT/DESELECT."

Else, do not display.

FB42

What are the names of the physicians provided by {GROUP}?

PHYSICIAN

DR. _____
{ENTER=SELECT/DESELECT.}

USE ARROW KEYS. CTRL/A = ADD. CTRL/D = DELETE. TO EXIT, PRESS ESC.

PROGRAMMER SPECS:

Doctor names entered in FB42 should be flagged in the database as billing through the facility. Allow escape from this roster without text entry.

When a doctor is added to the roster using CTRL/A, do not allow "SELECT/DESELECT" to function for that doctor while on this screen. CTRL/D is valid only for a doctor whose name has just been added to the roster.

BOX FB10	<p>ANY MORE GROUPS?</p> <p>YES 1 (FB39)</p> <p>NO 0 (FB43)</p>
-------------	--

FB43

Display "Aside from the physicians provided through the group(s) that you just told me about" and "other", if FB37 = 1. Display "group" if FB37 = 1. If more than one group entered at FB38, display "groups".

<p>FB43</p> <p>{Aside from the physicians provided through the group(s) that you just told me about,} {A/}are there any {other} physicians who see residents at {FACILITY/[READ FACILITY/UNITS ABOVE]} and for whom the facility bills the resident through the basic or ancillary rate, at least for some residents or some of the time?</p> <p>YES 1</p> <p>NO 0 (BOX FB11)</p> <p>DK -8 (BOX FB11)</p> <p>RF -7 (BOX FB11)</p>

FB44

Display Doctor Roster from FB42. If coming to FB44 from any question but FB43, display "I understand that...of the time."; else do not display.

<p>FB44</p> <p>{I understand that there are some physicians who see residents at {FACILITY/[READ FACILITY/UNITS ABOVE]} and for whom the facility bills the resident through the basic or ancillary rate, at least for some residents or some of the time.} What are the names of these physicians?</p> <p style="text-align: center;">PHYSICIAN</p> <p style="text-align: center;">DR. _____</p> <p>USE ARROW KEYS. CTRL/A = ADD. CTRL/D = DELETE. TO EXIT, PRESS ESC.</p>

PROGRAMMER SPECS:

Do not allow "SELECT/DESELECT" on this screen. If "ENTER" is pressed on the name of a doctor who appears on this screen as a result of entry in FB42, display the following message: CANNOT SELECT A DOCTOR WHO ALREADY APPEARS ON THIS SCREEN.

Create a Doctor Roster from the names entered in FB42 and FB44. The Roster will be used in the Use Questionnaire. Doctor names entered in FB44 should be flagged in the database as billing through the facility. Allow escape from this roster without text entry.

BOX FB11	<p>Review DOCTOR ROSTER. If no names entered in DOCTOR ROSTER from FB44, go to BOX FB12; else, if any names entered in FB44, ask FB45 for each doctor entered on ROSTER from FB44, then go to BOX FB12.</p>
-------------	---

FB45

Taking all (his/her) visits to residents into account, does Dr. {PHYSICIAN} bill entirely, mostly, sometimes, or rarely through {FACILITY/[READ FACILITY/UNITS ABOVE]}?

ENTIRELY 1
MOSTLY 2
SOMETIMES 3
RARELY 4

BOX FB12	WAS ITEM FA85 IN STAFFING SAQ COMPLETED AND RECEIPTED IN PREVIOUS ROUND?
	YES 1 (BOX FB13)
	NO 0

FB46PRE

If only some parts of FACILITY are eligible, display eligible unit names in interviewer instruction; else, display facility name.
If FB1 or FB2=0, display "CHECK NOT MEDICAID... OF SAQ;" else do not display.
If FB5 or FB6=0, display "CHECK NOT MEDICARE... OF SAQ;" else do not display.

CTRL/E OK

FB46PRE

Next, we need some information about the nursing personnel in {FACILITY/READ FACILITIES LISTED BELOW] during the second full week in January 1996. We thought you might not have this information immediately at hand today, so I have this form that I can leave with you to pick up later, or I can make arrangements to give it to someone else to fill out if you prefer.

RECORD THE FOLLOWING VERBATIM IN BLANK LINE AT TOP OF FIRST SAQ PAGE.

{PLACE ROSTER VERSION 5}

{CHECK "NOT MEDICAID CERTIFIED" ON QUESTION 1 OF SAQ.}

{CHECK "NOT MEDICARE CERTIFIED" ON QUESTION 1 OF SAQ.}

PRESS ENTER TO CONTINUE.

FB46

For SAQ status to be marked as complete, item 2 must be selected or item 4 must be selected and both overlay questions must be 1 (YES). If 4 is selected and at least one overlay = 0 (NO), display message on FB46 at bottom of screen: SAQ IS NOT COMPLETE. RE-ENTER RESULTS.

FB46

IF YOU COMPLETED SAQ, CHECK BOX, "INT. COMP.", ON INSIDE BACK COVER OF SAQ.

SHOW SAQ TO R. INDICATE RESULTS HERE.

LEFT SAQ WITH R TO PICK UP LATER TODAY	1
LEFT SAQ WITH R, CAN'T COMPLETE TODAY; RECORD APPOINTMENT DATE AND TIME FOR TELEPHONE FOLLOWUP ON FROG	2
REFERRED TO SOMEONE ELSE (RECORD NAME ON FROG)	3
SAQ COMPLETED:	4
OTHER (SPECIFY: _____)	91

{SAQ IS NOT COMPLETE. REENTER RESULTS.}

MANAGEMENT SYSTEM SPECS:

If 1, 3, or 91 is entered, flag for retrieval from another respondent in this facility. However, note that the SAQ items are not critical items. Do not retrieve RF. Disallow DK.

If 1 is entered, flag for retrieval at end of this interviewing session from this respondent, and invoke reminder statement upon closing with this respondent for Facility Questionnaire.

If 2 is entered, code as complete. If SAQ is not receipted in house, flag for data retrieval in next round.

If 4, display as an overlay:

Have these SAQ items been collected: YES = 1, NO = 0
 1-2? ()
 3-7? ()

BOX FB13	ARE ANY RATE ITEMS DESIGNATED FOR RETRIEVAL?	
	YES	1 (FR1PRE)
	NO	0 (FG3PRE)

FR1PRE

Display ", to follow up on ... the last interview" if a printed rate schedule was obtained in the previous interview (as determined by receipt status).

FR1PRE

Next, we have some questions about the basic rates residents are charged {, to follow up on some data we collected in the last interview}. Because we thought you might not have the answers to these questions immediately at hand, we printed them out on this form. I can leave it with you to pick up later today, or I can give it to someone else to fill out if you prefer.

SHOW RATE FORM TO R. INDICATE RESULTS HERE.

- LEFT RATE FORM WITH R TO PICK UP LATER TODAY . . . 1
- LEFT RATE FORM WITH R, CAN'T COMPLETE TODAY;
RECORD APPOINTMENT DATE AND TIME
FOR TELEPHONE FOLLOWUP ON FROG 2
- REFERRED TO SOMEONE ELSE (RECORD NAME ON FROG) 3
- RATE FORM COMPLETED: 4
- OTHER (SPECIFY: _____) 91

MANAGEMENT SYSTEM SPECS:

If 1, 3, or 91 is entered, flag for retrieval from another respondent in this facility. However, note that the items are not critical items. Do not retrieve RF. Disallow DK.

If 1 is entered, flag for retrieval at end of this interviewing session from this respondent, and invoke reminder statement upon closing with this respondent for Facility Questionnaire.

If 2 is entered, code as complete. If Rate Form is not receipted in house, flag for data retrieval in next round.

If 4 is entered, code as complete.

FG3PRE

Next, I need to update my information about the organization of {FACILITY'S} records and staff responsibilities.

PRESS ENTER TO CONTINUE.

FG3

SAMPLING INFORMATION: First, I need a list of all admissions to {FACILITY} between 12:01 a.m. January 1, 1996 and midnight June 30, 1996. What staff member would be the best source for this information? Could you tell me (his/her) title?

RECORD NAME AND TITLE ON PAPER FROG.

HEALTH CARE SERVICES: I will also need information about the health care services the selected residents may have received this year -- services outside this {facility/home} as well as care from any physicians, therapists, or other providers who saw residents here. What staff member would be the best source for this information? Could you tell me (his/her) title?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG4

REFER TO FACILITY FACE SHEET. IF FACILITY REFUSED TO PROVIDE SP NAMES IN ROUND 1, GO TO FG4b AND CODE AS SHIFT/7 (REFUSED TO PROVIDE INFORMATION) WITHOUT ASKING.

- a. COMMUNITY RESPONDENT INFORMATION: Later in the study we will need information about the selected residents' health and background before admission to your (facility/home). To collect the information we will want to contact a relative or other responsible person for each selected resident. What staff member(s) would be the best source of information to help us identify a knowledgeable respondent? (Could you tell me (his/her) title)? PROBE: Anyone else?

RECORD NAME AND TITLE ON PAPER FROG.

- b. ENTER FACILITY CRR STATUS. ()

STAFF MEMBER(S) NAMED FOR CRR 1
OTHER (SPECIFY) 91

PRESS ENTER TO CONTINUE

PROGRAMMER SPECS:

If FG4b = -7 (REFUSED TO PROVIDE INFORMATION), set all CRR cells on NAVIGATE to NA (NOT APPLICABLE).

CLOSING 1

Thank you.

THE FACILITY-LEVEL QUESTIONS FOR THIS CASE ARE COMPLETE FOR THIS ROUND.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

SECTION SS: SP SAMPLING

GENERAL NOTE:

The facility header described on p. 5 of the Rd1 document (and as modified by display instructions above FA24PRE and PROGRAMMER SPECS below FA30) continues throughout the Sampling Section. In other words, all Place Roster entries with NNHES status = Eligible and Place type = Eligible LTC, "minus the (NO.) non-nursing beds" are displayed right justified, starting on the top line. If there are more than 4, the fifth line displays "MORE UNITS--USE F2."

SS1PRE

Now, I would like to select a sample of admissions about whom we will collect information during this visit.

PRESS ENTER TO CONTINUE.

SS1 omitted.

SS2

Display SS2 as a matrix.

For {ELIGIBLE UNITS} fill, display only eligible LTC units entered in the Round 1 Facility-level Questionnaire on the Place Roster (Version 5) in a modified version. (Eligible LTC units are those with NNHES STATUS=ELIGIBLE and PLACE TYPE=ELIGIBLE LTC.) Only one "level" of eligible unit should be displayed and that should be the lowest unit.

If only one eligible Place Roster entry, display it in the fill. If more than one, fill with "[READ FACILITIES/UNITS LISTED BELOW]." Display all eligible units below the question text, even if only one.

Display "First," the first time through SS2. On subsequent presentations, delete "First,".

Display "CONFIRM THAT..." if more than one eligible unit.

SS2

{First,} I need a list of all admissions to {FACILITY/[FACILITY/READ UNITS LISTED BELOW]} excluding any non-nursing beds.

The list should include admissions between 12:01 a.m. January 1, 1996 and midnight June 30, 1996.
Can you provide me with such a list?

{CONFIRM THAT THE LIST INCLUDES ALL ADMISSIONS FOR EACH UNIT.}

1/1/96 - 6/30/96
ADMISSIONS
LIST?
1=YES, 0=NO
IF NO ADMISSIONS, ENTER SHIFT/5.

{PLACE ROSTER VERSION 5}

{ELIGIBLE UNIT}

()

{ELIGIBLE UNIT}

()

{ELIGIBLE UNIT}

()

{ELIGIBLE UNIT}

()

{ELIGIBLE UNIT}

()

PRESS F1 FOR SAMPLING AID.

PROGRAMMER SPECS:

Disallow DK.

BOX SS0	<p>If SS2=0 (NO) for any unit, go to SS5 for each such unit. If any responses to SS2=-7 (REFUSED), go to SEND. If at least one response to SS2=1 (YES) and the remaining responses = -5 (NO ADMISSIONS), go to SS6. If all responses to SS2 = -5, go to SEND.</p>
---------	--

SS3 and SS4 omitted.

SS5

Display for each eligible unit still missing. Display Respondent Roster.

SS5

I am missing the list {for/of} {ELIGIBLE UNIT MISSING SAMPLE LIST}. Please tell me who in {FACILITY} could give me that information.

PROGRAMMER SPECS:

Post name to Respondent Roster, which directs interviewer to ask RR2. Then go to CLOSING 7.

SS6

ENTER THE TIME LIST CLEANING BEGAN ().

ENTER THE TIME LIST CLEANING ENDED ().

PRESS F1 FOR SAMPLING AID.

PROGRAMMER SPECS:

Disallow DK/RF. If -8 (DK) entered, display message: DK/RF not allowed here. Please enter your best estimate.

SS7

ENTER NUMBER OF FIRST ADMISSIONS ON LIST ().

PROGRAMMER SPECS:

Disallow DK and RF.

Soft range: 1-9,999; hard range: 0-9,999.

If "0" is entered for the second time, go to SSEND.

Box SS1 omitted.

SS8 omitted.

SS9-12 SAMPLE LAYOUT

Run sample selection algorithm and display line numbers for up to 3 selected sample persons, as determined by the algorithm.

SS9-12

CIRCLE LINE NUMBERS INDICATED ON THE CLEANED SAMPLE LIST.

	SS9 Line#	SS10 Last Name	SS11 First Name	SS12 Middle Name
1.	{ }	_____	_____	_____
2.	{ }	_____	_____	_____

PRESS F1 FOR SAMPLING AID.

SS9

After line numbers have been generated, display text on the matrix, above question text, flush left.

SS9

CIRCLE LINE NUMBERS INDICATED ON THE CLEANED SAMPLE LIST.

SS10

What is the person's last name?

PROGRAMMER SPECS:

Disallow DK and RF.

SS11

What is the person's first name?

PROGRAMMER SPECS:

Disallow DK and RF.

SS12

What is the person's middle name?

PROGRAMMER SPECS:

Disallow DK and RF.

BOX SS2 omitted.

SS13-18 omitted.

BOX SS3	If only one eligible unit (PLACE TYPE = eligible LTC and NNHES STATUS = eligible), fill SS19 with unit name and go to SS20. If more than one eligible unit, go to SS19.
---------	--

SS19

Display eligible LTC units from Place Roster (Version 5) as a choice list. Add "IN FACILITY-CAN'T TELL WHERE" as second to last choice. Add "SOME OTHER PLACE" as last choice. If there are eligible subunits within the SF, do not display the SF.

SS19

IF NOT OBVIOUS FROM SAMPLING LIST, ASK:

When {SP} was first admitted to a nursing unit this year, to which of these units was (she/he) admitted -- [READ UNITS BELOW]?

SELECT ONE.

{PLACE ROSTER, VERSION 5}

BOX SS3A	If "SOME OTHER PLACE" is selected from roster in SS19, go to SS19A; else Go to SS20.
----------	--

SS19A

Display Place Roster Version 5 for review only. If there are eligible subunits within the SF, do not display the SF. Do not display "SOME OTHER PLACE" on the roster.

SS19A

Was a bed in [READ ELIGIBLE UNITS BELOW] held for {SP} when first admitted this year?

- YES 1 (SS19B)
- NO 0 (SS19C)
- DK -8 (SS19C)
- RF -7 (SS19C)

{PLACE ROSTER VERSION 5}

SS19B

Display Place Roster Version 5 as a "Select One" roster. If there are eligible subunits within the SF, do not display the SF, do not display "SOME OTHER PLACE" on the roster.

SS19B

Where was the bed that was held for {SP} when first admitted this year?

SELECT ONE.

{PLACE ROSTER, VERSION 5}

SS19C

Display as an overlay of SS19A.

SS19C

REVIEW THE SAMPLING LIST. IF YOU HAVE SAMPLED FROM AN INELIGIBLE UNIT, BACK UP TO SS7. CLEAN THE LIST AGAIN, REMOVING ALL PERSONS FROM INELIGIBLE UNITS. SELECT THE SAMPLE AGAIN.

PROGRAMMER SPECS:

Interviewer must back up to correct.

SS20-24 SAMPLE LAYOUT

For each SP, after display of SS20, display SS20-24 in a form. As cursor moves through the entry fields, display appropriate question text above the form.

SS20-24				
{QUESTION TEXT}				
SS20	ADMISSION DATE	() MM	() DD	19() YY
SS21	SEX (MALE = 1, FEMALE = 2)		()	
SS22	DATE OF BIRTH	() MM	() DD	() YYYY
SS23	CURRENTLY ALIVE (YES = 1, NO =0)		()	
{SS24	DATE OF DEATH	() MM	() DD	19() YY}

SS20

If unit selected or pre-filled in SS19/SS19B, fill with eligible unit name. Else if facility header has more than one unit, fill with "[READ FACILITY UNITS IN HEADER ABOVE]".

SS20	
On what date was {SP} admitted to {UNIT SELECTED IN SS19/SS19B} in 1996?	
MONTH ()	DAY () YEAR 19()

PROGRAMMER SPECS:

Disallow DK and RF.

Hard range is 1/1/96 - 6/30/96 [Round 2 only.] If outside range, display message: THE DATE YOU ENTERED IS OUTSIDE THE REFERENCE PERIOD. REVIEW THE SAMPLING LIST AGAIN REMOVING ALL PERSONS WITH DATES OUTSIDE THE SAMPLED REFERENCE PERIOD. BACK UP TO SS7 AND SELECT THE SAMPLE AGAIN.

SS21	
ASK IF NOT OBVIOUS: Is {SP} male or female?	
MALE	1
FEMALE	2

SS22

What was {SP's} date of birth?

ENTER A 4-DIGIT YEAR.

MONTH () DAY () YEAR ()

PROGRAMMER SPECS:

Range edit for R2 First Admissions: 1/1/1870 to SAD or 6/30/96.

SS23

If date of interview is 1/1/97 or later, display "Was {SP} alive on December 31, 1996?"; else display "Is {SP} currently alive?"

SS23

{Is {SP} currently alive/Was {SP} alive on December 31, 1996}?

YES	1	(BOX SS4)
NO	0	
DK	-8	(BOX SS4)
RF	-7	(BOX SS4)

PROGRAMMER SPECS:

Set vital status flag as ALIVE if "YES" and DECEASED if "NO." If "DK" or "RF", set to missing.

SS24

Display as an overlay on the form.

SS24

On what date did {SP} die? PROBE FOR MONTH.

MONTH () DAY () YEAR 19()

PROGRAMMER SPECS:

Range edit: Must be 1/1/96 or later.

SS25 omitted.

BOX SS4	RETURN TO NEXT SP UNTIL ALL SPS ARE COMPLETE FOR SS19-SS25, THEN GO TO SSEND.
---------	---

SSEND

SAMPLING IS NOW COMPLETE FOR THIS FACILITY. PRESS ENTER TO GO TO FACILITY NAVIGATION SCREEN.

CLOSING 2 omitted.

CALL HOME SUMMARY REPORT, RESULTS, AND OUTCOME omitted.

CLOSINGS 3-6 omitted.

CLOSING 7

Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to [READ NAME(S) BELOW]:

{RESPONDENT NAMED IN SS5} {ELIGIBLE LTC PLACE IN SS5}
{RESPONDENT NAMED IN SS5} {ELIGIBLE LTC PLACE IN SS5}
{RESPONDENT NAMED IN SS5} {ELIGIBLE LTC PLACE IN SS5}

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

WESTAT

An Employee-Owned Research Corporation

MEMORANDUM

October 11, 1994
Revised 1/11/95
Revised 9/28/95
Revised 10/5/95

To: Rick Dulaney
Tim Butler

From: Jim Bethel
Pam Broene

Subject: Revised Sampling Algorithm for CAPI

Overview. This memorandum specifies the sampling algorithms for the primary sampling modules in CAPI. These modules are (1) the check on the number of residents, (2) the specifications for the "call home" override code, and (3) the sample selection algorithm. Besides being distributed to you directly, this memo will be attached to the facility questionnaire. The current revision (10/5/95) reflects a correction in the formula for λ_{NA} ; this correction had been made in an earlier version for the pretest but the error crept back into the 9/28/95 version.

Check on Number of Residents. The following rule should be used for checking the number of residents listed (SS7) against the frame:

IF

1. Current Residents listed ≤ 10

AND

$$|(\text{Current Residents listed}) - \text{NUMBEDS}| > 5$$

OR

2. $10 < \text{Current Residents listed} < 300$

AND

$$\frac{\text{Current Residents listed}}{\text{NUMBEDS}} > 1.5 \quad \text{or} \quad \frac{\text{Current Residents listed}}{\text{NUMBEDS}} < .5$$

OR

3. Current Residents listed ≥ 300

AND

$$\frac{\text{Current Residents listed}}{\text{NUMBEDS}} > 1.33 \quad \text{or} \quad \frac{\text{Current Residents listed}}{\text{NUMBEDS}} < .67$$

then display the message, "Call Home Office."

Override Code. When the "call home office" module has been activated, the interviewer must enter code to resume sample selection. To be a valid override code, a number x must satisfy:

$$\frac{x - k}{d} = \text{integer.}$$

Use $k = 23$ and $d = 11$. (If you make it anything else, let me know.)

Current Resident Sample Size. The sample size will be computed as:

$$\text{CR_SAMP} = \min(4, \text{number of CRs listed})$$

First Admission Sample Sizes. We will adjust the new admissions sample sizes when there is a large number of annual admissions relative to the number of eligible beds (NUMBEDS). The new admissions sample size (NA_SAMP) as calculated below is the value for an individual round.

Using this formula, first compute

$$\lambda_{\text{NA}} = 2 \frac{\text{Number FAs listed}}{(0.472)(\text{NUMBEDS})}$$

If $\lambda_{\text{NA}} > 3$ then $\text{NA_SAMP} = \min(3, \text{number of FAs listed})$
 else $\text{NA_SAMP} = \min(2, \text{number of FAs listed})$

The constant used in the formula for λ_{NA} (i.e., 0.472) represents the estimated ratio of first admissions to residents.

Sample Selection Algorithm. The sampling algorithm is the same for both the current residents and new admissions samples. In each case there are three variables:

- Sample size (CR_SAMP or NA_SAMP)
- Number of persons listed (current residents, Round 2 new admissions, or Round 3 new admissions),
- Random number (R1_RAND, R2_RAND, R3_RAND).

Given these quantities, the algorithm is as follows:

A1. If
 Sample Size \geq Number Listed
then
 Sample Size = Number Listed.

A2. For $1 \leq i < \text{Sample Size} + 1$, the i -th line number is computed as:

$$\text{Line Number} = \left[(\text{Random number} + i - 1) \frac{\text{Number listed}}{\text{Sample Size} + 1} \right]$$

where R is the random number; note that $f(x) = [x]$ is the greatest integer function and truncates the value x .

If the last line number is greater than the number listed, then discard it and use only the line numbers less than or equal to the number listed. (Note: This part of the procedure allows for stochastic rounding of the sample sizes where they have been adjusted to non-integer values.)

FACILITY RATE SCHEDULE DATA ENTRY PROGRAM

FR1

IS PRIVATE PAY ON THE RATE SCHEDULE?

YES	1	(FR3A)
NO	0	(BOX FR2)
DK	-8	(BOX FR2)
YES, ENTER RATES	95	(FR2)

PROGRAMMER SPECS:
Disallow -7 (RF) in FR1.

FR2

Display FR2 and FR3 as a matrix, with two columns for FR2 responses (name and description) and a third column for FR3 responses.
Display 3 rates on a screen, with ability to scroll up or down for more.
Allow 4 lines of text for description, on an overlay outside the matrix.

FR2

Enter the name and a brief description of each private pay rate for room and board and basic care.

IF NO PRIVATE PAY RATES, ENTER SHIFT/5 IN FIRST NAME FIELD AND PRESS ENTER. (BOXFR2)

ENTER NAME AND DESCRIPTION OF PRIVATE PAY RATE

	NAME	DESCRIPTION
1.	_____	_____ _____ _____ _____
2.	_____	_____ _____ _____ _____
3.	_____	_____ _____ _____ _____

FR3

Present as an overlay to FR2.

Pay rates line up with names and descriptions in FR2.

When unit is chosen for the rate (per day or other), display DAY or the specified text for OTHER to the right of PER under the amount.

FR3

Enter the amount of {RATE NAME} and indicate whether it is charged on a daily basis, or on some other basis.

AMOUNT

\$ _____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

\$ _____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

\$ _____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

FR3A

Do (any of) these private pay rates include...

YES = 1, NO = 0

Rehabilitation Therapy (PT/OT/ST)? ()

Prescribed medicines? ()

PROGRAMMER SPECS:

If the printed rate schedule has no indication that private pay rates include Rehabilitation Therapy and/or prescribed medicines, code the appropriate item, DK.

BOX FR2	If {FACILITY} has no Medicaid beds (neither FB1 nor FB2=1), go to BOX FR3. Others, go to FR4.
---------	--

FR4

IS MEDICAID ON THE RATE SCHEDULE?

YES	1	(BOX FR3)
NO	2	(BOX FR3)
DK	-8	(BOX FR3)
YES, ENTER RATES	95	(FR5)

PROGRAMMER SPECS:
Disallow -7 (RF) in FR4.

FR5

Display FR5 and FR6 as a matrix, with two columns for FR5 responses (name and description) and a third column for FR6 responses.

Display 3 rates on a screen, with ability to scroll up or down for more.

Allow 4 lines of text for description, on an overlay outside the matrix.

FR5

Enter the name and a brief description of each of your Medicaid rates for room and board and basic care.

IF RATE SCHEDULE INDICATES THAT RATES ARE CASE-MIX ADJUSTED, LOOK FOR A LOW, A MIDDLE, AND A HIGH EXAMPLE.

ENTER NAME AND DESCRIPTION OF MEDICAID RATE

	NAME	DESCRIPTION
1.	_____	_____ _____ _____ _____
2.	_____	_____ _____ _____ _____
3.	_____	_____ _____ _____ _____

FR6

Present as an overlay to FR5.

Pay rates line up with names and descriptions in FR5.

When unit is chosen for the rate (per day or other), display DAY or the specified text for OTHER to the right of PER under the amount.

FR6

Enter the amount of {RATE NAME} and indicate whether it is charged on a daily basis, or on some other basis.

AMOUNT

\$ _____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

\$ _____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

\$ _____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

BOX FR3	If {FACILITY} has no Medicare beds (neither FB6 nor FB7=1), go to FR10. Others, go to FR7.
---------	---

FR7

IS MEDICARE ON THE RATE SCHEDULE?

YES	1	(FR10)
NO	2	(FR10)
DK	-8	(FR10)
YES, ENTER RATES	95	(FR8)

PROGRAMMER SPECS:
Disallow -7 (RF) in FR7.

FR8

Display FR8 and FR9 as a one-screen form, with two columns for FR8 responses (name and description) and a third column for FR9 response.
Allow 4 lines for text entry of description.

FR8

What is the name of {FACILITY}'s Medicare rate for room and board and basic care? How would you describe it?

ENTER NAME AND DESCRIPTION OF MEDICARE RATE

NAME	DESCRIPTION
_____	_____

FR9

Present as an overlay to FR8.
Pay rate lines up with name and description in FR8.
When unit is chosen for the rate (per day or other), display DAY or the specify for OTHER to the right of PER under the amount.

FR9

Enter the amount of {RATE NAME} and indicate whether it is charged on a daily basis, or on some other basis.

AMOUNT

\$_____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

FR10

Does {FACILITY} have a special, negotiated private pay rate with an HMO?

YES	1	(BOX FR4)
NO	0	(BOX FR4)
DK	-8	(BOX FR4)
RF	- 7	(BOX FR4)
YES, ENTER RATE	95	(FR11)

FR11

Present as an overlay to FR10.

When unit is chosen for the rate (per day or other), display DAY or the specify for OTHER to the right of PER under the amount.

FR11

What is that rate?

AMOUNT

\$ _____

PER: ()

DAY.....1

OTHER...91

(SPECIFY:_____)

BOX FR4	If {FACILITY} has any special units (FA54 = 1), go to FR12. Others, go to FREND.
---------	---

FR12

Display each special unit entered in FA55 and FA56 as a choice list. Do not display general population unit (by whatever name is indicated in FA56).

If no specific name was entered in FA56, display only the special unit type.

FR12

ARE THE FOLLOWING SPECIAL UNIT RATES ON THE PRINTED RATE SCHEDULE?
SELECT ALL THAT APPLY.

{SPECIAL UNIT TYPE AND NAME FROM FA55 AND FA56}

{SPECIAL UNIT TYPE AND NAME FROM FA55 AND FA56}

{SPECIAL UNIT TYPE AND NAME FROM FA55 AND FA56}

{SPECIAL UNIT TYPE AND NAME FROM FA55 AND FA56}

NO SPECIAL UNIT RATES ON SCHEDULE

BOX FR5	If any special units are selected in FR12, go to FR13. Else, go to FREND.
---------	--

FR13

Display "any special care..." if more than one unit entered in FA55. Display "the special care..." if only one unit entered in FA55.

Display "Medicaid" if FA20=1; if FR2=95, do not display "private pay;" display "Medicare" if FA21=1.

If no payors to display, delete phrase in brackets ("[READ PAYORS...]") from question text.

FR13

Does {FACILITY} have a different [READ PAYORS LISTED BELOW] rate for {any special care units/the special care unit}?

{MEDICAID}
{PRIVATE PAY}
{MEDICARE}

YES	1	
NO	0	(FREND)
DK	-8	(FREND)
RF	-7	(FREND)

FR14

Display for each special unit not coded 1 in FR12.

Fill question with special unit type and name from FA55 and FA56.

When unit is chosen for the rate (per day or other), display DAY or the specify for OTHER to the right of PER under the amount.

FR14

What about {SPECIAL UNIT NAME FROM FA56}?

Are there special rates for room and board and basic care in that unit?

YES	1	(BOX FR6)
NO	0	(BOX FR6)
DK	-8	(BOX FR6)
RF	-7	(BOX FR6)
YES, ENTER RATES	95	(FR15)

FR15

Display as an overlay to FR14.

When unit is chosen for the rate (per day or other), display DAY or the specified text for OTHER to the right of PER under the amount.

FR15

What are the special rates for room and board and basic care in {SPECIAL UNIT NAME FROM FA56}?

PAYOR	AMOUNT
()	\$ _____
1=MEDICAID 2=PRIVATE PAY 3=MEDICARE	PER: () DAY.....1 OTHER...91 (SPECIFY:_____)
()	\$ _____
1=MEDICAID 2=PRIVATE PAY 3=MEDICARE	PER: () DAY.....1 OTHER...91 (SPECIFY:_____)
()	\$ _____
1=MEDICAID 2=PRIVATE PAY 3=MEDICARE	PER: () DAY.....1 OTHER...91 (SPECIFY:_____)

BOX FR6	Cycle through FR14-15 for all special care units coded 1 in FR12. When all special care units coded 1 in FR14 have been asked FR14-15, go to FREND.
---------	---

FREND

YOU HAVE COMPLETED DATA ENTRY OF THE RATE SCHEDULE FOR THIS FACILITY.

PRESS ENTER TO CONTINUE.

FACILITY RATE RETRIEVAL FORM

BOX FR1	Display facility ID#, facility name, eligible units. If facility certified by Medicaid and Medicaid rate is missing, display FR1. Else, if facility is certified by Medicare and Medicare rate is missing, display FR2. Else, if facility is not certified by Medicaid or Medicare and private pay rate is missing, display FR3. Else, if facility has special care units and special care unit rate is missing, display FR4 with special care unit name(s). Else, display FR5 (HMO contract end rate).
---------	--

DISPLAY AT TOP OF FORM:

{ID} FACILITY RATES FOR ROOM AND BOARD AND BASIC CARE
 {FACILITY}
 {INCLUDE ONLY THESE PLACES: { }, { }, { } }

FR1

Please record the name, a brief description, and amount of each of your Medicaid rates for room and board and basic care.

IF RATES ARE CASE-MIX ADJUSTED AND DIFFER FOR EACH RESIDENT, GIVE A LOW, A MIDDLE, AND A HIGH EXAMPLE.

ENTER NAME, DESCRIPTION, AND AMOUNT OF MEDICAID RATE

	NAME	DESCRIPTION	AMOUNT
1.	_____	_____ _____ _____	\$ _____ Per <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Other (Specify) _____
2.	_____	_____ _____ _____	\$ _____ Per <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Other (Specify) _____
3.	_____	_____ _____ _____	\$ _____ Per <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Other (Specify) _____

FR2

What is the name of the Medicare rate for room and board and basic care? How would you describe it? Write in the amount and whether it is charged on a daily basis or some other basis.

ENTER NAME, DESCRIPTION, AND AMOUNT OF MEDICARE RATE

NAME	DESCRIPTION	AMOUNT
_____	_____	\$ _____
	_____	Per <input type="checkbox"/> Day
	_____	<input type="checkbox"/> Month
	_____	<input type="checkbox"/> Other
	_____	(Specify) _____

FR3

What is the name, a brief description, and amount of each of your private pay rates for room and board and basic care?

ENTER NAME, DESCRIPTION, AND AMOUNT OF PRIVATE PAY RATE

	NAME	DESCRIPTION	AMOUNT
1.	_____	_____	\$ _____
		_____	Per <input type="checkbox"/> Day
		_____	<input type="checkbox"/> Month
		_____	<input type="checkbox"/> Other
		_____	(Specify) _____
2.	_____	_____	\$ _____
		_____	Per <input type="checkbox"/> Day
		_____	<input type="checkbox"/> Month
		_____	<input type="checkbox"/> Other
		_____	(Specify) _____
3.	_____	_____	\$ _____
		_____	Per <input type="checkbox"/> Day
		_____	<input type="checkbox"/> Month
		_____	<input type="checkbox"/> Other
		_____	(Specify) _____

FR3A

Do (any of) the private pay rates include:

- | | | |
|--------------------------|--------------------------|-----------------------|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Therapy (PT/OT/ST)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prescribed medicines? |

FR4
 Display eligible unit names in FR4 under the heading "UNIT NAME."

FR4

Are there special rates for room and board and basic care in the following special care units? YES
 NO (FR5)
 What are the special rates for room and board and basic care in each unit?

UNIT NAME	SPECIAL RATE?	PAYOR	AMOUNT
{ }	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓	MEDICAID 1 PRIVATE PAY .. 2 MEDICARE 3	\$ _____ Per <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER SPECIFY _____
{ }	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓	MEDICAID 1 PRIVATE PAY .. 2 MEDICARE 3	\$ _____ Per <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER SPECIFY _____
{ }	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓	MEDICAID 1 PRIVATE PAY .. 2 MEDICARE 3	\$ _____ Per <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER SPECIFY _____

FR5

Does {FACILITY} have a special, negotiated private pay rate with an HMO?

- YES
- NO

If YES, what is that rate?

AMOUNT
 \$ _____
 PER:
 DAY
 OTHER
 (SPECIFY: _____)



GROUP/POPULATION SERVED

Elderly Persons with Physical/Mental Disabilities

Children with Physical/Mental Disabilities

Persons with Mental **Retardation** or Developmental Disabilities

Persons with **Mental Illness**

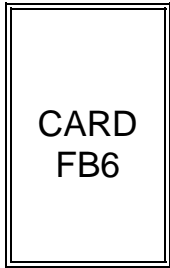
Persons with **Alcohol/Drug Problems**

Persons with **Brain** Injury (Traumatic or Acquired)

Persons Who Are **AIDS/HIV** Disability

Some **Other** Special Group

No One Group Primarily



ON-SITE RESIDENT SERVICES BY SPECIALLY TRAINED AND LICENSED/REGISTERED/CERTIFIED PROVIDERS

Physical Therapist

Speech Therapist

Occupational Therapist

Respiratory Therapist

Audiologist

Podiatrist

Dentist

Dental Hygienist

Nutritionist or Dietician

Psychiatrist

Psychologist

Psychiatric Social Worker

Psychiatric Nurse

Optometrist

Pharmacist

Special Education

Other Mental Health Professional

Other Provider



OTHER ON-SITE RESIDENT SERVICES

Ventilator Care

IV Therapy

Dialysis

Tube Feeding

Isolation (For Highly Contagious Conditions
or for Compromised Immune System)



ON-SITE NON-RESIDENT SERVICES

Adult Day Care

Rehabilitation Therapy (PT/OT/ST)

Dialysis

Case Management Services

Family Support (For Example, Counseling)

Other



OFF-SITE, NONRESIDENT SERVICES

Home-Delivered Meals

Homemaker or Chore Services

Infusion Therapy

Rehabilitation Therapy (PT/OT/ST)

Wound Care or Other Post-Acute Skilled Nursing Care

Hospice Care

Case Management Services

Other



ADDITIONAL SERVICES

Physical Therapy

Speech Therapy

Occupational Therapy

Respiratory Therapy

Hearing Testing or Therapy

Podiatry

Dental Care

Nutrition Services

Mental Health Services

None of the Above



ADDITIONAL SERVICES

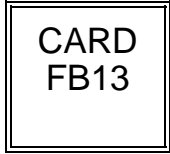
Ventilator Care

IV Therapy

Kidney Dialysis

Tube Feeding

None of the Above



ADDITIONAL SERVICES FOR NONRESIDENTS

Adult Day Care

Home-Delivered Meals

Homemaker or Chore Services

Home Health Care

Hospice Care

Case Management Services

None of the Above



GROUPS/POPULATIONS SERVED

Elderly Persons with Physical/Mental Disabilities

Children with Physical/Mental Disabilities

Persons with **Mental** Retardation or Developmental Disabilities

Persons with **Mental Illness**

Persons with **Alcohol/Drug Problems**

Persons with **Brain** Injury (Traumatic or Acquired)

Persons with **AIDS/HIV** Disability

Some **Other** Special Group

No One Group Primarily

CARD
RH2

TYPES OF PLACES

Nursing Home/Unit or Rehabilitation Unit

Hospital

Assisted Living Facility

Board and Care Home

Domiciliary Care Home

Personal Care Home

Rest Home

Independent Living Units

Mental Health/Psychiatric Setting

Some Other Type of Place



SPECIAL CARE UNITS

Alzheimer's and Related Dementias

AIDS/HIV

Dialysis

Children with Disabilities

Brain Injury (Traumatic or Acquired)

Hospice

Huntington's Disease

Rehabilitation

Ventilator/Pulmonary

Some Other Kind of Unit

FACILITY QUESTIONNAIRE HELP SCREENS

RR1

HEALTH CARE AND MEDICAL RECORDS STAFF TITLES

- 1 = Director of Nursing/VP of Nursing
- 2 = Assistant Director of Nursing
- 3 = Head Nurse/Nurse Supervisor/Charge Nurse
- 4 = Nurse, Floor/Shift
- 5 = Social Worker/Caseworker/Activities Coordinator or Director
- 6 = Medical Records Clerk/Supervisor/Director
- 7 = Nurse's Aide

MDS/QUALITY CONTROL TITLES

- 11 = MDS Coordinator/Nurse
- 12 = Case Mix Coordinator/Nurse
- 13 = Care Plan Coordinator/Nurse
- 14 = Quality Assurance Coordinator

ADMINISTRATIVE TITLES

- 21 = Owner
- 22 = Administrator/Executive Director
- 23 = Assistant Administrator/Administrator in Training
- 24 = Medical Director
- 25 = Admissions Director/Coordinator
- 26 = Human Resources Staff Member
- 27 = VP for Operations
- 28 = Administrative Assistant/Secretary/Receptionist

BUSINESS OR FINANCE TITLES

- 30 = VP for Finance
 - 31 = Controller/Comptroller
 - 32 = Business Office Manager
 - 33 = Accounting Supervisor
 - 34 = Accounting/Billing or Accounts Receivable Clerk/Bookkeeper
 - 35 = Electronic Data Processing Staff Member
- 91 = OTHER (SPECIFY)

FB17
FB24
FB35

Dialysis can mean peritoneal (abdominal cavity) dialysis or kidney dialysis.

FB32

Respite care is care received for only a limited time as a way of providing an interval of rest or relief to family members who are the usual primary caregivers at home.

SAMPLING AID

Selecting the First Admissions Sample

1. GET THE LIST.

It must contain all first time admissions, from outside the eligible units, to all eligible units of the facility between 12:01 a.m., January 1, 1996, and midnight, June 30, 1996 inclusive.

Do not include readmissions to an eligible unit in the facility.

Include first time admissions who have died or were discharged between January 1 and June 30, 1996.

Do not include current residents.

Obtain an accurate, up-to-date list of all residents who were first admitted, from outside the eligible units, to all eligible parts of the facility between 12:01 a.m., January 1, 1996 and midnight, June 30, 1996 inclusive. Don't include readmissions or current residents to an eligible unit of the facility. Do include first time admissions who have died or were discharged between January 1 and June 30, 1996. Multiple lists may be required. (Refer to the eligible units displayed on the matrix.)

Possible list sources include:

- Admission logs
- Admission/Discharge logs
- New patient admission lists
- Card files

2. CLEAN THE LIST.

Check for duplicates on the list. Keep the earliest admission on the list and delete the others.

Delete readmissions, e.g., from a hospital or another eligible unit of sample facility.

Delete admissions prior to January 1, 1996 and after June 30, 1996.

Check the Round 1 SPs on the face sheet against the admissions list and remove any Round 1 SPs on the admissions list.

Correct the first admissions list as necessary.

3. NUMBER THE LIST.

Number all eligible names on the list sequentially.

Check the numbers by groups of 10.

4. SELECT THE SAMPLE. Using CAPI:

Enter the number of first admissions (last number on your list).

Find the line numbers displayed on CAPI and circle the corresponding line numbers on the list of admissions.

Enter the names corresponding to the line numbers into CAPI.

SS6
SS7

STEP 2: CLEAN THE LIST.

If the list contains all admissions to the facility:

Delete admissions prior to January 1, 1996.

Delete admissions after June 30, 1996.

Delete admissions to an ineligible unit.

Delete readmissions to an eligible unit. Keep earliest admission on list and delete others.

STEP 3: NUMBER THE LIST.

Number all eligible names on the list sequentially.

SS9
SS10
SS11
SS12

STEP 4: SELECT THE SAMPLE (USING CAPI APPLICATION)

Enter number of first admissions (last number on your list).

Find the line numbers displayed on CAPI and circle the corresponding line numbers on the list of first admissions.

Enter the names corresponding to the line numbers into CAPI.