

FACILITY 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

FACILITY-LEVEL QUESTIONNAIRE

ROUND 1

Version 2.7

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and AHCPH, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of AHCPH without the consent of the individual or the establishment in accordance with Section 903(c) of the Public Health Service Act (42 U.S.C. 299a-1(c)).

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FACILITY LEVEL INSTRUMENT

The facility-level instrument is divided into five sections:

- FA** Facility Structure and Characteristics. This section maps how the sampled facility is structured, determines eligibility, and collects data on number of beds and residents and special care units. The section ends with a self-administered questionnaire that collects Medicaid and Medicare provider numbers, number of 1995 admissions, and data on nursing staff.
- FR** is a vehicle for collecting a copy of the facility's rate schedule.
- 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 facility residents. 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.
- MD** is the missing data module. If certain critical items are missing, this module presents the items for another respondent to answer. Items retain their original screen and variable names in this section.

Preceding the instrument itself are 2 documents:

- **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.

FA -- FACILITY DEFINITION

Section FA is by far the largest and most complex of the five sections. A primary purpose is to define the eligible facility as unambiguously as possible. It begins with six **verification questions (FAVERIF1-6)**, to confirm the facility name, address, phone number, administrator name, and chain status. (These data were obtained from the National Health Provider Inventory -- NHPI -- and the short Screener instrument.)

The subsection on **structure (FA1-18)** contains a number of probes to classify the facility and its role as a long-term care place. Free-standing nursing homes that are not part of any larger facility or campus -- expected to be about 80 percent of the sample -- are the simplest case: After FA1 and FA2, they are routed to the next section, on eligibility (FA19). The bulk of the questions on structure are designed to address the more problematic configurations: continuing care retirement communities that may contain both nursing units and assisted living units; skilled nursing units that are part of acute care hospitals; home offices that may themselves contain no nursing beds for residents, but which serve as the headquarters for a number of nursing homes; and so on. FA11-15 enumerate and classify all the parts of these more problematic places.

Each part classified as a nursing home or long-term care unit is examined with respect to the NHPI (BOX FA11). The frame used for the sample, the National Health Provider Inventory, is loaded into each interviewer's laptop computer. Interviewers search the NHPI to attempt to match places identified in the structure questions as LTC places. All nursing homes and other long-term care places that provide nursing care will be searched on the NHPI, because interviewers and respondents have difficulty classifying long-term care places and because of births on the frame. If not listed on the NHPI (and therefore enjoying no independent chance of selection), the part is tentatively combined with the sampled facility as part of the case. On the other hand, the sampled facility itself may have no licensed or certified nursing facility beds (FA8); if no other parts are eligible, data collection is halted. BOX FA12 determines which parts appear to be tentatively eligible.

The structure section ends with FA17-18, questions that determine whether the respondent -- typically the administrator of the sampled facility -- is able to answer questions about the tentatively eligible parts.

The **eligibility** subsection (FA19-23) collects data on the number of beds, the Medicaid and Medicare certification status, state licensing status, and whether 24-hour a day, on-site supervision is provided by an RN or LPN seven days a week. Only places with 3 or more beds that are certified or licensed as a nursing facility are eligible; licensed places must provide round-the-clock nursing supervision. BOX FA16 applies these eligibility criteria.

FA24 determines whether the respondent can answer questions about all of the eligible parts, or whether someone else would be a better respondent for the detailed questions that follow.

Early in the facility-level instrument, it is important to determine whether eligible facilities include any non-certified or licensed beds, because most subsequent questions about the facility should exclude them. If there are any non-nursing beds within the facility (FA25 = Yes), FA26-29 identify the units that contain them; these questions end the eligibility subsection.

The **size** subsection of FA (**FA43-52**) collects information about the number of beds and residents by certification status and payor, and obtains the facility's Medicaid and Medicare provider numbers. **Special care units (FA54-66)** identifies each unit dedicated to residents with specific needs or diagnoses.

Section FA concludes with FA85, a trigger for the interviewer to ask the respondent to complete the self-administered questionnaire. This short form (containing 7 main items: the Medicaid and Medicare provider numbers and admission number and number of regular and temporary staff -- RNs, LPNs, and aides -- levels and pay rates) can be left with the respondent to complete while the interviewer goes about other data collection activities with other respondents in the facility. It is in two parts that can be separated, in case the staffing questions are best answered by a separate respondent.

FR -- FACILITY RATE SCHEDULE

The next section, FR (for Facility Rate Schedule), is only 4 questions. It is designed to assist analysis of expenditure data at the sample person level. Experience on the NMES Institutional Population Component Feasibility Study has shown that most facilities are able to supply printed rate schedules.

FG -- FACILITY RECORDS ORGANIZATION GRID

Section FG is also short, only 5 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.

SS -- SP SAMPLING

The sampling section concludes the interviewer's work at the facility level. Section SS directs the interviewer to list all current residents, i.e., residents of the facility as of 12:00 a.m. December 31, 1995. A memorandum specifying the sampling algorithms is appended to Section SS.

MD -- MISSING DATA

If any critical items are flagged for retrieval with another facility respondent, a missing data module is used to collect the information.

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.

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 modified by the Screener or home office 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 is the result of applying the 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 Facility-level Questionnaire, an attempt is 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 are identified in FA11-15.
- **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.

The basic structural flow of the Facility-level Questionnaire can be viewed as five main steps:

1. FAVERIF1 - BOX FA12. This is done with the initial respondent, and never returned to.

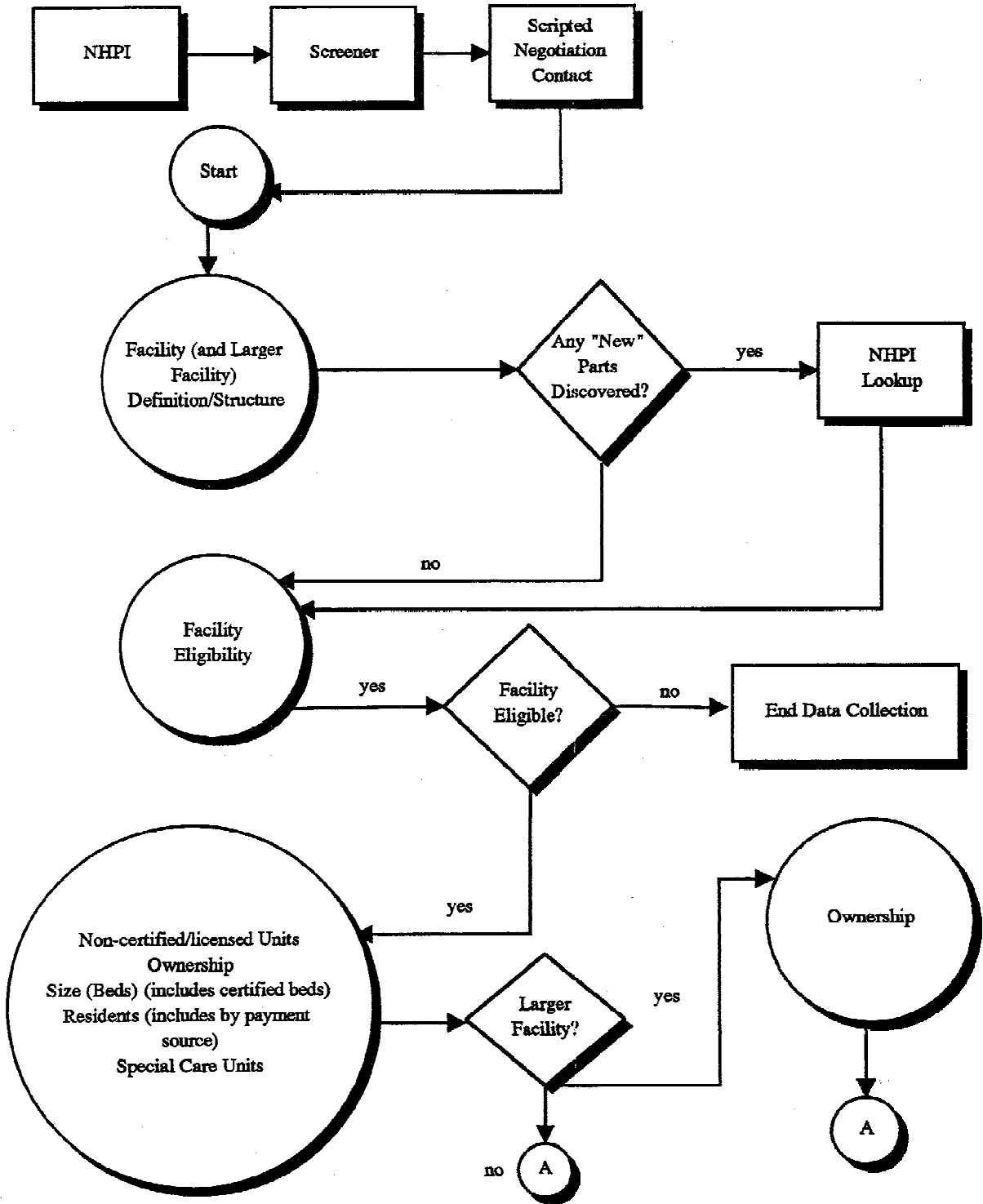
(The next three steps are executed either coming from Step 1 or coming back into the FQ with a new respondent.)

2. For each pending tentative addition: FA17-FA18
3. For the eligible sampled facility and for each pending tentative addition for this respondent: FA19-23
4. For the eligible sampled facility and each pending tentative addition (all together) for this respondent: FA24-FG5 and CLOSING.
5. Section SS (Within-Facility Sampling) for all eligible parts combined.

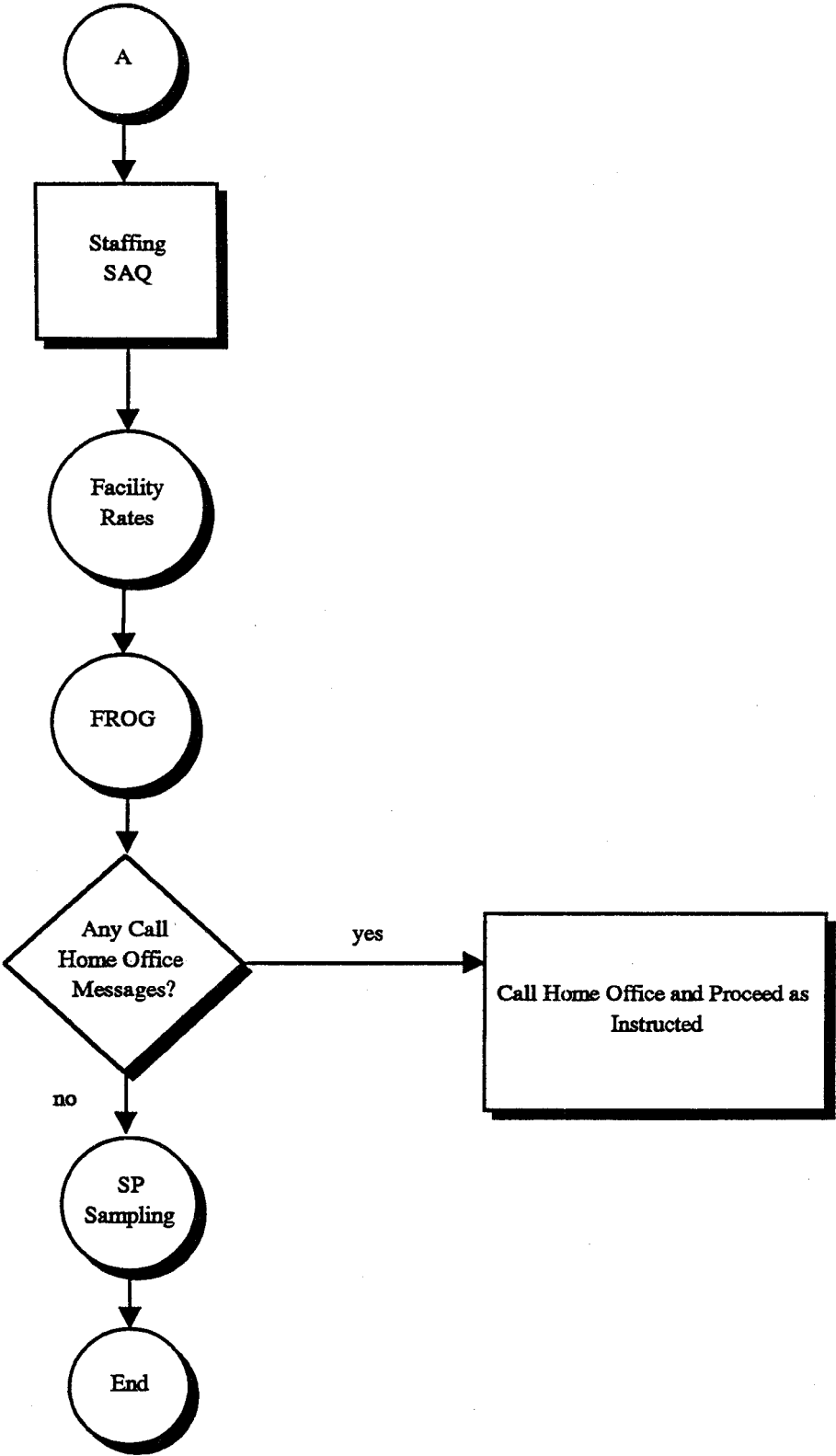
Headers. The FA section begins with a header displaying the name of the SF right justified on the top line of the screen. This header is carried throughout the Facility-level Questionnaire (including Section SS) unless modified by the answers to FA structure questions. (Place Roster screens are an exception: See detailed specifications for Place Roster below.) In a facility with more than one eligible unit, a special header lists all eligible nursing units associated with the case. (See instructions above FA24 on page 36.)

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 1, it is initialized with the FACILITY name. The Locator Code is set as SAMPLED FACILITY, Status is set to ELIGIBLE, and Place Type is set to ELIGIBLE LTC. Locator code and status are flags. (For Place Roster displays, only the name and place type are shown in text.)

- The NNHES status categories are ELIGIBLE, INELIGIBLE, and ON NHPI. (See BOX FA12, p. 38.) When a place's NNHES status has been determined as ELIGIBLE, an asterisk should be placed immediately to the left of that place, designating that .NNHESSTAT is ELIGIBLE.
- The NNHES locator codes for sampled facilities are:
 1. SAMPLED FACILITY
 2. SAMPLED FACILITY, PART OF LARGER FACILITY
 3. SAMPLED FACILITY AND LARGER FACILITY
 4. LARGER FACILITY
 5. PART OF LARGER FACILITY
 6. PART OF SAMPLED FACILITY
 7. OTHER

For place type categories, see BOX FA11 (p. 36).

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 Unit	ELIG LTC
Assisted Living Unit	INELIG LTC
Residential Units	COMMUNITY
Riverside Hospital	HOSPITAL

Additions to the Place Roster from the SP-level questionnaires are placed after the parts of the SAMPLED FACILITY. HOSPITALS precede other PLACE TYPES. Order by ascending code (following the code structure of FA6, p. 22). For other place types, order by ascending code (following the code structure of 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	F2, FA16a, FA30a, FA66a
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	FA85PRE, SS2, SS19, RH1, FA24PRE, 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 specific points in the Facility Questionnaire. In the Round 1 application they are:

- FA16a (in the Facility Structure section) following the entry of parts or units in a complex facility;
- FA30a after the identification of some non-nursing beds in the eligible units; and
- FA66a following the naming of special care units and the remainder of the nursing beds in the eligible unit(s).

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 and RH2B are exceptions; no "OTHER PLACE" choice is displayed for RH21D and RH2B.) 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. It 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.

Place Roster Updates. As noted above, 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
 Display as an overlay to RH21D.

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? <table style="width: 100%; border-collapse: collapse;"> <tr> <td>NURSING HOME/UNIT</td> <td style="text-align: right;">4</td> <td></td> </tr> <tr> <td>HOSPITAL</td> <td style="text-align: right;">6</td> <td>(RH21I)</td> </tr> <tr> <td>ASSISTED LIVING FACILITY</td> <td style="text-align: right;">8</td> <td>(RH21I)</td> </tr> <tr> <td>BOARD AND CARE HOME</td> <td style="text-align: right;">9</td> <td>(RH21I)</td> </tr> <tr> <td>DOMICILIARY CARE HOME</td> <td style="text-align: right;">10</td> <td>(RH21I)</td> </tr> <tr> <td>PERSONAL CARE HOME</td> <td style="text-align: right;">11</td> <td>(RH21I)</td> </tr> <tr> <td>REST HOME</td> <td style="text-align: right;">12</td> <td>(RH21I)</td> </tr> <tr> <td>INDEPENDENT LIVING UNITS</td> <td style="text-align: right;">14</td> <td>(RH21I)</td> </tr> <tr> <td>MENTAL HEALTH/PSYCHIATRIC SETTING</td> <td style="text-align: right;">15</td> <td>(RH21I)</td> </tr> <tr> <td>OTHER (SPECIFY: _____)</td> <td style="text-align: right;">91</td> <td>(RH21I)</td> </tr> </table>	NURSING HOME/UNIT	4		HOSPITAL	6	(RH21I)	ASSISTED LIVING FACILITY	8	(RH21I)	BOARD AND CARE HOME	9	(RH21I)	DOMICILIARY CARE HOME	10	(RH21I)	PERSONAL CARE HOME	11	(RH21I)	REST HOME	12	(RH21I)	INDEPENDENT LIVING UNITS	14	(RH21I)	MENTAL HEALTH/PSYCHIATRIC SETTING	15	(RH21I)	OTHER (SPECIFY: _____)	91	(RH21I)
NURSING HOME/UNIT	4																														
HOSPITAL	6	(RH21I)																													
ASSISTED LIVING FACILITY	8	(RH21I)																													
BOARD AND CARE HOME	9	(RH21I)																													
DOMICILIARY CARE HOME	10	(RH21I)																													
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REST HOME	12	(RH21I)																													
INDEPENDENT LIVING UNITS	14	(RH21I)																													
MENTAL HEALTH/PSYCHIATRIC SETTING	15	(RH21I)																													
OTHER (SPECIFY: _____)	91	(RH21I)																													

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.
--------------	---

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 are 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

SECTION FA. FACILITY DEFINITION

BOX FA1	If FA1-FA18 have already been completed, but ELIGIBILITY BLOCK (FA19-22) has not been completed for all facility parts, and a respondent is selected who was entered in FA18, go to FA17, p. 39. Others, go to FAVERIF1.
---------	---

FAVERIF1

{FACILITY} fill in either the name of the sampled facility from the NHPI, or a modification entered in the Screener or the Round 1 update process.

Display the SF name right justified on the top line header. This header continues throughout the FQ and sampling except where noted.

FAVERIF1

Before we begin, I need to verify that I'm in the right place and that our information about you is correct.

Is {FACILITY} the exact name of this facility?

- YES 1
- NO 0
- DK -8
- RF -7

PROGRAMMER SPECS:

If 0 is entered in FAVERIF1, present NAME UPDATE SCREENS. The first NAME UPDATE screen is an overlay to FAVERIF1:

What is the exact name of this facility?

FACILITY NAME

Set a flag to indicate a change has been made. Use the updated FACILITY name for FACILITY. Fill in all questions that follow. The second UPDATE screen captures the reason for change:

REASON FOR NAME UPDATE:

- CORRECTING A TYPOGRAPHICAL ERROR 1
- CORRECTING SOME OTHER KIND OF ERROR 2
- SPECIFYING MORE COMPLETE INFORMATION 3
- FACILITY CHANGED ITS NAME
 WHEN BOUGHT BY ANOTHER COMPANY 5
- FACILITY CHANGED ITS NAME FOR SOME OTHER REASON 6
- OTHER (SPECIFY: _____) 91

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered in root question, flag FAVERIF1 root question for retrieval from another respondent in this facility.

FAVERIF2 moved.

FAVERIF3

Is {FACILITY}'s address...

{ADDRESS1}
{CITY, STATE ZIP}?

YES 1
NO 0
DK -8
RF -7

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered in root question, flag FAVERIF3 root question for retrieval from another respondent in this facility.

BOX FA1a	If 0 is entered in FAVERIF3, review address fields. If interviewer pressed enter on each and all fields, go to FAVERIF4. Else, present ADDRESS UPDATE SCREEN. Set a flag to indicate a change has been made. The ADDRESS UPDATE screen collects the reason for change.
-------------	--

REASON FOR ADDRESS UPDATE: ()

CORRECTING A TYPOGRAPHICAL ERROR 1
CORRECTING SOME OTHER KIND OF ERROR 2
SPECIFYING MORE COMPLETE INFORMATION 3
FACILITY MOVED TO A DIFFERENT ADDRESS 7
FACILITY CHANGED ITS ADDRESS FOR
SOME OTHER REASON 8
OTHER (SPECIFY: _____) 91

FAVERIF4

Display "Is ADMINISTRATOR'S NAME" if any name coded 22 on RESPONDENT ROSTER, other than current respondent. Else, display "Are you."

FAVERIF4	
{Is ADMINISTRATOR'S NAME/Are you} the current administrator of {FACILITY}?	
YES	1
NO	0
DK	-8
RF	-7

PROGRAMMER SPECS:

If 0 is entered in FAVERIF4, go to RR1 with this question text displayed:

What is the current administrator's name?

After the NAME has been entered and the TITLE confirmed, return to FAVERIF4 at the ADMINISTRATOR UPDATE SCREEN. The UPDATE screen captures the reason for the change:

REASON FOR ADMINISTRATOR NAME UPDATE: ()

- CORRECTING A TYPOGRAPHICAL ERROR 1
- CORRECTING SOME OTHER KIND OF ERROR 2
- SPECIFYING MORE COMPLETE INFORMATION 3
- FACILITY CHANGED ADMINISTRATORS 4
- OTHER (SPECIFY: _____) 91

Set a flag to indicate a change has been made. The UPDATE screen includes a prompt for reason for change.

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered in root question, flag FAVERIF4 root question for retrieval from another respondent in this facility.

FAVERIF5

Is {FACILITY AREA CODE AND PHONE NUMBER} the correct phone number for {FACILITY}?

- YES 1
- NO 0
- DK -8
- RF -7

PROGRAMMER SPECS:

If FAVERIF5=0 (NO), present PHONE UPDATE SCREENS. The first PHONE UPDATE screen is an overlay to FAVERIF5. If the area code and state from FAVERIF3 (ADDR.ADDRSTAT) do not match, display the error message: "Area code and state...area code" at the bottom of the screen.

What is the phone number?

() () - ()

{Area code and state do not match. Verify and re-enter area code.}

The second UPDATE screen collects the reason for the change:

REASON FOR UPDATE: ()

- CORRECTING A TYPOGRAPHICAL ERROR 1
- CORRECTING SOME OTHER KIND OF ERROR 2
- SPECIFYING MORE COMPLETE INFORMATION 3
- FACILITY MOVED TO A DIFFERENT ADDRESS 7
- OTHER (SPECIFY: _____) 91

Set a flag to indicate a change has been made. (The UPDATE screen includes a prompt for reason for change.)

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered in root question, flag FAVERIF5 root question for retrieval from another respondent in this facility.

FAVERIF5A-D omitted.

BOX FA2	If both FAVERIF1 and FAVERIF3, = 0 (NO), and reason is not 1 or 3, set message 2 in CALL HOME OFFICE MESSAGE BOX, and go to Closing 2 (CALL HOME OFFICE MESSAGE BOX), p. 80. Others, go to FAVERIF6.
---------	---

FAVERIF6

Is {FACILITY} part of a chain--that is, a group of nursing facilities operating under common management?

YES 1
NO 0

PRESS F1 FOR EXPANDED DEFINITION.

FA1PRE

FACILITY-LEVEL QUESTIONNAIRE

Now I have a few questions about the nature of {FACILITY} and its certification and licensing to confirm that it is eligible for this study.

PRESS ENTER TO CONTINUE.

BOX FA1PRE	If FAVERIF6 = 1 (YES, FACILITY IS PART OF A CHAIN), go to FA1A. Else, go to FA1.
---------------	---

FA1A

I understand that {FACILITY} is part of a chain -- that is, a group of nursing homes operating under common management. Setting that aside, this next question is about the physical location of the home here.

PRESS ENTER TO CONTINUE.

FA1

The layout of this screen should be a 2 column format with places arranged in groups, alphabetically within group. No group should be split across columns. Group 1 is items 3, 4, and 5; group 2 is items 6 and 7; group 3 is items 8, 9, 10, 11, and 12; items 13, 91, -8 and -7 follow. This layout should also be used in FA5.

FA1

Is {FACILITY} a free-standing nursing home?

PROBE: Free-standing nursing homes are not physically part of any other place or organization.

- YES 1 (FAVERIF2)
- NO 0 (FAVERIF2)

IF VOLUNTEERED: {FACILITY} IS ...

- | | | | |
|---------------------------|-------------|----------------------------|---------------|
| CONTINUING CARE | | ASSISTED LIVING FACILITY . | 8 (FAVERIF2) |
| RETIREMENT COMMUNITY | | BOARD AND CARE HOME ... | 9 (FAVERIF2) |
| (CCRC) | 3 (BOX FA5) | DOMICILIARY CARE HOME .. | 10 (FAVERIF2) |
| NURSING HOME/UNIT WITHIN | | PERSONAL CARE HOME | 11 (FAVERIF2) |
| A CCRC OR RETIREMENT | | REST HOME | 12 (FAVERIF2) |
| CENTER | 4 (FA9) | HOME/MGMT. OFFICE | |
| RETIREMENT COMMUNITY .. | 5 (BOX FA5) | FOR CHAIN/OFF-SITE | |
| HOSPITAL | 6 (BOX FA5) | NURS. FAC. | 13 (BOX FA5) |
| HOSPITAL-BASED SNF UNIT . | 7 (FA9) | OTHER (SPECIFY:_____) | 91 (FAVERIF2) |
| | | DK | -8 (FAVERIF2) |
| | | RF | -7 (FAVERIF2) |

PRESS F1 FOR DEFINITION OF FREE-STANDING AND HOSPITAL-BASED SNFS.

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered, flag FA1 for retrieval from another respondent in this facility *unless* one of the codes 3-13 or 91 is assigned in FA3 or FA5.

If 91 is entered, flag Call Home Message Box to display Message 1 after all the facility level questions have been asked.

PROGRAMMER SPECS:

In all subsequent displays that call for a choice between the words "home" and "facility," display "facility" if FA1 = 3, 4, 5, 6, 7 or 13.

FAVERIF2

IF ALREADY KNOWN, CODE WITHOUT ASKING:

Do you prefer that I call {FACILITY} a home or a facility?

PREFERS HOME	1
PREFERS FACILITY	2
NO PREFERENCE	3

PROGRAMMER SPECS:

In all subsequent displays that call for a choice between the words "home" and "facility," display "home" if FAVERIF2=1 (HOME); else, display "facility."

FA2

Is {FACILITY} part of a larger {home/facility} or campus?

YES	1
NO	0
DK	-8
RF	-7

PRESS F1 FOR DEFINITION, EXAMPLES OF "LARGER" PLACES.

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered, flag FA2 for retrieval from another respondent in this facility *unless* one of the codes 3-13 or 91 is assigned in FA5.

BOX FA3	If FA1 = 1 and FA2 = 0, go to ELIGIBILITY BLOCK (FA19). If FA2 = 1, go to FA3. If FA1=8, 9, 10, 11, 12, or 91, go to FA8. Others, go to FA5.
---------	---

FA3

IF ALREADY VOLUNTEERED, CODE WITHOUT ASKING:
What type of place is {FACILITY} part of?

SHOW
CARD
FA1

CONTINUING CARE RETIREMENT	
COMMUNITY (CCRC)	3
RETIREMENT COMMUNITY	5
HOSPITAL	6
ASSISTED LIVING FACILITY	8
BOARD AND CARE HOME	9
DOMICILIARY CARE HOME	10
PERSONAL CARE HOME	11
REST HOME	12
OTHER (SPECIFY: _____)	91

PRESS F1 FOR HOSPITAL DEFINITIONS.

PROGRAMMER SPECS:

If 91 is entered, flag Call Home Message Box to display Message 1 after all the facility level questions have been asked.

FA4

If FA3=91, display the specified text in FA4.

FA4

What is the name of the {CATEGORY SELECTED IN FA3}?

BOX FA4

Add to Place Roster, then
Go to BOX FA5.

FA5

What type of place is {FACILITY}?

SHOW
CARD
FA2

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)	3 (BOX FA5)	ASSISTED LIVING FACILITY . .	8 (FA8)
NURSING HOME/UNIT WITHIN A CCRC OR RETIREMENT CENTER	4 (FA9)	BOARD AND CARE HOME . . .	9 (FA8)
RETIREMENT COMMUNITY . .	5 (BOX FA5)	DOMICILIARY CARE HOME . .	10 (FA8)
HOSPITAL	6 (BOX FA5)	PERSONAL CARE HOME	11 (FA8)
HOSPITAL-BASED SNF UNIT .	7 (FA9)	REST HOME	12 (FA8)
		HOME OFFICE OR MANAGE- MENT OFFICE FOR A CHAIN OR GROUP OF OFF-SITE NURSING FACILITIES	13 (BOX FA5)
		OTHER (SPECIFY: _____)	91 (FA8)
		DK	-8 (FA8)
		RF	-7 (FA8)

PRESS F1 FOR HOSPITAL DEFINITIONS.

PROGRAMMER SPECS:

If 91 is entered, flag Call Home Message Box to display Message 1 after all the facility level questions have been asked.

BOX FA4A omitted.

BOX FA5

BOX FA5 may be approached from FA1, FA4 (via BOX FA4), FA5, or FA6. The context is critical; it determines whether the sampled facility Locator Code is set to SAMPLED FACILITY AND LARGER FACILITY, or whether a LARGER FACILITY is added to the PLACE ROSTER.

BOX FA5	<p>If coming from FA1; or FA5; or FA6, and FA3 not = 6 (HOSPITAL): set sampled facility locator code = SAMPLED FACILITY AND LARGER FACILITY. Then if FA1 or FA5=13 (HOME OFFICE), go to FA7; others, go to FA8.</p> <p>If coming from BOX FA4 or FA6, and FA3 = 6 (HOSPITAL): set the locator code for the place added to PLACE ROSTER =LARGER FACILITY; set the locator code for the sampled facility = SAMPLED FACILITY, PART OF LARGER FACILITY; and go to FA8.</p>
---------	--

NOTE:

The LARGER FACILITY flag is set for a specific place on the Place Roster. It may be the sampled facility (e.g., FA1 = 5), or for a place the sampled facility is part of (e.g., FA3 = 6). No more than one place within a facility case can be classified a LARGER FACILITY.

FA7	<p>How many nursing {homes/facilities} are associated with this home office?</p> <p style="text-align: center;">_____ (BOX FA6)</p> <p style="text-align: center;">NO. OF NURSING {HOMES/FACILITIES}</p> <p style="text-align: right;">DK -8 (BOX FA6)</p> <p style="text-align: right;">RF -7 (BOX FA6)</p>
-----	--

PROGRAMMER SPECS:

Hard range: 1-200.

BOX FA6	<p>If FA7=3 or more, DK, or RF, set Message 4 in CALL HOME OFFICE MESSAGE BOX, and go to Closing 2, p. 80 (CALL HOME OFFICE). Others, go to FA11.</p>
---------	---

FA8

Display "{LARGER FACILITY name} or any of its parts" if any place coded LARGER FACILITY or SAMPLED FACILITY and LARGER FACILITY.
Else, display SAMPLED FACILITY name only.

FA8

Does {LARGER FACILITY or any of its parts/FACILITY} have any beds that are certified or licensed as a nursing {home/facility}?

PROBE 1: Don't include personal care beds, board and care, domiciliary homes, or residential rest homes.

PROBE 2: Certified or licensed nursing facilities must provide 24-hour-a-day, on-site supervision by an RN or LPN 7 days a week.

YES	1
NO	0
DK	-8
RF	-7

BOX FA7	<p>If FA8=1 and no place has been coded LARGER FACILITY on Place Roster, set locator code = SAMPLED FACILITY AND LARGER FACILITY.</p> <p>If FA8=1, go to FA11.</p> <p>Others, set SAMPLED FACILITY NNHES STATUS=INELIGIBLE and go to BOX FA29, p. 72.</p>
---------	---

FA9

Fill with entry in FA1 or FA5. If FA1 or FA5=4, fill with "CCRC or retirement center". If FA1 or FA5=7, fill with "hospital".

FA9

What is the name of the {CATEGORY SELECTED IN FA1 OR FA5}?

BOX FA8	Add to Place Roster. IF FA1 or FA5=7, add HOSPITAL NAME to database. Set the locator code for the place added to Place Roster =LARGER FACILITY, and set the locator code for the sampled facility = SAMPLED FACILITY, PART OF LARGER FACILITY. Then, if FA1 or FA5=7 (HOSPITAL-BASED SNF UNIT), go to BOX FA10. Others, go to FA11.
---------	---

FA11-15

Display FA11-15 as a matrix.

If the sampled facility's NNHES locator code= SAMPLED FACILITY, PART OF A LARGER FACILITY, initialize matrix with the sampled facility name on the first line in the name column. If facility is a SNF unit in a hospital or a nursing unit in a CCRC or retirement center, display "NURS HOME/UN" in PLACE TYPE. For others, display type. Don't allow changes to sampled facility.

If the sampled facility's locator code = SAMPLED FACILITY AND LARGER FACILITY leave matrix blank.

If LARGER FACILITY is a hospital (FA1, 3, or 5 equals 6 (HOSPITAL) or 7 (HOSPITAL-BASED SNF UNIT)), display "Please do not include..."

FA11-12 must be answered for a given unit before an entry can be allowed in FA13-15.

SAMPLE LAYOUT

FA11-15				
FA11				
Please tell me about all the parts or units of {LARGER FACILITY} where residents stay overnight. {Please do not include acute care departments or units in this list.}				
PROBE: <u>Any others?</u>				
FA11 NAME	FA12 PLACE TYPE	FA13 NUMBER OF BEDS/ UNITS	FA14 ANOTHER NAME? (YES = 1, NO = 0)	FA15 ALSO KNOWN AS...
<hr/>				
<hr/>				
<hr/>				
<hr/>				

FA12

When the cursor is in the PLACE TYPE column, in the question area above the matrix, replace question text for FA11, "Please tell me about..." with FA12.

Display the following categories and codes across the bottom of the screen whenever the cursor is in the PLACE TYPE column:

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

[NOTE:

These categories can be mapped to the categories and subcategories in RH22. Absolute consistency with the presentation in the residence history section is not desirable, however, because here we are asking specifically about a place that we already know is part of a larger facility; in residence history, the questions are designed to categorize the place where the SP resided, regardless of whether it was part of a larger place or not.

FA12



What type of (place/unit) is that?

PROBE WITH CATEGORIES BELOW MATRIX.

PROGRAMMER SPECS:

When a code is entered for PLACE TYPE, display the category text, or (if 91 is entered) the specified text in the PLACE TYPE cell. Truncate names as follows:

- 4 = NURS HOME/UN
- 6 = HOSPITAL
- 8 = ASSISTED LIV
- 9 = BOARD & CARE
- 10 = DOMICIL CARE
- 11 = PERSNAL CARE
- 12 = REST HOME
- 14 = INDEP LIVING
- 15 = MENTAL/PSYCH
- 91 = FIRST 12 CHARACTERS OF SPECIFIED TEXT

FA13

When the cursor is in the NUMBER OF BEDS column, display FA13 in the question area above the matrix.
For PLACE/UNIT, fill with entry in FA11.
Display "or individual units" if FA12 = 8, 9, or 14.

FA13

How many beds {or individual units} are in {PLACE/UNIT}?

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 1-1,110.

FA14

For PLACE/UNIT, fill with entry in FA11.

FA14

Is {PLACE/UNIT} also known by some other name?

YES 1
NO 0 (BOX FA10)

FA15

Allow 20 characters for name.

FA15

What name is that?

ALSO KNOWN AS . . .

BOX FA9 omitted.

BOX FA10	Post each Part/Unit to Place Roster. If sampled facility's locator code = SAMPLED FACILITY, PART OF LARGER FACILITY, code all other parts/units listed in FA11-15 as PART OF LARGER FACILITY. Otherwise, code all parts/units as PART OF SAMPLED FACILITY. If HOSPITAL selected as place type in FA12, go to BOX FA10A. Others, go to BOX FA11.
-------------	---

BOX FA10A	<p>Call LOOKUP module with: Place: Name entered in FA11. Directory: Hospital directory If LOOKUP Y module returned "Not found, interviewer entered name and address" or "Not found, interviewer unable to enter name and address," go to FA16. Else (LOOKUP module returned "Found"), set a flag to indicate whether hospital has a SNF unit and go to BOX FA11.</p>
--------------	--

FA16

You mentioned that {NAME IN FA11} is a hospital. Please look at this card and tell me what kind of hospital it is.

SHOW CARD FA3

- A. ACUTE CARE HOSPITAL 1
- B. PRIVATE PSYCHIATRIC HOSPITAL 2
- C. STATE OR COUNTY HOSPITAL FOR THE MENTALLY ILL 3
- D. VA HOSPITAL, VA MEDICAL CENTER 4
- E. STATE HOSPITAL FOR THE MENTALLY RETARDED .. 5
- F. CHRONIC DISEASE, REHABILITATION, GERIATRIC, OR
OTHER LONG-TERM CARE HOSPITAL 6
- OTHER (SPECIFY: _____) 91

BOX FA11	Review Status Code and Place Type for each Place. If missing for a Place, assign a value to the missing item(s) based on the following table:		
	IF	THEN ASSIGN: NNHES STATUS CODE NNHES PLACE TYPE	
	FA1, FA3 or FA5 = 3 (CCRC)		INELIGIBLE LTC
	5 (RETIREMENT COMMUNITY)		INELIGIBLE LTC
	FA1 or FA5 = 13 (HOME OFFICE)		COMMUNITY
	FA12 = 8 (ASSISTED LIVING FACILITY)	INELIGIBLE	INELIGIBLE LTC
	9 (BOARD AND CARE HOME)	INELIGIBLE	INELIGIBLE LTC
	10 (DOMICILIARY CARE HOME)	INELIGIBLE	INELIGIBLE LTC
	14 (INDEPENDENT LIVING UNITS)	INELIGIBLE	COMMUNITY
	15 (MENTAL HEALTH/ PSYCHIATRIC)	INELIGIBLE	INELIGIBLE LTC
	4 (NURSING HOME/ UNIT)	(leave blank)	ELIGIBLE LTC
	11 PERSONAL CARE HOME)	INELIGIBLE	INELIGIBLE LTC
	12 (REST HOME)	INELIGIBLE	INELIGIBLE LTC
	91 (OTHER)	INELIGIBLE	COMMUNITY
	FA1, FA3, FA5, or FA12 = DK or RF		INELIGIBLE LTC
	IF LOOKUP Y MODULE RETURNED "FOUND" OR IF FA12=6 AND FA16=1 (ACUTE CARE HOSPITAL)	INELIGIBLE	HOSPITAL
	IF FA12=6 AND FA16 not=1 (ANY OTHER KIND OF HOSPITAL)	INELIGIBLE	INELIGIBLE LTC
	Leave blank all others with missing NNHES Status or Place Type. No further action is required in the Facility-level Questionnaire for all Places with NNHES Status=INELIGIBLE.		
	For the place with NNHES locator code = LARGER FACILITY (excluding Sample Facility = LARGER FACILITY), and for each Place coded 4 (NURSING HOME/UNIT) in FA12, call LOOKUP module (see end of Residence History Section) with: Place: Place Name1 on Roster Directory: NHPI Directory Then go to FA16a. If no place with NNHES locator code = LARGER FACILITY or Place coded 4 in FA12, go to FA16a.		

FA16a

Display the Place Roster in a "view only" matrix.

The Place Roster should reflect the hierarchical relationship for added facility places. Added places are assigned a locator code. If the locator code is "PART OF SAMPLED FACILITY" or "PART OF LARGER FACILITY," followup questions will determine date started, date ended and possibly more (if this place looks like a place that should have been enumerated in FA). So if the locator code is "PART OF SAMPLED FACILITY," show it indented under the sampled facility; if it's "PART OF A LARGER FACILITY," show it indented under larger facility.

FA16a

HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

BOX FA12

Two basic rules determine which places are eligible for inclusion in this questionnaire:

- Parts of a facility which are on the NHPI determine their own fate, i.e., if a part is listed on the NHPI, it is eligible only if it is the sampled facility.
- Parts of the facility which are not on the NHPI are eligible if they are part of the sampled facility. If the sampled facility is itself part of a larger facility that is not on the NHPI, then a second part of the larger facility, also not on the NHPI, would be considered as well. Essentially, the larger facility, if it is on the NHPI, is the surrogate for its parts which are not on the NHPI. Otherwise, any other part serves as surrogate for these parts.

This leads to the following situations:

1. Parts of a facility which are on the NHPI and are sampled are always considered.
2. Parts of a facility not on the NHPI are only taken when they are part of the sampled facility or when the larger facility they are part of is not on the NHPI.
3. If a larger facility is sampled and all of its LTC parts are on the NHPI, then everything is out of scope for that case.
4. The only way a facility part that is on the NHPI can be considered is if it is sampled.
5. If the NHPI contains no duplicate listings, each LTC part of a facility has only one chance of selection in all cases except one: When the larger facility is not on the NHPI; it has at least 3 parts; at least 2 parts are on the NHPI; and one part is not on the NHPI. The part not on the NHPI has a chance of selection associated with each part that is on the NHPI. This case should be very rare.

If the SAMPLED FACILITY is a larger facility (LF) or a nursing home (NH), or the Place is flagged as LARGER FACILITY, or the Place is coded 4 in FA12, apply the BOX FA12 items. Order Places in Place Roster Order (Larger Facility -- if other than Sampled Facility, Parts of Larger Facility, Sampled Facility, Parts of Sampled Facility). For each Place, apply statements in order until directed to next Place, to Closing, or to Item 7 (the last item in BOX FA12).

BOX FA12	<ol style="list-style-type: none"> 1. If the Sampled Facility's locator code=SAMPLED FACILITY AND LARGER FACILITY, set NNHES status=INELIGIBLE. (Eligibility will be determined for its parts in the steps below.) Go to next place. If no remaining places, go to Item 7 below. 2. Excluding the Sampled Facility, if the Place is listed on the NHPI as a nursing home or nursing facility, set NNHES status=ON NHPI, set Place Type=ELIGIBLE LONG TERM CARE, and go to next Place. If no remaining Places, go to Item 7 below. 3. If SAMPLED FACILITY is a HOME OFFICE for nursing unit(s) (FA1 or FA5 = 13), set NNHES status=INELIGIBLE and go to next Place. If no other Places, go to Item 7 below. 4. If Place has locator code=PART OF SAMPLED FACILITY, set TENTATIVE ADDITION flag = YES for this Place and go to the next Place or Item 7 below. 5. If Place has locator code=PART OF LARGER FACILITY, and the Place with locator code=LARGER FACILITY does <u>not</u> have NNHES status=ON NHPI, set TENTATIVE ADDITION flag = YES for this Place and go to the next Place or Item 7 below. 6. Unless the Place is the Sampled Facility, set NNHES status=INELIGIBLE for this Place and go to next Place or Item 7. 7. If the sampled facility's NNHES status=INELIGIBLE, and no Place is flagged TENTATIVE ADDITION, go to CLOSING 5, p. 71. Else, loop through FA17 and FA18 for each TENTATIVE ADDITION. Else, if no TENTATIVE ADDITIONS, go to FA19 for SAMPLED FACILITY.
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FA17

Ask FA17 and FA18 for each pending Place flagged as TENTATIVE ADDITION. (All TENTATIVE ADDITIONS are pending until they are subjected to the ELIGIBILITY BLOCK; a Place is no longer pending after the ELIGIBILITY BLOCK -- FA19-23 -- has been completed for it.)

If a new respondent (entered earlier in another pass through FA18) has been selected, present only those TENTATIVE ADDITIONS for which they have been nominated as a knowledgeable respondent.

FA17	
Would you be able to answer some questions about the certification status and bed size for {TENTATIVE ADDITION}?	
YES	1
NO	0
DK	-8
RF	-7

BOX FA13	<p>If 1 is entered in FA17: Repeat FA17 for all TENTATIVE ADDITIONS identified; if no remaining TENTATIVE ADDITIONS, go to BOX FA14.</p> <p>If 0, -7, or -8 is entered in FA17, go to RR1, using question text from FA18 for the NAME CELL.</p>
-------------	---

FA18	
Who would be the most knowledgeable person to answer questions about {TENTATIVE ADDITION}?	
_____	_____
NAME	TITLE

PROGRAMMER SPECS: After the name and title have been posted to the Respondent Roster, return to the Facility Questionnaire at BOX FA14.

BOX FA14	<p>Repeat FA17 and FA18 for each TENTATIVE ADDITION identified for this respondent.</p> <p>When FA17 and FA18 have been asked for all TENTATIVE ADDITIONS for this respondent, set a counter for each TENTATIVE ADDITION FOR WHICH FA17=1 (YES).</p> <p>If SAMPLED FACILITY is eligible, go to FA19 for sampled facility.</p> <p>If sampled facility is ineligible, and FA17=1 (YES) for Tentative Additions for this respondent, go to FA19 for first such tentative addition.</p> <p>Else, go to CLOSING 3 (p. 83).</p>
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FA19

START OF ELIGIBILITY BLOCK (CERTIFICATION AND LICENSING QUESTIONS)

If cycling through ELIGIBILITY BLOCK for a TENTATIVE ADDITION and this respondent has already been through ELIGIBILITY BLOCK for another part of the facility, display "Now let's turn to {FACILITY}."

For {FACILITY}, if cycling through FA19-23 for a Tentative Addition, display Place Name from FA11. Otherwise, display sampled facility name. (This display instruction applies to Q's 19-23.)

If this FACILITY/TENTATIVE ADDITION was entered in FA11-15, pre-fill with number of beds from FA13, display "According to the information I obtained earlier, ..." and "PRESS ENTER..."

If no entries in FA13 (NUMBER OF BEDS/INDIVIDUAL LIVING UNITS) for this FACILITY/TENTATIVE ADDITION, display "How many beds..."

CTRL/E OK

FA19

{Now let's turn to {FACILITY}.}

{How many beds does {FACILITY} have?/According to the information I obtained earlier, {FACILITY} has [READ NUMBER BELOW] beds.}

 { }
NO. OF BEDS

{PRESS ENTER TO CONTINUE.}

PRESS F1 FOR EXPANDED DEFINITION OF "BEDS".

PROGRAMMER SPECS:

Soft range: 10-300; hard range; 1-1,110.

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered, flag FA19 for retrieval from another respondent in this facility.

FA20

Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}} if the state in the facility's address is a state that uses a name other than Medicaid. Use table of State Medicaid Names (attached).

FA20

Is {FACILITY} certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}} as a Nursing Facility (NF)?

IF R MENTIONS:

-ICF (INTERMEDIATE CARE FACILITY), NOTE IN COMMENTS AND ENTER 1.

-ICF-MR (INTERMEDIATE CARE FACILITY--MENTAL RETARDATION), NOTE IN COMMENTS AND ENTER 0.

YES	1
NO	0
DK	-8
RF	-7

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered, flag FA20 for retrieval from another respondent in this facility.

FA20A moved to FA85.

STATE MEDICAID NAMES

Program Name(s)		
State	Preferred	Allow For
Alaska	Medicaid	
Alabama	Medicaid	
Arkansas	Medicaid	
Arizona	AHCCSS (for Arizona Health Care Cost Containment System)	Health Care Cost Containment
California	Medi-Cal	
Colorado	Medicaid	
Connecticut	Medicaid	Medical Assistance, Title 19
District of Columbia	Medicaid	
Delaware	Medicaid	Medical Assistance
Florida	Medicaid	
Georgia	Medicaid	
Hawaii	Medicaid	Medical Assistance
Iowa	Medicaid	Title 19
Idaho	Medicaid	Medical Assistance
Illinois	Medicaid	
Indiana	Medicaid	
Kansas	Medical Assistance	Medical Care, Medicaid
Kentucky	Medicaid	
Louisiana	Medicaid	Medical Assistance
Massachusetts	Medicaid	Massachusetts Health
Maryland	Medicaid	Medical Assistance, Maryland Access to Care
Maine	Medicaid	Maine's Medical Assistance Program
Michigan	Medicaid	
Minnesota	Medical Assistance	Medicaid
Missouri	Medicaid	
Mississippi	Medicaid	
Montana	Medical Assistance	Medicaid
North Carolina	Medicaid	Medical Assistance, Medicare Aid (for QMBs)
North Dakota	Medicaid	

STATE MEDICAID NAMES (Continued)

Program Name(s)		
State	Preferred	Allow For
Nebraska	Medicaid	Welfare Assistance
New Hampshire	Medicaid	Medical Assistance, Welfare
New Jersey	Medical Assistance	Medicaid
New Mexico	Medicaid	
Nevada	Medicaid	
New York	Medicaid	Medical Assistance Program
Ohio	Medicaid	
Oklahoma	Medical Services	Medicaid
Oregon	Oregon Health Plan	Medicaid
Pennsylvania	Medicaid	Medical Assistance
Puerto Rico	Medicaid	Medical Assistance
Rhode Island	Medical Assistance	Medicaid, Welfare
South Carolina	Medicaid	
South Dakota	Medicaid	
Tennessee	TennCare	Medicaid
Texas	Medicaid	
Utah	Medicaid	
Virginia	Medicaid	
Virgin Islands	Medicaid	Medical Assistance
Vermont	Medicaid	Welfare
Washington	Welfare	Medical Coupon, Medical Assistance
Wisconsin	Medicaid	
West Virginia	Medicaid	
Wyoming	Title 19	Medical Assistance

FA21

Is {FACILITY} certified by Medicare as a SNF?

- YES 1
- NO 0
- DK -8
- RF -7

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered, flag FA21 for retrieval from another respondent in this facility.

FA21A moved to FA85.

BOX FA15	If FA20 or FA21=1 (YES), go to BOX FA16. Else, go to FA22.
-------------	---

FA22

Fill {STATE} with state field from FAVERIF3 (ADDR.ADDRSTAT). Spell out state name. Always use sampled facility state name.

FA22

Is {FACILITY} licensed as a nursing {home/facility} by the {STATE} State Health Department or by some other State or Federal agency?

- YES, LICENSED BY STATE HEALTH DEPARTMENT 1
- YES, LICENSED BY SOME OTHER AGENCY
(SPECIFY: _____) 2
- NO, NOT LICENSED 0 (BOX FA15A)

PROGRAMMER SPECS:

If 2 entered, present a soft range check: UNLIKELY RESPONSE. PLEASE VERIFY AND RE-ENTER.

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered, flag FA22 for retrieval from another respondent in this facility.

FA23

Does {FACILITY} provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?

YES 1
 NO 0
 DK -8
 RF -7

MANAGEMENT SYSTEM SPECS:

If DK or RF are entered, flag FA23 for retrieval from another respondent in this facility.

BOX FA15A	Return to FA19 for next PLACE that has FA17 = 1 (YES) for this respondent. If no remaining place, go to BOX FA16.
--------------	--

BOX FA16

To be deemed eligible, a place must (1) have three or more beds, and (2) be certified by Medicaid or Medicare or be licensed as a nursing home and provide 24 hour, 7 day a week supervision by an RN or LPN.

Subject each place looped through FA19-23 with this respondent to the steps in BOX FA16, one place at a time.

BOX FA16	<ol style="list-style-type: none"> 1. If FA19 is less than 3, flag FACILITY/TENTATIVE ADDITION as INELIGIBLE, set Place Type = INELIGIBLE LTC, decrement counter, and go to next Place or Item 6 below. Others, go to Item 2 below. [NOTE: This means DK and REF are assumed equal to 3 or more.] 2. If FA20 or FA21 = 1 (YES, CERTIFIED BY MEDICAID OR MEDICARE) set NNHES STATUS = ELIGIBLE and go to next Place or Item 6 below. Others go to Item 3. 3. If FA22 = 1 or 2 (LICENSED BY STATE HEALTH DEPT. OR SOME OTHER AGENCY), and FA23 = 1 (PROVIDES AROUND-THE-CLOCK NURSING SUPERVISION), set NNHES STATUS = ELIGIBLE and go to next Place or Item 6 below. Others go to Item 4. 4. If FA20, 21, 22, or 23 = -8 or -7, decrement counter, set a flag for retrieval, ask FA18 and go to next Place or Item 6. Others go to Item 5. 5. Set NNHES STATUS = INELIGIBLE, set Place Type = INELIGIBLE LTC, decrement counter, and go to next Place or Item 6. 6. If no remaining places for this respondent, but these are other pending tentative additions, go to CLOSING 3, p. 83. 7. Else, <ul style="list-style-type: none"> If counter > 1, go to FA24PRE. If counter = 1, go to FA25. If counter = 0, go to BOX FA29, p. 72, to determine appropriate closing.
-------------	--

FA24PRE

Display Version 5 of Place Roster.

If SAMPLED FACILITY is eligible, display {FACILITY and}.

Throughout remainder of FA, FR, FG, and SS, display names of all Places displayed in FA24PRE (including SAMPLED FACILITY, if filled in FA24PRE) as a special header right justified beginning on line 2 in the upper right corner of the screen. Also, throughout remainder of FA, FR, FG, and SS, for {FACILITY} fill, if only one eligible place, fill with PLACE NAME from Place Roster. If more than one eligible place, fill with [READ FAC/UNITS LISTED ABOVE]. If more than 4 places, display "MORE UNITS -- USE F2" on line 5.

FA24PRE

All of the remaining questions will refer to {FACILITY and} {[READ FAC/UNITS LISTED BELOW]} combined.

{PLACE ROSTER VERSION 5}

PRESS ENTER TO CONTINUE.

BOX FA17 omitted.

FA24a

Fill with "all" if more than 2 places with NNHES STATUS=ELIGIBLE. If only two, fill with "both".

FA24a

The questions are about the number of nursing beds and residents by payor type, special care units, and staffing. Can you answer these questions about {all/both} of these places?

YES	1	(FA25)
NO	0	(RR1)
DK	-8	(FA25)
RF	-7	(RR1)

FA24b

Present as question text for the NAME CELL at RR1.

FA24b

Who would be the best person to answer questions about [READ FACILITIES/UNITS IN HEADER ABOVE]?

NAME TITLE

PROGRAMMER SPECS:

After the name and title have been posted to the Respondent Roster, go to CLOSING 6.

FA25

If FA19 (NUMBER OF BEDS) never equals DK or RF and the SUM OF FA19 can be calculated, display "From information I collected...nursing beds.";
 Else do not display.

FA25

{From information I collected earlier, I understand that {FACILITY} has {SUM OF FA19, NUMBER OF BEDS IN FACILITY} nursing beds.}

Does {FACILITY} have any beds that are not licensed or certified as nursing {home/facility} beds?

YES	1	
NO	0	(BOX FA18)
DK	-8	(BOX FA18)
RF	-7	(BOX FA18)

FA26-FA29

These questions are a subset of the questions in FA55-65, with a couple of variations on the question text. Only places that have non-nursing beds (FA25 = 1) are displayed on this matrix. Display as a matrix.

SAMPLE LAYOUT

FA26-29
 {QUESTION DISPLAY AREA}

FA26 TYPE	FA27 NAME	FA28 BEDS/ UNITS	FA29 START DATE (YY)
<hr/>			
<hr/>			
<hr/>			
<hr/>			
{DISPLAY TYPE CATEGORIES ACROSS THE SCREEN HERE.}			

FA26

Display the following codes for TYPE across bottom of screen:

- 8 = ASSISTED LIVING
- 9 = BOARD AND CARE
- 10 = DOMICILIARY CARE
- 6 = HOSPITAL
- 14 = INDEPENDENT LIVING
- 15 = MENTAL HEALTH/PSYCHIATRIC SETTING
- 11 = PERSONAL CARE HOME
- 12 = REST HOME
- 91 = OTHER (SPECIFY:_____)

FA26

Please look at this card and tell me how you would describe the beds or units that are not certified or licensed as nursing {home/facility} beds.

PROBE: What kind of place is it? Any others?



PRESS F1 FOR MORE ON NON-NURSING BEDS.

PROGRAMMER SPECS:

When a number is entered for type, display the text for the category in the TYPE column. For code 91, display only the specified text.

FA27

Display "IF SAME AS TYPE, ENTER SHIFT/5" if only one eligible unit (as defined by display instructions above FA24).

FA27

What is the name of the place or unit?

IF SAME AS TYPE, ENTER SHIFT/5 FOR ANY OTHER NAME, ENTER TEXT.

PROGRAMMER SPECS:

If FA27=SHIFT/5 (SAME AS TYPE), display "The {TYPE CATEGORY} unit" in NAME field. Truncate names as follows:

- 8 = ASSISTED LIV
- 9 = BOARD & CARE
- 10 = DOMICIL CARE
- 6 = HOSPITAL
- 14 = INDEP LIVING
- 15 = MENTAL/PSYCH
- 11 = PERSNAL CARE
- 12 = REST HOME
- 91 = FIRST 12 CHARACTERS OF SPECIFIED TEXT

FA28

How many beds or individual units are dedicated to {UNIT NAME}?

_____ ()
NUMBER
BEDS = 1
INDIVIDUAL UNITS = 2
OTHER (SPECIFY: _____) = 91

PROGRAMMER SPECS:

When a code is selected for units (BEDS, INDIVIDUAL UNITS, OTHER SPECIFY), display the category or other specify text instead of the code. For example, "243 BEDS" where 243 was entered for number, and 1 was entered for unit. Soft range: 3-100; hard range: 1-1,110.

Consistency check: If number is greater than sum of FA19 minus 3, display the following message:

The number of {UNIT NAME}'s beds in FA28 ({FA28}) cannot be greater than the sum of beds in the facility ({FA19}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA29

When did the (place/unit) begin operation?

YEAR 19()

PROGRAMMER SPECS:

Soft range: 87-95; Hard range: 00-96.

After all entries have been made, post all Places added in FA26 to the Place Roster; assign NNHES status = INELIGIBLE; If {FACILITY} fill in FA25 is filled with PLACENAME from Place Roster (this means there is only one eligible place), set locator code = PART OF SAMPLED FACILITY; else if {FACILITY} fill in FA25 is filled with "[READ FACILITIES/UNITS IN HEADER ABOVE.]", set locator code = PART OF LARGER FACILITY; set Place Type according to table in BOX FA11 (substituting FA26 for FA12 in the column heading).

For sum of beds in FA28:

Soft range: 3-100; hard range: 1-1,110.

Before escaping the matrix, perform this consistency check: If sum of beds and units in FA28 is greater than entry (or sum of entries) in FA19 - 3, display the following message:

The sum of non-nursing beds in FA28 ({sum of FA28}) cannot be greater than the sum of beds in the facility ({FA19}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA30

Display sum of beds and units in FA28. If sum of beds and units cannot be calculated, display "an unknown total of".

FA30

So that is a total of {NUMBER OF BEDS AND UNITS/AN UNKNOWN TOTAL OF} beds (or units) that are not licensed or certified as nursing {home/facility} beds (or units). Is that correct?

YES 1
NO 0

PROGRAMMER SPECS:

If FA30 not=1, present message: BACK UP AND REVIEW RESPONSES IN FA26 AND FA27. CORRECT AS DIRECTED BY RESPONDENT.

If FA30=1, display in subsequent headers and fills that include {FACILITY}: "(excluding the {SUM OF BEDS AND UNITS IN FA28} non-nursing beds/units)". That is, if FA24=1 (a complex facility with a special header already specified in the first statement for BOX FA17), add that statement to the header (on the next available line in the upper right corner of the screen). In simpler cases, add the statement to the {FACILITY} fill.

BOX17B omitted.

FA30a

Display the Place Roster in a "view only" matrix.

FA30a

HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

FA31PRE

Now we are going to ask only about the parts of {FACILITY} that do have beds certified or licensed as nursing {home/facility} beds.

PRESS ENTER TO CONTINUE.

BOX FA18	If FACILITY is a LARGER FACILITY or is part of a LARGER FACILITY go to BOX FA19. Others, go to FA31.
-------------	---

FA31

Which one of the categories on this card best describes the ownership of {FACILITY}?

SHOW
CARD
FA6

FOR PROFIT (INDIVIDUAL, PARTNERSHIP, OR CORPORATION)	1
PRIVATE <u>NONPROFIT</u> (RELIGIOUS GROUP, NONPROFIT CORP., ETC.)	2
<u>CITY/COUNTY GOVERNMENT</u>	3
<u>STATE GOVERNMENT</u>	4
<u>VETERAN'S ADMINISTRATION</u>	5
<u>OTHER FEDERAL AGENCY</u>	6
OTHER (SPECIFY: _____)	91

FA32 moved to Round 2.

FA33 omitted.

FA34-FA41 moved to Round 2.

FA42 omitted.

FA43-46 (Number of Beds by Payer)

If any entry in FA28, display "MINUS NON-NURSING BEDS." Calculate fill as sum of FA19-sum of FA28. If unable to calculate because there is a DK entry in FA28, fill with "CAN'T CALC."

The fill below "NUMBER OF BEDS TO BE ACCOUNTED FOR:" is dynamic; it should display sum of FA19 minus the sum of FA28 minus any entries on the screen.

For the displays below TOTAL BEDS:

- If facility or any unit within the facility is certified by both Medicaid (FA20=1) and Medicare (FA21=1), display "FA43 DUALY CERTIFIED, MEDICAID AND MEDICARE", with an entry field to the right. Display "DUALY" in reverse video.
- If facility or any unit within the facility is certified by Medicaid (FA20=1), display "FA44 CERTIFIED BY MEDICAID" with an entry field to the right. If facility or any unit within the facility is also certified by Medicare (FA21=1), display "ONLY" in reverse video.
- If facility or any unit within the facility is certified by Medicare (FA21=1), display "FA45 CERTIFIED BY MEDICARE" with an entry field to the right. If facility or any unit within the facility is also certified by Medicaid (FA20=1), display "ONLY" in reverse video.
- If facility or any unit within the facility is certified by neither Medicaid (FA20=1) nor Medicare (FA21=1), display "FA46 CERTIFIED BY NEITHER MEDICAID NOR MEDICARE;" display "NEITHER" in reverse video. If facility is certified by Medicaid only (FA20=1, FA21 not=1), display "NOT CERTIFIED BY MEDICAID," with "NOT" in reverse video. If facility is certified by Medicare only (FA20 not=1, FA21=1), display "NOT CERTIFIED BY MEDICARE," with "NOT" in reverse video. To the right, prefill with the result of FA19 minus the sum of FA28 minus FA43 minus FA44 minus FA45.

When there is an entry in all previous questions that have been displayed in this series, the question text for FA46 should pop up at the top of the form, and the interviewer instructions for answer categories and an entry field for 1 or 0 should pop up at the bottom of the form.

Wherever MEDICAID appears on the screen, follow the display instructions above FA20 for adding ({OR STATE NAME FOR MEDICAID}).

FA43-46
SAMPLE LAYOUT

{Question text}		NUMBER	NUMBER OF BEDS
TO		OF BEDS	BE ACCOUNTED FOR:
	TOTAL BEDS {MINUS NON-NURSING BEDS}	{ }	{ }
{FA43	<u>DUALY</u> CERTIFIED, MEDICAID AND MEDICARE	()	
{FA44	CERTIFIED BY MEDICAID { <u>ONLY</u> }	()	
{FA45	CERTIFIED BY MEDICARE { <u>ONLY</u> }	()	
FA46	{ <u>NOT</u> CERTIFIED BY {MEDICAID/MEDICARE}, BUT LICENSING AS NURSING BEDS/ {CERTIFIED BY <u>NEITHER</u> MEDICAID NOR MEDICARE} BUT LICENSING AS NURSING BEDS	{ }	
	ENTER 1 IF CORRECT, 0 IF NOT CORRECT	()	

BOX FA19	If FA20 and FA21 both = 1, go to FA43. Others, go to BOX FA20.
-------------	---

FA43

See instructions above FA20 for displaying {or {"ALLOWED FOR"...

<p>FA43</p> <p>I recorded earlier that {FACILITY} is certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a Nursing Facility and by Medicare as a skilled Nursing Facility. How many beds are dually certified (that is, certified by both)?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">NO. OF BEDS</p>

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 0-1,110.

Consistency check: Entry in FA43 cannot be greater than the entry in sum of FA19 minus the sum of FA28.

If it is, display the following message:

The number of dually certified beds in FA43 ({FA43}) cannot be greater than ({FA19-FA28}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

BOX FA20	If FA20 = 1, go to FA44. Others, go to BOX FA21.
-------------	---

FA44

Display "I recorded earlier..." if FA21 is not = 1. Display "only" if FA21 = 1.

FA44

{I recorded earlier that {FACILITY} is certified by {"PREFERRED" NAME {FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a Nursing Facility.) How many beds are certified under {"PREFERRED" NAME FOR MEDICAID} {or {ALLOWED FOR NAME(S) FOR MEDICAID}} only?

NO. OF BEDS

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 0-1,110.

Consistency check: Entry in FA44 cannot be greater than the entry in sum of FA19 minus the sum of FA28 minus FA43.

If it is, display the following message:

The number of Medicaid only certified beds in FA44 ({FA44}) cannot be greater than ({FA19-FA28-FA43}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

BOX FA21	If FA21 = 1, go to FA45. Others, go to BOX FA22.
-------------	---

FA45

Display {"I have recorded..."} if FA20 is not = 1.

FA45

{I have recorded that {FACILITY} is certified by Medicare as a Skilled Nursing Facility.) How many beds are certified under Medicare only?

NO. OF BEDS

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 0-1,110.

Consistency check: entry in FA45 cannot be greater than entry in sum of FA19 minus the sum of FA28 minus FA43 minus FA44.

If it is, display the following message:

The number of Medicare only certified beds in FA45 ({FA45}) cannot be greater than ({FA19-FA28-FA43-FA44}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

BOX FA22	If the facility is certified by neither Medicaid (FA20 not = 1) nor Medicare (FA21 not = 1), go to FA46. If cannot calculate number of remaining beds, go to BOX FA22A. Others, go to FA46.
-------------	---

FA46

In first fill, display FA19 minus sum of FA28.

If FA43 > 0, display second clause and fill with number in FA43.

If FA44 > 0, display third clause and fill with number in FA44.

If FA45 > 0, display fourth clause and fill with number in FA45.

In fifth clause, if FA19 minus sum of FA28 minus FA43 minus FA44 minus FA45≠0,
display "That leaves { } licensed nursing beds that are not certified ... or Medicaid." else
Do not display.

If FA20=1, display {"PREFERRED NAME" FOR MEDICAID (OR "ALLOWED FOR" NAMES FOR MEDICAID)}. If FA20=1
and FA21=1, display "or." If FA21=1, display "Medicare." If FA20=0, -8, -7 and FA21=0, -8, -7, display {"PREFERRED
NAME" FOR MEDICAID} {(or "ALLOWED FOR" NAME(S) FOR MEDICAID)} or Medicare".

FA46

So, there is a total of { } nursing beds in {FACILITY},
{and { } are dually certified,}
{and { } are certified by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME(S) FOR
MEDICAID)} {only},,"
{and { } are certified by Medicare {only},}
{that leaves { } licensed nursing beds that are not certified by {"PREFERRED NAME" FOR MEDICAID} {(or
"ALLOWED FOR" NAME(S) FOR MEDICAID)} {or} {Medicare}}. Is that correct?

YES 1
NO 0

PROGRAMMER SPECS:

Disallow DK and RF in FA46.

The first time 0 is entered in FA46, display the following message:

BACK UP TO CORRECT.

If 0 is entered a second time, present the following message as an overlay:

PLEASE ENTER A BRIEF EXPLANATION: _____

BOX FA22c	IF FA20=1 or FA21=1, go to FA47 PRE; else go to FA49.
--------------	--

FA47PRE

If FA20 and FA21 = 1, display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}), Medicare, and private pay";

Else, if FA20 = 1, and FA21 = 0, display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}) and private pay";

Else, if FA20 = 0 and FA21 = 1, display "Medicare and private pay";

Else display "private pay".

FA47PRE

Next, I'm going to ask about the number of current residents having {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}), Medicare, and private pay/{"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}) and private pay/Medicare and private pay/private pay} as their source of payment.

If you need to go get the relevant records, I can pause for a moment.

ALLOW RESPONDENT TIME TO GATHER RECORDS, IF NECESSARY.

PRESS ENTER TO CONTINUE.

BOX FA22a	If FA20 = 1, go to FA47. Else, if FA21 = 1, go to FA48. Else, go to FA49.
--------------	---

FA47

See instructions above FA20 for displaying "PREFERRED NAME..."

FA47

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?

NO. OF RESIDENTS

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 0-1,110.

Consistency check: If the entry is greater than 100% of the entry in FA43 plus FA44, display the following message:

If it is, display the following message:

The number of Medicaid residents in FA47 ({FA47}) cannot be greater than the number of Medicaid certified beds in the facility ({FA43+FA44}).

REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

BOX FA22b	If FA21 = 1, go to FA48. Else, go to FA49.
--------------	---

FA48

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

NO. OF RESIDENTS

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 0-1,110.

Consistency check: If the entry is greater than 100% of the entry in FA43 plus FA45 display the following message:

The number of Medicare residents in FA48 ({FA48}) cannot be greater than the number of Medicare certified beds in the facility ({FA43+FA45}).

REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA49

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

NO. OF RESIDENTS

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 0-1,110.

Consistency check: If FA49>0, FA49 cannot be greater than 100% of FA19 minus the sum of FA28 minus FA47 or FA48 (whichever is greater).

If it is, present the following message:

The number of private pay residents in FA49 ({FA49}) cannot be greater than the number of nursing beds in the facility ({FA19-(FA28-(FA47 or FA48))}).

REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

BOX FA22c moved to SAQ.

FA50 moved to SAQ.

BOX FA22d moved to SAQ.

FA51 moved to SAQ.

FA52

How many residents were in {FACILITY} altogether at midnight last night?

NO. OF RESIDENTS

PROGRAMMER SPECS:

Soft range: 10-300; hard range: 0-1,110.

Consistency check: FA52 cannot be greater than sum of FA19 minus the sum of FA28. If it is, present the following message:

The number of residents in eligible units in FA52 ({FA52}) cannot be greater than the sum of all beds in the facility minus those beds in ineligible units ({FA19-FA28}).

REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA53 moved to SAQ.

CTRL/E OK

FA54

Next, we're interested in learning about any special care units within {FACILITY} -- units with a specified number of beds identified and dedicated for residents with specific needs or diagnoses. Does {FACILITY} have any special care units, such as those listed on this card?

SHOW
CARD
FA7

AT LEAST ONE SPECIAL CARE UNIT MENTIONED	1	
NO SPECIAL CARE UNITS	0	(BOX FA27)
DK	-8	(BOX FA27)
RF	-7	(BOX FA27)

FA55-65

Display as a matrix.

SAMPLE LAYOUT

FA55-65

{QUESTION DISPLAY AREA}

FA55 TYPE	FA56 NAME	FA57 BEDS	FA58 RESI- DENTS	FA59 STAFF	FA60 START YEAR	FA61-4 PAY SOURCE MEDICAID? MEDICARE?
--------------	--------------	--------------	------------------------	---------------	-----------------------	--

19__
YR

19__
YR

19__
YR

19__
YR

{DISPLAY TYPE CATEGORIES ACROSS THE SCREEN HERE.}

FA55

Display the following codes for TYPE across bottom of screen:

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

FA55

SHOW
CARD
FA7

What kind of special care unit(s) does {FACILITY} have?
PROBE: Any others?

PRESS F1 FOR DIALYSIS DEFINITION.

PROGRAMMER SPECS:

When a number is entered for type, display the text for the category in the TYPE column. For code 91, display only the specified text.

FA56

What is the name of the unit?
IF SAME AS TYPE, ENTER SHIFT/5. FOR ANY OTHER NAME, ENTER TEXT.

PROGRAMMER SPECS:

If FA56=-5, display "The {TYPE CATEGORY} unit" in NAME cell. Truncate names as follows:

- 1 = ALZHEIMER'S
- 2 = AIDS/HIV
- 3 = DIALYSIS
- 4 = CHILDREN
- 5 = BRAIN INJURY
- 6 = HOSPICE
- 7 = HUNTINGTON'S
- 8 = REHAB
- 9 = VENTILATOR
- 91 = FIRST 12 CHARACTERS OF SPECIFIED TEXT

If same TYPE CATEGORY is entered a second time, disallow SHIFT/5 for that unit. Display the message: YOU MUST ENTER ANOTHER NAME FOR THIS UNIT.

FA57

How many beds are dedicated to {UNIT NAME}?

NO. OF BEDS

PROGRAMMER SPECS:

Soft range: 3-100; hard range: 1-1,109.

Consistency check: If FA57 is greater than sum of FA19 minus 1, display the following message:

The number of beds in {UNITNAME} in FA57 ({FA57}) cannot be greater than the number of beds in the facility minus 1 ({FA19-1}).

REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA58

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

NO. OF RESIDENTS

PROGRAMMER SPECS:

Soft range: 3-100; hard range: 0-1,109.

Consistency checks: FA58 cannot be greater than FA57. FA58 cannot be greater than FA52. If it is, display the following message(s):

The number of residents in {UNITNAME} cannot be greater than the number of beds in {UNITNAME} ({FA57})/{residents in eligible units ({FA52})}.

REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA59

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

YES 1
NO 0

FA60

In what year did the unit begin operation?

YEAR 19()

PROGRAMMER SPECS:

Soft range: 87-95; hard range: 00-96.

BOX FA22e	If FA20 = 0 for all eligible units (FACILITY NOT CERTIFIED BY MEDICAID), go to BOX FA22f. Else, go to FA61.
--------------	--

FA61
See instructions above FA20 for displaying "or STATE NAME..."

FA61

Is any resident's care in the unit paid for by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}})?

YES	1
NO	0
DK	8
RF	-7

FA62 omitted.

BOX FA22f	If FA21 = 0 for all eligible units (FACILITY NOT CERTIFIED BY MEDICARE), go to BOX FA23. Else, go to FA63.
--------------	---

FA63

Is any resident's care in the unit paid for by Medicare?

YES	1
NO	0
DK	-8
RF	-7

FA64 omitted.

BOX FA23	<p>If sum of FA19 minus SUM OF BEDS OR UNITS IN FA28 minus SUM OF BEDS in FA57 > 0, go to FA65.</p> <p>If sum of FA19 minus SUM OF BEDS OR UNITS IN FA28 minus the SUM OF BEDS in FA57 < 0, present the following message: THE NUMBER OF BEDS IN SPECIAL CARE UNITS (SUM OF FA57) CANNOT BE GREATER THAN THE TOTAL NUMBER OF BEDS IN THE FACILITY (SUM OF FA19). BACK UP, REVIEW ENTRIES IN FA57, FA19, AND FA13 CORRECT IF NECESSARY.</p> <p>If sum of FA19 minus SUM OF BEDS OR UNITS IN FA28 minus SUM OF BEDS in FA57 = 0, go to Box FA23a.</p> <p>Others, if FA65 and FA66 have not been asked, go to FA65. Else, go to BOX FA23a.</p>
-------------	---

FA65

If only one special care unit entered in FA55, do not display the first sentence.
If unable to calculate DIFFERENCE, do not display first 2 statements, and display "some number of " in the question.

FA65	
<p>{So that makes a total of {SUM OF BEDS IN FA57} special care unit beds in {FACILITY}. You told me earlier that there are {NUMBER OF BEDS IN FA19} certified or licensed nursing {home/facility} beds in {FACILITY} altogether.</p> <p>So that leaves {DIFFERENCE/some number of} beds that are <u>not</u> part of a special care unit. Is that correct?</p>	
YES	1
NO	0
DK	-8
RF	-7

PROGRAMMER SPECS:

The first time 0, -7, or -8 is entered, present the following message:
PLEASE BACK UP TO REVIEW ENTRIES IN FA57, FA19, AND FA13. CORRECT IF NECESSARY.

FA66

Do not display FA66 on the FA55-65 matrix.

FA66

What can I call that part of {FACILITY} -- the general population unit, or do you have another name for these beds?

IF GENERAL POPULATION UNIT, ENTER SHIFT/5. FOR ANY OTHER NAME, ENTER TEXT.

PROGRAMMER SPECS:

When -5 is entered in NAME cell for FA66, display "GENERAL POPULATION UNIT."

BOX FA23a	Post all Places added in FA55-66 to the Place Roster. Set NNHES STATUS = ELIGIBLE; If {FACILITY} fill in FA25 is filled with PLACE NAME from Place Roster (this means there is only <u>one</u> eligible place), set locator code = PART OF SAMPLED FACILITY; else if {FACILITY} fill in FA25 is filled with "[READ FACILITIES/UNITS IN HEADER ABOVE.]", set locator code = PART OF LARGER FACILITY. set Place Type = ELIGIBLE LONG-TERM CARE.
--------------	---

FA66a

Display the Place Roster in a "view only" matrix.

FA66a

HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

FA67PRE through FA68 moved to Round 2.

BOX FA25 omitted.

FA69-FA71 omitted.

BOX FA26 omitted.

FA72 through FA76 moved to Round 2.

BOX FA27	If {FACILITY} locator code = PART OF LARGER FACILITY or PART OF SAMPLED FACILITY, or SAMPLED FACILITY, PART OF LARGER FACILITY, or SAMPLED FACILITY AND LARGER FACILITY go to FA77PRE. Others, go to FA85.
-------------	---

FA77

No special header should be displayed.

FA77PRE

The next question is about {LARGER FACILITY} as a whole.

PRESS THE F2 KEY TO REVIEW PLACE ROSTER.

PRESS ENTER TO CONTINUE.

FA77

Which one of the categories on this card best describes the ownership of {LARGER FACILITY}?

SHOW CARD FA6

- FOR PROFIT (INDIVIDUAL, PARTNERSHIP,
OR CORPORATION) 1
- PRIVATE NONPROFIT
(RELIGIOUS GROUP, NONPROFIT CORP., ETC.) . . . 2
- CITY/COUNTY GOVERNMENT 3
- STATE GOVERNMENT 4
- VETERAN'S ADMINISTRATION 5
- OTHER FEDERAL AGENCY 6
- OTHER (SPECIFY: _____) 91

FA78 moved to Round 2.

BOX FA28 moved to Round 2.

FA79 through FA82 omitted.

FA83 moved to Round 2.

FA84 moved to Round 2.

FA84a omitted.

FA85PRE

Display Version 5 of Place Roster.

IF FA20 = 0, display "CHECK NOT MEDICAID...OF SAQ"; else do not display.

IF FA21 = 0, display "CHECK NOT MEDICARE...OF SAQ"; else do not display.

CTRL/E OK

FA85PRE

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 questionnaire I can leave with you to pick up later today, or I can make arrangements to give it to someone else to fill out later 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.

FA85

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 FA85 at bottom of screen: SAQ IS NOT COMPLETE. REENTER RESULTS.

FA85

SHOW SAQ TO R. INDICATE RESULTS HERE.

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

- 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 COMPLETE 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.

Add name volunteered in 3 to Respondent Roster, and add to Section FG as respondent for staffing.

If 4, display as an overlay:

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

SECTION FR. FACILITY RATE SCHEDULE

Design Note: CAPI questions about the rate schedule have been moved to Round 2.

FR1PRE

In the fourth sentence, display Medicaid if FA20=1; display Medicare if FA21=1.
See instructions above FA20 for displaying "PREFERRED NAME FOR..."

FR1PRE	
<p>Next, I'd like to get some information on the basic rates residents in [READ FACILITY/UNITS ABOVE] are charged. (Most {facilities/homes} have one or more set rates they charge their residents for room and board and basic services. Usually this rate includes basic nursing services and sometimes it includes medical services as well. I'm interested in the <u>basic rates</u> charged by {FACILITY} for {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}),} private pay, {and <u>Medicare</u>} residents. If you have a preprinted schedule of any of these rates, I would like to have a copy.)</p>	
PRINTED RATE SCHEDULE PROVIDED	1
NO PRINTED RATE SCHEDULE AVAILABLE	0
PRINTED RATE SCHEDULE WILL BE AVAILABLE LATER TODAY (SPECIFY WHEN AND FROM WHOM: _____)	2
<p>PRESS F2 TO REVIEW THE PLACE ROSTER.</p>	

MANAGEMENT SYSTEM SPECS:

If FR1PRE=2, flag this section for retrieval later in the day.

BOX FR1	If 1 entered in FR1PRE, go to FR1 Else go to FG1PRE.
----------------	---

FR1	
<p>Is private pay on the rate schedule?</p>	
YES	1
NO	0
DK	-8

PROGRAMMER SPECS:

Disallow -7 (RF) in FR1.

FR2-FR4C2 moved to Round 2.

BOX FR2	If {FACILITY} has no Medicaid beds (FA20 does not = 1), go to BOX FR3. Else go to FR5.
---------	---

FR5

Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} if the state in the Facility's address is a state that uses a name other than "Medicaid". Else display "MEDICAID".

<p>FR5</p> <p>Is {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} on the rate schedule?</p> <table style="margin-left: 150px; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">0</td> </tr> <tr> <td>DK</td> <td style="text-align: right;">-8</td> </tr> </table>	YES	1	NO	0	DK	-8
YES	1					
NO	0					
DK	-8					

BOX FR3	If {Facility} has no Medicare beds (FA21 does not = 1), go to FG1PRE. Else go to FR6.
---------	--

<p>FR6</p> <p>Is <u>Medicare</u> on the rate schedule?</p> <table style="margin-left: 150px; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> <td style="text-align: right;">(FG1PRE)</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">0</td> <td style="text-align: right;">(FG1PRE)</td> </tr> <tr> <td>DK</td> <td style="text-align: right;">-8</td> <td style="text-align: right;">(FG1PRE)</td> </tr> </table>	YES	1	(FG1PRE)	NO	0	(FG1PRE)	DK	-8	(FG1PRE)
YES	1	(FG1PRE)							
NO	0	(FG1PRE)							
DK	-8	(FG1PRE)							

SECTION FG: FACILITY RECORDS ORGANIZATION GRID

FG1PRE

Next, I need some information about the organization of {FACILITY}'s records and staff responsibilities.

PRESS F2 TO REVIEW PLACE ROSTER.

PRESS ENTER TO CONTINUE.

FG1 moved to Round 2.

FG1A moved to Round 2.

FG2 moved into FG4.

FG2a and FG2b omitted.

FG3

SAMPLING INFORMATION: First, I need a daily census of all residents in {FACILITY} as of midnight December 31, 1995, including residents who were admitted and not discharged but may have been away from the facility and for whom you were holding a bed. What is the name and title of the staff member who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

RESIDENCE HISTORY RECORDS: I may need information about where the residents I sample lived prior to entering {FACILITY}, and if any have left, where they went. What is the name and title of the staff member who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG4

HEALTH STATUS RECORDS: I will also need some information about the sampled residents' health status at the time of admission to {FACILITY} and about their MDS. What are the names and titles of the staff members who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

IF LOCATED OUTSIDE FACILITY, PROBE FOR ADDRESS.

PRESCRIPTION MEDICINE RECORDS: I will also be collecting information about the use of prescribed medicines. Who would be the best source for this information? (What is (his/her) title?)

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG5

BACKGROUND RECORDS: I will also be collecting some background information such as the resident's age, education, and other demographic characteristics. What is the name and title of the person who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

HEALTH INSURANCE RECORDS: I will also be collecting information on sources of health insurance coverage for residents. What is the name and title of the staff member who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG5A

EXPENDITURE RECORDS: The NNHES study design calls for me to return for another visit in a few months to collect some additional data. At that time, I'll need to talk to someone about billing and payments received for services provided.

What is the name and title of the person I should talk to about this kind of information?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG6 is a Round 2 item.

FG7 is a Round 2 item.

FG8-11 omitted.

BOXES FG1 and FG2 omitted.

BOX FA29	Review number of eligible tentative additions plus sampled facility. If no eligible places, go to Closing 5. If any CALL HOME OFFICE messages, go to Closing 2. If no CALL HOME OFFICE messages, go to Closing 1.
-------------	---

CLOSING 1

THE FACILITY-LEVEL QUESTIONS FOR THIS CASE ARE COMPLETE FOR THIS ROUND. YOU MAY PROCEED WITH SAMPLING.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

PROGRAMMER SPECS:

Upon pressing enter, next screen is FACILITY NAVIGATE screen.

SECTION SS: SP SAMPLING

GENERAL NOTE:

The facility header described on p. 5 (and as modified by display instructions above FA24 and 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 the sample of residents about whom we will collect information.

PRESS ENTER TO CONTINUE.

SS2

Display SS2 as a matrix.

For {ELIGIBLE UNITS} fill, display only eligible LTC units entered 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 the number of beds (FA13/FA19) in a column to the right of the units.

For the General Population unit, display FA65 "DIFFERENCE/SOME # OF".

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 daily census of all residents in {{FACILITY/READ UNITS LISTED BELOW}} excluding any non-nursing beds.

The census should include residents as of midnight December 31, 1995, including any residents who may have been away from the facility and for whom you were holding a bed, but who were not formally discharged.

Can you provide me with such a list?

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

NUMBER OF BEDS FROM FACILITY QUESTIONNAIRE	1/1/96 RESIDENTS ON LIST? 1=YES, 0=NO
---	--

{PLACE ROSTER VERSION 5}		
{ELIGIBLE UNIT}	{ }	()
{ELIGIBLE UNIT}	{ }	()
{ELIGIBLE UNIT}	{ }	()
{ELIGIBLE UNIT}	{ }	()
{ELIGIBLE UNIT}	{ }	()

PRESS F1 FOR SAMPLING AID.

PROGRAMMER SPECS:

Disallow DE.

BOX SS0	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 all responses to SS2=1 (YES), go to SS6.
---------	---

SS3 and SS4 omitted.

SS5

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

SS5

I am missing the list for {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
Display NUMBEDS from NHPI.

SS7 ENTER NUMBER OF 1/1/96 RESIDENTS ON LIST (). NUMBER OF 1/1/96 RESIDENTS EXPECTED {NUMBEDS}

PROGRAMMER SPECS:
Disallow DK and RF.
Hard range: 1-9,999.

Consistency check (soft check): If SS7 is greater than 120% of sum of beds displayed in SS2, or less than 80% of sum of beds displayed in SS2, display the following message:

The number of residents on list is {greater than/less than} the number of beds currently in the eligible unit(s).
Review the list and correct the number if necessary.

BOX SS1	Compare actual number to expected number pre-loaded from the NHPI (NUMBEDS). If within parameters established by statistician go to SS9-12. Else, set message 6 in CALL HOME OFFICE MESSAGE BOX and go to Closing 2.
---------	--

SS8 omitted.

SS9-12 SAMPLE LAYOUT

Run sample selection algorithm and display line numbers for 4 selected sample persons, as determined by the algorithm.

SS9-12			
SS9 Line#	SS10 Last Name	SS11 First Name	SS12 Middle Name
{ }	_____	_____	_____
{ }	_____	_____	_____
{ }	_____	_____	_____
{ }	_____	_____	_____
PRESS F1 FOR SAMPLING AID.			

SS9

CIRCLE LINE NUMBER 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:
Where was {SP} a resident as of midnight, December 31, 1995?

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} on December 31?

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} on December 31?

SELECT ONE.

{PLACE ROSTER, VERSION 5} (SS20)

PROGRAMMER SPECS:

After a selection has been made and <ESCAPE> from the roster has occurred, go to SS20.

SS19C

Display as an overlay of SS19A.

SS19C

REVIEW 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 ABOVE]".

SS20

On what date was {SP} admitted to {UNIT SELECTED IN SS19/SS19B} for the stay that includes January 1, 1996?

MONTH () DAY () YEAR 19()

PROGRAMMER SPECS:

Hard range for year: less than 96. [Round 1 only.]

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 Current Residents: Year must be 1870-1995. If SAD is known, "Year" must be before SAD.

SS23

Display "he" if SS21 = 1, display "she" if SS21=2; else display "she or he."

SS23	
Is {she/he} currently alive?	
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

Specific messages will be flagged for display in the Call Home Office Message Box, depending on the consistency problem or structural issue that arose in Facility-level data collection.

Message	Description
1	In FA1-FA5, any item coded 91 (OTHER), with a text description.
2	In FAVERIF1 and 3, both name and address changed.
3	Omitted.
4	Home office for more than 2 nursing homes.
5	Omitted.
6	Number of residents listed for sampling falls outside the parameters established for the measure of size from the sampling frame. ¹

CLOSING 2

PRESS F2 TO REVIEW PLACE ROSTER.

ADMINISTER CALL HOME OFFICE WORKSHEET.

THEN CALL JIM BETHEL OR PAM BROENE AT HOME OFFICE: 1-800-937-8281.

REPORT THE FOLLOWING MESSAGE(S):

{DISPLAY MESSAGE NUMBERS
AND TEXT HERE.}

PRESS ENTER FOR CALL HOME SUMMARY REPORT

¹See October 11, 1994 Memorandum from Jim Bethel and Pam Broene, attached.

CALL HOME SUMMARY REPORT

This is a summary screen which displays information collected in facility structure and Call Home Worksheet that should be relevant to help the interviewer and statistician resolve the problem during the phone call. It corresponds in format to a paper and/or electronic form that the statistician has available; the interviewer reads the relevant information over the phone and the statistician enters it in the home office.

CALL HOME SUMMARY REPORT

Display as indicated for each Call Home Office message.

CALL HOME SUMMARY REPORT

{MESSAGE 1:

{FA1. Is {FACILITY} a free-standing nursing home?
{FACILITY} is {OTHER, SPECIFY TEXT FROM FA1}}

{FA2. What type of place is {FACILITY} part of?
{OTHER, SPECIFY TEXT FROM FA3}}

{FA5. What type of place is {FACILITY}?
{OTHER SPECIFY TEXT FROM FA5}}}

{MESSAGE 2:

{IN FAVERIF1 AND FAVERIF3, FACILITY NAME AND ADDRESS CHANGED.

WHEN CASE ASSIGNED, NAME AND ADDRESS WERE:

{NAME, ADDRESS FROM ASSIGNMENT}

NAME AND ADDRESS NOW READ:

{CURRENT NAME, ADDRESS}

REASON FOR NAME CHANGE: {DISPLAY TEXT FOR REASON ENTERED AFTER FAVER1F1}

REASON FOR ADDRESS CHANGE: {DISPLAY TEXT FOR REASON ENTERED AFTER FAVER1F3}}

{MESSAGE 4: HOME OFFICE FOR {NUMBER FROM FA7} NURSING HOMES.}

{MESSAGE 6: NUMBER OF RESIDENTS LISTED IS OUT OF RANGE.

EXPECTED NUMBER OF BEDS: {NUMBER FROM NHPI (NUMBEDS)}

ACTUAL NUMBER OF BEDS: {SUM OF BEDS IN FA19, MINUS SUM OF NUMBERS IN FA28}

EXPECTED NUMBER OF RESIDENTS: {NUMBER FROM NHPI (NUMBEDS)}

ACTUAL NUMBER OF RESIDENTS: {NUMBER FROM SS7}}

PRESS F2 TO REVIEW PLACE ROSTER.

PRESS ENTER TO RECORD CALL HOME RESULTS.

PROGRAMMER SPECS:

Deleted.

CALL HOME RESULTS		
	(_____)	
HOME OFFICE SAYS ENTER OVERRIDE CODE	1	(CALL HOME OUTCOME)
HOME OFFICE SAYS STOP DATA COLLECTION	2	(CLOSING 5)
CAN'T REACH HOME OFFICE. RETURN TO FACILITY NAVIGATION	3	(FACILITY NAVIGATION)

PROGRAMMER SPECS:

Disallow DK and RF.

If 3 is selected, go to Facility Navigation screen. Facility Navigation will show facility level or sampling as pending (depending on The Call Home message). If interviewer came from a CALL HOME message, when interviewer chooses the "STARTED BUT NOT COMPLETED" option, go to Closing 2 (The Call Home message screen).

Call Home Outcome

Allow 6 text lines for resolution.

CALL HOME OUTCOME	
RESOLUTION:	_____

OVERVERRIDE CODE: ()	

PROGRAMMER SPECS:

For specifications on override code, see attached 10/11/94 memorandum from Jim Bethel and Pam Broene. Note that the override code is valid for all call home messages, not just for Message 6 for number of residents out of range.

Message 1 has no effect on facility flow (that is, it does not interrupt data collection; they are called to Closing 2 only when another Call Home Message flag is also set or at the end of the facility level questions, before sampling).

If a valid override code is entered, facility data collection activities should continue (using the data that have already been collected). If a valid override code is entered for:

- Message 2 (facility name and address change), go to FAVERIF6.
- Message 4 (home office for more than 2 nursing homes), go to FA11.
- Message 6 (number of residents listed is out of range), go to SS9.

CLOSING 3

Allow display of up to 6 lines for respondent and place.

CLOSING 3

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 FA18} {PLACE FLAGGED AS TENTATIVE ADDITION}
{RESPONDENT NAMED IN FA18} {PLACE FLAGGED AS TENTATIVE ADDITION}
{RESPONDENT NAMED IN FA18} {PLACE FLAGGED AS TENTATIVE ADDITION}

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

CLOSING 4 omitted.

CLOSING 5

Thank you. Those are all the questions I have at the moment for this {facility/home}. Right now, I need to call someone from my office to verify some of the data I have collected.

CALL THE TECH SUPPORT LINE NOW: 1-800-726-4858.

DO NOT EXIT FROM THE FACILITY NAVIGATION SCREEN.

DO NOT TURN OFF YOUR LAPTOP.

CLOSING 6

Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to {RESPONDENT NAMED IN FA24b}.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

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.)

SECTION MD: FACILITY MISSING DATA (MD)

Overall Programming Specifications

All of the overall programming specifications specified in the Facility-Level Questionnaire, pages 2 -19, are applicable in the Facility Missing Data Module.

If there is any facility missing data still outstanding, after entering a response to the last MD item in facility level missing data, the cursor returns to the MD management screen (FQ_MISS); else if there is no missing data, in any of the three "sections" (i.e., Facility Questionnaire, Status of SAQ, Status of Facility Rate Schedule), the application goes to FAEND, then to the Facility Navigation Screen (F_SELECT).

SECTION MD: FACILITY MISSING DATA

Facility Level Data Retrieval

At the facility level, data retrieval of missing data may occur at three different points in the application. The first is data retrieval of critical items (and other non-critical items noted for data retrieval) in the FA section of the facility questionnaire. The second is collection of the facility rate schedule. If FR1PRE = 2 (a printed rate schedule will be available later in the day), then the data retrieval "introduction screen" (FQ_MISS) will include collection of the facility rate schedule as a viable choice. The final point at which data retrieval may occur is for collection of the SAQ. If at FA85 (status of the SAQ), the status is other than "4" or "2" ("COMPLETE"), the data retrieval introduction screen will include updating the status of the SAQ as a choice.

On the facility navigate screen, if there is any data retrieval to be done, then the line for "CURRENT STATUS" will indicate that facility data retrieval needs to be done and the line for "FACILITY QUESTIONNAIRE" will say "MISSING DATA".

SAMPLE LAYOUT

F_SELECT
FACILITY NAVIGATION
CURRENT STATUS: (NEED FAC RETRIEVAL AND SP WORK)
1. FACILITY QUESTIONNAIRE (MISSING DATA)
2. SAMPLING STATUS (COMPLETE)
3. SP NAVIGATION (READY)

When "1" is selected at the navigate screen when the facility questionnaire status is "MISSING DATA", the flow is from the navigate screen to FQ_MISS. This screen provides the interviewer with the options for collecting missing data as described above.

SAMPLE LAYOUT

FQ_MISS

MISSING DATA

INTERVIEWER: WHAT WOULD YOU LIKE TO DO?

()

0. RETURN TO FACILITY NAVIGATION SCREEN

- 1. RETRIEVE FACILITY LEVEL MISSING DATA (FQ_MISS1)
- 2. MARK STATUS OF SAQ (FA85)
- 3. COLLECT THE FACILITY RATE SCHEDULE (FR1PRE)

{INTERVIEWER MESSAGE}

PROGRAMMER SPECS:

1. RETRIEVE FACILITY LEVEL MISSING DATA

When item 1 is selected the interviewer is presented with the missing data summary screen. This screen provides for review of all missing data for the sampled facility. It will have a permanent header, centered, that says: THE FOLLOWING ITEMS ARE MISSING FROM FQ. CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE OF THESE ITEMS.

After reviewing these items and pressing <ENTER> on the last of the review screens, the interviewer is presented with the respondent roster (RR1) in order to select the respondent who will attempt to answer the missing data questions.

If a respondent is selected, the application is steered to the first of the missing data items followed by all remaining missing data items. After entering an answer for each item, the interviewer is returned to FQ_MISS. (Unless there is no more missing data, in which case, the application goes to FAEND, then the facility navigation screen.)

The items in the facility application that may be flagged for data retrieval are as follows:

- FAVERIF1-5
- FA2 (part of larger facility)
- FA19-23 (eligibility block)
- FA35 (groups served) [This is a Round 2 item.]

"MISSING DATA" on the FQ_MISS screen and at the navigate screen can be set to COMPLETE if none of the items in the missing data module are flagged "-8" (DK). Otherwise, the MD module remains open.

If there is no facility level missing data, that is "1" is not a viable entry, display a message at the bottom of this screen: "THERE IS NO FACILITY LEVEL MISSING DATA."

2. MARK STATUS OF SAQ

If the interviewer selects "2" from FQ_MISS, CAPI goes directly to FA85 and the interviewer updates the SAQ status accordingly.

If FA85 for the FACILITY/ELIGIBLE UNITS has been entered as "2" or "4", display a message at the bottom of the screen: "THERE ARE NO STAFFING SAQS THAT NEED TO BE MARKED."

3. COLLECT THE FACILITY RATE SCHEDULE

If the interviewer selects "3", from FQ_MISS, CAPI goes to FR1PRE. In the data retrieval module, all of the text on the screen is optional because FR1PRE has already been presented once. It is important to display the text in FR1PRE because it shows the interviewer (in the header) the units to be included on the rate schedule as well as the types of rates (i.e., Medicaid, Medicare, private pay) expected. If a printed rate schedule is provided, the interviewer will check the schedule for the expected rates, as specified in section FR of the facility questionnaire.

If FR1PRE is coded "1" or "0" for all FACILITY/ELIGIBLE UNITS, display a message at the bottom of the screen: THERE ARE NO FACILITY RATE SCHEDULES THAT NEED TO BE COLLECTED.

What follows are the three different Missing Data modules relevant to facility level data collection.

RETRIEVE FACILITY LEVEL MISSING DATA

FQ_MISS1

For any critical items with invalid responses (as specified in the programmer specifications for the Facility Questionnaire), display flush left, the screen name of the missing item and in a second column the screen text for that item. Display the items in the same sequence in which they appear in the application.

```

FQ_MISS1

                THE FOLLOWING ITEMS ARE MISSING FROM FQ.
                CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE QUESTION.

{FAVERIF1      IS SF'S NAME CORRECT?}
{FAVERIF3      IS SF'S ADDRESS CORRECT?}
{FAVERIF4      IS SF'S ADMINISTRATOR CORRECT?}
{FAVERIF5      IS SF'S PHONE NUMBER CORRECT?}
{FA2           IS SF PART OF A LARGER FACILITY?}
{FA19          NUMBER OF BEDS IN{FACILITY/TENTATIVE ADDITION}??}
{FA20          MEDICAID CERTIFICATION FOR {FACILITY/TENTATIVE ADDITION}??}
{FA21          MEDICARE CERTIFICATION FOR {FACILITY/TENTATIVE ADDITION}??}
{FA22          STATE DEPARTMENT LICENSING FOR{FACILITY/TENTATIVE ADDITION}??}
{FA23          SUPERVISION BY RN OR LPN AT{FACILITY/TENTATIVE ADDITION}??}
{FA35 [ROUND 2] GROUP PRIMARILY SERVED BY {FACILITY/TENTATIVE ADDITION}??}

{FA85          SAQ MISSING FOR{FACILITY/ELIGIBLE UNIT}}
{FR1PRE        RATE SCHEDULE MISSING FOR {FACILITY/ELIGIBLE UNIT}}

PRESS ENTER TO CONTINUE.
    
```

PROGRAMMER SPECS: After pressing enter on the last FQ_MISS screen, the application should go to the respondent roster with the cursor on the first entry in the roster, RR1.

SAMPLE LAYOUT

```

RR1

RESPONDENT ROSTER

                RR1      RR2
                NAME     TITLE
    
```

PROGRAMMER SPECS:

If coming to the Respondent Roster from FQ_MISS1 and a name is not selected/added, <ESCAPE> from the roster should return to the missing data management screen (FQ_MISS). If coming to the roster from FQ_MISS1 and a name is selected added, <ESCAPE> from the roster takes the interviewer to the first facility level item flagged as missing.

FAVERIF1

{FACILITY} fill is either the name of the sampled facility from the LOOKUP (NHPI), or a modification entered in the screener or the Round 1 update process.

Display the SF name right justified on the top line header. This header continues throughout MD items in the FQ unless otherwise specified.

FAVERIF1	
I need to verify that I'm in the right place and that our information about you is correct.	
Is {FACILITY} the <u>exact</u> name of this {home/facility}?	
YES	1
NO	0
DK	-8
RF	-7

PROGRAMMER SPECS:

if 0 is entered in FAVERIF1, present NAME UPDATE SCREENS. The first NAME UPDATE screen is an overlay to FAVERIF1:

What is the exact name of this facility?

_____ FACILITY NAME

Set a flag to indicate a change has been made. Use the updated FACILITY name for FACILITY. Fill in all questions that follow. The second UPDATE screen captures the reason for change:

REASON FOR NAME UPDATE:

- CORRECTING A TYPOGRAPHICAL ERROR 1
- CORRECTING SOME OTHER KIND OF ERROR 2
- SPECIFYING MORE COMPLETE INFORMATION 3
- FACILITY CHANGED ITS NAME
- WHEN BOUGHT BY ANOTHER COMPANY 5
- FACILITY CHANGED ITS NAME FOR SOME
- OTHER REASON 6
- OTHER (SPECIFY: _____) .. 91

MANAGEMENT SYSTEM SPECS:

If DK is entered in root question, flag FAVERIF1 root question as still MISSING DATA.

FAVERIF3

Is {FACILITY}'s address...

{ADDRESS1}

{CITY, STATE ZIP}?

YES	1
NO	0
DK	-8
RF	-7

MANAGEMENT SYSTEM SPECS:

If DK is entered in root question, flag FAVERIF3 root question as still MISSING DATA. If 0 was entered, review address fields and present ADDRESS UPDATE SCREEN if interviewer did not press enter on each and all fields. Set a flag to indicate a change has been made. The ADDRESS UPDATE screen collects the reason for change:

REASON FOR ADDRESS UPDATE:

CORRECTING A <u>TYPOGRAPHICAL</u> ERROR	1
CORRECTING SOME <u>OTHER</u> KIND OF ERROR	2
SPECIFYING <u>MORE COMPLETE</u> INFORMATION	3
FACILITY <u>MOVED</u> TO A DIFFERENT ADDRESS	7
FACILITY CHANGED ITS ADDRESS FOR SOME <u>OTHER</u> REASON	8
OTHER (SPECIFY: _____)	91

FAVERIF4

Display "Is ADMINISTRATOR'S NAME" if any name coded 22 on RESPONDENT ROSTER, other than current respondent. Else, display "Are you."

FAVERIF4	
{Is ADMINISTRATOR'S NAME/Are you} the current administrator of {FACILITY}?	
YES	1
NO	0
DK	-8
RF	-7

PROGRAMMER SPECS:

If 0 is entered in FAVERIF4, go to RR1 with this question text displayed:

What is the current administrator's name?

After the NAME has been entered and the TITLE confirmed, return to FAVERIF4 at the ADMINISTRATOR UPDATE SCREEN. The UPDATE screen captures the reason for the change:

REASON FOR ADMINISTRATOR NAME UPDATE ()	
CORRECTING A TYPOGRAPHICAL ERROR	1
CORRECTING SOME <u>OTHER</u> KIND OF ERROR	2
SPECIFYING <u>MORE COMPLETE</u> INFORMATION	3
FACILITY <u>CHANGED</u> ADMINISTRATORS	4
OTHER (SPECIFY: _____)	91

Set a flag to indicate a change has been made. The UPDATE screen includes a prompt for reason for change.

MANAGEMENT SYSTEM SPECS:

If DK is entered in root question, flag FAVERIF4 root question as still MISSING DATA.

FAVERIF5

Is this {FACILITY AREA CODE AND PHONE NUMBER} the correct phone number for this {home/facility}?

- YES 1
- NO 0
- DK -8
- RF -7

PROGRAMMER SPECS:

If 0 is entered in FAVERIF5, present PHONE UPDATE SCREENS. The first UPDATE screen is an overlay to FAVERIF5. If the area code and state from FAVERIF3 (ADDR.ADDRSTAT) do not match, display the error message "Area code and state...area code" at the bottom of the screen.

What is the phone number?

() () - ()

{Area code and state do not match. Verify and re-enter area code.}

The second UPDATE screen captures the reason for the change:

REASON FOR UPDATE ()

- CORRECTING A TYPOGRAPHICAL ERROR 1
- CORRECTING SOME OTHER KIND OF ERROR 2
- SPECIFYING MORE COMPLETE INFORMATION 3
- FACILITY MOVED TO A DIFFERENT ADDRESS 7
- OTHER (SPECIFY: _____) 91

Set a flag to indicate a change has been made. The UPDATE screen includes a prompt for reason for change.

MANAGEMENT SYSTEM SPECS:

If DK is entered in root question, flag FAVERIF5 root question as still MISSING DATA.

FA2

Is {FACILITY} part of a larger {home/facility} or campus?

YES	1
NO	0
DK	-8
RF	-7

PRESS F1 FOR DEFINITION, EXAMPLES OF "LARGER" PLACES.

MANAGEMENT SYSTEM SPECS:

If DK is entered, flag FA2 as still MISSING DATA.

FA19

For {FACILITY}, if cycling through FA19-23 for a Tentative Addition, display the name of the Tentative Addition from the Place Name from FA11. Otherwise, display sampled facility name. (This display instruction applies to MD items FA19-FA23.)

If this FACILITY/TENTATIVE ADDITION was entered in FA11-15, prefill with number of beds from FA13, display "According to the information I obtained earlier, ..." and "PRESS ENTER..."

If no entries in FA13 (NUMBER OF BEDS/INDIVIDUAL UNITS) for this FACILITY/TENTATIVE ADDITION, display "How many beds..."

FA19

{Now let's turn to {FACILITY}.}

{How many beds does {FACILITY} have?/According to the information I obtained earlier, {FACILITY} has [READ NUMBER BELOW] beds.}

NO. OF BEDS

{PRESS ENTER TO CONTINUE.}

PRESS F1 FOR EXPANDED DEFINITION OF "BEDS".

PROGRAMMER SPECS:

Soft Range:10-300; hard range: 1-1,110.

MANAGEMENT SYSTEM SPECS:

If DK is entered, flag FA19 as still MISSING DATA.

FA20

Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}} if the state in the facility's address is a state that uses a name other than Medicaid. Use table of State Medicaid names presented in the Facility-Level Questionnaire at FA20.

FA20

Is {FACILITY} certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}} as a Nursing Facility (NF)?

IF R MENTIONS:

-ICF (INTERMEDIATE CARE FACILITY), NOTE IN COMMENTS AND ENTER 1.

-ICF-MR (INTERMEDIATE CARE FACILITY-MENTAL RETARDATION), NOTE IN COMMENTS AND ENTER 0.

YES	1
NO	0
DK	-8
RF	-7

MANAGEMENT SYSTEM SPECS:

If DK is entered, flag FA20 as still MISSING DATA.

FA21

Is {FACILITY} certified by Medicare as a SNF?

YES	1
NO	0
DK	-8
RF	-7

MANAGEMENT SYSTEM SPECS:

If DK is entered, flag FA21 as still MISSING DATA.

FA22

Fill {STATE} with state field from FAVERIF3. Spell out state name. Always use sampled facility state name.

FA22	
Is {FACILITY} licensed as a nursing {home/facility} by the {STATE} State Health Department or by some other agency?	
YES, LICENSED BY STATE HEALTH DEPARTMENT	1
YES, LICENSED BY SOME OTHER AGENCY (SPECIFY: _____)	2
NO, NOT LICENSED	0

PROGRAMMER SPECS:

If 2 entered, present a soft range check: UNLIKELY RESPONSE. PLEASE VERIFY AND RE-ENTER.

MANAGEMENT SYSTEM SPECS:

If DK is entered, flag FA22 as still MISSING DATA.

FA23	
Does {FACILITY} provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?	
YES	1
NO	0
DK	-8
RF	-7

MANAGEMENT SYSTEM SPECS:

If DK is entered, flag FA23 as still MISSING DATA.

FA31 omitted.

FA77 omitted.

BOX FACOMP	If there is <u>no</u> facility missing data, that is, there are no items listed on FQ_MISS1, and FA85=2 or 4, and FR1PRE=1 or 0, go to FAEND; else go to MD Management screen (FQ_MISS).
---------------	--

FAEND
YOU HAVE COMPLETED DATA COLLECTION FOR FACILITY LEVEL MISSING DATA.
PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

FA85PRE

Repeat contents of facility header lines below "RECORD THE FOLLOWING..." If more than 3 eligible units, on the fifth line display "PRESS F2 KEY TO REVIEW PLACE ROSTER FOR MORE."

IF FA20 = 0, display "CHECK NOT MEDICAID...OF SAQ"; else do not display.

IF FA21 = 0, display "CHECK NOT MEDICARE...OF SAQ"; else do not display.

FA85PRE

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

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

{PLACE ROSTER VERSION 5}

{PRESS F2 KEY FOR MORE ELIGIBLE UNITS (MARKED *)}.

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

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

PRESS ENTER TO CONTINUE.

FA85

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 FA85 at bottom of screen: SAQ IS NOT COMPLETE. RE-ENTER RESULTS.

FA85	SHOW SAQ TO R. INDICATE RESULTS HERE.
	IF YOU COMPLETED SAQ, CHECK BOX, "INT. COMP.", ON INSIDE BACK COVER OF SAQ.
	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 COMPLETE 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.

Add name volunteered in 3 to Respondent Roster, and add to Section FG as respondent for staffing.

If 4, display as an overlay:

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

BOX FACOMP	If there is <u>no</u> facility missing data, that is, there are no items listed on FQ_MISS1, and FA85=2 or 4, and FR1PRE=1 or 0, go to FAEND; else Go to MD Management screen (FQ_MISS).
---------------	--

FAEND

YOU HAVE COMPLETED DATA COLLECTION FOR FACILITY LEVEL MISSING DATA.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

COLLECT THE FACILITY RATE SCHEDULE

FR1PRE

In the fourth sentence, display Medicaid if FA20 = 1; display Medicare if FA21 = 1.

See instructions above FA20 in the Facility Questionnaire for displaying "PREFERRED NAME FOR MEDICAID (or ALLOWED FOR NAME(S) FOR MEDICAID)."

FR1PRE

Next I'd like to get some information on the basic rates residents in [READ FACILITIES LISTED ABOVE] are charged. (Most {facilities/homes} have one or more set rates they charge their residents for room and board and basic services. Usually this rate includes basic nursing services and sometimes it includes medical services as well. I'm interested in the basic rates charged by {FACILITY} for {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}}), private pay {,and Medicare} residents. If you have a preprinted schedule of any of these rates, I would like to have a copy.)

PRINTED RATE SCHEDULE PROVIDED 1
 NO PRINTED RATE SCHEDULE AVAILABLE 0
 PRINTED RATE SCHEDULE WILL BE AVAILABLE
 LATER TODAY
 (SPECIFY WHEN AND
 FROM WHOM: _____) 2

PRESS F2 TO REVIEW THE PLACE ROSTER.

MANAGEMENT SYSTEM SPECS:

If FR1PRE = 2, status of FACILITY RATE SCHEDULE is still MISSING DATA.

BOX FR1	If 1 entered in FR1PRE, go to FR1; else if 0 is entered, go to BOX FACOMP; Else go to FQ_MISS.
---------	--

FR1

Is private pay on the rate schedule?

YES 1
 NO 0
 DK -8

PROGRAMMER SPECS:

Disallow -7 in FR1.

BOX FR2	If {FACILITY} has no Medicaid beds (FA20 does not = 1), go to BOX FR3; Else go to FR5.
---------	--

FR5

Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} if the state in the Facility's address is a state that uses a name other than "Medicaid". Else display "MEDICAID".

FR5	
Is {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} on the rate schedule?	
YES	1
NO	0
DK	-8

PROGRAMMER SPECS:
Disallow -7 in FR5.

BOX FR3	If {FACILITY} has no Medicare beds (FA21 does not = 1), go to BOX FACOMP; Else go to FR6.
---------	--

FR6	
Is <u>Medicare</u> on the rate schedule?	
YES	1
NO	0
DK	-8

PROGRAMMER SPECS:
Disallow -7 in FR6.

BOX FACOMP	If there is <u>no</u> facility missing data, that is, there are no items listed on FQ_MISS1, and FA85=2 or 4, and FR1PRE=1 or 0, Go to MD Management screen (FQ_MISS).
------------	---

FAEND
YOU HAVE COMPLETED DATA COLLECTION FOR FACILITY LEVEL MISSING DATA.
PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.



TYPE OF PLACE YOU ARE PART OF ...

Assisted Living Facility

Board and Care Home

Continuing Care Retirement Community (CCRC)

Domiciliary Care Home

Hospital

Personal Care Home

Rest Home

Retirement Community



PLACE TYPES

Assisted Living Facility

Board and Care Home

Continuing Care Retirement Community (CCRC)

Domiciliary Care Home

Home Office for Off-site Nursing Home(s)

Hospital

Hospital-based SNF Unit

Nursing Home/LTC Unit Within a CCRC
or Retirement Center

Personal Care Home

Rest Home

Retirement Community



HOSPITAL TYPES

Acute Care Hospital

Private Psychiatric Hospital

State or County Hospital for the Mentally Ill

VA Hospital, VA Medical Center

State Hospital for the Mentally Retarded

Chronic Disease, Rehabilitation, Geriatric, or
Other Long-Term Care Hospital

CARD
FA4

BEDS OR UNITS WHERE RESIDENTS STAY OVERNIGHT:

Assisted Living

Board and Care

Domiciliary Care

Hospital

Independent Living

Mental Health/Psychiatric Setting

Nursing Home/Unit or Rehabilitation Unit

Personal Care

Rest Home

Some Other Kind of Place



BEDS OR UNITS THAT ARE NOT CERTIFIED OR LICENSED AS NH OR NF BEDS:

Assisted Living

Board and Care

Domiciliary Care

Hospital

Independent Living

Mental Health/Psychiatric Setting

Personal Care

Rest Home

Some Other Kind of Place



TYPES OF OWNERSHIP

For Profit (Individual, Partnership, or Corporation)

Private Nonprofit (Religious Group, Nonprofit Corp., Etc.)

City/County Government

State Government

Veteran's Administration

Other Federal Agency



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



TYPES OF PLACES

Nursing Home/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

CARD
RH4

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/Accounts Receivable or Billing Clerk/Bookkeeper
 - 35 = Electronic Data Processing Staff Member
- 91 = OTHER (SPECIFY)

FAVERIF6

A chain is a group of nursing homes or facilities that are operated under common management. Chain nursing homes/facilities are physically located at different sites. Common ownership is not sufficient to define a chain; the group of nursing homes must be under common management as well to qualify as a chain.

FA1

By definition, free-standing nursing homes are located in their own building or unique site and are not associated with any other places that provide long-term care or other services to disabled or elderly populations in that building or on that site.

One exception: A few hospital-based SNFs (Skilled Nursing Facilities) may be located in a satellite location (i.e., on a separate site from the hospital). These should be classified in category 7 (hospital-based SNF unit).

FA2

Examples of places that are PHYSICALLY part of a LARGER place or campus are a Skilled Nursing Facility (SNF) wing that is a part of a hospital, special care unit (e.g., Alzheimer's unit) that is part of a nursing home, or a nursing home that is a part of a retirement community.

FA3
FA5

"Hospital" is a broad concept. It includes the following: acute care hospitals; private psychiatric hospitals; state or county hospitals for the mentally ill; Veterans Administration hospitals and medical centers; state hospitals for the mentally retarded; chronic disease, rehabilitation, geriatric, and other long-term care hospitals; and other places that are commonly called hospitals.

A hospital-based SNF unit is certified by Medicare to provide skilled nursing services. It could be based within any of these hospital types.

FA12

Assisted living facilities, board and care homes, domiciliary care homes, personal care homes, and rest homes are various terms for residential care facilities. They are places that offer residents help with activities, such as bathing and dressing, but do not provide 24-hour nursing services. (Some residents at a residential care facility may not require such assistance, but it must be available to them.)

FA19

Include all beds staffed and set up for residents. Do not include beds used by staff or owners or used only for day care patients or emergency care.

FA26

"Non-nursing beds" are beds that are not certified or licensed to provide residents the level of skilled nursing care, rehabilitation services, or other health-related services that are provided in nursing beds. The key difference is that certified or licensed nursing beds have on-site supervision by an RN or LPN 24 hours a day, 7 days a week; non-nursing beds do not.

Non-nursing beds may provide residents some level of care, supervision, and assistance with activities of daily living but at a level below the care provided those in nursing beds.

Non-nursing beds range from apartments in a retirement community, where residents are responsible for their own care, to an assisted-living wing of a nursing home in which residents receive some assistance in daily living skills, such as eating, bathing, and housekeeping.

FA37
FA55
FA56

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

FA41

"On-site" means on the premises of the nursing home or facility.

If the nursing home is part of a larger facility or campus, this question refers to services provided by the nursing unit, within the nursing unit itself (not elsewhere in the larger facility), to people who are not residents of the nursing unit.

FA42

"Off-site" means outside the premises of the nursing home or facility.

If the nursing home is part of a larger facility or campus, this question refers to services provided by the nursing unit, at some location outside the nursing unit itself, to people who are not residents of the nursing unit. For example, consider a CCRC with a nursing unit, an assisted-living unit, and independent living apartments. If the nursing unit provides homemaker services to the independent living residents in their apartments, you would select the second category in this question.

SS2
SAMPLING AID

Selecting the Current Residents Sample

1. GET THE LIST(S).

It must contain all residents present in the facility on January 1, 1996.

2. CLEAN THE LIST.

If the list contains all residents as of January 1, 1996:

Include discharges and deaths on January 1.
Delete admissions on January 1.

If the list contains residents prior to January 1, 1996:

Delete discharges and deaths before December 31, 1995.
Add admissions from date of list through December 31, 1995.

If the list contains residents after January 1, 1996:

Delete admissions from January 1, 1996, through date of list.
Add discharges and deaths from January 1, 1996, through date of list.

3. CONSTRUCT THE LIST.

Check for duplicates on the list.
Correct the current residents list if necessary.

4. NUMBER THE LIST.

Number all eligible names on the list sequentially.
Check the numbers by groups of 50 or 100.

5. SELECT THE SAMPLE. Using the CAPI machine:

Enter the number of current residents (last number on your list).

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

Enter the names corresponding to the line numbers into the CAPI machine.

SS2
SS3
SS4

STEP 1: GET THE LIST(S).

Obtain an accurate, up-to-date list of all residents who were in the facility on January 1, 1996. The list must include persons residing in all eligible parts of the facility. Multiple lists may be required. (Refer to the eligible units displayed on the matrix.)

Possible list sources include:

Computerized systems (daily census)
Card files
Admission logs
Billing records

SS6
SS7

STEP 2: CLEAN THE LIST.

If the list contains all residents as of January 1, 1996:

Include discharges and deaths on January 1.
Delete admissions on January 1.

If the list contains residents prior to January 1, 1996:

Delete discharges and deaths before December 31, 1995.
Add admissions from date of list through December 31, 1995.

If the list contains residents after January 1, 1996:

Delete admissions from January 1, 1996, through date of list.

STEP 3: CONSTRUCT THE LIST.

Check for duplicates on the list.
Correct the current residents list if necessary.

STEP 4: NUMBER THE LIST.

Number all eligible names on the list sequentially.

SS9
SS9-12
SS10
SS11
SS12

STEP 5: SELECT THE SAMPLE. Using CAPI application:

Enter number of current residents (last number on your list).

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

Enter the names corresponding to the line numbers into CAPI.

FACILITY NAME _____

NURSING HOME/LTC UNIT _____

ID # _____

FORM # _____

DATE _____ / _____ / _____
MONTH DAY YEAR

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

ROUND 1

FACILITY STAFFING QUESTIONNAIRE FOR THE SECOND FULL WEEK IN JANUARY 1996

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and AHCPH, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of AHCPH without the consent of the individual or the establishment in accordance with Section 903(c) of the Public Health Service Act (42 U.S.C. 299a-1(c)).

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer, Attention: PRA, United States Public Health Service, Paperwork Reduction Project (0935-0099), Hubert H. Humphrey Building, Room 7-37F, 200 Independence Avenue, S.W., Washington, D.C. 20201.

The U.S. Public Health Service has contracted with Westat to conduct the Medical Expenditure Panel Survey (MEPS). This includes a nationwide study of residents in nursing homes -- the National Nursing Home Expenditure Study (NNHES). The purpose of the study is to collect data about the American population's use and financing of nursing home services. Findings from this survey will provide critical input in the development of policies to promote efficient and effective health care resources allocation, a topic that is a major concern to all of us.

The study will be administered to a randomly selected nationwide sample of nursing homes. Your facility has been chosen to be a key player in this important data collection effort. Thus, your participation in this effort will be instrumental in guiding policymakers and legislators in forming a comprehensive health care plan.

As part of this study, we are asking you, if relevant, to provide your Medicaid and/or Medicare provider numbers. We are also interested in the number of admissions you had from January 1, 1995 to December 31, 1995.

We are also asking about the number of RNs, LPNs, and aides who were employees during the second full week in January 1996. (For example, if your work week is Sunday to Saturday, the second full week was January 7th through January 13th.) We need a breakdown of full-time employees (at least 35 hours per week), part-time employees, and full-time equivalents (FTEs). We need the same breakdown for temporary agency (registry or pool) staff during the second full week in January. (If staff are shared across units, do the best you can to estimate the number of employees and FTEs for the units that are listed at the top of the attached questionnaire.)

We also need the hourly rate you pay for RNs and LPNs who are employees and who have one year of experience, the hourly rate for entry-level aides, and the hourly rate you pay for temporary agency (registry or pool) RNs, LPNs, and aides.

Please answer these questions only for the certified or licensed nursing facility beds in the units listed at the top of page two.

Thank you in advance for your help in providing this important information.

OMB #: 0935-0099

EXP: 09/30/97

FACILITY ID #: _____

PLEASE ANSWER THE QUESTIONS BELOW FOR THE CERTIFIED OR LICENSED NURSING FACILITY BEDS IN _____ ONLY. IF STAFF SPLIT THEIR TIME AMONG UNITS, ALLOCATE THE BEST YOU CAN.

1. If your Facility is certified by Medicaid and/or Medicare, we'd like to have your provider number(s). If there is more than one number, please provide all of them. We need these numbers to access Medicaid and Medicare program data to supplement the data we will be collecting. This information will be used only for research purposes; it will be held in strict confidence and will not be released to anyone without your consent in accordance with Section 903(c) of the Public Health Service Act (42 U.S.C. 299a-1(c)). Provision of this number will in no way affect this facility's certification status. The Medical Expenditure Panel Survey is authorized in accordance with Section 902(a) of the Public Health Service Act (42 U.S.C. 299a).

If your facility is not certified by Medicaid or Medicare, check the box provided.

PROVIDER NUMBERS	
1. _____ MEDIKAID PROVIDER #	1. _____ MEDICARE PROVIDER #
2. _____ MEDIKAID PROVIDER #	2. _____ MEDICARE PROVIDER #
NOT MEDIKAID CERTIFIED <input type="checkbox"/>	NOT MEDICARE CERTIFIED <input type="checkbox"/>

2. The next question we have is about admissions in 1995. We would like this count to include only admissions, not residents.

How many admissions did you have in 1995, that is, from January 1, 1995 through December 31, 1995?

NO. OF ADMISSIONS

3. In Table 1 below, we are interested in nursing staff who were employees of your facility during the second full week in January 1996.

In **Column A** enter the number of full-time RNs (including the Director of Nursing), LPNs and nurses aides who were employees of your facility. (By full-time, we mean at least 35 hours per week.)

In **Column B** enter the number of part-time RNs, LPNs and nurses aides who were employees of your facility. (By part-time, we mean less than 35 hours per week.)

In **Column C** enter the number of full-time equivalents (FTEs) for RNs, LPNs and nurses aides who were employees of your facility.

TABLE 1: EMPLOYEES -- SECOND FULL WEEK IN JANUARY 1996

Staff Type	A. Full-time Employees	B. Part-time Employees	C. FTE Employees
RNs			
LPNs			
Aides			

4. In Table 2 below, we are interested in nursing staff who worked for you as temporary agency (registry or pool) staff during the second full week in January 1996. (These are staff supplied by a temporary agency in contrast to your own staff of employees.)

In Table 2 you may complete either:

Column A by entering the full-time equivalents for RNs, LPNs and nurses aides who worked as registry or pool staff.

OR

Column B by entering the total number of hours worked by registry or pool staff.

TABLE 2: REGISTRY/POOL STAFF -- SECOND FULL WEEK IN JANUARY 1996

Staff Type	A. Registry/Pool FTEs	<u>OR</u>	B. Registry/Pool Total Hours
RNs			
LPNs			
Aides			

5. In question 5 we are interested in staff wage rates for nurses who are employees of your facility. When answering this question, we ask that you quote rates that are paid to nurses on the day shift with 1-year experience. (If no staff with 1-year experience, use rate paid to nurses with experience closest to 1 year, check the "other" box, and write in how much experience it is.)

What is the hourly wage rate paid to RNs and LPNs on the day shift?

<u>Staff Type</u>	<u>WAGE RATE</u>	
RN	\$ _____ per hour	<input type="checkbox"/> 1-YR EXPERIENCE
		<input type="checkbox"/> OTHER (DESCRIBE: _____ _____).
LPN	\$ _____ per hour	<input type="checkbox"/> 1-YR EXPERIENCE
		<input type="checkbox"/> OTHER (DESCRIBE: _____ _____).

6. In question 6 we are interested in the entry-level hourly rate for aides who are employees of your facility.

What is the entry-level hourly rate for aides?

\$ _____ per hour
RATE

OTHER (DESCRIBE: _____
_____).

7. Next, we'd like wage rate information on temporary agency (registry or pool) staff. Please provide the hourly rate for RNs, LPNs, and aides who are temporary agency staff on the day shift. If you have no agency staff, check the box provided.

AGENCY STAFF HOURLY RATE	
RN RATE: _____ \$ _____ per hour	<input type="checkbox"/>
NO AGENCY RNs <input type="checkbox"/>	
LPN RATE: _____ \$ _____ per hour	<input type="checkbox"/>
NO AGENCY LPNs <input type="checkbox"/>	
AIDES RATE: _____ \$ _____ per hour	<input type="checkbox"/>
NO AGENCY AIDES <input type="checkbox"/>	

Thank you for your help in this critical study that will contribute to better health care policy.

Name of person completing form: _____
PLEASE PRINT

Title: _____

Date form completed: _____

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and AHCPH, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of AHCPH without the consent of the individual or the establishment in accordance with Section 903(c) of the Public Health Service Act (42 U.S.C. 299a-1(c)).

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer, Attention: PRA, United States Public Health Service, Paperwork Reduction Project (0935-0099), Hubert H. Humphrey Building, Room 7-37F, 200 Independence Avenue, S.W., Washington, D.C. 20201.

INTERVIEWER COMPLETED SAQ