Here is the contractor suggestions noted in yellow, also attached is the instrument with the noted changes(see page 9):

**Section L: LTC Long-Term Care**

L1. Excluding any Medicare Supplement Policy, do you have a long-term care policy that covers nursing home care, assisted living, or long-term care services in the home?

01 Yes

02 No

98 Don’t Know

99  Refused

L2. How many times have you ever been a patient in a nursing home, assisted living, convalescent, or rest home?

01           \_\_\_\_1-99 times

02            0 //skip to 3//

98           Don’t Know

99           Refused

L2a. When were you admitted the last time? (month, year)

01\_\_\_\_01-12 month

02\_\_\_\_1900-2012 year

98           Don’t Know

99           Refused

L2b. How long were you there the last time?

01           1-30 days // answer L2c and skip L2d//

02           31-60 days

03           61-90 days

04           91 to 180 days

05           181+ days

98           Don’t Know

99           Refused

L2c. For the most recent admission, what were all of the sources of payment that covered or will cover the cost of your nursing home, assisted living, convalescent, or rest home care for that first month or billing period?

01           Private insurance

02           Self/private pay/out-of-pocket

03           Medicare (including Medicare HMO)

04           Medicaid (including Medicaid HMO)

05           Department of Veterans Affairs Contract or other Department of Veterans Affairs Programs

06           Other

98           Don’t Know

99           Refused

L2d. What were all the sources of payment that covered or will cover the cost of your care for the most recent ~~past~~ month or billing period?

01           Private insurance

02           Self/private pay/out-of-pocket

03           Medicare (including Medicare HMO)

04           Medicaid (including Medicaid HMO)

05           Department of Veterans Affairs Contract or other Department of Veterans Affairs Programs

06           Other

98           Don’t Know

99           Refused

L3. In the last 30 days, ~~month, that is, since <fill date>~~ how many times did you receive nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide?

01           \_\_\_\_\_ RANGE 1-30 ~~1-31 times~~

02           \_\_\_\_\_0//Skip to next Section//

98           Don’t Know//Skip to next Section//

99           REFUSED//Skip to next Section//

L3a. What were all the sources of payment that covered or will cover the cost of your nursing services at home care for the most recent ~~past~~ month or billing period?

01           Private insurance

02           Self/private pay/out-of-pocket

03           Medicare (including Medicare HMO)

04           Medicaid (including Medicaid HMO)

05           Department of Veterans Affairs Contract or other Department of Veterans Affairs Programs

06           Non-Paid/Family/Volunteer

07           Other

98           Don’t Know

99           Refused

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