

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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