

BQRH22A:

Residential care facilities offer help with activities such as bathing and dressing but do not provide 24-hour nursing services. Include assisted living communities, board and care homes, domiciliary homes, group homes, personal care homes, and homes for persons with mental illness or retardation.

BQ18:

"Living daughters" includes natural, adopted, and step-children.

BQ19:

"Living sons" includes natural, adopted, and step-children.

EX15PRE:

NON-HEALTH-RELATED ANCILLARIES INCLUDE: Beautician services, Haircut, Laundry, Manicure, Telephone, Television, and Therapeutic massage

EX15PREB2:

NON-HEALTH-RELATED ANCILLARIES INCLUDE: Beautician services, Haircut, Laundry, Manicure, Telephone, Television, and Therapeutic massage

EX15PRES1:

NON-HEALTH-RELATED ANCILLARIES INCLUDE: Beautician services, Haircut, Laundry, Manicure, Telephone, Television, and Therapeutic massage

EX22S1:

MEDICAID WRITE-OFF: The allowable Medicaid rate for nursing home care is a figure that is set by the state, and it varies from state to state. Sometimes, a facility that is Medicaid certified may post charges for a resident that are above the allowable Medicaid rate. The difference between what the facility bills and what Medicaid pays is sometimes called a "write-off" as it is money that the facility never expects to see.

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EX22B2:

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EX4:

Ancillary services are services provided by the nursing home that are not included in the rates that cover basic care and room and board. These services may be health-related, such as radiology, drugs, therapy (physical, speech, occupational) or lab work, or non-health-related, such as beautician services, laundry, television, and so on. The study collects expenditure data only for ancillary services that are health-related.

EX4B2:

Ancillary services are services provided by the nursing home that are not included in the rates that cover basic care and room and board. These services may be health-related, such as radiology, drugs, therapy (physical, speech, occupational) or lab work, or non-health-related, such as beautician services, laundry, television, and so on. The study collects expenditure data only for ancillary services that are health-related.

FQ2A:

STATE	ABBR.
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR

California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

FQ4A:	
STATE	ABBR.
Alabama	AL

Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

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).

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 also be under common management to qualify as a chain.

"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:

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.

FA2A:

AS NECESSARY, USE THESE PROBES IF RESPONDENT DOES NOT UNDERSTAND THE FIRST QUESTION.

1. Don't include personal care beds, or board and care, domiciliary, or residential rest homes.
2. Certified or licensed nursing facilities must provide 24-hour-a-day, on-site supervision by an RN or LPN 7 days a week.

FA3:

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, or a nursing home that is a part of a retirement community.

FA4:

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IN13A:

Medicare beneficiaries who are entitled to Medicare Part A or enrolled in Part B are eligible to enroll in subsidized prescription drug coverage offered in their areas through Medicare Part D.

FA24:

MCBS considers a facility to be "otherwise identified" as a long-term care facility if it:

Provides at least one long-term care service
or

Provides 24-hour, 7-day a week supervision by a caregiver.

FQM5A:

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FQM6A:

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.

HA2:

A full MDS assessment is the form completed at admission and on an annual basis thereafter. A Quarterly Review is the shortest form which contains only a few of the full MDS assessment items.

HA2T2:

A full MDS assessment is the form completed at admission and on an annual basis thereafter. A Quarterly Review is the shortest form which contains only a few of the full MDS assessment items.

HA7A:

A full MDS assessment is the form completed at admission and on an annual basis thereafter.

HA7AT2:

A full MDS assessment is the form completed at admission and on an annual basis thereafter.

HA15B:

- 0 INDEPENDENT - decisions consistent/reasonable
- 1 MODIFIED INDEPENDENCE - some difficulty with new tasks or situations only
- 2 MODERATELY IMPAIRED - decision poor; cues/supervision required
- 3 SEVERELY IMPAIRED - never/rarely made decisions

HA15BT2:

- 0 INDEPENDENT - decisions consistent/reasonable
- 1 MODIFIED INDEPENDENCE - some difficulty with new tasks or situations only
- 2 MODERATELY IMPAIRED - decision poor; cues/supervision required
- 3 SEVERELY IMPAIRED - never/rarely made decisions

HA16B:

- 0 HEARS ADEQUATELY - normal conversational speech, including telephone or watching TV
- 1 MINIMAL DIFFICULTY - when not in a quiet setting
- 2 HEARS IN SPECIAL SITUATIONS ONLY - speaker has to adjust tonal quality and speak distinctly
- 3 HIGHLY IMPAIRED - absence of useful hearing

HA18B:

MAKING SELF UNDERSTOOD - expressing information content - however able

- 0 UNDERSTOOD - expressed ideas clearly
- 1 USUALLY UNDERSTOOD - difficulty finding words or finishing thoughts
- 2 SOMETIMES UNDERSTOOD - ability limited to making concrete requests
- 3 RARELY OR NEVER UNDERSTOOD - ability to understand the SP is limited to staff interpretation

HA19B:

ABILITY TO UNDERSTAND OTHERS - understanding verbal information content

- 0 UNDERSTANDS - clearly comprehends the speaker's message
- 1 USUALLY UNDERSTANDS - may miss some part/intent of message
- 2 SOMETIMES UNDERSTANDS - simple direct communication
- 3 RARELY OR NEVER UNDERSTANDS - very limited ability to understand communication

HA20B:

- 0 ADEQUATE - sees fine detail, including regular print in newspapers/books
- 1 IMPAIRED - sees large print but not regular print in newspapers/books
- 2 MODERATELY IMPAIRED - limited vision: not able to see newspaper headlines, but can identify objects
- 3 HIGHLY IMPAIRED - object identification is in question but appears to follow objects with eyes
- 4 SEVERELY IMPAIRED - no vision or appears to see only light, colors, or shapes

HA22B:

- A TRANSFER - how resident moves between surfaces - to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)
- B LOCOMOTION ON THE UNIT - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair
- C DRESSING - how resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis
- D EATING - how resident eats and drinks (regardless of skill)
- E TOILET USE - how resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad,

manages ostomy or catheter, adjusts clothes-

- 0 INDEPENDENT - no help or oversight OR help/oversight provided only once or twice a week
- 1 SUPERVISION - oversight, encouragement or cueing provided only once or twice a week
- 2 LIMITED ASSISTANCE - highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance three or more times OR more help provided only 1 or 2 times a week
- 3 EXTENSIVE ASSISTANCE - performed part of the activity with help of the following type(s) provided 3 or more times a week: weight bearing support or full staff performance of task during part (but not all) of the time
- 4 TOTAL DEPENDENCE - full staff performance of activity
- 7 ACTIVITY OCCURRED ONLY ONCE OR TWICE
- 8 ACTIVITY DID NOT OCCUR

HA22BT2:

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HA23B:

- BATHING - how resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair)

0 INDEPENDENT - no help provided
1 SUPERVISION - oversight help only
2 PHYSICAL HELP LIMITED TO TRANSFER ONLY
3 PHYSICAL HELP IN PART OF BATHING ACTIVITY
4 TOTAL DEPENDENCE
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8 ACTIVITY DID NOT OCCUR

HA24B:

CANE/WALKER - includes residents who walk by pushing a wheelchair for support

HA24BT2:

CANE/WALKER - includes residents who walk by pushing a wheelchair for support

HA32:

Active refers to those diseases associated with the resident's ADL status, cognition, behavior, medical treatments, or risk of death.

HA34B:

DEHYDRATION - the condition that occurs when fluid output exceeds fluid intake

HA35B:

DELUSIONS - the resident has fixed (false) ideas not shared by others

HA36B:

HALLUCINATIONS - the resident behaves as if he/she sees, hears, smells, or tastes things others do not

IN22:

TRICARE is a program that covers both active duty and retired military personnel, their dependents, and survivors. CHAMPVA is a program that covers disabled veterans, their dependents, and survivors. TRICARE and CHAMPVA do NOT include veterans or survivors monthly benefits nor plans such as the Army Health Plan, the Air Force Health Plan, and so on, that provide medical benefits to enlisted personnel, dependents, and some civilian employees.

PM1B:

"Prescribed medicines administered" refers to all medicines listed on the resident's Prescribed Medicines chart, regardless of whether the SP took the medicine.

For example, it's possible that a resident whose chart indicates a prescribed medicine with a dosage of PRN (standing order, administer as necessary) will never take that medicine during the reference month. Another example is a prescribed medicine that is refused by the resident. These medicines should be recorded as "administered".

PM2:

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PM5:

"Dosage" has two attributes -- the number of units (pills, injections, patches, and so on) of a particular strength of medicine to be received at one time and how often this number of units is to be received. For example, 2 250 mg tablets of ibuprofen, every four hours, where "2" represents the number of units, "250 mg" the strength, and "every four hours" the frequency at which it is to be administered.

RH22:

Residential care facilities offer help with activities such as bathing and dressing but do not provide 24-hour nursing services. Include assisted living communities, board and care homes, domiciliary homes, group homes, personal care homes, and homes for persons with mental illness or retardation.

RH36:

A formal discharge is defined by the facility, i.e., whatever the facility defines as a formal discharge is a formal discharge. It may mean that the person is not charged even though the bed is held.

In some states, Medicaid requires a person be formally discharged whenever she goes to a hospital. Medicaid may reimburse the nursing home, usually an amount lower than the normal per diem rate during a hospital stay. There is usually a maximum number of days that Medicaid will reimburse, and this varies by state."

RH49A:

"Consent" refers to a required process of obtaining permission to collect information about an SP from someone other than staff of the

facility, either the SP or a proxy. Such permission can be obtained in writing or verbally (by telephone).

US13:

One-time evaluations for physical and/or occupational therapy may take place across several sessions or days.

US29:

Do not include health care providers on the regular (paid for by the basic rate) resident-care staff of the facility.