# Medicare Current Beneficiary Survey

Section Specifications for FQF

Round 69

FACILITY QUESTIONNAIRE

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# BOX FQ1

Box Instructions

GO TO FQ1 - FNAMEOK.

Other Programming Instructions

| Variable Name | Assignment Instructions |
| --- | --- |
| FQDISP | If FQDISP = 7/CompleteIneligible, EMPTY, or NULL, then FQDISP = 2/NotStarted |
| SPDISP | If FQDISP = 7/CompleteIneligible and SPDISP = 11/FinalNonResp, then SPDISP = EMPTY |
| FACLCERT | FACLCERT = PreloadFQ.FACLCERT |

Design Notes

Must open PLAC array to PLACNUM = 001 and preload PLAC array from PreloadPLAC.PLACNUM = 001

# FQ1 Code 1

Question Text

IF SP IS IN AN ADULT/GROUP HOME OR SIMILAR RESIDENCE AT ANOTHER LOCATION, CODE "2" OR "3" WITHOUT ASKING.

Before we begin, I need to verify that our information is correct. Is (PRELOAD FACILITY) the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)?

Field 1: FNAMEOK

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FQ1A - PLACNAME |
| 1 | YES | FQ2 - FADDROK |
| 2 | DISPLAYED GROUP HOME NAME IS CORRECT | FQ2 - FADDROK |
| 3 | DISPLAYED GROUP HOME NAME IS NOT CORRECT | FQ1A - PLACNAME |
|  | Don't Know | FQCLOSE7 - NOTRESP |
|  | Refused | FQCLOSE7 - NOTRESP |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PLACNAME | If FQ1-FNAMEOK = 1/Yes or 2/DispHomeCorrect, then PLAC.PLACNAME = PreloadPLAC.PLACNAME |
| PLACNAME | If FQ1-FNAMEOK = 1/Yes or 2/DispHomeCorrect, then FQ.PLACNAME = PreloadPLAC.PLACNAME |

# FQ1A Text

Question Text

What is the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]?

Field 1: PLACNAME

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ2 - FADDROK |
|  | Don't Know | FQ2 - FADDROK |
|  | Refused | FQ2 - FADDROK |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PLACNAME | If FQ1A-PLACNAME <> DK, RF then PLAC.PLACNAME = FQ1A-PLACNAME. Else PLAC.PLACNAME = PreloadPLAC.PLACNAME. |

# FQ2 Yes/No

Question Text

Next, I would like to verify the address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)].

I have it listed as [READ ADDRESS BELOW]. Is this correct?

Field 1: FADDROK

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FQ2A - ADDRESS |
| 1 | YES | FQ3 - FADMNOK |
|  | Don't Know | FQ3 - FADMNOK |
|  | Refused | FQ3 - FADMNOK |

Other Programming Instructions

Report Display

Report Display Instructions:
PRELOAD ADDRESS = PreloadPLAC.ADDRESS
PRELOAD CITY = PreloadPLAC.ADDRCITY
PRELOAD STATE = PreloadPLAC.ADDRSTAT
PRELOAD ZIP = PreloadPLAC.ADDRZIP

Report Header:
PREVIOUSLY REPORTED ADDRESS:

Report Display:
(PRELOAD ADDRESS)
(PRELOAD CITY) (PRELOAD STATE) (PRELOAD ZIP)

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| ADDRESS | If FQ2-FADDROK = 1/Yes then PLRoster.PLACRoster[1].ADDRESS = PreloadPLAC.ADDRESS |
| ADDRCITY | If FQ2-FADDROK = 1/Yes then PLRoster.PLACRoster[1].ADDRCITY = PreloadPLAC.ADDRCITY |
| ADDRSTAT | If FQ2-FADDROK <> 0/No then PLRoster.PLACRoster[1].ADDRSTAT = PreloadPLAC.ADDRSTAT |
| ADDRZIP | If FQ2-FADDROK = 1/Yes then PLRoster.PLACRoster[1].ADDRZIP = PreloadPLAC.ADDRZIP |

# FQ2A Address

Question Text

What is the correct address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]?

PRESS F1 FOR STATE ABBREVIATIONS.

Field 1: ADDRESS

ADDRESS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ2A - ADDRCITY |
|  | Don't Know | FQ2A - ADDRCITY |
|  | Refused | FQ2A - ADDRCITY |

Field 2: ADDRCITY

CITY

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ2A - ADDRSTAT |
|  | Don't Know | FQ2A - ADDRSTAT |
|  | Refused | FQ2A - ADDRSTAT |

Field 3: ADDRSTAT

STATE

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ2A - ADDRZIP |
|  | Don't Know | FQ2A - ADDRZIP |
|  | Refused | FQ2A - ADDRZIP |

Field 4: ADDRZIP

ZIP

Field 4 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ3 - FADMNOK |
|  | Don't Know | FQ3 - FADMNOK |
|  | Refused | FQ3 - FADMNOK |

Other Programming Instructions

Report Display

Report Display Instructions:
PRELOAD ADDRESS = PreloadPLAC.ADDRESS
PRELOAD CITY = PreloadPLAC.ADDRCITY
PRELOAD STATE = PreloadPLAC.ADDRSTAT
PRELOAD ZIP = PreloadPLAC.ADDRZIP

Report Header:
PREVIOUSLY REPORTED ADDRESS:

Report Display:
(PRELOAD ADDRESS)
(PRELOAD CITY) (PRELOAD STATE) (PRELOAD ZIP)

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| ADDRESS | If FQ2A-ADDRESS <> DK, RF, then PLAC.ADDRESS = FQ2A-ADDRESS. Else PLAC.ADDRESS = PreloadPLAC.ADDRESS. |
| ADDRCITY | If FQ2A-ADDRCITY <> DK, RF, then PLAC.ADDRCITY = FQ2A-ADDRCITY. Else PLAC.ADDRCITY = PreloadPLAC.ADDRCITY. |
| ADDRSTAT | If FQ2A-ADDRSTAT <> DK, RF, then PLAC.ADDRSTAT = FQ2A-ADDRSTAT. Else PLAC.ADDRSTAT = PreloadPLAC.ADDRSTAT. |
| ADDRZIP | If FQ2A-ADDRZIP <> DK, RF, then PLAC.ADDRZIP = FQ2A-ADDRZIP. Else PLAC.ADDRZIP = PreloadPLAC.ADDRZIP. |

# FQ3 Code 1

Question Text

(CODE "2" WITHOUT ASKING.)

[Is (ADMINISTRATOR'S NAME)/Are you] (still) the current administrator of (FACILITY)?

Field 1: FADMNOK

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FQ3A - FACRNAM1 |
| 1 | YES | FQ4 - MADDROK |
| 2 | RESPONDENT CONSIDERED ADMINISTRATOR | FQ4 - MADDROK |
|  | Don't Know | FQ4 - MADDROK |
|  | Refused | FQ4 - MADDROK |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| XFACRADM | If FQ3-FADMNOK = 1/Yes then PLAC.XFACRADM = PreloadPLAC.XFACRADM.Else if FQ3-FADMNOK = 2/RespConsideredAdmin then PLAC.XFACRADM = FACRNUM of current respondent. |

# FQ3A Roster

Question Text

What is the current administrator's name?

SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.

Field 1: FACRNAM1

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ4 - MADDROK |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| XFACRADM | PLAC.XFACRADM = FACRNUM added/selected on PLAC where PLACNUM = 001 |

# FQ4 Yes/No

Question Text

Next, I would like to verify your office address. I have it listed as [READ ADDRESS LISTED BELOW]. Is this correct?

Field 1: MADDROK

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FQ4A - MAILADD1 |
| 1 | YES | FQ5 - FPHONOK |
|  | Refused | FQ5 - FPHONOK |

Other Programming Instructions

Report Display

Report Display Instructions:
PRELOAD MAILING ADDRESS = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILADDR. Else display PLAC.ADDRESS.

PRELOAD MAILING CITY = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILCITY. Else display PLAC.ADDRCITY.

PRELOAD MAILING STATE = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILSTAT. Else display PLAC.ADDRSTAT.

PRELOAD MAILING ZIP = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILZIP. Else display PLAC.ADDRZIP.

Report Header:
PREVIOUSLY REPORTED MAILING ADDRESS:

Report Display:
(PRELOAD MAILING ADDRESS)
(PRELOAD MAILING CITY) (PRELOAD MAILING STATE) (PRELOAD MAILING ZIP)

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| MAILADDR | If FQ4-MADDROK = 1/Yes or RF:If PreloadFQ.MAILADDR <> EMPTY, then FQ.MAILADDR = PreloadFQ.MAILADDR. Else FQ.MAILADDR = PLRoster.PLACRoster[1].ADDRESS |
| MAILCITY | If FQ4-MADDROK = 1/Yes or RF:If PreloadFQ.MAILADDR <> EMPTY, then FQ.MAILCITY = PreloadFQ.MAILCITY. Else FQ.MAILCITY = PLRoster.PLACRoster[1].CITY. |
| MAILSTAT | If FQ4-MADDROK = 1/Yes or RF:If PreloadFQ.MAILADDR <> EMPTY, then FQ.MAILSTAT = PreloadFQ.MAILSTAT. Else FQ.MAILSTAT = PLRoster.PLACRoster[1].ADDRSTAT |
| MAILZIP | If FQ4-MADDROK = 1/Yes or RF:If PreloadFQ.MAILADDR <> EMPTY, then FQ.MAILZIP = PreloadFQ.MAILZIP. Else FQ.MAILZIP = PLRoster.PLACRoster[1].ADDRZIP |

# FQ4A Text

Question Text

What is the correct address for your office?

PRESS F1 FOR STATE ABBREVIATIONS.

Field 1: MAILADD1

ADDRESS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ4A - MAILCIT1 |
|  | Don't Know | FQ4A - MAILCIT1 |
|  | Refused | FQ4A - MAILCIT1 |

Field 2: MAILCIT1

CITY

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ4A - MAILSTA1 |
|  | Don't Know | FQ4A - MAILSTA1 |
|  | Refused | FQ4A - MAILSTA1 |

Field 3: MAILSTA1

STATE

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ4A - MAILZIP1 |
|  | Don't Know | FQ4A - MAILZIP1 |
|  | Refused | FQ4A - MAILZIP1 |

Field 4: MAILZIP1

ZIP

Field 4 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ5 - FPHONOK |
|  | Don't Know | FQ5 - FPHONOK |
|  | Refused | FQ5 - FPHONOK |

Other Programming Instructions

Report Display

Report Display Instructions:
PRELOAD MAILING ADDRESS = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILADDR. Else display PLAC.ADDRESS.

PRELOAD MAILING CITY = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILCITY. Else display PLAC.ADDRCITY.

PRELOAD MAILING STATE = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILSTAT. Else display PLAC.ADDRSTAT.

PRELOAD MAILING ZIP = If PreloadFQ.MAILADDR <> EMPTY, then display PreloadFQ.MAILZIP. Else display PLAC.ADDRZIP.

Report Header:
PREVIOUSLY REPORTED MAILING ADDRESS:

Report Display:
(PRELOAD MAILING ADDRESS)
(PRELOAD MAILING CITY) (PRELOAD MAILING STATE) (PRELOAD MAILING ZIP)

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| MAILADDR | If FQ4A-MAILADDR = DK or RF, FQ.MAILADDR = PreloadFQ.MAILADDR.Else FQ.MAILADDR = FQ4A-MAILADD1. |
| MAILCITY | If FQ4A-MAILCITY = DK or RF, FQ.MAILCITY = PreloadFQ.MAILCITY.Else FQ.MAILCITY = FQ4A-MAILCIT1. |
| MAILSTAT | If FQ4A-MAILSTAT = DK or RF, FQ.MAILSTAT = PreloadFQ.MAILSTAT.Else FQ.MAILSTAT = FQ4A-MAILSTA1. |
| MAILZIP | If FQ4A-MAILZIP = DK or RF, FQ.MAILZIP = PreloadFQ.MAILZIP.Else FQ.MAILZIP = FQ4A-MAILZIP1. |

# FQ5 Yes/No

Question Text

(VERIFY PHONE NUMBER IS FOR FQ RESPONDENT. DO NOT READ ALOUD.)

Is (FACILITY AREA CODE AND PHONE NUMBER) the correct phone number for (FACILITY)?

Field 1: FPHONOK

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FQ5A - ADDRAREA |
| 1 | YES | BOX FQ7 |
|  | Don't Know | BOX FQ7 |
|  | Refused | BOX FQ7 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| ADDRAREA | If FQ5-FPHONOK = 1/Yes then PLAC.ADDRAREA = PreloadPLAC.ADDRAREA |
| ADDREXCH | If FQ5-FPHONOK = 1/Yes then PLAC.ADDREXCH = PreloadPLAC.ADDREXCH |
| ADDRLOCL | If FQ5-FPHONOK = 1/Yes then PLAC.ADDRLOCL = PreloadPLAC.ADDRLOCL |

# FQ5A Numeric

Question Text

What is the phone number?

Field 1: ADDRAREA

AREACODE

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ5A - ADDREXCH |
|  | Don't Know | FQ5A - ADDREXCH |
|  | Refused | FQ5A - ADDREXCH |

Field 2: ADDREXCH

EXCHANGE

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FQ5A - ADDRLOCL |
|  | Don't Know | FQ5A - ADDRLOCL |
|  | Refused | FQ5A - ADDRLOCL |

Field 3: ADDRLOCL

LOCAL

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FQ7 |
|  | Don't Know | BOX FQ7 |
|  | Refused | BOX FQ7 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| ADDRAREA | If FQ5A-ADDRAREA <> DK, RF, then PLAC.ADDRAREA = FQ5A-ADDRAREA. Else PLAC.ADDRAREA = PreloadPLAC.ADDRAREA. |
| ADDREXCH | If FQ5A-ADDREXCH <> DK, RF, then PLAC.ADDREXCH = FQ5A-ADDREXCH. Else PLAC.ADDREXCH = PreloadPLAC.ADDREXCH. |
| ADDRLOCL | If FQ5A-ADDRLOCL <> DK, RF, then PLAC.ADDRLOCL = FQ5A-ADDRLOCL. Else PLAC.ADDRLOCL = PreloadPLAC.ADDRLOCL. |

# BOX FQ7

Box Instructions

IF BASELINE FQ, GO TO FAINTRO1 - FAINT1TC.

IF FALL ROUND OR ANNUAL FQ, GO TO FB0PRE - ANSWERFB.

ELSE GO TO CLOSING1 - RETURNAV.

Other Programming Instructions

| Variable Name | Assignment Instructions |
| --- | --- |
| FQDISP | If Verification FQ then FQDISP = 5/Complete. Else if FQDISP <> 4/MissingData, then FQDISP = 3/StartedNotComplete |
| InterviewDate | InterviewDate = current date |

Design Notes

Can be flagged as restart here.

# FAINTRO1 Code 1

Question Text

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

PRESS "1" TO CONTINUE.

Field 1: FAINT1TC

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FA1 |

# BOX FA1

Box Instructions

IF ADULT/GROUP HOME, GO TO FA5A - EFOWNDES.

ELSE GO TO FA1 - PLACTYP1.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PLACTYPE | If ADULT/GROUP HOME, PLAC.PLACTYPE = 18/GroupHome. |
| ELIGSTAT | If PLAC.PLACTYPE = 18/GroupHome, then FQ.ELIGSTAT = 1/FacilityEligible. |

# FA1 Code 1

Question Text

SHOW CARD FA2

What type of place is (FACILITY)?

PRESS F1 FOR PLACE DEFINITIONS.

IF RESPONDENT REPORTS CCRC OR RETIREMENT COMMUNITY, PROBE FOR TYPE OF PLACE FOR UNIT WHERE SP RESIDES. DO NOT ENTER "OTHER".

Field 1: PLACTYP1

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | FREE STANDING NURSING HOME | FA1A - FACHOME |
| 4 | NURSING HOME UNIT WITHIN A CCRC OR RETIREMENT CENTER | FA1A - FACHOME |
| 6 | HOSPITAL | FA2 - HOSPKIND |
| 7 | HOSPITAL-BASED SNF UNIT | FA1A - FACHOME |
| 8 | ASSISTED LIVING FACILITY | FA1A - FACHOME |
| 9 | BOARD AND CARE HOME | FA1A - FACHOME |
| 10 | DOMICILIARY CARE HOME | FA1A - FACHOME |
| 11 | PERSONAL CARE HOME | FA1A - FACHOME |
| 12 | REST HOME/RETIREMENT HOME | FA1A - FACHOME |
| 13 | HOME OFFICE OR MANAGEMENT OFFICE FOR A CHAIN OR GROUP OF OFF-SITE NURSING FACILITIES | FACLOSE5 - LVNORES |
| 15 | MENTAL HEALTH CENTER/PSYCHIATRIC SETTING | FA1A - FACHOME |
| 16 | INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED | FA1A - FACHOME |
| 17 | REHABILITATION FACILITY | FA1A - FACHOME |
| 91 | OTHER | FA1 - PLACTPO1 |
|  | Refused | FA1A - FACHOME |

Field 2: PLACTPO1

OTHER (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA1A - FACHOME |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PLACTYPE | If FA1 - PLACTYP1 = 1/FreeStandingNursingHome or 4/NursingHomeUnitCCRC, then PLAC.PLACTYPE = 4/NursingHomeorNHUnit.Else PLAC.PLACTYPE = FA1 - PLACTYP1. |
| LOCCODE | If FA1 - PLACTYP1 = 4/NursingHomeUnitCCRC or 7/HospitalBasedSNF, PLAC.LOCCODE = 2/SampledPartOfLarger. Else LOCCODE = 1/SampledFac. |
| ELIGSTAT | If FA1-PLACTYP1 = 13/HomeManagementOfficeForOffsiteNursing, then FQ.ELIGSTAT = 2/FacilityIneligible.Else, FQ.ELIGSTAT = 1/FacilityEligible. |
| NNHESTAT | If FA1-PLACTYP1 = 13/HomeManagementOfficeForOffsiteNursing, then PLAC.NNHESTAT = 2/Ineligible. |
| FQDISP | If FA1-PLACTYP1 = 13/HomeManagementOfficeForOffsiteNursing, then FQ.FQDISP = 7/CompleteIneligible. Else if FQDISP = 7/CompleteIneligible, then FQDISP = 3/StartedNotComplete. |
| SPDISP | If FA1-PLACYP1 = 13/HomeManagementOfficeForOffsiteNursing, then SPDISP = 11/FinalNonResp. Else if FA1-PLACTYP1 <> 13/HomeManagementOfficeForOffsiteNursing and SPDIAP = 11/FinalNonResp, then SPDISP = EMPTY. |
| PLACTPOS | If FA1 - PLACTYP1 = 91/Other, then PLAC.PLACTPOS = FA1-PLACTPO1.Else PLAC.PLACTPOS = EMPTY. |

# FA1A Code 1

Question Text

IF ALREADY KNOWN, CODE WITHOUT ASKING:

Do you prefer that I call (FACILITY) a home or a facility?

Field 1: FACHOME

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | PREFERS HOME | BOX FA1A |
| 2 | PREFERS FACILITY | BOX FA1A |
| 3 | NO PREFERENECE | BOX FA1A |

# BOX FA1A

Box Instructions

IF PLACTYP1 = 4/NursingHomeUnitCCRC or 7/HospitalBasedSNF, GO TO FA4 - PLACTYP2.

IF FA1-PLACTYP1 = 1/FreeStandingNursingHome, GO TO FA5A - EFOWNDES.

ELSE GO TO FA3 - FACLPART.

# FA2 Code 1

Question Text

SHOW CARD FA3

You mentioned that (FACILITY) is a hospital. Please look at this card and tell me what kind of hospital it is.

Field 1: HOSPKIND

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | ACUTE CARE HOSPITAL | FA2A - LCNDBEDS |
| 2 | PRIVATE PYSCHIATRIC HOSPITAL | FA2A - LCNDBEDS |
| 3 | STATE OR COUNTY HOSPITAL FOR THE MENTALLY ILL | FA2A - LCNDBEDS |
| 4 | VA HOSPITAL, VA MEDICAL CENTER | FA2A - LCNDBEDS |
| 5 | STATE HOSPITAL FOR THE MENTALLY RETARDED | FA2A - LCNDBEDS |
| 6 | CHRONIC DISEASE, REHABILITATION, GERIATRIC, OR OTHER LONG-TERM CARE HOSPITAL | FA2A - LCNDBEDS |
| 91 | OTHER | FA2 - HOSPKIOS |

Field 2: HOSPKIOS

OTHER (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA2A - LCNDBEDS |

# FA2A Yes/No

Question Text

Does (FACILITY) have any beds that are either certified or licensed as a nursing facility or certified or licensed as an ICF-MR (Intermediate Care Facility for the Mentally Retarded)?

PRESS F1 FOR SUGGESTED PROBES.

Field 1: LCNDBEDS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FA2A |
| 1 | YES | FA3 - FACLPART |
|  | Don't Know | BOX FA2A |
|  | Refused | BOX FA2A |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FQDISP | If FA2A-LCNDBEDS = 1/Yes and FQDISP = 7/CompleteIneligible, then FQDISP = 3/StartedNotComplete. |

# BOX FA2A

Box Instructions

IF FA2 - HOSPKIND = 1/AcuteCareHospital, GO TO FACLOSE2 - LEAVINEL.

ELSE GO TO FA3 - FACLPART.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FQDISP | If FA2-HOSPKIND = 1/AcuteCareHospital and FA2A-LCNDBEDS = 0/No, DK, or RF, then FQDISP = 7/CompleteIneligible. |
| ELIGSTAT | If FA2-HOSPKIND = 1/AcuteCareHospital and FA2A-LCNDBEDS = 0/No, DK, or RF, then FQ.ELIGSTAT = 2/FacilityIneligible |
| SPDISP | If FA2-HOSPKIND = 1/AcuteCareHospital and FA2A-LCNDBEDS = 0/No, DK, or RF, then SPDISP = 11/FinalNonResp. Else if FQ.ELIGSTAT <> 2/FacilityIneligible and SPDISP = 1/FinalNonResp, then SPDISP = EMPTY. |

# FA3 Yes/No

Question Text

Is (FACILITY) part of a larger facility or campus?

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

Field 1: FACLPART

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA5A - EFOWNDES |
| 1 | YES | FA4 - PLACTYP2 |
|  | Don't Know | BOX FA6 |
|  | Refused | BOX FA6 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| LARGPLAC | If FA3-FACLPART = 0/No, DK, or RF, then FQ.LARGPLAC = EMPTY. |

# FA4 Code 1

Question Text

SHOW CARD FA1

What type of place is (FACILITY) part of?

PRESS F1 FOR HOSPITAL DEFINITIONS.

Field 1: PLACTYP2

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 3 | CONTINUING CARE RETIREMENT COMMUNITY (CCRC) | FA5 - LGPLCNAM |
| 5 | RETIREMENT COMMUNITY | FA5 - LGPLCNAM |
| 6 | HOSPITAL | FA5 - LGPLCNAM |
| 8 | ASSISTED LIVING FACILITY | FA5 - LGPLCNAM |
| 9 | BOARD AND CARE HOME | FA5 - LGPLCNAM |
| 10 | DOMICILIARY CARE HOME | FA5 - LGPLCNAM |
| 11 | PERSONAL CARE HOME | FA5 - LGPLCNAM |
| 12 | REST HOME/RETIREMENT HOME | FA5 - LGPLCNAM |
| 91 | OTHER | FA4 - PLACTPO2 |
|  | Don't Know | FA5 - LGPLCNAM |
|  | Refused | FA5 - LGPLCNAM |

Field 2: PLACTPO2

OTHER (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA5 - LGPLCNAM |

# FA5 Text

Question Text

What is the name of the (CATEGORY SELECTED IN FA4 - PLACTYP2/place)?

Field 1: LGPLCNAM

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA5A - EFOWNDES |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| LARGPLAC | FQ.LARGPLAC = FA5 - LGPLCNAM |

# FA5A Code 1

Question Text

SHOW CARD FA4

Which one of the categories on this card best describes the ownership of (FACILITY)?

Field 1: EFOWNDES

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | FOR PROFIT (INDIVIDUAL, PARTNERSHIP, OR CORPORATION) | BOX FA6 |
| 2 | PRIVATE NONPROFIT (RELIGIOUS GROUP, NONPROFIT CORPORATION, ETC) | BOX FA6 |
| 3 | CITY/COUNTY GOVERNMENT | BOX FA6 |
| 4 | STATE GOVERNMENT | BOX FA6 |
| 5 | VETERAN'S ADMINISTRATION | BOX FA6 |
| 6 | OTHER FEDERAL AGENCY | BOX FA6 |
| 91 | OTHER | FA5A - EFOWNDOS |

Field 2: EFOWNDOS

OTHER (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA6 |

# BOX FA6

Box Instructions

GO TO BOX FA6A.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| NNHESTAT | PLAC.NNHESTAT = 1/Eligible. |
| RHPLACTY | PLAC.RHPLACTY = 1/EligibleLTC. |
| LOCCODE | If FA5-LGPLCNAM <> EMPTY, PLAC.LOCCODE = 2/SampledPartOfLarger. Else FQ.LOCCODE = 1/SampledFac. |
| COMPLEXF | If FA3 - FACLPART = 1/Yes or (PLACTYP1 = 4 or 7), COMPLEXF = 1/Indicated. Else FQ.COMPLEXF = EMPTY. |

# BOX FA6A

Box Instructions

IF FACILTIY IS ELIGIBLE, GO TO FA10 - ANSRELIG.

ELSE GO TO FACLOSE2 - LEAVINEL.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| STRUCCOMP | If facility is eligible, then STRUCCOMP = 1/Indicated. |

# FA10 Yes/No

Question Text

Would you be able to answer some questions about the certification status, services offered, and number of beds for (FACILITY)?

Field 1: ANSRELIG

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA11 - FACRNAM2 |
| 1 | YES | FA12 - BEDSNUM |
|  | Don't Know | FA11 - FACRNAM2 |
|  | Refused | FA11 - FACRNAM2 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| XFACRFEL | If FA10 - ANSRELIG = 1/Yes then PLAC.XFACRFEL = FACRNUM of current respondent. |

# FA11 Roster

Question Text

What is the name of the most knowledgeable person to answer questions about (FACILITY)?

SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.

Field 1: FACRNAM2

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | CLOSING6 - FINOTRES |

# FA12 Numeric

Question Text

How many beds does (FACILITY) have?

PRESS F1 FOR EXPANDED DEFINITION OF "BEDS".

Field 1: BEDSNUM

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA8 |
|  | Don't Know | BOX FA8 |
|  | Refused | BOX FA8 |

Other Programming Instructions

Background Variable Assignments

RHPLACTY:
If FA12 - BEDSNUM < 3 and FA12 - BEDSNUM <> DK, RF then RHPLACTY = 2/IneligibleLTC. Else if FA12-BEDSNUM >= 3 then:
If FA1-PLACTYP1 = 13/HomeManagementOfficeForOffsiteNursing, then PLAC.RHPLACTY = 4/Community.
Else if FA2-HOSPKIND = 1/AcuteCareHospital and FA2A-LCNDBEDS <> 1/Yes, then PLAC.RHPLACTY = 3/Hospital.
Else PLAC.RHPLACTY = 1/EligibleLTC.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| ELIGSTAT | If FA12 - BEDSNUM < 3 and FA12 - BEDSNUM <> DK, RF then FQ.ELIGSTAT = 2/FacilityIneligible. Else if FA12-BEDSNUM >= 3, then FQ.ELIGSTAT = 1/FacilityEligible |
| NNHESTAT | If FA12 - BEDSNUM < 3 and FA12 - BEDSNUM <> DK, RF then PLAC.NNHESTAT = 2/Ineligible. |
| SPDISP | If FA12-BEDSNUM < 3 and FA12-BEDSNUM <> DK, RF, then SPDISP = 11/FinalNonResp. Else if FQ.ELIGSTAT <> 2/FacilityIneligible and SPDISP = 11/FinalNonResp then SPDISP = EMPTY |

# BOX FA8

Box Instructions

IF FA12 - BEDSNUM < 3 AND FA12-BEDSNUM <> DK,RF, GO TO FACLOSE2 - LEAVINEL.

ELSE IF PLAC.PLACTYPE = 4/NursingHomeorNHUnit, 7/HospitalBasedSNF, OR 17/RehabilitationFacility, GO TO FA13 - CAIDCRT1.

ELSE IF PLAC.PLACTYPE = 16/InstitutionForMentallyRetarded OR FA2 - HOSPKIND = 3/StateCountyHospitalForMentallyIll OR 5/StateHospitalForMentallyRetarded OR 6/ChronicDiseaseLongTermHospital, GO TO FA15 - CAIDICF.

ELSE GO TO FA18 - HDEPTPCH.

# FA13 Yes/No

Question Text

Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility (NF) beds?

[READ IF NECESSARY: We are concerned only with the place where (SP) is physically located.]

IF R MENTIONS:
ICF-MR (INTERMEDIATE CARE FACILITY--MENTAL RETARDATION), SAY THAT YOU WILL ASK ABOUT THOSE IN A MOMENT.

Field 1: CAIDCRT1

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA14 - CARECRT1 |
| 1 | YES | FA14 - CARECRT1 |
|  | Don't Know | FA14 - CARECRT1 |
|  | Refused | FA14 - CARECRT1 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| CAIDCERT | FQ.CAIDCERT = FA13 - CAIDCRT1 |

# FA14 Yes/No

Question Text

Does (FACILITY) have any beds certified by Medicare as SNF beds?

Field 1: CARECRT1

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA15 - CAIDICF |
| 1 | YES | FA15 - CAIDICF |
|  | Don't Know | FA15 - CAIDICF |
|  | Refused | FA15 - CAIDICF |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| CARECERT | FQ.CARECERT = FA14 - CARECRT1 |

# FA15 Yes/No

Question Text

Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds?

Field 1: CAIDICF

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA16 - HDEPTLIC |
| 1 | YES | FA16 - HDEPTLIC |
|  | Don't Know | FA16 - HDEPTLIC |
|  | Refused | FA16 - HDEPTLIC |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FMRCERT | FQ.FMRCERT = FA15 - CAIDICF |

# FA16 Code 1

Question Text

Does (FACILITY) have any beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing home beds by the (STATE) State Health Department or by some other State or Federal Agency?

Field 1: HDEPTLIC

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO, NOT LICENSED | FA18 - HDEPTPCH |
| 1 | YES, LICENSED BY STATE HEALTH DEPARTMENT | FA18 - HDEPTPCH |
| 2 | YES, LICENSED BY SOME OTHER AGENCY | FA16 - HDEPTLOS |
|  | Don't Know | FA18 - HDEPTPCH |
|  | Refused | FA18 - HDEPTPCH |

Field 2: HDEPTLOS

OTHER AGENCY (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA18 - HDEPTPCH |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| HDLICEN | FQ.HDLICEN = FA16 - HDEPTLIC |
| HDLICOS | FQ.HDLICOS = FA16 - HDEPTLOS |

# FA18 Code 1

Question Text

Does (FACILITY) have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the (STATE) State Health Department or by some other state or local government agency?

Field 1: HDEPTPCH

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO, NOT LICENSED | FA19 - NORMCARE |
| 1 | YES, LICENSED BY STATE HEALTH DEPARTMENT | FA19 - NORMCARE |
| 2 | YES, LICENSED BY SOME OTHER AGENCY | FA18 - HDEPTPOS |
|  | Don't Know | FA19 - NORMCARE |
|  | Refused | FA19 - NORMCARE |

Field 2: HDEPTPOS

OTHER AGENCY (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA19 - NORMCARE |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PCHLICEN | FQ.PCHLICEN = FA18 - HDEPTPCH |
| PCHLICOS | FQ.PCHLICOS = F18 - HDEPTPOS |

# FA19 List

Question Text

In addition to room and board, does (FACILITY) routinely provide…

Field 1: NORMCARE

nursing or medical care?

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA19 - SUPRMEDI |
| 1 | YES | FA19 - SUPRMEDI |
|  | Don't Know | FA19 - SUPRMEDI |
|  | Refused | FA19 - SUPRMEDI |

Field 2: SUPRMEDI

supervision over medications?

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA19 - HELPBATH |
| 1 | YES | FA19 - HELPBATH |
|  | Don't Know | FA19 - HELPBATH |
|  | Refused | FA19 - HELPBATH |

Field 3: HELPBATH

help with bathing?

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA19 - HELPDRES |
| 1 | YES | FA19 - HELPDRES |
|  | Don't Know | FA19 - HELPDRES |
|  | Refused | FA19 - HELPDRES |

Field 4: HELPDRES

help with dressing?

Field 4 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA19 - HELPSHOP |
| 1 | YES | FA19 - HELPSHOP |
|  | Don't Know | FA19 - HELPSHOP |
|  | Refused | FA19 - HELPSHOP |

Field 5: HELPSHOP

help with correspondence or shopping?

Field 5 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA19 - HELPWALK |
| 1 | YES | FA19 - HELPWALK |
|  | Don't Know | FA19 - HELPWALK |
|  | Refused | FA19 - HELPWALK |

Field 6: HELPWALK

help with walking?

Field 6 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA19 - HELPEAT |
| 1 | YES | FA19 - HELPEAT |
|  | Don't Know | FA19 - HELPEAT |
|  | Refused | FA19 - HELPEAT |

Field 7: HELPEAT

help with eating?

Field 7 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA19 - HELPCOMM |
| 1 | YES | FA19 - HELPCOMM |
|  | Don't Know | FA19 - HELPCOMM |
|  | Refused | FA19 - HELPCOMM |

Field 8: HELPCOMM

help with communications?

Field 8 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FA13 |
| 1 | YES | BOX FA13 |
|  | Don't Know | BOX FA13 |
|  | Refused | BOX FA13 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PROVHELP | If FA19 - NORMCARE = 1/Yes or FA19 - SUPPMEDI = 1/Yes or FA19 - HELPBATH = 1/Yes or FA19 - HELPDRES = 1/Yes or FA19 - HELPSHOP = 1/Yes or FA19 - HELPWALK = 1/Yes or FA19 - HELPEAT = 1/Yes or FA19 - HELPCOMM = 1/Yes then FQ.PROVHELP = 1/Indicated |

# BOX FA13

Box Instructions

IF FA13 - CAIDCRT1, FA14 - CARECRT1, OR FA15 - CAIDICF = 1/Yes, GO TO FA20 - CARESUP.

ELSE GO TO FA19A - RNLPNSUP.

# FA19A Yes/No

Question Text

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

Field 1: RNLPNSUP

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FA16A |
| 1 | YES | BOX FA16A |
|  | Don't Know | BOX FA16A |
|  | Refused | BOX FA16A |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| NURSSUP | FQ.NURSSUP = FA19A - RNLPNSUP |

# FA20 Yes/No

Question Text

Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week?

Field 1: CARESUP

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FA16A |
| 1 | YES | BOX FA16A |
|  | Don't Know | BOX FA16A |
|  | Refused | BOX FA16A |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| CGIVSUP | FQ.CGIVSUP = FA20 - CARESUP |

# BOX FA16A

Box Instructions

GO TO BOX FA16.

Other Programming Instructions

Background Variable Assignments

REASSIGN ELIGSTAT AS DESCRIBED BELOW:

If FA13-CAIDCRT1 = 1/Yes or FA14-CARECRT1 = 1/Yes or FA16 - HDEPTLIC = 1/YesStateHealthDept or 2/YesOtherAgency or FQ.PROVHELP = 1/Indicated or FA19A - RNLPNSUP = 1/Yes or FA20-CARESUP = 1/Yes, then FQ.ELIGSTAT = 1/FacilityEligible.

Else if FA13-CAIDCRT1 = 0/No, EMPTY and FA14-CARECRT1 = 0/No, EMPTY and FA15-CAIDICF = 0/No, EMPTY and FA16-HDEPTLIC = 0/NoNotLicensed, EMPTY and FA18-HDEPTPCH = 0/NoNotLicensed, EMPTY and FA19-NORMCARE = 0/No and FA19-SUPRMEDI= 0/No and FA1-HELPBATH = 0/No and FA19-HELPWALK = 0/No and FA19-HELPEAT = 0/No and FA19-HELPCOMM = 0/No and FA19-RNLPNSUP = 0/No, EMPTY, and FA20-CARESUP = 0/No, EMPTY, then FQ.ELIGSTAT=2/FacilityIneligible.

Else FQ.ELIGSTAT = 3/Undetermined.

# BOX FA16

Box Instructions

IF FQ.ELIGSTAT = 1/FacilityEligible, GO TO FA22 - ANSRFACQ.

ELSE IF FQ.ELIGSTAT = 2/FacilityIneligible, GO TO FACLOSE2 - LEAVINEL.

ELSE GO TO FA11 - FACRNAM2.

Other Programming Instructions

| Variable Name | Assignment Instructions |
| --- | --- |
| ELIGCOMP | If FQ.ELIGSTAT = 1/FacillityEligible, then ELIGCOMP = 1/Indicated |
| SPDISP | If FQ.ELIGSTAT = 2/FacilityIneligible, then SPDISP = 11/FinalNonResp. Else if FQ.ELIGSTAT <> 2/FacilityIneligible and SPDISP = 11/FinalNonResp, then SPDISP = EMPTY. |

Design Notes

To be deemed eligible, the facility must (1) Have three or more beds, and (2) Be certified by Medicaid or Medicare or be licensed as a nursing home or other long-term care facility, or provide at least one personal care service, or provide 24 hour, 7 day a week supervision by a caretaker.

# FA22 Yes/No

Question Text

The next questions are about the number of nursing beds and residents by payer type and staffing. Can you answer these questions about (FACILITY)?

Field 1: ANSRFACQ

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA23 - FACRNAM3 |
| 1 | YES | BOX FA17 |
|  | Don't Know | BOX FA17 |
|  | Refused | FA23 - FACRNAM3 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| XFACRFAQ | If FA22-ANSRFACQ = 1/Yes, then PLAC.XFACRFAQ = FACRNUM of current respondent |

# FA23 Roster

Question Text

Who would be the best person to answer questions about (FACILITY)?

SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.

Field 1: FACRNAM3

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | CLOSING6 - FINOTRES |

# BOX FA17

Box Instructions

IF FA12 - BEDSNUM <> DK OR RF, GO TO FA24PRE - FA24PRCT.

ELSE GO TO FA24 - ANYBEDUL.

# FA24PRE Code 1

Question Text

From information I collected earlier, I understand that (FACILITY) has a total of (NUMBER OF BEDS IN FACILITY) beds.

[IF NECESSARY: We are concerned only with the place where (SP) is physically located.]

PRESS "1" TO CONTINUE.

Field 1: FA24PRCT

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | FA24 - ANYBEDUL |

# FA24 Yes/No

Question Text

Does (FACILITY) have any beds that are not licensed or certified or otherwise identified as nursing or other long-term care beds?

PRESS F1 FOR DEFINITION OF "OTHERWISE IDENTIFIED".

Field 1: ANYBEDUL

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FA18 |
| 1 | YES | FA25 - ULBEDS |
|  | Don't Know | BOX FA18 |
|  | Refused | BOX FA18 |

# FA25 Numeric

Question Text

How many beds are not licensed or certified or otherwise identified as nursing or other long-term care beds?

Field 1: ULBEDS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA18 |
|  | Don't Know | BOX FA18 |
|  | Refused | BOX FA18 |

# BOX FA18

Box Instructions

IF FACILITY CERTIFIED BY BOTH MEDICAID AND MEDICARE, GO TO FA26 - MANDMBED.

ELSE IF FACILITY IS CERTIFIED BY MEDICAID, GO TO FA27 - MCAIDBED.

ELSE GO TO BOX FA20.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| TOTELBED | If FA12-BEDSNUM = DK,RF or FA25-ULBEDS = DK,RF then FQ.TOTELBED = DK.Else if FA24-ANYBEDUL <> 1/Yes then FQ.TOTELBED = FA12-BEDSNUM.Else FQ.TOTELBED = FA12-BEDSNUM – FA25-ULBEDS. |
| BEDSLEFT | TEMP.BEDSLEFT = FQ.TOTELBED |

# FA26 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?

Field 1: MANDMBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA27 - MCAIDBED |
|  | Don't Know | FA27 - MCAIDBED |
|  | Refused | FA27 - MCAIDBED |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| BEDSLEFT | If BEDSLEFT <> DK, RF and FA26-MANDMBED <> DK, RF, then BEDSLEFT = BEDSLEFT - FA26-MANDMBED |

# FA27 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds. How many beds are certified under [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] (only)?

Field 1: MCAIDBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA20 |
|  | Don't Know | BOX FA20 |
|  | Refused | BOX FA20 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| BEDSLEFT | If BEDSLEFT <> DK, RF and FA27-MCAIDBED <> DK, RF, then BEDSLEFT = BEDSLEFT - FA27-MCAIDBED |

# BOX FA20

Box Instructions

IF FA14 - CARECRT1 = 1/Yes, GO TO FA28 - MCAREBED.

ELSE GO TO BOX FA21.

# FA28 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are certified by Medicare as Skilled Nursing Facility beds. How many beds are certified under Medicare (only)?

Field 1: MCAREBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA21 |
|  | Don't Know | BOX FA21 |
|  | Refused | BOX FA21 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| BEDSLEFT | If BEDSLEFT <> DK, RF and FA28-MCAREBED <> DK, RF, then BEDSLEFT = BEDSLEFT - FA28-MCAREBED |

# BOX FA21

Box Instructions

IF FA16 - HDEPTLIC = 1/YesStateHealthDept OR 2/YesOtherAgency, GO TO FA29 - MNORMBED.

ELSE GO TO BOX FA22.

# FA29 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are licensed as nursing facility beds but not certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] or Medicare. How many beds are licensed but not certified as nursing home beds (only)?

Field 1: MNORMBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA22 |
|  | Don't Know | BOX FA22 |
|  | Refused | BOX FA22 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| BEDSLEFT | If BEDSLEFT <> DK, RF and FA29-MNORMBED <> DK, RF, then BEDSLEFT = BEDSLEFT - FA29-MNORMBED |

# BOX FA22

Box Instructions

IF FA15 - CAIDICF = 1/Yes, GO TO FA30 - ICFMRBED.

ELSE GO TO BOX FA23.

# FA30 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds. How many beds are certified as ICF-MR beds (only)?

Field 1: ICFMRBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA23 |
|  | Don't Know | BOX FA23 |
|  | Refused | BOX FA23 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| BEDSLEFT | If BEDSLEFT <> DK, RF and FA30-ICFMRBED <> DK, RF, then BEDSLEFT = BEDSLEFT - FA30-ICFMRBED |

# BOX FA23

Box Instructions

IF FA18 - HDEPTPCH = 1/YesStateHealthDept OR 2/YesOtherAgency, GO TO FA31 - OTLTCBED.

ELSE GO TO BOX FA24.

# FA31 Numeric

Question Text

I recorded earlier that (FACILITY) contains beds that are licensed as personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care (only)?

Field 1: OTLTCBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FA24 |
|  | Don't Know | BOX FA24 |
|  | Refused | BOX FA24 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| BEDSLEFT | If BEDSLEFT <> DK, RF and FA31-OTLTCBED <>DK, RF, then BEDSLEFT = BEDSLEFT - FA31-OTLTCBED |

# BOX FA24

Box Instructions

IF CANNOT CALCULATE NUMBER OF REMAINING BEDS, GO TO FA35 - MIDNTRES.

ELSE, GO TO FA32 - NHBEDCOR.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| NLTCBEDS | FQ.NLTCBEDS = BEDSLEFT |

# FA32 Yes/No

Question Text

So, there are a total of (TOTAL # LTC BEDS) LTC beds in the (facility/home).

[REVIEW NUMBER OF BEDS BY TYPE.]

That leaves (NUMBER OF BEDS LEFT) long-term care beds that are neither certified or licensed as nursing home or other long-term care beds.

Is that correct?

Field 1: NHBEDCOR

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FA32VB - NHBEDEX |
| 1 | YES | FA35 - MIDNTRES |

Other Programming Instructions

Report Display

Report Display Instructions:
In first fill for TOTAL # LTC BEDS, display TOTELBED.
If FA26- MANDMBED > 0, display second clause and fill with number in FA26 - MANDMBED.
If FA27 - MCAIDBED > 0, display third clause and fill with number in FA27 - MCAIDBED.
If FA28 - MCAREBED > 0, display fourth clause and fill with number in FA28 - MCAREBED.
If FA29 - MNORMBED > 0, display fifth clause and fill with number in FA29 - MNORMBED.
If FA30 - ICFMRBED > 0, display sixth clause and fill with number in FA30 - ICFMRBED.
If FA31 - OTLTCBED > 0, display seventh clause and fill with number in FA31 - OTLTCBED.

If there are PREFERRED NAME(S) FOR MEDICAID, display "(PREFERRED NAME(S) FOR MEDICAID)".
Else display "MEDICAID".

Always display "(s)" in parentheses.

Report Display:
TOTAL # OF BEDS: (TOTAL # LTC BEDS)
[(# DUALLY CERTIFIED BEDS) dually certified nursing bed(s)]
[(# CERTIFIED MEDICAID BEDS) certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as nursing bed(s) (only)]
[(# CERTIFIED MEDICARE BEDS) certified as nursing bed(s) by Medicare (only)]
[(# NOT CERTIFIED MEDICARE/MEDICAID BEDS) not certified by Medicare or
[(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] but licensed as nursing bed(s)]
[(# CERTIFIED MEDICAID ICF-MR BEDS) certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR bed(s)]
[(# LICENSED LONG-TERM BEDS) licensed as personal care, assisted living, or other type of long-term care bed(s)]

# FA32VB Verbatim Text

Question Text

PLEASE ENTER A BRIEF EXPLANATION:

Field 1: NHBEDEX

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FA35 - MIDNTRES |

# FA35 Numeric

Question Text

How many residents were in (FACILITY) altogether at midnight last night?

Field 1: MIDNTRES

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FR1PRE - FR1PRECT |
|  | Don't Know | FR1PRE - FR1PRECT |
|  | Refused | FR1PRE - FR1PRECT |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| QUESCOMP | QUESCOMP = 1/Indicated |
| HOSPKIND | If PLAC.PLACTYPE = 6/Hospital, PLAC.HOSPKIND = FA2-HOSPKIND. |
| HOSPKIOS | If PLAC.PLACTYPE = 6/Hospital, PLAC.HOSPKIOS = FA2-HOSPKIOS. |

# FB0PRE Yes/No

Question Text

Would you be able to answer some questions about the certification status, services offered, and the number of beds for (FACILITY)?

Field 1: ANSWERFB

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB19 - FACRNAM4 |
| 1 | YES | FB1PRE - FB1PRECT |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

# FB1PRE Code 1

Question Text

I would like to review with you some information that I collected about (FACILITY) the last time I was here.

PRESS "1" TO CONTINUE.

Field 1: FB1PRECT

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FB1 |

# BOX FB1

Box Instructions

IF PreloadFQ.CAIDCERT = EMTPY, GO TO BOX FB3.

ELSE GO TO FB2 - CAIDCERT.

# FB2 Yes/No

Question Text

Is (FACILITY) (still) certified by Medicaid as a Nursing Facility (NF)?

Field 1: CAIDCERT

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB5 - CARECERT |
| 1 | YES | FB5 - CARECERT |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| CAIDCERT | FQ.CAIDCERT = FB2 - CAIDCERT |

# FB5 Yes/No

Question Text

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

Field 1: CARECERT

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FB3 |
| 1 | YES | BOX FB3 |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| CARECERT | FQ.CARECERT = FB5 - CARECERT |

# BOX FB3

Box Instructions

IF PreloadFQ.FMRCERT <> EMPTY, GO TO FB9 - FMRCERT.

ELSE GO TO BOX FB4.

# FB9 Yes/No

Question Text

Is (FACILITY) (still) certified by Medicaid as an Intermediate Care Facility for the Mentally Retarded (ICF-MR)?

Field 1: FMRCERT

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FB4 |
| 1 | YES | BOX FB4 |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FMRCERT | FQ.FMRCERT = FB9 - FMRCERT |

# BOX FB4

Box Instructions

IF PreloadFQ.HDLICEN <> EMPTY, GO TO FB11 - HDLICEN.

ELSE GO TO FB14 - PCHLICEN.

# FB11 Code 1

Question Text

Does (FACILITY) (still have/have any) beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing (facility/home) beds by the (STATE) State Health Department or by some other State or Federal agency?

Field 1: HDLICEN

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO, NOT LICENSED | FB14 - PCHLICEN |
| 1 | YES, LICENSED BY STATE HEALTH DEPARTMENT | FB14 - PCHLICEN |
| 2 | YES, LICENSED BY SOME OTHER AGENCY | FB11 - HDLICOS |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Field 2: HDLICOS

OTHER AGENCY (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FB14 - PCHLICEN |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| HDLICOS | FQ.HDLICOS = FB11 - HDLICOS |
| HDLICEN | FQ.HDLICEN = FB11 - HDLICEN |

# FB14 Code 1

Question Text

Is (FACILITY) (still) licensed as a personal care home, board and care home, assisted living facility, domiciliary care home or rest home by the (STATE) State Health Department or by some other state or local government agency?

Field 1: PCHLICEN

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO, NOT LICENSED | FB15 - NURSCARE |
| 1 | YES, LICENSED BY STATE HEALTH DEPARTMENT | FB15 - NURSCARE |
| 2 | YES, LICENSED BY SOME OTHER AGENCY | FB14 - PCHLICOS |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Field 2: PCHLICOS

OTHER AGENCY (SPECIFY)

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FB15 - NURSCARE |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PCHLICOS | FQ.PCHLICOS = FB14 - PCHLICOS |
| PCHLICEN | FQ.PCHLICEN = FB14 - PCHLICEN |

# FB15 List

Question Text

In addition to room and board, does (FACILITY) routinely provide…

Field 1: NURSCARE

nursing or medical care?

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB15 - MEDISUPR |
| 1 | YES | FB15 - MEDISUPR |
|  | Don't Know | FB15 - MEDISUPR |
|  | Refused | FB15 - MEDISUPR |

Field 2: MEDISUPR

supervision over medications?

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB15 - BATHHELP |
| 1 | YES | FB15 - BATHHELP |
|  | Don't Know | FB15 - BATHHELP |
|  | Refused | FB15 - BATHHELP |

Field 3: BATHHELP

help with bathing?

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB15 - DRESHELP |
| 1 | YES | FB15 - DRESHELP |
|  | Don't Know | FB15 - DRESHELP |
|  | Refused | FB15 - DRESHELP |

Field 4: DRESHELP

help with dressing?

Field 4 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB15 - SHOPHELP |
| 1 | YES | FB15 - SHOPHELP |
|  | Don't Know | FB15 - SHOPHELP |
|  | Refused | FB15 - SHOPHELP |

Field 5: SHOPHELP

help with correspondence or shopping?

Field 5 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB15 - WALKHELP |
| 1 | YES | FB15 - WALKHELP |
|  | Don't Know | FB15 - WALKHELP |
|  | Refused | FB15 - WALKHELP |

Field 6: WALKHELP

help with walking?

Field 6 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB15 - EATHELP |
| 1 | YES | FB15 - EATHELP |
|  | Don't Know | FB15 - EATHELP |
|  | Refused | FB15 - EATHELP |

Field 7: EATHELP

help with eating?

Field 7 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB15 - COMMHELP |
| 1 | YES | FB15 - COMMHELP |
|  | Don't Know | FB15 - COMMHELP |
|  | Refused | FB15 - COMMHELP |

Field 8: COMMHELP

help with communications?

Field 8 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FB5AA |
| 1 | YES | BOX FB5AA |
|  | Don't Know | BOX FB5AA |
|  | Refused | BOX FB5AA |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| PROVHELP | If FB15-NURSCARE or FB15-MEDISUPR or FB15-BATHHELP or FB15-DRESHELP or FB15-SHOPHELP or FB15-WALKHELP or FB15-EATHELP or FB15-COMMHELP = 1/Yes, then FQ.PROVHELP = 1/Indicated. |

# BOX FB5AA

Box Instructions

IF ANY ITEM IN FB15 = DK OR RF, GO TO FB19 - FACRNAM4.

ELSE GO TO BOX FB5.

# BOX FB5

Box Instructions

IF FB2-CAIDCERT = 1/Yes OR FB5-CARECERT = 1/Yes OR FB9-FMRCERT = 1/Yes, GO TO FB16 - CGIVSUP.

ELSE GO TO FB15A - NURSSUP.

# FB15A Yes/No

Question Text

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

Field 1: NURSSUP

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FB8 |
| 1 | YES | BOX FB8 |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| NURSSUP | FQ.NURSSUP = FB15A - NURSSUP |

# FB16 Yes/No

Question Text

Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week?

Field 1: CGIVSUP

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | BOX FB8 |
| 1 | YES | BOX FB8 |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| CGIVSUP | FQ.CGIVSUP = FB16 - CGIVSUP |

# BOX FB8

Box Instructions

IF FB2-CAIDCERT = 1/Yes OR FB5-CARECERT = 1/Yes OR FB9-FMRCERT = 1/Yes OR FB11-HDLICEN = 1/YesStateHealthAgency OR 2/YesOtherAgency OR FB14-PCHLICEN = 1/YesStateHealthAgency OR 2/YesOtherAgency OR FQ.PROVHELP = 1/Indicated OR FB15A-NURSSUP = 1/Yes OR FB16-CGIVSUP = 1/Yes, GO TO BOX FB9.

ELSE GO TO FBCLOSE2 - LEVINEL2.

Other Programming Instructions

Background Variable Assignments

Set ELIGSTAT using the following logic:

ELIGSTAT:
If (FB2-CAIDCERT or FB5-CARECERT or FB9-FMRCERT = 1/Yes) or (FB11-HDLICEN or FB14-PCHLICEN = 1/YesStateHealthAgency or 2/YesOtherAgency) or FQ.PROVHELP = 1/Indicated or (FB15A-NURSSUP or FB16-CGIVSUP = 1/Yes), then FQ.ELIGSTAT = 1/FacilityEligible.
Else FQ.ELIGSTAT = 2/FacilityIneligible.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FQDISP | If FQ.ELIGSTAT = 2/FacilityIneligible, then FQDISP = 7/CompleteIneligible |
| SPDISP | If FQ.ELIGSTAT = 2/FacilityIneligible, then SPDISP = 11/FinalNonResp. Else if FQ.ELIGSTAT <> 2/FacilityIneligible and SPDISP = 11/FinalNonResp, then SPDISP = EMPTY. |

# BOX FB9

Box Instructions

IF PreloadFQ.TOTELBED = DK, RF, GO TO FB18 - TOTELBED.

ELSE GO TO FB17 - SAMEBEDS.

# FB17 Yes/No

Question Text

I have recorded that (FACILITY) has [PREVIOUS TOTAL # LTC BEDS] beds that provide long-term care. Is this still the number of beds providing long-term care in (FACILITY)?

Field 1: SAMEBEDS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB18 - TOTELBED |
| 1 | YES | BOX FB11 |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| TOTELBED | If FB17-SAMEBEDS = 1/Yes, then FQ.TOTELBED = PreloadFQ.TOTELBED |

# FB18 Numeric

Question Text

How many beds does (FACILITY) have that provide long-term care?

[PROBE: Do not count "independent living" beds or those that don't provide 24-hour a day assistance or supervision with daily living activities.]

Field 1: TOTELBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FB11 |
|  | Don't Know | FB19 - FACRNAM4 |
|  | Refused | FB19 - FACRNAM4 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| ELIGSTAT | If FB18-TOTELBED < 3, and FB18-TOTELBED <> DK,RF, then FQ.ELIGSTAT = 2/FacilityIneligible. ELSE FQ.ELIGSTAT = 1/FacilityEligible |
| FQDISP | If FQ.ELIGSTAT = 2/FacilityIneligible then FQDISP = 7/CompleteIneligible |
| SPDISP | If FQ.ELIGSTAT = 2/FacilityIneligible, then SPDISP = 11/FinalNonResp. Else if FQ.ELIGSTAT <> 2/FacilityIneligible and SPDISP = 11/FinalNonResp, then SPDISP = EMPTY. |
| TOTELBED | If FB18 - TOTELBED >= 3, then FQ.TOTELBED = FB18 - TOTELBED |

# FB19 Roster

Question Text

Who would be the best person to answer these questions about (FACILITY)?

SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.

Field 1: FACRNAM4

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | CLOSING6B - FINOTRSB |

# BOX FB11

Box Instructions

IF FQ.ELIGSTAT = 2/FacilityIneligible, GO TO FBCLOSE2 - LEVINEL2.

ELSE IF FB2-CAIDCERT = 1/Yes AND FB5-CARECERT = 1/Yes, GO TO FB20 - CANDCBED.

ELSE GO TO BOX FB12.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBBEDS | FBBEDS = FQ.TOTELBED |
| FBELIG | FBELIG = 1/Indicated |

# FB20 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?

Field 1: CANDCBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FB12 |
|  | Don't Know | BOX FB12 |
|  | Refused | BOX FB12 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBBEDS | If FB20-CANDCBED <> DK, RF, then FBBEDS = FBBEDS - FB20-CANDCBED |

# BOX FB12

Box Instructions

IF FB2-CAIDCERT = 1/Yes, GO TO FB21 - CAIDBEDS.

ELSE GO TO BOX FB13.

# FB21 Numeric

Question Text

[I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds.] How many beds are certified under [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] (only)?

Field 1: CAIDBEDS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FB13 |
|  | Don't Know | BOX FB13 |
|  | Refused | BOX FB13 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBBEDS | If FB21-CAIDBEDS <> DK, RF, then FBBEDS = FBBEDS - FB21-CAIDBEDS |

# BOX FB13

Box Instructions

IF FB5-CARECERT = 1/Yes, GO TO FB22 - CAREBEDS.

ELSE, GO TO BOX FB14.

# FB22 Numeric

Question Text

[I have recorded that (FACILITY) contains beds that are certified by Medicare as Skilled Nursing Facility beds.] How many beds are certified under Medicare (only)?

Field 1: CAREBEDS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FB14 |
|  | Don't Know | BOX FB14 |
|  | Refused | BOX FB14 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBBEDS | If FB22-CAREBEDS <> DK, RF, then FBBEDS = FBBEDS - FB22-CAREBEDS |

# BOX FB14

Box Instructions

IF FB11-HDLICEN = 1/YesStateHealthAgency or 2/YesOtherAgency, GO TO FB23 - HDLICBED.

ELSE GO TO BOX FB15.

# FB23 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are licensed as nursing facility beds but not certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] or Medicare. How many beds are licensed but not certified as nursing home beds (only)?

Field 1: HDLICBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FB15 |
|  | Don't Know | BOX FB15 |
|  | Refused | BOX FB15 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBBEDS | If FB23-HDLICBED <> DK, RF, then FBBEDS = FBBEDS - FB23-HDLICBED |

# BOX FB15

Box Instructions

IF FB9-FMRCERT = 1/Yes, GO TO FB24 - FMRBEDS.

ELSE GO TO BOX FB16.

# FB24 Numeric

Question Text

I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds. How many beds are certified as ICF-MR beds (only)?

Field 1: FMRBEDS

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FB16 |
|  | Don't Know | BOX FB16 |
|  | Refused | BOX FB16 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBBEDS | If FB24-FMRBEDS <> DK, RF, then FBBEDS = FBBEDS - FB24-FMRBEDS |

# BOX FB16

Box Instructions

IF FB14-PCLICEN = 1/YesStatHealthDept OR 2/YesOtherAgency, GO TO FB25 - PCHBED.

ELSE GO TO BOX FB17.

# FB25 Numeric

Question Text

I recorded earlier that (FACILITY) contains beds that are licensed as personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care (only)?

Field 1: PCHBED

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FB17 |
|  | Don't Know | BOX FB17 |
|  | Refused | BOX FB17 |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBBEDS | If FB25-PCHBED <> DK, RF, then FBBEDS = FBBEDS - FB25-PCHBED |

# BOX FB17

Box Instructions

IF CANNOT CALCULATE NUMBER OF REMAINING BEDS, GO TO FB27 - MIDNTCNT.

ELSE GO TO FB26 - FBBEDCOR.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| OTHERBED | FQ.OTHERBED = FBBEDS |
| FBCOMP | If cannot calculate remaining beds, then FQ.FBCOMP = 1/Indicated |

# FB26 Yes/No

Question Text

So, there are a total of (TOTAL # LTC BEDS) LTC beds in the (facility/home).

[REVIEW NUMBER OF BEDS BY TYPE.]

Is that correct?

Field 1: FBBEDCOR

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FB26VB - FBBEDEX |
| 1 | YES | FB27 - MIDNTCNT |

Other Programming Instructions

Report Display

Report Display Instructions:
In first fill, for TOTAL # LTC BEDS display FQ.TOTELBED.
If FB20 - CANDCBED > 0, display second clause and fill with number in FB20 - CANDCBED.
If FB21 - CAIDBEDS > 0, display third clause and fill with number in FB21 - CAIDBEDS.
If FB22 - CAREBEDS > 0, display fourth clause and fill with number in FB22 - CAREBEDS.
If FB23 - HDLICBED > 0, display fifth clause and fill with number in FB23 - HDLICBED.
If FB24 - FMRBEDS > 0, display sixth clause and fill with number in FB24 - FMRBEDS.
If FB25 - PCHBED > 0, display seventh clause and fill with number in FB25 - PCHBED.
If FB2-CAIDCERT = 1/Yes, display standard Medicaid display.
If FB2-CAIDCERT = 1/Yes and FB5-CARECERT = 1/Yes, display "only".

Display "care" in third clause with underline.
Display all instances of "only" with underline if displayed.

Always display "(s)" in parentheses.

If there are PREFERRED NAME(S) FOR MEDICAID, display "(PREFERRED NAME(S) FOR MEDICAID)".
Else display "MEDICAID".

Report Display:
TOTAL # OF BEDS : (TOTAL # LTC BEDS)
[(# DUALLY CERTIFIED BEDS) dually certified nursing bed(s)]
[(# CERTIFIED MEDICAID BEDS) certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as nursing bed(s) (only)]
[(# CERTIFIED MEDICARE BEDS) certified as nursing bed(s) by Medicare (only)]
[(# NOT CERTIFIED MEDICARE/MEDICAID BEDS) not certified by Medicare or [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] but licensed as nursing bed(s)]
[(# CERTIFIED MEDICAID ICF-MR BEDS) certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR bed(s)]
[(# LICENSED LONG-TERM BEDS) licensed as personal care, assisted living, or other type of long-term care bed(s)]

# FB26VB Verbatim Text

Question Text

PLEASE ENTER A BRIEF EXPLANATION:

Field 1: FBBEDEX

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FB27 - MIDNTCNT |

# FB27 Numeric

Question Text

How many residents were in (FACILITY) altogether at midnight last
night?

Field 1: MIDNTCNT

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FR1PRE - FR1PRECT |
|  | Don't Know | FR1PRE - FR1PRECT |
|  | Refused | FR1PRE - FR1PRECT |

Other Programming Instructions

Background Variable Assignments

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FBCOMP | FQ.FBCOMP = 1/Indicated. |

# FR1PRE No Entry

Question Text

Next, I'd like to get some information on the basic rates residents in (FACILITY) are charged. Most facilities 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(S) FOR MEDICAID)/MEDICAID], Medicare, and private pay/[(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] and private pay/Medicare and private pay/private pay) residents.

[IF NECESSARY: We are concerned only with the place where (SP) is physically located.]

PRESS "1" TO CONTINUE.

Field 1: FR1PRECT

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | FR2 - RATEPRB |

# FR2 Yes/No

Question Text

Do you have more than one basic rate?

Field 1: RATEPRB

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 0 | NO | FR5 - SINGRATE |
| 1 | YES | FR3 - HIGHRATE |
|  | Don't Know | FR3 - HIGHRATE |

# FR3 Quantity Unit

Question Text

What is the highest rate you bill for residents' basic care?

ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".

Field 1: HIGHRATE

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FR3 - HIGHPER |
|  | Don't Know | BOX FR2 |
|  | Refused | BOX FR2 |

Field 2: HIGHPER

HIGH RATE UNIT

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | DAY | FR4 - LOWRATE |
| 2 | WEEK | FR4 - LOWRATE |
| 3 | MONTH | FR4 - LOWRATE |
| 91 | OTHER | FR3 - HIGHPROS |

Field 3: HIGHPROS

OTHER (SPECIFY)

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FR4 - LOWRATE |

# FR4 Quantity Unit

Question Text

What is the lowest rate you bill for residents' basic care?

ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".

Field 1: LOWRATE

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FR4 - LOWPER |
|  | Don't Know | BOX FR2 |
|  | Refused | BOX FR2 |

Field 2: LOWPER

LOW RATE UNIT

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | DAY | BOX FR2 |
| 2 | WEEK | BOX FR2 |
| 3 | MONTH | BOX FR2 |
| 91 | OTHER | FR4 - LOWPEROS |

Field 3: LOWPEROS

OTHER (SPECIFY)

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FR2 |

# FR5 Quantity Unit

Question Text

What is the rate you bill for residents' basic care?

ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".

Field 1: SINGRATE

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | FR5 - SINGPER |
|  | Don't Know | BOX FR2 |
|  | Refused | BOX FR2 |

Field 2: SINGPER

SINGLE RATE UNIT

Field 2 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | DAY | BOX FR2 |
| 2 | WEEK | BOX FR2 |
| 3 | MONTH | BOX FR2 |
| 91 | OTHER | FR5 - SINGPEROS |

Field 3: SINGPEROS

OTHER (SPECIFY)

Field 3 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | [Continuous answer.] | BOX FR2 |

# BOX FR2

Box Instructions

GO TO CLOSING1 - RETURNAV.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| FRCOMP | FQ.FRCOMP = 1/Indicated |
| FACLCERT | FACLCERT = current round |

# CLOSING1 Code 1

Question Text

Thank you. Those are all the questions I have for you at the moment. Someone from my office may call you to verify some of the data I have collected. We appreciate your help on this important study.

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

PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.

Field 1: RETURNAV

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FACEND |

Other Programming Instructions

Background Variable Assignments

Assign FQDISP as described below.

FQDISP:
If Baseline FQ:
 If FQ1A-PLACNAME <> DK,RF and
 If FQ2-FADDROK <> DK,RF and
 If FQ3-FADMNOK <> DK,RF and
 If FQ4-MADDROK <> RF and
 If FQ5-FPHONOK <> DK,RF and
 If FA1-PLACTYP1 <> RF and
 If FA12-BEDSNUM <> DK,RF and
 If FA13-CAIDCRT1 <> DK,RF and
 If FA14-CARECRT1 <> DK,RF and
 If FA15-CAIDICF <> DK,RF and
 If (FA16-HDEPTLIC <> DK,RF or (FA16-HDEPTLIC = DK,RF and (FA13-CAIDCRT1 = 1/Yes or FA14-CARECRT1 = 1/Yes or FA15-CAIDICF = 1/Yes))) and
 If FA18-HDEPTPCH <> DK,RF and
 If FQ.ELIGCOMP = 1/Indicated and
 If FQ.STRUCCOMP = 1/Indicated and
 If FQ.QUESCOMP = 1/Indicated and
 If FQ.FRCOMP = 1/Indicated, then FQ.FQDISP = 5/Complete.
 Else FQ.FQDISP = 4/MissingData

Else if (Fall Round or Annual FQ) and FBELIG = 1/Indicated and FBCOMP = 1/Indicated and FRCOMP = 1/Indicated, then FQDISP = 5/Complete.
Else if Verification FQ and FQDISP = 3/StartedNotComplete,
then FQDISP = 5/Complete

# FACLOSE2 Code 1

Question Text

YOU ARE ABOUT TO LEAVE FQ BECAUSE THE FACILITY IS INELIGIBLE.

IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, ENTER 1.

Field 1: LEAVINEL

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FACEND |

# FBCLOSE2 Code 1

Question Text

YOU ARE ABOUT TO LEAVE FQ BECAUSE THE FACILITY IS INELIGIBLE.

Field 1: LEVINEL2

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FACEND |

# FACLOSE5 Code 1

Question Text

YOU ARE ABOUT TO LEAVE FQ BECAUSE THIS IS A "HOME OFFICE" WITH NO RESIDENTS.

IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, COLLECT FACILITY CONTACT INFORMATION FOR FACILITY WHERE SP IS LOCATED.

Field 1: LVNORES

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FACEND |

# CLOSING6 Code 1

Question Text

Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to (NAMED RESPONDENT).

PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.

Field 1: FINOTRES

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FACEND |

# CLOSING6B Code 1

Question Text

Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to (NAMED RESPONDENT).

PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.

Field 1: FINOTRSB

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FACEND |

# FQCLOSE7 Code 1

Question Text

YOU ARE ABOUT TO LEAVE FQ BECAUSE THE RESPONDENT IS NOT ABLE TO VERIFY INFORMATION ABOUT THE FACILITY.

IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.

Field 1: NOTRESP

Field 1 Routing

| **Value** | **Label** | **Route** |
| --- | --- | --- |
| 1 | CONTINUE | BOX FACEND |

# BOX FACEND

Box Instructions

GO TO NAVIGATOR