

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

<u>VARIABLE NAME</u>	<u>ASSIGNMENT INSTRUCTIONS</u>
<u>FQDISP</u>	<u>IF FQDISP = 7/COMPLETEINELIGIBLE, EMPTY, OR NULL, THEN FQDISP = 2/NOTSTARTED</u>
<u>SPDISP</u>	<u>IF FQDISP = 7/COMPLETEINELIGIBLE AND SPDISP = 11/FINALNONRESP, THEN SPDISP = EMPTY</u>
<u>FACLCERT</u>	<u>FACLCERT = PRELOADFQ.FACLCERT</u>

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

Variable Name	Assignment Instructions
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
ADDRRCITY	If FQ2-FADDROK = 1/Yes then PLRoster.PLACRoster[1].ADDRRCITY = 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 - ADDRRCITY
	Don't Know	FQ2A - ADDRRCITY
	Refused	FQ2A - ADDRRCITY

FIELD 2: ADDRRCITY

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 - RETURNNAV.

OTHER PROGRAMMING INSTRUCTIONS

<u>VARIABLE NAME</u>	<u>ASSIGNMENT INSTRUCTIONS</u>
<u>FQDISP</u>	<u>IF VERIFICATION FQ THEN FQDISP = 5/COMPLETE. ELSE IF FQDISP <> 4/MISSINGDATA, THEN FQDISP = 3/STARTEDNOTCOMPLETE</u>
<u>INTERVIEWDATE</u>	<u>INTERVIEWDATE = CURRENT DATE</u>

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

Value	Label	Route
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.

Variable Name	Assignment Instructions
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-PLACTYP1 = 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

Variable Name	Assignment Instructions
NNHESAT	If FA12 - BEDSNUM < 3 and FA12 - BEDSNUM <> DK, RF then PLAC.NNHESAT = 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: RNL PNSUP**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 - RNL PNSUP

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-HEL PWALK = 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

<u>VARIABLE NAME</u>	<u>ASSIGNMENT INSTRUCTIONS</u>
<u>ELIGCOMP</u>	<u>IF FQ.ELIGSTAT = 1/FACILITYELIGIBLE, THEN ELIGCOMP = 1/INDICATED</u>
<u>SPDISP</u>	<u>IF FQ.ELIGSTAT = 2/FACILITYINELIGIBLE, THEN SPDISP = 11/FINALNONRESP. ELSE IF FQ.ELIGSTAT <> 2/FACILITYINELIGIBLE AND SPDISP = 11/FINALNONRESP, THEN SPDISP = EMPTY.</u>

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)

[(# DUALY 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.

FBOPRE

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.

Variable Name	Assignment Instructions
TOTELBED	If $FB18 - TOTELBED \geq 3$, 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)

[(# DUALY 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 - RETURN AV.

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