SpecWriter Data

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Spec Label:

This is the cover page. Additional contents currently project specific.

MEPS_V2 Home Health (HH) Section **Full Detail Spec** Type Class: If Then <u>BOX 00</u> (HH1000) Item Type: Route **Route Details:** 01 Box = BOX_00, BOX_10, BOX_20, BOX_30, BOX_40, BOX_50, BOX_60, BOX_70 04 Single Select = HH40, HH50, HH60, HH70, HH90, HH120 08 Multiple Select = HH10, HH20 09 Multiple Select with Display Roster = HH130 11 Multiple Select with Add/Edit/Delete = HH80 19 Numeric Field = HH30, HH100, HH110 23 Text Field = HH140 Roster 2 = HH130 Roster 3 = HH80

| <u>BOX_10</u> | <u>(HH1001)</u> | Item Type: Route | Type Class: If Then |
|----------------|---|--|---|
| Route Details: | Context head | ler display instructions: displa | y EVNT.EVNTBEGM as three letters. |
| <u>BOX 20</u> | <u>(HH1010)</u> | Item Type: Route | Type Class: If Then |
| Route Details: | (preload.HH If provider is 2) and it is R If provider is | Type=1), continue with HH1(flagged as 'INFORMAL' in the ound 1, go to BOX_40. flagged as 'PAID INDEPENDE Type=3), go to BOX_30. | e current round or prior round). e current round or prior round (preload.HHType= NT', in the current round or prior round |

| <u>HH10</u> | <u>(HH1015)</u> | BLAISE NAME: CodeA | llHcarWrkrProf | |
|--------------|-----------------|-----------------------|----------------|------------|
| Item Type: | Question | Field kind: Datafield | ArrayMin: | Min value: |
| Type Class: | Enumerated | Field Size: | | |
| Answer Type: | THHPROFPR | Answers allowed: 10 | ArrayMax: | Max value: |

Show Card (HH-1)

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Question Text:

HH-1

Please look at card HH-1. During {VISIT MONTH}, what types of health care workers from {PROVIDER} provided home care services for {you/{PERSON}}?

ENTER ALL THAT APPLY.

✓ Help Available (HcarWrkrProfHelp)

HELP: F1

Home Health (HH) Section

 \Box Look Up File ()

| Responses: | CERTIFIED NURSING ASSISTANT (CNA) 1 | HH20 | (HH1020) |
|-------------------|-------------------------------------|------|----------|
| | DIETITIAN/NUTRITIONIST 2 | HH20 | (HH1020) |
| | I.V. OR INFUSION THERAPIST | HH20 | (HH1020) |
| | MEDICAL DOCTOR 4 | HH20 | (HH1020) |
| | NURSE/NURSE PRACTITIONER 5 | HH20 | (HH1020) |
| | OCCUPATIONAL THERAPIST 6 | HH20 | (HH1020) |
| | PHYSICAL THERAPIST 7 | HH20 | (HH1020) |
| | RESPIRATORY THERAPIST 8 | HH20 | (HH1020) |
| | SOCIAL WORKER | HH20 | (HH1020) |
| | SPEECH THERAPIST 10 | HH20 | (HH1020) |
| | NONE OF THESE | HH20 | (HH1020) |
| | REFUSED RF | HH20 | (HH1020) |
| | DON'T KNOW DK | HH20 | (HH1020) |

Programmer
Instructions:For specifications purposes only (this check is automatic): CAPI does not allow '95' (NONE
OF THESE), 'RF' (REFUSED) or 'DK' (DON'T KNOW) in combination with any other code.Display the following message if these codes are selected in combination with
any other code "THIS CODE CANNOT BE SELECTED WITH OTHER
OPTIONS. VERIFY AND RE-ENTER."MHOP NOTE:Codes 1-10 represented providers who are skilled.

Display Instructions:

| Testing/Editing | Variable collected at MEPSSpring2018.HH_Main |
|-----------------|---|
| Notes: | Variable stored at MEPSSpring2018_Event.HH_Main |

MEPS_V2 Home Health (HH) Section **Full Detail Spec** <u>HH20</u> (HH1020) BLAISE NAME: CodeAllHcarWrkrOth Item Type: Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: Answer Type: THHPRTYPE **Answers allowed:** 6 ArrayMax: Max value: ✓ Help Available (CodeAllHHOthHelp) ✓ Show Card (HH-2) \Box Look Up File () {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER.....} {EVN-MO}

Question Text:

HH-2

Please look at card HH-2. {Which/Other than what we have discussed, which} of these types of health care workers from {PROVIDER} provided home care services for {you/{PERSON}} during {VISIT MONTH}?

ENTER ALL THAT APPLY.

HELP: F1

| Responses: | COMPANION 1 | HH30 | (HH1025) |
|------------|-----------------------------------|------|----------|
| | HOMEMAKER/HOUSE CLEANER 2 | HH30 | (HH1025) |
| | HOME HEALTH AIDE/HOME CARE AIDE 3 | HH30 | (HH1025) |
| | HOSPICE WORKER 4 | HH30 | (HH1025) |
| | NURSE'S AIDE 5 | HH30 | (HH1025) |
| | PERSONAL CARE ATTENDANT | HH30 | (HH1025) |
| | NONE OF THESE | HH30 | (HH1025) |
| | REFUSED RF | HH30 | (HH1025) |
| | DON'T KNOW DK | HH30 | (HH1025) |
| | | | |

| Programmer Instructions: | OF THESE), 'RF' (RJ Display the follow any other code "T OPTIONS. VERI MHOP NOTE: Code only some combination | EFUSED) or 'DK' (DO wing message if the 'HIS CODE CANN FY AND RE-ENTH es 1-6 represented provi | N'T KNOW) in c se codes are se OT BE SELE ER." iders who are uns E OF THESE), '1 | API does not allow '95' (NONE ombination with any other code. elected in combination with CTED WITH OTHER skilled. If HH10 and HH20 are RF' (REFUSED), and 'DK' |
|--|---|--|---|--|
| Display Instructions: | Display "Which" if HH | | OF THESE), 'RF' | (REFUSED) or 'DK' (DON'T which". |
| Testing/Editing Notes: | | MEPSSpring2018.HH_ EPSSpring2018_Event. | | |
| <u>HH30</u> Item Type: Type Class: Answer Type: | Question H | LAISE NAME: HHMP Field kind: Datafield Field Size: 2 Answers allowed: 1 | Num ArrayMin: ArrayMax: | Min value: 1 Max value: 99 |
| ☐ Help Available (Context Header: | | MIDDLE AND LAST 1 |) NAME} {NAME | □ Look Up File () E OF MEDICAL CARE |

How many people from {PROVIDER} provided home care services for {you/{PERSON}}?

| Responses: | | |
|------------|------------|----|
| | REFUSED | RF |
| | DON'T KNOW | DK |

| Programmer Instructions: | If Round 1, g Otherwise, g | go to BOX_40. go to HH70. | | |
|-----------------------------|--|--|---------------------|--|
| Display Instructions: | | | | |
| Testing/Editing Notes: | | lected at MEPSSpring2018.H red at MEPSSpring2018_Even | | |
| <u>BOX 30</u> | <u>(HH1026)</u> | Item Type: Route | Type Class: If Then | |
| Route Details: | If provider is HHType=3 and HH40 is coded 1-10, or RF or HH50 is coded 1-6, or RF in this round for this provider, or preload.HHProvType<> empty for this provider, go to BOX_40. Otherwise, continue with HH40. | | | |

| <u>HH40</u> | <u>(HH1027)</u> | BLAISE NAME: HHPro | fTp | |
|--------------------|-----------------|-----------------------|-----------|------------|
| Item Type: | Question | Field kind: Datafield | ArrayMin: | Min value: |
| Type Class: | Enumerated | Field Size: | | |
| Answer Type: | THHPROFPR | Answers allowed: 1 | ArrayMax: | Max value: |

✓ Help Available (HcarWrkrProfHelp)
 ✓ Show Card (HH-1)
 □ Look Up File ()
 Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Question Text:

HH-1

Please look at card HH-1. What type of health care worker is $\{PROVIDER\}$ who provided home care services for $\{you/\{PERSON\}\}$ during $\{VISIT MONTH\}$?

HELP: F1

Home Health (HH) Section

| Responses: | CERTIFIED NURSING ASSISTANT (CNA) 1 |
|-------------------|-------------------------------------|
| | DIETITIAN/NUTRITIONIST 2 |
| | I.V. OR INFUSION THERAPIST 3 |
| | MEDICAL DOCTOR 4 |
| | NURSE/NURSE PRACTITIONER 5 |
| | OCCUPATIONAL THERAPIST 6 |
| | PHYSICAL THERAPIST 7 |
| | RESPIRATORY THERAPIST |
| | SOCIAL WORKER |
| | SPEECH THERAPIST 10 |
| | NONE OF THESE |
| | REFUSED RF |
| | DON'T KNOW DK |
| | |

| Programmer Instructions: | If coded 95, 'NONE OF THESE' or 'DK' (DON'T KNOW), go to HH50. If round 1, and coded 1-10, RF go to BOX_40. Otherwise, go to HH70 | | | |
|----------------------------------|---|--|----------------------------|---|
| Display Instructions: | | | | |
| Testing/Editing Notes: | | d at MEPSSpring2018.HH_ t MEPSSpring2018_Event. | | |
| <u>HH50</u> | <u>(HH1030)</u> | BLAISE NAME: HHPro | fTpOth | |
| Item Type: | Question | Field kind: Datafield | ArrayMin: | Min value: |
| Type Class: | Enumerated | Field Size: | | |
| Answer Type: | THHPRTYPE | Answers allowed: 1 | ArrayMax: | Max value: |
| ✓ Help Available Context Header: | (HHProfTpOthHelp {PERSON'S FIR PROVIDER} | ST MIDDLE AND LAST | Card (HH-2) NAME} {NAME | □ Look Up File () E OF MEDICAL CARE |

HH-2

Please look at card HH-2. Which of these types of health care workers, if any, is {PROVIDER} who provided home care services for {you/{PERSON}} during {VISIT MONTH}?

HELP:F1

| Responses: | COMPANION1HOMEMAKER/HOUSE CLEANER2HOME HEALTH AIDE/HOME CARE AIDE3HOSPICE WORKER4NURSE'S AIDE5PERSONAL CARE ATTENDANT6NONE OF THESE95 |
|------------|---|
| | |
| | REFUSED RF |
| | DON'T KNOW DK |
| | |

| Programmer Instructions: | If round 1, g Otherwise, g | to to BOX_40. go to HH70. | | |
|-----------------------------|-------------------------------|---|---------------------------------|------|
| Display Instructions: | | | | |
| Testing/Editing Notes: | | lected at MEPSSpring2018.H red at MEPSSpring2018_Eve | | |
| <u>BOX 40</u> | <u>(HH1032)</u> | Item Type: Route | Type Class: If Then | |
| Route Details: | | already asked for this same F continue with HH60. | U member-provider pair, go to H | H70. |

| <u>HH60</u> | <u>(HH1033)</u> | BLAISE NAME: HHCar | eBefYr | | |
|----------------------|---------------------------|----------------------------------|-------------|---------------------------|-------------|
| Item Type: | Question | Field kind: Datafield | ArrayMi | n: Min value: | |
| Type Class: | Enumerated | Field Size: | | | |
| Answer Type: | TYESNO | Answers allowed: 1 | ArrayMa | x: Max value: | |
| ☐ Help Available (|) | \Box Show Card (|) | 🗌 Look V | Up File () |
| Context Header: | {PERSON'S FIR PROVIDER | ST MIDDLE AND LAST } {EVN-MO} | NAME} {N | AME OF MEDICAL C | ARE |
| Question Text: | | | | | |
| Did {someone from} { | PROVIDER } ever p | rovide home care services for | {you/{PERSC | DN}} before January 1, {Y | 'EAR}? |
| Responses: | YES | | 1 | НН70 (Н | H1040) |
| | NO | | 2 | НН70 (Н | H1040) |
| | REFUSED | | RF | НН70 (Н | H1040) |
| | DON'T KNOW | | DK | НН70 (Н | H1040) |

| Display Instructions: | Display 'someone from' if provider is flagged as 'AGENCY'. Otherwise, use a null display. | | | | | |
|---------------------------|---|---|--------------------------------------|--|--|--|
| | For specifications first calendar yea | s purposes only; CAPI handles automa r of panel. | atically: 'YEAR' in question text is | | | |
| Testing/Editing Notes: | | ed at MEPSSpring2018.HH_Main at MEPSSpring2018_Event.HH_Main | | | | |
| <u>HH70</u> | <u>(HH1040)</u> | BLAISE NAME: HHSpecCond | | | | |
| Item Type: | Question | Field kind: Datafield ArrayM | lin: Min value: | | | |
| Type Class: | Enumerated | Field Size: | | | | |
| Answer Type: | TYESNO | Answers allowed: 1 ArrayM | lax: Max value: | | | |
| ✓ Help Available | (SpecCondHelp) | \Box Show Card () | □ Look Up File () | | | |
| Context Header: | {PERSON'S FIR PROVIDER} | ST MIDDLE AND LAST NAME} { { EVN-MO} | NAME OF MEDICAL CARE | | | |

Thinking about all of the home care services {you/ {PERSON}} {have/has} received from {someone from} {PROVIDER} during {VISIT MONTH}, were any of these home care services related to any specific health problem?

IF OLD AGE MENTIONED, SELECT 'YES' AND ENTER 'OLD AGE' AS CONDITION

HELP: F1

| Responses: | YES 1 | HH80 | (HH1045) |
|--------------------------|--|-------|----------|
| | NO | HH90 | (HH1085) |
| | REFUSED RF | HH90 | (HH1085) |
| | DON'T KNOW DK | HH90 | (HH1085) |
| Display Instructions: | Display 'someone from' if provider is flagged as 'AGEN | JCY'. | |

| Testing/Editing | Variable collected at MEPSSpring2018.HH_Main |
|-----------------|---|
| Notes: | Variable stored at MEPSSpring2018_Event.HH_Main |

| r un Detan Spec | | | | | |
|-----------------|-----------------|-----------------------|-----------|------------------|---|
| <u>HH80</u> | <u>(HH1045)</u> | BLAISE NAME: HHCo | ndRoster | | |
| Item Type: | Question | Field kind: Datafield | ArrayMin: | Min value: | |
| Type Class: | Enumerated | Field Size: | | | |
| Answer Type: | TCONDITION | Answers allowed: 1 | ArrayMax: | Max value: | |
| Help Availabl | e (CondHelp) | \Box Show Car | d () | □ Look Up File (|) |
| | | | | | |

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Question Text:

What health condition led {you/{PERSON}} to receive home health care services from {someone from} {PROVIDER} during {VISIT MONTH}?

PROBE: Any other health condition?

ENTER ALL THAT APPLY.

CTRL-A: ADD CTRL-E: EDIT CTRL-D: DELETE HELP: F1

Home Health (HH) Section

| Responses: | {MEDICAL CONDITION} 1 | | HH90 | (HH1085) |
|-------------------|-----------------------|---|------|----------|
| | {MEDICAL CONDITION} 2 | | HH90 | (HH1085) |
| | {MEDICAL CONDITION} 3 | | HH90 | (HH1085) |
| | {MEDICAL CONDITION} 4 | | HH90 | (HH1085) |
| | {MEDICAL CONDITION}N | 5 | HH90 | (HH1085) |
| | | | | |

| Programmer Instructions: | Roster Behavior: 1. Multiple select allowed. |
|-----------------------------|--|
| | 2. Multiple add allowed. |
| | 3. Limited delete allowed. Interviewer may delete a condition added at this item until CAPI creates the link between this condition and the event. The link is created when the collection of utilization and/or charge/payment data is complete. |
| | 4. Limited edit allowed. Interviewer may edit a condition name newly added at this item until CAPI creates the link between this condition and the event. |
| | The link is created when the collection of utilization and/or charge/payment data is complete. |
| Display Instructions: | Roster 3 – Add/Edit/Delete Allowed Roster Definition: Display the Person's-Medical-Conditions Roster for the selection and/or addition of one or more medical condition (s) associated with this event. Display name of medical condition (COND.CONDNAM). Roster Filter: Display all conditions on person's roster; no filter. Display 'someone from' if provider is flagged as 'AGENCY'. |
| Testing/Editing Notes: | Variable collected at MEPSSpring2018.HH_Main Variable stored at MEPSSpring2018_Event.HH_Main |

| MEPS_V2 | | | | Home Hea | lth (HH) Sec | tion |
|--------------------------|-----------------------------|--|-----------|-----------------------|--------------|------|
| Full Detail Spec | | | | | | |
| <u>HH90</u> | <u>(HH1085)</u> | BLAISE NAME: HHFree | 7 | | | |
| Item Type: | Question | Field kind: Datafield | ArrayMi | n: Min value: | | |
| Type Class: | Enumerated | Field Size: | | | | |
| Answer Type: | TFREQCY | Answers allowed: 1 | ArrayMa | x: Max value: | | |
| □ Help Available (|) | \Box Show Card (|) | | ok Up File (|) |
| Context Header: | {PERSON'S FIRS PROVIDER} | T MIDDLE AND LAST 1 {EVN-MO} | NAME} {N | JAME OF MEDICA | L CARE | |
| Question Text: | | | | | | |
| | | m} {PROVIDER} <u>usually</u> co ly once during {VISIT MON | | me to help {you/ {PEF | RSON}} every | |
| Responses: | EVERY WEEK | | 1 | HH100 | (HH1090) | |
| - | SOME WEEKS | | 2 | HH110 | (HH1095) | |
| | ONLY CAME ON | VCE | | BOX_50 | (HH1125) | |
| | REFUSED | | RF | BOX_50 | (HH1125) | |
| | DON'T KNOW | | DK | BOX_50 | (HH1125) | |
| Display Instructions: | Display 'someo | one from' if provider i | s flagged | as 'AGENCY'. | | |

| Testing/Editing | Variable collected at MEPSSpring2018.HH_Main |
|------------------------|---|
| Notes: | Variable stored at MEPSSpring2018_Event.HH_Main |

MEPS_V2 Home Health (HH) Section **Full Detail Spec BLAISE NAME: HHDaysWeek HH100** (HH1090) Item Type: Question Field kind: Datafield ArrayMin: Min value: 1 **Type Class:** Integer Field Size: 1 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: 7 Help Available () \Box Show Card () \Box Look Up File () {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** During {VISIT MONTH}, about how many days per week did {someone from} {PROVIDER} come? PROBE: We just need to know in general. ENTER DAYS PER WEEK **Responses: BOX_50** (HH1125) RF REFUSED BOX_50 (HH1125) ----- DK DON'T KNOW BOX 50 (HH1125) Programmer Hard range: 1-7. **Instructions:** Display the following message if an out of range response is entered: "THE VALUE MUST BE BETWEEN 1 AND 7. VERIFY WITH RESPONDENT AND RE-ENTER." Display Display 'someone from' if provider is flagged as 'AGENCY'. **Instructions:** Variable collected at MEPSSpring2018.HH Main **Testing/Editing**

Notes: Variable stored at MEPSSpring2018_Event.HH_Main

| MEPS_V2 Full Detail Spec | | | | Home Health (HH) Sec | ction |
|-----------------------------|--------------------------------|-------------------------------|-------------|----------------------|-------|
| <u>HH110</u> | <u>(HH1095)</u> | BLAISE NAME: HHDay | vsMth | | |
| Item Type: | Question | Field kind: Datafield | ArrayMin: | Min value: 1 | |
| Type Class: | Integer | Field Size: 2 | | | |
| Answer Type: | {Continuous Answer | .} Answers allowed: 1 | ArrayMax: | Max value: 31 | |
| | | | | | |
| Help Available (|) | \Box Show Card (|) | □ Look Up File (|) |
| Context Header: | {PERSON'S FIRST PROVIDER} { | TMIDDLE AND LAST N EVN-MO} | NAME} {NAMI | E OF MEDICAL CARE | |

About how many days during {VISIT MONTH} did {someone from} {PROVIDER} come?

PROBE: We just need to know in general.

ENTER 1-{28/29/30/31} DAYS PER MONTH

| Responses: | | | BOX_50 | (HH1125) |
|-------------------|------------|----|--------|----------|
| | REFUSED | RF | BOX_50 | (HH1125) |
| | DON'T KNOW | DK | BOX_50 | (HH1125) |

| Programmer Instructions: | Hard range: 1-31. | | | |
|-----------------------------|---|--|--|--|
| instructions. | Range Check: CAPI will display an error message and force the interviewer to rectify the data if any of the following situations occur: | | | |
| | If (VISIT MONTH) is: January, March, May, July, August, October or December: 1-31 for number of days. If (VISIT MONTH) is: April, June, September or November: 1-30 for number of days. If (VISIT MONTH) is: February: 1-29 for leap years. Otherwise, 1-28 for number of days. | | | |
| Display Instructions: | Display 'someone from' if provider is flagged as 'AGENCY'. | | | |
| | Display '28' if HH visit month is February and event year is not a leap year. Display '29' if HH visit month is February and event year is a leap year. Display '30' if HH visit month is April, June, September or November. Display '31' if HH visit month is January, March, May, July, August, Octob or December. | | | |
| Testing/Editing Notes: | Variable collected at MEPSSpring2018.HH_Main Variable stored at MEPSSpring2018_Event.HH_Main | | | |
| BOX_50 | (HH1125) Item Type: Route Type Class: If Then | | | |
| Route Details: | If 2 or more months, excluding interview month, for this provider for this person have not completed the Home Health (HH) utilization section and if this event is not part of a flat fee group, continue with HH120. Otherwise, go to BOX_60. | | | |
| | | | | |

| Full Detail Spec | | | | | |
|--|---|---|-----------|------------|-----------------|
| <u>HH120</u> | <u>(HH1130)</u> | BLAISE NAME: HHFree | qOthMth | | |
| Item Type: | Question | Field kind: Datafield | ArrayMin: | Min value: | |
| Type Class: | Enumerated | Field Size: | | | |
| Answer Type: | TYESNO | Answers allowed: 1 | ArrayMax: | Max value: | |
| □ Help Available (|) | \Box Show Card (|) | | ok Up File () |
| Context Header: | {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-MO} | | | | |
| Question Text: | | | | | |
| | | eived services from {PROVIDI umber of times/{FREQUENCY | | | ner months, did |
| Responses: | YES | | 1 H | IH130 | (HH1135) |
| | NO | | 2 B | OX_60 | (HH1145) |
| | REFUSED | | RF B | OX_60 | (HH1145) |
| | DON'T KNOW | | DK B | OX_60 | (HH1145) |
| Display Instructions:Display 'only once' if HH90 was coded '3' (ONLY CAME ONCE). Display 'the sam number of times' if HH90, HH100 or HH110 was coded 'RF' (REFUSED) or 'DK' (D KNOW). Otherwise, display '{FREQUENCY OF SERVICES}'. | | | | | |
| For 'FREQUENCY OF SERVICES': Display number entered at HH100 and the phrase 'days per week' if a response was re at HH100. Display number entered at HH110 and the phrase 'days per month' if a response was recorded at HH110. | | | | | |
| Testing/Editing Notes: | | ed at MEPSSpring2018.HH_ at MEPSSpring2018_Event. | | | |

Home Health (HH) Section

| Full Detail Spec | | | | |
|---------------------------------------|-----------------|--|-----------|---|
| <u>HH130</u> | <u>(HH1135)</u> | BLAISE NAME: HHMth | Roster | |
| Item Type: | Question | Field kind: Datafield | ArrayMin: | Min value: |
| Type Class: | Enumerated | Field Size: | | |
| Answer Type: | TMONTHYEAR | Answers allowed: 1 | ArrayMax: | Max value: |
| ☐ Help Available (Context Header: | , | ☐ Show Card (T MIDDLE AND LAST N {EVN-MO} | , | □ Look Up File () E OF MEDICAL CARE |

Home Health (HH) Section

Question Text:

During which of the following months did {PROVIDER} visit {only once/the same number of times/{FREQUENCY OF SERVICES}}?

PROBE: Any other months with the same number of visits?

ENTER ALL THAT APPLY.

| Responses: | {SELECT ALL EVENTS} 0 | HH140 | (HH1140) |
|-------------------|-----------------------|-------|----------|
| | {MONTH,YEAR}11 | HH140 | (HH1140) |
| | {MONTH, YEAR}2 | HH140 | (HH1140) |
| | {MONTH, YEAR}3 | HH140 | (HH1140) |
| | {MONTH, YEAR }4 4 | HH140 | (HH1140) |
| | {MONTH, YEAR}N | HH140 | (HH1140) |

| Programmer Instructions: | If coded '0' SELECT ALL EVENTS, CAPI should automatically select all of the events displayed on the roster and flag as being part of the repeat visit group. |
|-----------------------------|--|
| | Flag each month selected at HH130 as a repeat visit related to the event being asked about. (NOTE: The event being cycled on through this HH section administration is the "stem" repeat visit. The events selected at HH130 are each a "leaf". The event driver (ED) section will not serve these repeat visits for the HH section.) |
| | Assign next repeat visit number at the household level. (NOTE: Each repeat visit grouping, whether OP, MV, or HH is assigned this number at a household level. The number will start over every round.) |
| | Roster Behavior: 1. Multiple select allowed. |
| | 2. Add, delete, and edit disallowed. |
| Display Instructions: | Roster 2 – no add/edit/delete |
| | Roster definition: Display the person's Medical-Events-Roster for selection. |
| | Roster filter: Display only those events that meet the following criteria: - Have event type 'HH'. |
| | - Created this round, excluding the interview month. (If round 5, do not exclude Dec.) |
| | - Are associated with the same provider as the event asked about during this round. |
| | - Have not been processed through utilization. |
| | Display 'only once' if HH90 was coded '3' (ONLY CAME ONCE). Display 'the same number of times' if HH90, HH100 or HH110 was coded 'RF' (REFUSED) or 'DK' (DON'T KNOW). Otherwise, display '{FREQUENCY OF SERVICES}'. |
| | For 'FREQUENCY OF SERVICES': Display number entered at HH100 and the phrase 'days per week' if a response was recorded at HH100. Display number entered at HH110 and the phrase 'days per month' if a response was recorded at HH110. |
| | For "MONTH,YEAR" in the response option area, display visit dates as "MON, YYYY". Abbreviate the month name as three letters. |
| | Display the response option '0' SELECT ALL EVENTS when there is more than one event to display on the roster, otherwise use a null display. |
| Testing/Editing | Variable collected at MEPSSpring2018.HH_Main |

Testing/EditingVariable collected at MEPSSpring2018.HH_MainNotes:Variable stored at MEPSSpring2018_Event.HH_Main

| <u>HH140</u> Item Type: Type Class: | (HH1140) Question String | BLAISE NAME: HHVs Field kind: Datafield Field Size: 30 | stGrp ArrayMin: | Min value: |
|--|--|--|--------------------|--------------------|
| Answer Type: | {Continuous Ans | swer.} Answers allowed: 1 | ArrayMax: | Max value: |
| Help Available | | \Box Show Card (| , | □ Look Up File () |
| Context Header: | | RST MIDDLE AND LAST} {EVN-MO} | NAME} {NAM | E OF MEDICAL CARE |
| Question Text: INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS SELECTED IN PREVIOUS QUESTION. | | | | |
| Responses: | | | ВО | X_60 (HH1145) |
| Display Instructions: | | | | |
| Testing/EditingVariable collected at MEPSSpring2018.HH_MainNotes:Variable stored at MEPSSpring2018_Event.HH_Main | | | | |
| <u>BOX_60</u> | <u>(HH1145)</u> | Item Type: Route | Type Class: | If Then |
| Route Details: | Go to the Charge/Payment (CP) section if it needs to be asked for this home health event, i.e. its status wasn't set to 'Completed' because it was part of a Flat Fee situation where the charges were collected in the CP section for another event in that Flat Fee group. | | | |
| | Otherwise, continue with BOX_70. | | | |
| | | | | |
| <u>BOX 70</u> | <u>(HH1150)</u> | Item Type: Route | Type Class: | If Then |
| Route Details: | Go to the Even | t Driver (ED) section. | | |

[End of HH]