# **SpecWriter Data**

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Report Type: Full Detail

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Spec Label:

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

Home Health (HH) Section

BOX 00 (HH1000) Item Type: Route Type Class: If Then

**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

BOX 10 (HH1001) Item Type: Route Type Class: If Then

**Route Details:** Context header display instructions: SEE CONTEXT HEADER SPEC

BOX 20 (HH1010) Item Type: Route Type Class: If Then

Route Details: If provider is flagged as 'AGENCY', in the current round or prior round

(preload.HHType=1), continue with HH10.

If provider is flagged as 'INFORMAL' in the current round or prior round (preload.HHType=

2), go to BOX\_40.

If provider is flagged as 'PAID INDEPENDENT', in the current round or prior round (preload.HHType=3), go to BOX\_30.

Otherwise, go to HH70.

**Full Detail Spec** 

<u>HH10</u> (HH1015) <u>BLAISE NAME:</u> CodeAllHcarWrkrProf

Item Type: Question Field kind: Datafield ArrayMin: Min value:

Type Class: Enumerated Field Size:

Answer Type: THHPROFPR Answers allowed: 10 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}

NONE OF THESE

**REFUSED** 

DON'T KNOW

# **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: F1

(HH1020)

(HH1020)

(HH1020)

CERTIFIED NURSING ASSISTANT (CNA)	1	HH20	(HH1020)
DIETITIAN/NUTRITIONIST	2	HH20	(HH1020)
I.V. OR INFUSION THERAPIST	3	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	9	HH20	(HH1020)
SPEECH THERAPIST	10	HH20	(HH1020)
	DIETITIAN/NUTRITIONIST I.V. OR INFUSION THERAPIST MEDICAL DOCTOR NURSE/NURSE PRACTITIONER OCCUPATIONAL THERAPIST PHYSICAL THERAPIST RESPIRATORY THERAPIST SOCIAL WORKER	DIETITIAN/NUTRITIONIST 2 I.V. OR INFUSION THERAPIST 3 MEDICAL DOCTOR 4 NURSE/NURSE PRACTITIONER 5 OCCUPATIONAL THERAPIST 6 PHYSICAL THERAPIST 7 RESPIRATORY THERAPIST 8 SOCIAL WORKER 9	MEDICAL DOCTOR 4 HH20 NURSE/NURSE PRACTITIONER 5 HH20 OCCUPATIONAL THERAPIST 6 HH20 PHYSICAL THERAPIST 7 HH20 RESPIRATORY THERAPIST 8 HH20 SOCIAL WORKER 9 HH20

95

RF

HH20

HH20

DK HH20

Home Health (HH) Section

**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 Notes:** 

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY Event.HH Main

MEPSFall2023 Home Health (HH) Section **Full Detail Spec HH20** (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) □ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER...... {EVN-MO} **Question Text:** 

ШНН-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	6	HH30	(HH1025)
	NONE OF THESE	95	HH30	(HH1025)
	REFUSED	RF	HH30	(HH1025)
	DON'T KNOW	ÞΚ	HH30	(HH1025)

ogrammer 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 1-6 represented providers who are unskilled. If HH10 and HH20 are only some combination of codes '95' (NONE OF THESE), 'RF' (REFUSED), and 'DK' (DON'T KNOW), the provider is also unskilled.

Display Instructions:

Display "Which" if HH10 is coded '95' (NONE OF THESE), 'RF' (REFUSED) or 'DK' (DON'T KNOW). Otherwise, display "Other than what we have discussed, which".

Testing/Editing Notes:

(HH1025)

**HH30** 

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY Event.HH Main

Item Type: Type Class:	Question Integer	Field kind: Field Size:		ArrayMin:	Min value: 1	
Answer Type:	{Continuous Answer.} Answers allowed: 1		ArrayMax:	Max value: 99		
Help Available	( )		now Card (	)	☐ Look Up File (	)

**BLAISE NAME: HHMPNum** 

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

### **Question Text:**

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

 Responses:
 1

 REFUSED
 RF

 DON'T KNOW
 DK

Home Health (HH) Section

Programmer Instructions:

If Round 1, go to BOX\_40. Otherwise, go to HH70.

Display

**Instructions:** 

**Testing/Editing Notes:** 

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.HH\_Main

BOX 30 (HH1026) Item Type: Route Type Class: If Then

Route Details: If provider is HHType=3 and HH10 is coded 1-10, or RF or HH20 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.

MEPSFall2023 Home Health (HH) Section **Full Detail Spec** BLAISE NAME: HHProfTp **HH40** (HH1027)**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 ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** 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 CERTIFIED NURSING ASSISTANT (CNA) 1 **Responses:** DIETITIAN/NUTRITIONIST I.V. OR INFUSION THERAPIST MEDICAL DOCTOR NURSE/NURSE PRACTITIONER 5 OCCUPATIONAL THERAPIST 6 PHYSICAL THERAPIST RESPIRATORY THERAPIST 8 SOCIAL WORKER ..... 10 SPEECH THERAPIST

..... RF

NONE OF THESE

REFUSED DON'T KNOW

95

DK

MEPSFall2023 Home Health (HH) Section **Full Detail Spec** Programmer If coded 95, 'NONE OF THESE' or 'DK' (DON'T KNOW), go to HH50. **Instructions:** If round 1, and coded 1-10, RF go to BOX\_40. Otherwise, go to HH70 Display Instructions: Testing/Editing Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY Event.HH Main Notes: **HH50** (HH1030)**BLAISE NAME:** HHProfTpOth **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 (HHProfTpOthHelp) ✓ Show Card (HH-2) ☐ 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 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:** COMPANION HOMEMAKER/HOUSE CLEANER 2 HOME HEALTH AIDE/HOME CARE AIDE 3 -----4 HOSPICE WORKER NURSE'S AIDE PERSONAL CARE ATTENDANT 6 NONE OF THESE ----- RF REFUSED

..... DK

DON'T KNOW

Home Health (HH) Section

Programmer Instructions:

If round 1, go to BOX\_40. Otherwise, go to HH70.

Display

**Instructions:** 

**Testing/Editing Notes:** 

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.HH\_Main

BOX 40 (HH1032) Item Type: Route Type Class: If Then

Route Details: If Round 1 and HH60 was already asked for this same RU member-provider pair

OR

if RoundType >First, go to HH70.

Otherwise, continue with HH60.

MEPSFall2023 Home Health (HH) Section **Full Detail Spec HH60 BLAISE NAME:** HHCareBefYr (HH1033)**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 ( ) ☐ Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** Did {someone from} {PROVIDER} ever provide home care services for {you/{PERSON}} before January 1, {YEAR}? **Responses:** YES HH70 (HH1040) NO 2 HH70 (HH1040) REFUSED HH70 (HH1040)DON'T KNOW DK HH70 (HH1040) **Display** Display 'someone from' if provider is flagged as 'AGENCY'. Otherwise, use a null display. **Instructions:** For specifications purposes only; CAPI handles automatically: 'YEAR' in question text is first calendar year of panel. Testing/Editing Variable collected at MEPS(Fall/Spring)YYYY.HH Main

Variable stored at MEPS(Fall/Spring)YYYY Event.HH Main

**Notes:** 

MEPSFall2023 Home Health (HH) Section **Full Detail Spec HH70** BLAISE NAME: HHSpecCond (HH1040)**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 (SpecCondHelp) ☐ Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** 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 HH80 (HH1045)NO HH90 (HH1085) **REFUSED** ----- RF HH90 (HH1085)DON'T KNOW DK HH90 (HH1085)**Display** Display 'someone from' if provider is flagged as 'AGENCY'. **Instructions:** 

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.HH\_Main

MEPSFall2023 Home Health (HH) Section **Full Detail Spec HH80** BLAISE NAME: HHCondRoster (HH1045) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: **Answer Type: TCONDITION** Answers allowed: 1 ArrayMax: Max value: ✓ Help Available (CondHelp) ☐ Show Card ( ) □ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** 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 **Responses:** {MEDICAL CONDITION} 1 HH90 (HH1085) {MEDICAL CONDITION} 2 HH90 (HH1085) ..... 3 {MEDICAL CONDITION} 3 HH90 (HH1085) 4 HH90 {MEDICAL CONDITION} 4 (HH1085)

{MEDICAL CONDITION}N

..... 5 HH90

(HH1085)

Home Health (HH) Section

Programmer

Roster Behavior:

**Instructions:** 

- 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.

### **CONDITION LOOKUP SPECIFICATIONS**

For complete Condition Lookup specifications, refer to the Global (GL) Specifications.

# 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 MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY Event.HH Main

MEPSFall2023 Home Health (HH) Section **Full Detail Spec HH90 BLAISE NAME: HHFreq** (HH1085)Item Type: Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: **Answer Type: TFREQCY** Answers allowed: 1 ArrayMax: Max value: ☐ Help Available ( ) ☐ Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** During {VISIT MONTH}, did {someone from} {PROVIDER} usually come to the home to help {you/ {PERSON}} every week, only some weeks, or did they come only once during {VISIT MONTH}? **Responses: EVERY WEEK** HH100 (HH1090) 2 SOME WEEKS HH110 (HH1095)ONLY CAME ONCE BOX 50 (HH1125)**REFUSED** ..... RF BOX 50 (HH1125) DON'T KNOW DK BOX 50 (HH1125)**Display** Display 'someone from' if provider is flagged as 'AGENCY'. **Instructions:** 

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.HH\_Main

MEPSFall2023 Home Health (HH) Section **Full Detail Spec** HH100 **BLAISE NAME:** HHDaysWeek (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 ( ) ☐ Show Card ( ) ☐ 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:** 1 BOX 50 (HH1125) ..... RF REFUSED BOX 50 (HH1125)DK BOX 50 DON'T KNOW (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 Instructions: Display 'someone from' if provider is flagged as 'AGENCY'.

Testing/Editing Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.HH\_Main

MEPSFall2023 Home Health (HH) Section **Full Detail Spec** HH110 (HH1095) BLAISE NAME: HHDaysMth **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 ( ) ☐ Show Card ( ) □ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** 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:** 1 BOX 50 (HH1125) REFUSED RF BOX 50 (HH1125)

DK BOX 50

(HH1125)

DON'T KNOW

Home Health (HH) Section

Programmer Instructions:

Hard range: 1-31.

Range Check:

CAPI will display an error message and force the interviewer to rectify the data if the day entered does not fall into the following ranges:

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, October

or December.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_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.

HH120 (HH1130) BLAISE NAME: HHFreqOthMth

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 ( ) ☐ Show Card ( ) ☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE

PROVIDER......} {EVN-MO}

# **Question Text:**

I have recorded that {you/{PERSON}} received services from {PROVIDER} during other months. In the other months, did {PROVIDER} visit {only once/the same number of times/{FREQUENCY OF SERVICES...}}?

**Responses:** YES 1 HH130 (HH1135)

 NO
 2
 BOX\_60
 (HH1145)

 REFUSED
 RF
 BOX\_60
 (HH1145)

 DON'T KNOW
 DK
 BOX 60
 (HH1145)

Home Health (HH) Section

Display Instructions:

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.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.HH\_Main

MEPSFall2023 Home Health (HH) Section **Full Detail Spec BLAISE NAME:** HHMthRoster HH130 (HH1135) **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 ( ) ☐ Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **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} HH140 (HH1140) ...... 1 HH140 {MONTH,YEAR}1 (HH1140) 2 HH140 {MONTH,YEAR}2 (HH1140) {MONTH,YEAR}3 3 HH140 (HH1140) -----4 HH140 {MONTH,YEAR}4 (HH1140)

{MONTH,YEAR}N

5 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 RndType=Final, 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 Notes:

Variable collected at MEPS(Fall/Spring)YYYY.HH\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.HH\_Main

HH140	(HH1140)	<b>BLAISE NAME:</b> HHVs	tGrp		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:	
Type Class:	String	Field Size: 30			
Answer Type:	{Continuous Ar	nswer.} Answers allowed: 1	ArrayMax:	Max value:	
☐ Help Available (	( )	☐ Show Card (	)	☐ Look Up Fi	le ( )
Context Header:		FIRST MIDDLE AND LAST : } {EVN-MO}	NAME} {NAMI	E OF MEDICAL CARE	
Question Text:					
INTERVIEWER: REQUESTION.	CORD 'NAME OI	F REPEAT VISIT GROUP' FOR	MONTHS SELEC	CTED IN PREVIOUS	
Responses:			1 BO	X_60 (HH114	5)
Display Instructions:					
Testing/Editing Notes:		cted at MEPS(Fall/Spring)YY d at MEPS(Fall/Spring)YYYY		n	
BOX_60	(HH1145)	Item Type: Route	Type Class:	If Then	
Route Details:	i.e. its status w charges were o	rge/Payment (CP) section if it vasn't set to 'Completed' becare collected in the CP section for national with BOX_70.	use it was part of	a Flat Fee situation whe	
BOX_70	<u>(HH1150)</u>	Item Type: Route	Type Class:	If Then	
Route Details:	Go to the Ever	nt Driver (ED) section.			

[End of HH]