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Language: English

Spec Label:

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

BOX 00 (RF1000) Item Type: Route Type Class: If Then

Route Details:

01 Box = BOX_00, BOX_10, BOX_20, BOX_30, BOX_40, BOX_70, BOX_80, BOX_90, BOX_100, BOX_110, BOX_120, BOX_130, BOX_140

02 Loop = Loop 10, Loop 20, Loop 30

03 End Loop = END_LP10, END_LP20, END_LP30

04 Single Select = RF60, RF100, RF105_01, RF105_02, RF105_04, RF105_05, RF150_01, RF150_05

 $13\ Address-Preloaded = RF70_01,\ RF70_02,\ RF70_03,\ RF70_04,\ RF70_05,\ RF70_06,\ RF70_07$

14 Regular Date Entry = RF90_01, RF90_02, RF90_03, RF150_04

20 OS Text Field = RF105_06, RF150_02, RF150_06

23 Text Field = RF150_03

24 Information Screen = RFIntro, RF20, RF30, RF115, RF125, RF135, RF140_01, RF160

26 Regular Date Entry – Preloaded = RF80 01, RF80 02, RF80 03 Roster 2 = RF105 03

BOX_10	(RF1005)	Item T	ype: Route	Type Class:	If Then
Route Details:	Placehold	er for Context	header display instr	actions:	
		2020 CAPI acand ongoing.	dministration require	es additional AF o	colors to support the extension
	Panel	MPC	Pharmacy		
	P24	Green	Gray		
	P26	Blue	Pink		
	P27	Goldenrod	Ivory		
	P28	White	Orchid		
RFIntro Item Type: Type Class:	(RF1006) Question Enumerated	Fiel	ISE NAME: RFIntr d kind: Datafield d Size:	o ArrayMin:	Min value:
Answer Type:	TContinue	A	nswers allowed: 1	ArrayMax:	Max value:
☐ Help Available	()		☐ Show Card ()	☐ Look Up File ()
Question Text:					
CAPI WILL NOW DE THIS PROCESS MAY			UTHORIZATION FOI	RMS ARE REQUIR	ED FOR THIS HOUSEHOLD.
ANY EVENTS ADDED	O AFTER THIS	POINT WILL N	IOT GENERATE NEW	AUTHORIZATIO	N FORMS UNTIL THE NEXT
PRESS 1 AND ENTER	R TO CONTIN	UE.			
Responses:	CONTINU	JE		1 BO	X_20 (RF1010)

MEPSSpring2024 Full Detail Spec

Respondent Forms (RF) Section

Programmer Instructions:

After '1' is entered, CAPI will use the AF Rules to populate the AF array.

The rules for creating records that meet the authorization form (AF) definition are included

here:

 $\frac{(https://mepspm.westat.com/FinalDesignDocsbyGroup/Respondent\%}{20Form\%20(RF)\%20Section\%20Supporting\%20Documents/AF\%}$

20Rules_rev.xlsx)

The specifications for the AF array are included here:

(https://mepspm.westat.com/FinalDesignDocsbyGroup/Respondent%20Form%20(RF)%20Section%20Supporting%20Documents/AF%

20Array rev.xlsx)

Note: OF events added at any point in the RF section will not generate new AFs until the

next round.

Display Instructions:

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.RF_Main

Variable stored at MEPS(Fall/Spring)YYYY_PersSect.RF_Main

BOX 20 (RF1010) Item Type: Route Type Class: If Then

Route Details:

Round 1 and at least one person-provider-pair eligible for MPC authorization form collection for the current round [at least one record where (AF.AFType=MPC) and (AF.RequestRd1=Yes)]

OR

If:

Not Round 1 (RndType First) and at least one person-provider-pair eligible for MPC or Pharmacy authorization form collection for the current round [at least one record where (AF.AFType=MPC or Pharmacy) and (AF.AFSuperceded=Empty)]

OR

Not Round 1 (RndType First) and at least one person that is part of this RU (MostRecentRU=RUUnit) rejoined the community this round from previously being institutionalized in a health care setting [at least one record where (AF.AFType=MPC-HCI (original)) and (AF.AFInstStatus=1 or 2)]

Continue with BOX 30.

Otherwise, go to BOX 140.

BOX 30 (RF1020) Item Type: Route Type Class: If Then

Route Details:

If not Round 1 (RndType<>First) and at least one person that is part of this RU (MostRecentRU=RUUnit) rejoined the community this round from previously being institutionalized in a health care setting [at least one record where (AF.AFType=MPC-HCI (original)) and (AF.AFInstStatus=1 or 2)], continue with RF20.

Otherwise, go to RF30.

Responses:

CONTINUE

(RF1035)

BLAISE NAME: AFSumm2 **RF20** (RF1025) Field kind: Datafield **Item Type:** Instruction **Type Class:** Enumerated **Answer Type: TContinue** Answers allowed: 1 ☐ Help Available () ☐ Show Card () □ Look Up File () **Question Text:** FORM COLLECTION SUMMARY, CONTINUED. {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} {HAVE/HAS} {REJOINED THE HOUSEHOLD} {OR} {DIED} AFTER BEING IN A HEALTH CARE FACILITY. CAPI WILL ALSO PROMPT YOU TO COMPLETE AUTHORIZATION FORMS FOR INSTITUTIONAL STAYS THAT OCCURRED DURING THE TIME {HE/SHE/THEY} {WERE/WAS} AWAY AT A HEALTH CARE FACILITY. PRESS 1 AND ENTER TO CONTINUE.

1 RF30

Display Instructions:

Roster 1- Report

Roster definition:

This item uses the authorization form array to display RU-members. (AF.FName, AF.MName, AF.LName)

Roster filter:

Display only those RU members who have returned from being institutionalized in a previous round [persons where (AF.AFType=MPC-HCI (original)) and (AF.AFInstStatus=1 or 2)].

Display RU members' first, middle, and last names (AF.FName, AF.MName, AF.LName) in question text. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display "HAVE" and "WERE" if more than one name displayed. Otherwise, display "HAS" and "WAS".

Display "REJOINED THE HOUSEHOLD" if there is at least one RU member listed who is living with the family after leaving the institution (AF.AFInstStatus=2). Otherwise, use a null display.

Display "DIED" if there is at least one RU member listed who died after leaving the institution (AF.AFInstStatus=1). Otherwise, use a null display.

Display "OR" if there is at least one RU member listed who is living with household and at least one RU member who is listed died after leaving institution. Otherwise, use a null display.

Display "HE" if only one RU member meets the roster filter conditions and that RU member is male. Display "SHE" if only one RU member meets the roster filter conditions and that RU

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.RF_Main Variable stored at MEPS(Fall/Spring)YYYY_PersSect.RF_Main

RF30	(RF1035)	BLAISE NAME: AFReques	t	
Item Type:	Instruction	Field kind: Datafield		
Type Class:	Enumerated			
Answer Type:	TContinue	Answers allowed: 1		
☐ Help Available (()	☐ Show Card ()		□ Look Up File ()
Question Text:				
		w], we/We} request authorization to ion about health care use and expend		ders} {and} {pharmacies}
		MPC_PERSON 1, MPC_PERSON 2 providers for more information about		
		from {PHAR_PERSON 1, PHAR_P} to contact pharmacies to obtain		RSON 3,
		get authorization to contact {medica PERSON 3, AF_PERSON 4,	l providers} {and} {ph	armacies} for
AF_PERSON N} [although they have	e since passed away].}		
[HAND RESPONDE	NT THE AUTHOR	ZIZATION FORM BOOKLET.]		
		we contact {medical providers} {an y. Please take a minute to review this		nswer questions people
PRESS 1 AND ENTE	R TO CONTINUE	D.		
Responses:	CONTINUE		1 BOX_40	(RF1037)

Display Instructions:

DISPLAY "[As I mentioned during the last interview], we" if not round 1. Otherwise, display "We".

Display "medical providers" if at least one person in the RU has at least one active MPC AF in the current round [at least one record where [(Round 1) and (AF.AFType=MPC) and (AF.RequestRd1 =Yes)]] or [at least one record where [not Round 1 (RndType First) and (AF.AFType=MPC) and (AF.AFSuperceded=Empty)]]. Otherwise, use a null display.

Display "and" if there is at least at least one active MPC and one active Pharmacy AF in the current round. Otherwise, use a null display.

Display "pharmacies" if at least one person in the RU has at least one active Pharmacy AF in the current round [at least one record where (RndType\$\infty\$First) and (AF.AFType=Pharmacy) and (AF.AFSuperceded=Empty)]. Otherwise, use a null display.

Display "I would like to get authorization from {MPC_PERSON 1, MPC_PERSON 2, MPC_PERSON 3, MPC_PERSON 1, MPC_PERSON 1, MPC_PERSON 1, MPC_PERSON 2, MPC_PERSON 3, MPC_PERSON 1, MPC_PERSON 1, MPC_PERSON 2, MPC_PERSON 3, MPC_PERSON 2, MPC_PERSON 3, MPC_PERSO

For the second paragraph "{MPC_PERSON 1, MPC_PERSON 2, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 1, MPC_PERSON 1, MPC_PERSON 2, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 1, MPC_PERSON 2, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 3, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 3, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 4, MPC_PERSON 3, MPC_PERSON 4, MPC

Display "I would {also} like to get authorization from {PHAR_PERSON 1, PHAR_PERSON 2, PHAR_PERSON 3, PHAR_PERSON 4, PHAR_PERSON N....} to contact pharmacies to obtain a printed summary." if at least one person in the RU has at least one active Pharmacy AF in the current round [(RndType First) and (AF.AFType=Pharmacy) and (AF.AFSuperceded=Empty)]. Otherwise, use a null display.

Display "also" if there is at least at least one active MPC and one active Pharmacy AF in the current round. Otherwise, use a null display.

For "{PHAR_PERSON 1, PHAR_PERSON 2, PHAR_PERSON 3, PHAR_PERSON 4, PHAR_PERSON N....}," display the first names (AF.FName) of all RU members who have an AF.AFPersonStatus=1, 2, 4, 6 and where that person has at least one active Pharmacy AF in the current round [(RndType<First) and (AF.AFType=Pharmacy) and (AF.AFSuperceded=Empty)]. Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display entire paragraph starting with "{In addition, we/We would} still like to get authorization..." if at least one person in the RU has an AF.AFPersonStatus=3 or 5.

Display "In addition, we" if at least one person with an AF.AFPersonStatus=1 ,2, 4, or 6 has at least one active MPC or one active pharmacy AF and at least one person with an AF.AFPersonStatus=3 or 5 and has at least one eligible MPC or one Pharmacy AF".

Otherwise, display "We".

Display "medical providers" if at least one person in the RU has an AF.AFPersonStatus= 3 or 5 and has at least one active MPC AF in the current round [at least one record where [(Round 1) and (AF.AFType=MPC) and (AF.RequestRd1=Yes)]] or [at least one record where [not Round 1 (RndType First) and (AF.AFType=MPC) and (AF.AFSuperceded=Empty)]]. Otherwise, use a null display.

Display "and" if at least one person in the RU has an AF.AFPersonStatus= 3 or 5 and there is at least at least one active MPC and one active Pharmacy AF in the current round. Otherwise, use a null display.

Display "pharmacies" if at least one person in the RU at least one person in the RU has an AF.AFPersonStatus= 3 or 5 and has at least one active Pharmacy AF in the current round [at least one record where (RndType >First) and (AF.AFType=Pharmacy) and (AF.AFSuperceded=Empty)]. Otherwise, use a null display.

For this paragraph, "{AF_PERSON 1, AF_PERSON 2, AF_PERSON 3, AF_PERSON 4, AF_PERSON _N}", display the first names (AF.FName) of all RU members who have an AF.AFPersonStatus= 3 or 5 and that person has at least one active MPC or Pharmacy AF in the current round. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.RF_Main Variable stored at MEPS(Fall/Spring)YYYY_PersSect.RF_Main

BOX 40 (RF1037) Item Type: Route Type Class: If Then

Route Details:

If not Round 1 (RndType First) and at least one person that is part of this RU (MostRecentRU=RUUnit) rejoined the community this round from previously being institutionalized in a health care setting [person has record where (AF.AFType=MPC-HCI (original)) and (AF.AFInstStatus=1 or 2)], continue with LOOP_10.

Otherwise, go to RF105_01.

LOOP 10 (RF1040) Item Type: Route Type Class: Begin Loop

Route Details: For each element in the RU-Members-Roster, ask LOOP 20 - END LP10.

Loop Definition: LOOP_10 cycles on RU members who have returned from institution. This includes RU members that meet the following conditions:

- Not Round 1 (RndType<>First) and
- person is part of this RU (MostRecentRU=RUUnit) and
- person rejoined the community this round from previously being institutionalized in a health care setting [person has record where (AF.AFType=MPC-HCI (original)) and (AF.AFInstStatus=1 or 2)].

LOOP 20 (RF1090) Item Type: Route Type Class: Begin Loop

Route Details: For each of the following:

Institution 1 Institution 2 Institution 3 Institution 4 Institution 5

Ask BOX_70-END_LP20.

Loop definition: LOOP_20 collects/verifies the name, address, admit and discharge dates of every health care institution a person who has rejoined the community resided in during the time they were not part of the MEPS interview. The response to RF100 determines if the loop cycles again. If RF100 is coded '1' (YES), the loop cycles to collect the next health care institution. If RF100 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), the loop ends. However, there can only be a maximum of 5 health care institutions, so RF100 will not be asked once there are 5 institutions.

BOX 70 (RF1095) Item Type: Route Type Class: If Then

Route Details: If first cycle of LOOP_20, continue with RF60.

Otherwise, go to RF70 01.

(RF1105)

RF60 BLAISE NAME: HCIConf (RF1100) 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 () **Question Text:** I have recorded that {you/{PERSON}} {rejoined the household/passed away} after being in a health care facility. I would like to collect the name, address, and telephone number for each nursing home or other long-term care institution that provided 24 hour skilled nursing care where {you/{PERSON}} resided between {DATE ORIG INSTITUTIONALIZED) and {DATE REJOINED COMMUNITY}. In an earlier interview, I recorded that {you/{PERSON}} entered {ORIG INSTITUTION NAME}. Is that correct? 1 RF70 01 **Responses:** YES (RF1105) NO RF70 01 (RF1105) RF REFUSED RF70 01 (RF1105)

DON'T KNOW

DK RF70 01

Display Instructions:

For "{PERSON}" display the full name of the person being looped on (Person.FullName). Display "rejoined the household" if person has returned to live in this RU [(AF.AFInstStatus=2) for the record where AF.AFType=MPC-HCI (original)]. Display "passed away" if person died after leaving the institution [(AF.AFInstStatus=1) for the record where AF.AFType=MPC-HCI (original)].

For "{DATE ORIG INSTITUTIONALIZED}", display the date the person was first institutionalized [(AF.OrigInstMM, DD, YYYY) for the record where AF.AFType=MPC-HCI (original)]. Display as full month, xx, YYYY - e.g., "January 1, 2016". Display "DK" or "RF" for missing values.

For "{DATE REJOINED COMMUNITY}", display the date the person left the health care facility [(AF.DtRejoinedMM, DD, YYYY) for the record where AF.AFType=MPC-HCI (original)]. (This is the date collected at RE200/RE220/RE240). Display as full month, xx, YYYY - e.g., "January 1, 2016". Display "DK" or "RF" for missing values.

For "{ORIG INSTITUTION NAME}", display the name of the health care facility the person reported when he/she was first institutionalized [Use AF.ProvName for the AF record where AF.AFType=MPC-HCI (orginal)].

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)
YYYY.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]
Variable stored at MEPS(Fall/Spring)
YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

MEPSSpring2024 Respondent Forms (RF) Section **Full Detail Spec** RF70 01 **BLAISE NAME: HCIName** (RF1105) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** String Field Size: 40 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: ☐ Help Available () ☐ Show Card () □ Look Up File () **Question Text:** {VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING./Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living.} {Is the name:/What is the name?} {INSTITUTION NAME} {STREET ADDRESS1} {STREET ADDRESS2}

1 RF70 02

(RF1110)

{CITY}, {STATE} {ZIP CODE} {TELEPHONE NUMBER}

Responses:

Refused and Don't Know disallowed.

General programming instructions for RF70_01 to RF70_06: If first cycle through LOOP_20 and RF60 is coded '1' (YES), prefill each available address field in the response pane entry fields with health care institution information from the round the person was first institutionalized (RE450_01-RE450_06). Use AF.ProvName, AF.StrtAddr1, AF.StrtAddr2, AF.City, AF.State, and AF.Zip for the AF record where AF.AFType=MPC-HCI (orginal).

General programming instructions for RF70_01 to RF70_06: If first cycle through LOOP_20 and RF60 is coded '2' (YES), 'RF' (REFUSED) or 'DK' (DON'T KNOW) or if not first cycle through LOOP_20, leave the response pane entry fields empty for completion. As name, address, and phone are collected, these values must be added to both the provider fields in the AF array as well as the provider array so that a ProvID can be created.

General programming instructions for RF70_07: Leave the response pane entry field empty for completion for all cycles of LOOP_20.

Set Provider.ProvID and AF.ProvID to MaxProvID +1. Set Provider.MPTP to 1 (Facility). Set Provider.CreateQ to RF70. Set Provider.OrigRnd to current round. Set Provider.OrigRU to current RU. Set Provider.MPLName and AF.ProvName = RF70_01.

Display Instructions:

Display RF70_01 through RF70_07 vertically on the same form pane.

Display "VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING." and "Is the name:" if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living." and "What is the name?"

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

Display address fields in the info pane with most recent health care institution address information. Use a null display if response entry fields are empty. As entries are updated in the current round, the display in the info pane should also be updated.

Display {INSTITUTION NAME} in the info pane in bold, black, but all other address display fields in lighter "grayed-out" text.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

RF70_02	(RF1110)	BLAISE NAME: HCIS	trt			
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min valu	ie:	
Type Class:	String	Field Size: 40				
Answer Type:	{Continuous	Answer. Answers allowed: 1	ArrayMa	ax: Max val	ue:	
☐ Help Available ()	☐ Show Card ()		Look Up File ()	
Question Text:						
WAS LIVING./Please	give me the n vided 24 hour	of THE NURSING HOME OR London, address and telephone no skilled nursing care) where {you street address?}	umber of the	nursing home o	r long term care	
{INSTITUTION NAME {STREET ADDRESS1} {STREET ADDRESS2} {CITY}, {STATE} {ZIP ({TELEPHONE NUMB	CODE}					
Responses:			1	RF70_03	(RF1115)	
	REFUSED		RF	RF70_03	(RF1115)	
	DON'T KN	OW	DK	RF70_03	(RF1115)	

MEPSSpring2024 Full Detail Spec

Respondent Forms (RF) Section

Programmer Instructions:

See general programming instructions at RF70 01.

Set Provider.MPStrt and AF.StrtAddr1 = RF70_02.

Display Instructions:

Display RF70 01 through RF70 07 vertically on the same form pane.

Display "VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING." and "Is the street address:" if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living." and "What is the street address?"

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

Display "VERIFY THE NAME..." or "Please give me..." in brackets and lighter "grayed-out" text when on RF70 02 through RF70 07.

Display address fields in the info pane with most recent health care institution address information. Use a null display if response entry fields are empty. As entries are updated in the current round, the display in the info pane should also be updated.

Display {STREET ADDRESS1} in the info pane in bold, black, but all other address display fields in lighter "grayed-out" text.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY PersSect.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

RF70 03	(RF1115)	BLAISE NAME	: HCIStrt	2			
Item Type:	Question	Field kind: Da		ArrayMii	ı: Min v	alue:	
Type Class:	String	Field Size: 40		٠			
Answer Type:	{Continuous Answ	ver. } Answers allo	wed: 1	ArrayMa	x: Max v	value:	
☐ Help Available (()		Card ()		☐ Look Up File (()
Question Text:							
{VERIFY THE NAME WAS LIVING./Please institution (that pro	give me the name,	address and telep	hone num	nber of the	nursing home	or long term care	į
(VERIFY/ENTER) BUI CONTINUE.	LDING OR ADDITIO	NAL ADDRESS INFO	RMATIOI	N, AS NECES	SSARY. IF NON	NE, PRESS ENTER T	·O
{INSTITUTION NAMI {STREET ADDRESS1} {STREET ADDRESS2} {CITY}, {STATE} {ZIP {TELEPHONE NUMB	CODE}						
Responses:				1	RF70_04	(RF1120)	
	EMPTY			Empty	RF70_04	(RF1120)	
	REFUSED			RF	RF70_04	(RF1120)	
	DON'T KNOW			DK	RF70_04	(RF1120)	

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Respondent Forms (RF) Section

Programmer Instructions:

See general programming instructions at RF70_01.

Set AF.StrtAddr2 = RF70 03.

(There is no street address 2 in the provider array.)

Display Instructions:

Display RF70_01 through RF70_07 vertically on the same form pane.

Display "VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING." and "VERIFY:" if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living." and "ENTER".

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

Display "VERIFY THE NAME..." or "Please give me..." in brackets and lighter "grayed-out" text when on RF70_02 through RF70_07.

Display address fields in the info pane with most recent health care institution address information. Use a null display if response entry fields are empty. As entries are updated in the current round, the display in the info pane should also be updated.

Display {STREET ADDRESS2} in the info pane in bold, black, but all other address display fields in lighter "grayed-out" text.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY PersSect.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

RF70_04	(RF1120)	BLAISE NAME: HCICit	у		
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min va	lue:
Type Class:	String	Field Size: 35			
Answer Type:	{Continuous	Answer. Answers allowed: 1	ArrayMa	ax: Max va	alue:
☐ Help Available ()	☐ Show Card ()		Look Up File ()
Question Text:					
WAS LIVING./Please	give me the n vided 24 hour	OF THE NURSING HOME OR LON ame, address and telephone nur skilled nursing care) where {you	mber of the	nursing home	or long term care
{INSTITUTION NAME {STREET ADDRESS1} {STREET ADDRESS2} {CITY}, {STATE} {ZIP ({TELEPHONE NUMB	CODE				
Responses:			1	RF70_05	(RF1125)
	REFUSED		RF	RF70_05	(RF1125)
	DON'T KNO	OW	DK	RF70_05	(RF1125)

MEPSSpring2024 Full Detail Spec

Respondent Forms (RF) Section

Programmer Instructions:

See general programming instructions at RF70_01.

Set Provider. ProvCity and AF.City = RF70_04.

Display Instructions:

Display RF70_01 through RF70_07 vertically on the same form pane.

Display "VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING." and "Is the city:" if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living." and "What is the city?"

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

Display "VERIFY THE NAME..." or "Please give me..." in brackets and lighter "grayed-out" text when on RF70_02 through RF70_07.

Display address fields in the info pane with most recent health care institution address information. Use a null display if response entry fields are empty. As entries are updated in the current round, the display in the info pane should also be updated.

Display {CITY} in the info pane in bold, black, but all other address display fields in lighter "grayed-out" text.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

RF70_05	(RF1125)	BLAISE NAME: HCIState						
Item Type:	Question	Field kind:	Datafield	ArrayMi	n: Min v	value:		
Type Class:	String	Field Size:	2					
Answer Type:	{Continuous Answer	r.} Answers	allowed: 1	ArrayMa	x: Max	value:		
☐ Help Available ()		now Card ()		☐ Look Up File ()		
Question Text:								
WAS LIVING./Please	AND ADDRESS OF THI give me the name, a vided 24 hour skilled	ddress and te	lephone nur	nber of the	nursing hom	e or long term care		
{Is the state:/What is	s the state?}							
TYPE THE FIRST LETT TO SELECT.	ER OF THE STATE, TH	IEN USE ARRO	W KEYS IF N	IEEDED TO	LOCATE STAT	E, AND PRESS ENTER		
{INSTITUTION NAME {STREET ADDRESS1} {STREET ADDRESS2} {CITY}, {STATE} {ZIP ({TELEPHONE NUMBI	CODE}							
Responses:				1	RF70_06	(RF1130)		
_	REFUSED			RF	RF70_06	(RF1130)		
	DON'T KNOW			DK	RF70_06	(RF1130)		

MEPSSpring2024 Full Detail Spec

Programmer Instructions:

See general programming instructions at RF70_01.

Use the state lookup file.

Set Provider.MPST and AF.State = RF70_05.

Note: The entry Foreign country (FC) is allowed.

Display Instructions:

Display RF70_01 through RF70_07 vertically on the same form pane.

Display "VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING." and "Is the state:" if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living." and "What is the state?"

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

Display "VERIFY THE NAME..." or "Please give me..." in brackets and lighter "grayed-out" text when on RF70 02 through RF70 07.

Display address fields in the info pane with most recent health care institution address information. Use a null display if response entry fields are empty. As entries are updated in the current round, the display in the info pane should also be updated.

Display {STATE} in the info pane in bold, black, but all other address display fields in lighter "grayed-out" text.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Respondent Forms (RF) Section

RF70_06 Item Type: Type Class:	(RF1130) Question String	BLAISE NAME: HCIZip Field kind: Datafield Field Size: 5	ArrayMi		
Answer Type:	{Continuous A	Answer. Answers allowed: 1	ArrayMa	ix: Max valu	e:
☐ Help Available	()	☐ Show Card ()		Look Up File ()
Question Text:					
WAS LIVING./Please institution (that pro	e give me the na vided 24 hour s nat is the zip coc	OF THE NURSING HOME OR LON nme, address and telephone nur skilled nursing care) where {you	nber of the	nursing home or	. ,
{INSTITUTION NAM {STREET ADDRESS1} {STREET ADDRESS2} {CITY}, {STATE} {ZIP {TELEPHONE NUMB	CODE}				
Responses:			1	RF70 07	(RF1135)
responses.	REFUSED		_	RF70_07	(RF1135)
	DON'T KNO)W	DK	RF70_07	(RF1135)

See general programming instructions at RF70_01.

Hard check: Exactly 5 digit numeric entry required. If less than 5 numeric digits entered or any characters entered that are not numeric, display the following message: "ZIP CODE ENTRY REQUIRES EXACTLY 5 NUMBERS. PROBE AND RE-ENTER OR ENTER F5 (DON'T KNOW) IF FULL ZIP CODE IS NOT KNOWN."

Set Provider.ProvZip and AF.Zip = RF70 06.

Display Instructions:

Display RF70_01 through RF70_07 vertically on the same form pane.

Display "VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING." and "Is the zip code:" if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living." and "What is the zip code?"

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

Display "VERIFY THE NAME..." or "Please give me..." in brackets and lighter "grayed-out" text when on RF70 02 through RF70 07.

Display address fields in the info pane with most recent health care institution address information. Use a null display if response entry fields are empty. As entries are updated in the current round, the display in the info pane should also be updated.

Display {ZIP CODE} in the info pane in bold, black, but all other address display fields in lighter "grayed-out" text.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY PersSect.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Full Detail Spec RF70 07 **BLAISE NAME: HCIPhone** (RF1135) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** String Field Size: 10 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: ☐ Help Available () ☐ Show Card () □ Look Up File () **Question Text:** {VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING./Please give me the name, address and telephone number of the nursing home or long term care

institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living.}

What is the telephone number?
IF NO TELEPHONE, ENTER DON'T KNOW.

{INSTITUTION NAME} {STREET ADDRESS1} {STREET ADDRESS2} {CITY}, {STATE} {ZIP CODE} {TELEPHONE NUMBER}

 Responses:
 1
 RF80_01
 (RF1140)

 REFUSED
 RF RF80_01
 (RF1140)

 DON'T KNOW
 DK RF80_01
 (RF1140)

See general programming instructions at RF70 01.

10-digit entry required; use number input mask (xxx-xxx-xxxx) in response field.

Hard check: Exactly 10 digit numeric entry required. If less than 10 numeric digits entered or any characters entered that are not numeric, display the following message: "PHONE ENTRY REQUIRES EXACTLY 10 NUMBERS. PROBE AND RE-ENTER OR ENTER F5 (DON'T KNOW) IF FULL PHONE NUMBER IS NOT KNOWN."

Set Provider.ProvPhone and AF.Phone = RF70_07.

Display Instructions:

Display RF70 01 through RF70 07 vertically on the same form pane.

Display "VERIFY THE NAME AND ADDRESS OF THE NURSING HOME OR LONG TERM CARE FACILITY WHERE {PERSON} WAS LIVING." if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "Please give me the name, address and telephone number of the nursing home or long term care institution (that provided 24 hour skilled nursing care) where {you were/{PERSON} was} living."

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

Display "VERIFY THE NAME..." or "Please give me..." in brackets and lighter "grayed-out" text when on RF70 02 through RF70 07.

Display address fields in the info pane with most recent health care institution address information. Use a null display if response entry fields are empty. As entries are updated in the current round, the display in the info pane should also be updated.

Display {TELEPHONE NUMBER} in the info pane in bold, black, but all other address display fields in lighter "grayed-out" text.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Full Detail Spec RF80 01 (RF1140) **BLAISE NAME:** HCIAdmitMM Field kind: Datafield **Item Type:** Question ArrayMin: Min value: 1 **Type Class:** Integer Field Size: 2 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: 12 □ Look Up File () ☐ Help Available () ☐ Show Card () **Question Text:** {I recorded that {you/{PERSON}} entered {ORIG INSTITUTION NAME} on {DATE ORIG INSTITUTIONALIZED}. Is that correct?/What date {were you/was {PERSON}} admitted to {INSTITUTION NAME}?} {VERIFY/ENTER} MONTH.

1 RF80 02

Respondent Forms (RF) Section

(RF1145)

MEPSSpring2024

Responses:

DK AND RF disallowed for month.

If first cycle through LOOP_20 and RF60 is coded '1' (YES), prefill RF80_01 with AF.OrigInstMM.

Display Instructions:

Display "I recorded that {you/{PERSON}} entered {ORIG INSTITUTION NAME} on {DATE ORIG INSTITUTIONALIZED}. Is that correct?" and "VERIFY" if first cycle through LOOP_20 and RF60 is coded '1' (YES). Otherwise, display "What date {were you/was {PERSON}} admitted to {INSTITUTION NAME}?" and "ENTER".

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

For "{DATE ORIG INSTITUTIONALIZED}", display the date the person was first institutionalized [(AF.OrigInstMM, DD, YYYY) for the record where AF.AFType=MPC-HCI (original)]. Display as full month, xx, YYYY - e.g., "January 1, 2016". Display "DK" or "RF" for missing values.

For "{ORIG INSTITUTION NAME}", display the name of the health care facility the person reported when he/she was first institutionalized [Use AF.ProvName for the AF record where AF.AFType=MPC-HCI (orginal)].

For "{INSTITUTION NAME}", display the name of the institution verified/entered at RF70_01 during this loop (also AF.ProvName for this record).

Display RF80_01 - RF80_03 and RF90_01-RF90_03 on the same form pane.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY PersSect.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

run Detan Spec									
RF80_02	(RF1145) BLAISE NAME: HCIAdmitDD								
Item Type:	Question	Field kind: Datafield	ArrayMin	: Min value	e : 1				
Type Class:	Integer	Field Size: 2							
Answer Type:	{Continuous Answe	er. Answers allowed: 1	ArrayMax	: Max valu	e: 31				
☐ Help Available (()	☐ Show Card ()		Look Up File ()			
Question Text:									
		d {ORIG INSTITUTION NAM s {PERSON}} admitted to {II			DNALIZED}. Is				
{VERIFY/ENTER} DAY	ſ.								
Responses:				RF80_03 RF80_03	(RF1150) (RF1150)				
	DON'T KNOW		DK	RF80_03	(RF1150)				
Programmer Instructions:	If first cycle through AF.OrigInstDD.	gh LOOP_20 and RF60 is co	oded '1' (YES), prefill RF80_02	with				
Display Instructions:	See display instru	ctions at RF80_01.							
	Display the first pa	aragraph in grayed-out tex	t.						
	Display RF80_01 -	RF80_03 and RF90_01-RF	90_03 on the	same form pane	e.				
Testing/Editing Notes:	YYYY.RF_Main. Variable stored at	d at MEPS(Fall/Spring) .RF_Loop10.RF_LOOP201 .MEPS(Fall/Spring) .RF_Main.RF_Loop10.RF_	_		1 1001				
	1111_FEISSECL.	KI _Walli.KI _Loop10.KF_	LOOF 20B10	ck.Kr_Loop20[1	100]				

MEPSSpring2024 Full Detail Spec				Respondent Forms (RF) Section
RF80_03	(RF1150)	BLAISE NAME: HCIAd	mitYYYY	
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value: 1900
Type Class:	Integer	Field Size: 4		
Answer Type:	{Continuous An	swer.} Answers allowed: 1	ArrayMax:	Max value: 2100
☐ Help Available (Question Text:	()	☐ Show Card ()	□ Look Up File ()
,	, , , , , , , , , , , , , , , , , , , ,	ered {ORIG INSTITUTION NAM was {PERSON}} admitted to {IN	, .	•
{VERIFY/ENTER} 4-D	IGIT YEAR.			
Responses:			1 RF	F90_01 (RF1155)

DK and RF disallowed for year.

If first cycle through LOOP_20 and RF60 is coded '1' (YES), prefill RF80_03 with AF.OrigInstYYYY.

Hard check: For first cycle through LOOP_20 (cycling to admit date and institution name entered in prior interview), Month and Year entered at RF80_01 and RF80_03 must be on or before month and year rejoined community (AF.DtRejoinedMM, YYYY). For second and subsequent cycles through LOOP_20, Month and Year entered at RF80_01 and RF80_03 must be on or after month and year originally institutionalized (AF.OrigInstMM, YYYY) and on or before month and year rejoined community (AF.DtRejoinedMM, YYYY). If the month and year entered fall outside of this range, display the following message: "DATE ADMITTED TO HEALTH CARE FACILITY MUST BE BETWEEN THE DATE FIRST INSTITUTIONALIZED ({AF.OrigInstMM, DD, YYYY}) AND DATE {REJOINED COMMUNITY/DIED} ({AF.DtRejoinedMM, DD, YYYY}). VERIFY AND RE-ENTER DATE." Note: If any part of the dates for the month and year originally institutionalized (AF.OrigInstMM, YYYY) or the date rejoined community (AF.DtRejoinedMM, YYYY) are DK, RF, or empty, do not invoke the hard check. Only use month and year since those fields are required at these three items, whereas day is not.

Display Instructions:

See display instructions at RF80 01.

Display the first paragraph in grayed-out text.

Display RF80 01 - RF80 03 and RF90 01-RF90 03 on the same form pane.

In the hard check message, display "REJOINED COMMUNITY" IF [(AF.AFInstStatus=2) for the record where AF.AFType=MPC-HCI (original)]. Display "DIED" if person died after leaving the institution [(AF.AFInstStatus=1) for the record where AF.AFType=MPC-HCI (original)].

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY PersSect.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

RF90 01 (RF1155) BLAISE NAME: HCIDischMM

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: 12

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

Question Text:

What date {were you/was {PERSON}} discharged from {INSTITUTION NAME}?

ENTER MONTH.

Responses: 1 RF90 02 (RF1160)

Programmer Instructions:

DK AND RF disallowed for month.

Display Instructions:

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName,

AF.LName).

For "{INSTITUTION NAME}", display the name of the institution verified/entered at RF70_01

during this loop (also AF.ProvName for this record).

Display RF80_01 - RF80_03 and RF90_01-RF90_03 on the same form pane.

Testing/Editing

Variable collected at MEPS(Fall/Spring)

Notes:

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Full Datail Si

Full Detail Spec						
RF90_02	(RF1160)	BLAISE NAME: HCID	DischDD			
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min	value: 1	
Type Class:	Integer	Field Size: 2				
Answer Type:	{Continuous Answe	er. Answers allowed: 1	ArrayMa	x: Max	x value: 31	
☐ Help Available (☐ Show Card ()		☐ Look Up File ()
Question Text:						
What date {were yo	u/was {PERSON}} di	scharged from {INSTITUT	ION NAME}?			
ENTER DAY.						
Responses:			1	RF90_03	(RF1165)	
	REFUSED		RF	RF90_03	(RF1165)	
	DON'T KNOW		DK	RF90_03	(RF1165)	
Display Instructions:		ctions at RF90_01. aragraph in grayed-out to	ext.			
	Display RF80_01 -	- RF80_03 and RF90_01-R	F90_03 on th	e same forn	n pane.	

Testing/Editing

Notes:

Variable collected at MEPS(Fall/Spring)
YYYY.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Variable stored at MEPS(Fall/Spring)
YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

MEPSSpring2024 Respondent Forms (RF) Section **Full Detail Spec BLAISE NAME:** HCIDischYYYY RF90_03 (RF1165) **Item Type:** Field kind: Datafield Min value: 1900 Question ArrayMin: **Type Class:** Integer Field Size: 4 ArrayMax: **Answer Type:** {Continuous Answer.} Answers allowed: 1 Max value: 2100 ☐ Help Available () ☐ Show Card () □ Look Up File () **Question Text:** What date {were you/was {PERSON}} discharged from {INSTITUTION NAME}? ENTER 4-DIGIT YEAR.

1 BOX 80

(RF1170)

Responses:

DK AND RF disallowed for year.

Hard check: Month and Year entered at RF90_01 and RF90_03 must be on or after month and year originally institutionalized (AF.OrigInstMM, YYYY) and on or before month and year rejoined community (AF.DtRejoinedMM, YYYY). If the month and year entered fall outside of this range, display the following message: "DATE DISCHARGED FROM HEALTH CARE FACILITY MUST BE BETWEEN THE DATE FIRST INSTITUTIONALIZED ({AF.OrigInstMM, DD, YYYY}) AND DATE {REJOINED COMMUNITY/DIED} ({AF.DtRejoinedMM, DD, YYYY}). VERIFY AND RE-ENTER DATE." Note: If any part of the dates are DK, RF, or empty, do not invoke the hard check. Only using month and year since those fields are required at these three items, whereas day is not

Hard check: Month and Year entered at RF90_01 and RF90_03 must be on or after month and year admitted (HCIAdmitMM, HCIAdmitYYYY). If the month and year entered fall outside of this range, display the following message: "DATE DISCHARGED FROM HEALTH CARE FACILITY MUST BE ON OR AFTER ADMIT DATE (HCIAdmitMM, DD and YYYY). VERIFY AND RE-ENTER DATE." Note: If any part of the dates are DK, RF, or empty, do not invoke the hard check. Only using month and year since those fields are required at these three items, whereas day is not.

Display Instructions:

See display instructions at RF90_01.

Display the first paragraph in grayed-out text.

Display RF80_01 - RF80_03 and RF90_01-RF90_03 on the same form pane.

In the hard check message, display "REJOINED COMMUNITY" IF [(AF.AFInstStatus=2) for the record where AF.AFType=MPC-HCI (original)]. Display "DIED" if person died after leaving the institution [(AF.AFInstStatus=1) for the record where AF.AFType=MPC-HCI (original)].

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY PersSect.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Item Type: Route Type Class: If Then **BOX 80** (RF1170) **Route Details:** If [(first cycle of LOOP 20) and (RF60 is coded '1' (YES)) and (month and year at RF90 01 and RF90_03=AF.DtRejoinedMM, YYYY)], go to END_LP20 (Loop 20 will cycle only once). Else, continue with RF100 if there are less than 5 health care institutions already recorded. Otherwise, go to END LP20. **RF100 BLAISE NAME: HCIOth** (RF1175) **Item Type: Question** Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: **Answer Type: TYESNO** Answers allowed: 1 ArrayMax: Max value: \square Show Card () ☐ Look Up File () ☐ Help Available () **Question Text:** Between {DATE ORIG INSTITUTIONALIZED} and {DATE REJOINED COMMUNITY}, did {you/{PERSON}} stay in another nursing home or other long-term care institution that provided 24 hour skilled nursing care [other than {INSTITUTION NAME}]? **Responses:** YES **.....** 1 END LP20 (RF1180) NO 2 END LP20 (RF1180) ----- RF REFUSED END LP20 (RF1180) DON'T KNOW DK END LP20 (RF1180)

If coded '1' (YES), create a new record where: AF.AFType=MPC-HCI (additional). Set AF.OrigRnd and AF.AFYearRev. Set AF.ReqSignDt to RU reference period end date. From the MPC-HCI (original) record, copy over all the "info about person" variables to the new record. The next cycle of LOOP_20 will cycle to set the info about provider information for this newly created record.

Display Instructions:

For "{DATE ORIG INSTITUTIONALIZED}", display the date the person was first institutionalized [(AF.OrigInstMM, DD, YYYY) for the record where AF.AFType=MPC-HCl (original)]. Display as full month, xx, YYYY - e.g., "January 1, 2016". Display "DK" or "RF" for missing values.

For "{DATE REJOINED COMMUNITY}", display the date the person left the health care facility [(AF.DtRejoinedMM, DD, YYYY) for the record where AF.AFType=MPC-HCI (original)]. (This is the date collected at RE200/RE220/RE240). Display as full month, xx, YYYY - e.g., "January 1, 2016". Display "DK" or "RF" for missing values.

For "{PERSON}" display the full name of the person being looped on (AF.FName, AF.MName, AF.LName).

For "{INSTITUTION NAME}", display the name of the institution at RF70_01 verified/entered during this cycle of LOOP 20 (also AF.ProvName for this record).

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF LOOP20Block.RF Loop20[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY_PersSect.RF_Main.RF_Loop10.RF_LOOP20Block.RF_Loop20[1..100]

END LP20 (RF1180) Item Type: Route Type Class: End Loop

Route Details:

If RF100 is coded '1' (YES), cycle to collect next institution if there are less than 5 health care institutions already recorded.

Otherwise, end LOOP_20 and continue with END_LP10.

MEPSSpring2024 Full Detail Spec

Respondent Forms (RF) Section

END_LP10 (RF1182) Item Type: Route Type Class: End Loop

Route Details: Cycle on the next person that meets the condition stated in the loop definition.

If no other person meets the stated condition, end LOOP_10 and continue with RF105_01.

RF105_01	(RF1183)	BLAISE NAME: AFWho	Sign		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:	
Type Class:	Enumerated	Field Size:			
Answer Type:	TAFWHOSIGN	Answers allowed: 1	ArrayMax:	Max value:	
☐ Help Available ()	☐ Show Card ()	☐ Look Up File	()
Question Text:					
[I need to confirm som updated.]	ne information that wil	l go on the authorization forms	. Please let me kn	ow if any information needs	to be
{I am recording that {\gammacies}.}	you/{PERSON}} can	provide {your/his/her} own au	thorization to con	tact {medical providers} {and	1 }
{I am recording that {I {pharmacies}.}	PERSON} needs a pro	oxy signer to provide authorizat	cion to contact {m	edical providers} {and}	
		14 and 17, I am recording that providers} {and} {pharmacies		an} as well as {PERSON} ne	eds
{Because {PERSON} {medical providers} {		, I am recording that a {parent/	guardian} needs t	o provide authorization to co	ntact
Should I record that {y		ne ages of 14 and 17 require bo /is} over 18 and can sign for {y guardian?}			
between the ages of 14	and 17 require both the	age of 14 require only a parent he child and a parent or guardi should they sign along with a	an signature. Sho	uld I record that {PERSON}	
{ADULT RU MEMBI	ERS SHOULD BE TH	E SIGNER (SELF) UNLESS .	A PROXY IS NE	EDED.}	
{RU MEMBERS BET GUARDIAN AS SIGN		of 14 AND 17, REQUIRE BO	ГН RU MEMBEF	R AND A PARENT OR	
{RU MEMBERS 13 Y	EARS OR YOUNGE	R REQUIRE A PARENT OR	GUARDIAN AS	THE SIGNER.}	
{RU MEMBERS 13 Y	YEARS OR YOUNGE	R REQUIRE A PARENT OR	GUARDIAN AS	THE SIGNER. RU MEMBE	RS

BETWEEN THE AGES OF 14 AND 17 REQUIRE BOTH TEEN AND A PARENT OR GUARDIAN AS SIGNERS.}

{{PERSON} IS DECEASED. DECEASED RU MEMBERS REQUIRE A PROXY SIGNATURE.}

 $\{ \hbox{IF INCORRECT, MAKE NECESSARY CORRECTIONS. IF CORRECT, PRESS ENTER TO CONTINUE./RECORD REQUIRED SIGNATURES. \} \\$

NAVIGATION: Complete the grid in order of respondent's answer.

Responses:	SELF	1	RF105_04	(RF1187)
	PARENT	2	RF105_03	(RF1185)
	GUARDIAN	3	RF105_03	(RF1185)
	TEEN AND PARENT	4	RF105_03	(RF1185)
	TEEN AND GUARDIAN	5	RF105_03	(RF1185)
	PROXY	6	RF105_02	(RF1184)
	WITNESS	7		

Preloaded Grid Type 2 including questions: RF105_01, RF105_02, RF105_03, RF105_04, RF105_05, RF105_06.

RF/DK not allowed for RF105 01, RF105 02, RF105 03, RF105 04, RF105 06.

If RF_Person.eSigAppDone=Yes for an RU member upon backing up to the RF105 grid, that RU member's cells for

columns RF105_01, RF105_02, RF105_03, RF105_04 should become protected; no changes are allowed.

If RU Member's age is 18 years old or older or in age categories 5-9, and they are not deceased; prefill RF105_01 answer field with '1' (SELF).

If RU Member is deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5); prefill RF105_01 answer field with '6' (PROXY).

If RU Member's age is 14-17 inclusive, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), and they have a parent, step parent, or foster parent in the RU (RE900= 1, 2, 15, 16, 34, or 35); prefill RF105_01 answer field with '4' (TEEN AND PARENT). Otherwise, if RU Member's age is 14-17 inclusive and are not deceased, prefill with '5' (TEEN AND GUARDIAN).

If RU Member's age is 13 or younger or in age categories 1-2, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), and they have a parent, step parent, or foster parent in the RU (RE900=1, 2, 15, 16, 34, or 35) in the RU; prefill RF105_01 answer field with '2' (PARENT). Otherwise, if RU Member's age is 13 or younger or in age categories 1-2 and are not deceased, prefill with '3' (GUARDIAN).

If RU Member is in age category 3 or 4, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), do not prefill RF105 01 answer field.

If coded '1' (SELF), set AFReqSign as '1' (Patient Only).

If coded '2' (PARENT), '3' (GUARDIAN), or '6' (PROXY) set AFReqSign as '2'

(Proxy/Parent Only).

If coded '4' (TEEN AND PARENT) or '5' (TEEN AND GUARDIAN), set AFReqSign as '3' (Both).

If coded '2' (PARENT) or '3' (GUARDIAN), set AFRsnSecSign as '1' (Patient 13 or Younger).

If coded '4' (TEEN AND PARENT) or '5' (TEEN AND GUARDIAN), set AFRsnSecSign as '2' (Patient 14-17).

Soft check: If RU Member's age is 18 years old or older or in age categories 5-9, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), and response is coded '2' (PARENT), '3' (GUARDIAN), '4' (TEEN AND PARENT) or '5' (TEEN AND GUARDIAN) display the error message "If RU Member is 18 years of age or older, they must sign their own AF unless a proxy is needed."

Soft check: If RU Member's age is between 14 and 17 (inclusive), and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), and response is coded '1' (SELF), '2' (PARENT), '3' (GUARDIAN) or '6' (PROXY) display the error message "If RU Member is between 14 and 17 years of age, both the patient and a parent or guardian are required to sign."

Soft check: If RU Member's age is 13 or younger or in age categories 1-2, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), and response is coded '1' (SELF), '4' (TEEN AND PARENT), '5' (TEEN AND GUARDIAN) or '6' (PROXY) display the error message "If RU Member is 13 years of age or younger, a parent or guardian must sign."

Soft check: If RU Member is in age category 3, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), and response is coded '1' (SELF) or '6' (PROXY) display the error message "If RU Member is 13 years of age or younger, a parent or guardian is required to sign. If RU Member is between 14 and 15 years of age, both the patient and a parent or guardian are required to sign."

Soft check: If RU Member is in age category 4, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5), and response is coded '2' (PARENT) or '3' (GUARDIAN) display the error message "If RU Member is between 16 and 17 years of age, both the patient and a parent or guardian are required to sign. If RU Member is 18 years of age or older, they must sign their own AF

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unless a proxy is needed."

Soft check: If response is coded '7' (WITNESS), display the error message "Please verify response. Witness signatures are rare and allowed only for adults. Paper authorization forms will be requested in this situation."

If coded '7' (WITNESS) continue to next RU member on grid. At grid completion, continue with BOX 90. NOTE: AFMode and AFMode AtBox 100 will be set to paper at Box 100.

Note: Age categories are based on values for RF.Person.AgeRng (which is a combination of Person.AgeRng and Person.AgeGuess). See RE Wall specs for further details.

Display Instructions:

Roster 1- Report

Roster 1- Report Roster Definition:

This item uses the RF array to display RU-members. (RF Person.FullName)

Roster Filter

Display only RU members who meet one of the following conditions:

Round 1 and person eligible for MPC authorization form collection for the current round [person has at least one record where (AF.AFType=MPC) and (AF.RequestRd1=Yes)] OR

Not Round 1 (RndType<>First) and person eligible for MPC or Pharmacy authorization form collection for the current round [person has at least one record where (AF.AFType=MPC or Pharmacy) and (AF.AFSuperceded=Empty)]

OR

Not Round 1 (RndType<>First) and person that is part of this RU (MostRecentRU=RUUnit) rejoined the community this round from previously being institutionalized in a health care setting [person has record where (AF.AFType=MPC-HCI (original) or HCI(additional)) and (AF.AFInstStatus=1 or 2)]

Display the following columns formatted in the response pane:

Col #1 Header: Who Signs

Instructions: Item RF105 01.

Col #2 Header: Proxy Reason

Instructions: Item RF105 02. Display as an active cell if RF105 01 is coded '6' (PROXY).

Col #3 Header: Select Signer

Instructions: Item RF105_03. Display as an active cell if RF105_01 is not coded '1' (SELF) or '7' (WITNESS).

Col #4 Header: Signer Status

Instructions: Item RF105_04. Display as an active cell if RF105_01 is not coded '7' (WITNESS) or RF105_03 is not coded '98' (SIGNER OUTSIDE THE RU).

Col #5 Header: Other Name

Instructions: Item RF105_05. Display as an active cell if RF105_01 is not coded '7' (WITNESS), or RF105_04 is not coded '3' (IF VOLUNTEERED: {AT LEAST ONE} SIGNER UNWILLING), OR RF105_03 is not coded '98' (SIGNER OUTSIDE THE RU).

Col #6 Header: Specify Name

Instructions: Item RF105 06. Display as an active cell if RF105 05 is coded '1' (YES).

Display "I need to confirm some information that will go on the authorization forms. Please let me know if any information needs to be updated." in bold black text if it's the first person in the grid. Otherwise, always display in brackets and "grayed-out" text.

Display "I am recording that {you/{PERSON} can provide {your/his/her} own authorization to contact {medical providers} {and} {pharmacies}." if RU Member's age is 18 years old or older or in age categories 5-9, and they are not deceased (in the current round (Person.CtrlTrackSumm=1 or prior round (RF Person.AFPersonStatus=5)). Otherwise, use a null display.

Display "I am recording that {PERSON} needs a proxy signer to provide authorization to contact {medical providers} {and} {pharmacies}." if RU Member is deceased in the current round (Person.CtrlTrackSumm=1) or prior round (RF_Person.AFPersonStatus=5). Otherwise, use a null display.

Display "{Because {PERSON} is between the ages of 14 and 17, I am recording that a {parent/guardian} as well as {PERSON} needs to provide authorization to contact {medical providers} {and} {pharmacies}." if RU Member's age is 14-17 years old inclusive, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5). Otherwise, use a null display. Display "parent" if they have a parent, step parent, or foster parent in the RU (RE900= 1, 2, 15, 16, 34, or 35). Otherwise, display "guardian".

Display "{Because {PERSON} is under the age of 14, I am recording that a {parent/guardian} needs to provide authorization to contact {medical providers} {and} {pharmacies}." If RU Member's age is 13 years old or younger or in age categories 1-2, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF Person.AFPersonStatus=5). Otherwise,

use a null display. Display "parent" if they have a parent, step parent, or foster parent in the RU (RE900 = 1, 2, 15, 16, 34, or 35). Otherwise, display "guardian".

Display "Authorization forms for children between the ages of 14 and 17 require both the child and a parent or guardian signature. Should I record that {you/{PERSON}} {are/is} over 18 and can sign for {yourself/himself/herself} or that {you/he/she} {need/needs} to sign along with a parent or guardian?" if RU Member is in age category 4, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF_Person.AFPersonStatus=5). Otherwise, use a null display.

Display "Authorization forms for children under the age of 14 require only a parent or guardian signature, while forms for children between the ages of 14 and 17 require both the child and a parent or guardian signature. Should I record that {PERSON} needs only a parent or guardian signature, or should they sign along with a parent or guardian?" if RU Member is in age category 3, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF Person.AFPersonStatus=5). Otherwise, use a null display.

Display "medical providers" if person being looped on has at least one active MPC AF in the current round [at least one record where [(Round 1) and (AF.AFType=MPC) and (AF.RequestRd1=Yes)]] or [at least one record where [not Round 1 (RndType First) and (AF.AFType=MPC) and (AF.AFSuperceded=Empty)]] or at least one active HCI AF in the current round (AF.AFType=MPC-HCI (original) or MPC-HCI (additional)). Otherwise, use a null display.

Display "and" if current round is not the first round of the panel (RndType First) and person being looped on has at least one active MPC or HCI AF, and one active Pharmacy AF in the current round. Otherwise, use a null display.

Display "pharmacies" if current round is not the first round of the panel (RndType<>First) and person being looped on has at least one active Pharmacy AF in the current round (AF.AFType=Pharmacy) and (AF.AFSuperceded=Empty). Otherwise, use a null display.

Display "ADULT RU MEMBERS SHOULD BE THE SIGNER (SELF) UNLESS A PROXY IS NEEDED." if RU Member's age is 18 years old or older or in age categories 5-9 and they are not deceased in current (Person.CtrlTrackSumm=1) or prior round (RF_Person.AFPersonStatus=5). Otherwise, use a null display.

Display "RU MEMBERS BETWEEN THE AGES OF 14 AND 17, REQUIRE BOTH RU MEMBER AND A PARENT OR GUARDIAN AS SIGNERS." if RU Member's age is 14-17 years old inclusive or in age category 4, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF Person.AFPersonStatus=5). Otherwise, use a null display.

Display "RU MEMBERS 13 YEARS OR YOUNGER REQUIRE A PARENT OR GUARDIAN AS THE SIGNER." if RU Member's age is 13 years old or younger or in age categories 1-2, and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF Person.AFPersonStatus=5). Otherwise, use a null display.

RF105 02

(RF1184)

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Display "{{PERSON} IS DECEASED. DECEASED RU MEMBERS REQUIRE A PROXY SIGNATURE.}" if RU member is deceased in the current (Person.CtrlTrackSumm=2) or prior round (RF Person.AFPersonStatus=6). Otherwise, use a null display.

Display "RU MEMBERS 13 YEARS OR YOUNGER REQUIRE A PARENT OR GUARDIAN AS THE SIGNER. RU MEMBERS BETWEEN THE AGES OF 14 AND 17 REQUIRE BOTH TEEN AND A PARENT OR GUARDIAN AS SIGNERS." if RU member is in age category 3 and they are not deceased in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF Person.AFPersonStatus=5). Otherwise, use a null display.

Display "{IF INCORRECT, MAKE NECESSARY CORRECTIONS. IF CORRECT, PRESS ENTER TO CONTINUE./RECORD REQUIRED SIGNATURES.}" if RF105_01 has a prefilled answer in the answer area. Otherwise, display "RECORD REQUIRED SIGNATURES."

Use a null display for 'SELF', 'PARENT', 'GUARDIAN', 'TEEN AND PARENT', 'TEEN AND GUARDIAN', AND 'WITNESS' in the response options if person being asked about is deceased (in the current round (Person.CtrlTrackSumm=1) or deceased in a prior round (RF Person.AFPersonStatus=5). Otherwise, display all response category options.

Display the interviewer instruction 'NAVIGATION: Complete the grid in order of respondent's answers.' in red text.

100 02	(TtT 1101)	DEFINE TURNED	<i>J</i> 1 1 0 / 1		
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min value:	
Type Class:	Enumerated	Field Size:			
Answer Type:	TAFWHYPROX	Answers allowed: 1	ArrayMa	x: Max value:	
☐ Help Available	()	☐ Show Card ()	☐ Look Up File	e()
Question Text:					
VERIFY REASON	I A PROXY IS NEEI	DED TO SIGN {PERSON}	'S AUTHO	RIZATION FORMS.	
NAVIGATION: C	omplete the grid in or	der of respondent's answer	·.		
Responses:	DECEASED		1	RF105_03 (RF1185))
	DISABLED		2	RF105_03 (RF1185))
	INSTITUTIONA	LIZED	3	RF105 03 (RF1185))

BLAISE NAME: AFWhyProx

Refused and Don't Know disallowed.

If person being asked about is deceased in the current round (Person.CtrlTrackSumm= 1) or deceased in a prior round (RF_Person.AFPersonStatus=5), autocode '1' (DECEASED) for this person, then go to RF105_03.

If person being asked about is institutionalizing in the current round (Person.CtrlTrackSumm= 2) or institutionalized in a prior round (RF_Person.AFPersonStatus=6), autocode '3' (INSTITUTIONALIZED) for this person, then go to RF105 03.

Otherwise, prefill with option '2' (DISABLED) for FI to verify.

If coded '2' (DISABLED) or '3' (INSTITUTIONALIZED), set AFRsnSecSign as '3' (Patient Disabled/Institutionalized).

If coded '1' (DECEASED), set AFRsnSecSign as '4' (Patient Deceased).

Display Instructions:

Display the interviewer instruction 'NAVIGATION: Complete the grid in order of respondent's answers.' in red text.

RF105_03	(RF1185)	BLAISE NAME: AF	SignIDRoster			
Item Type:	Question	Field kind: Datafie	ld ArrayM	in: Min	value:	
Type Class:	Enumerated	Field Size:				
Answer Type:	TAFSIGNID	Answers allowed	: 1 ArrayM	ax: Max	value:	
☐ Help Available ()	☐ Show Car	d ()		☐ Look Up File ()
Question Text:						
Who can provide au SELECT {PROXY/						
ENTER '98-SIGNE	R OUTSIDE TH	E RU' TO ADD SOMEO	NE NOT LIST	ED.		
NAVIGATION: Con	mplete the grid ir	n order of respondent's ans	swer.			
Responses:		E [MIDDLE NAME] LAS NAME}'S {RELATION}	ST 1	RF105_04	(RF1187)	
	{FIRST NAM	E [MIDDLE NAME] LAS NAME}'S {RELATION}	ST 2	RF105_04	(RF1187)	
	{FIRST NAM	E [MIDDLE NAME] LAS NAME}'S {RELATION}	ST 3	RF105_04	(RF1187)	
		E [MIDDLE NAME] LAS NAME}'S {RELATION}	ST 4	RF105_04	(RF1187)	
	NAME - FN	E [MIDDLE NAME] LAS NAME}'S {RELATION}	ST 5	RF105_04	(RF1187)	
	SIGNER OUT	SIDE THE RU	98			

Roster behavior:

1. Single select allowed.

Set AFSignID as the PID for the person selected from the roster at RF105_03. If coded '98' set AFSignID as '904'.

Set AFSignRel as the relationship coded at RE900 for the person selected from the roster for RF105 $_{-}$ 03.

If coded '98' (SIGNER OUTSIDE THE RU) continue to next RU member on grid. At grid completion, continue with BOX_90. (NOTE: AFMode and AFMode_AtBox_100 will be set to paper at Box 100).

If person being asked about died in a prior round (RF_Person.AFPersonStatus=5) or was institutionalized in a prior round (RF_Person.AFPersonStatus=6) continue to the next RU member on the grid. At grid completion, continue with BOX_90. (NOTE: AFMode and AFMode AtBox 100 will be set to paper at Box 100).

Display Instructions:

Roster 2 – no add/edit/delete Roster Definition:

This item displays RU-members-roster (FULLNAME) for selection. Roster Filter:

Display only RU members who meet the following conditions:

- -Person is = or > 18 or in age categories 4-9
- -Person is not deceased
- -Person is not the patient being looped on

For "FNAME" display the Pers.FName being looped on.

For "RELATION" display the relationship between the RU member listed in the roster to the person being looped on from RE900. Display RF or DK for relationships coded 'RF' (REFUSED) or 'DK' (DON'T KNOW). Otherwise, use a null display. For people who died in a prior round (RF_Person.AFPersonStatus=5) or were institutionalized in a prior round (RF_Person.AFPersonStatus=6), only display "{FIRST NAME [MIDDLE NAME] LAST NAME}".

Display "for" if RF105_01 is coded '2' (PARENT), '3' (GUARDIAN), or '6' (PROXY).

Display "with" if RF105_01 is coded '4' (TEEN AND PARENT) or '5' (TEEN AND GUARDIAN).

Display "PROXY" if RF105 01 is coded '6' (PROXY).

Display "PARENT" if RF105_01 is coded '2' (PARENT) or '4' (TEEN AND PARENT).

Display "GUARDIAN" if RF105_01 is coded '3' (GUARDIAN) or '5' (TEEN AND GUARDIAN).

Display the interviewer instruction 'NAVIGATION: Complete the grid in order of respondent's answers.' in red text.

RF105 04 Item Type: Type Class: Answer Type:	(RF1187) Question Enumerated TWILLSIGN	BLAISE NAME: AFWill Field kind: Datafield Field Size: Answers allowed: 1	Sign ArrayMin ArrayMax		
☐ Help Available (()	☐ Show Card ()	□ Look Up File ())
Question Text: {CODE '2' (SIGNER UNAVAILABLE) UNLESS RESPONDENT VOLUNTEERS THAT A SIGNER IS UNWILLING TO COMPLETE THE AUTHORIZATION FORM TASK.} {{Are/Is} {you/{SIGNER 1}} available to sign the {medical} {and} {pharmacy} authorization forms for {yourself/{himself/herself/{PERSON}}} on my laptop now?} {{Are both {you/{SIGNER 1}} and {you/{SIGNER 2}} available to sign the {medical} {and} {pharmacy} authorization forms for {you/{PERSON}} on my laptop now?} ONLY CODE 1 '{BOTH} SIGNER{S} AVAILABLE IN-PERSON' IF CONDUCTING IN-PERSON INTERVIEW. NAVIGATION: Complete the grid in order of respondent's answer.					
Responses:	PERSON (ESIGN (AT LEAST ON UNAVAILABLE	E} SIGNER EED: {AT LEAST ONE}	2	RF105_05 (RF1188) RF105_05 (RF1188)	

If coded '3' (IF VOLUNTEERED: {AT LEAST ONE} SIGNER UNWILLING) continue to next RU member on grid. At grid completion, continue with BOX 90.

Soft check: If response if coded '1' (SIGNER {S} AVAILABLE IN-PERSON (ESIGNATURE)) and ST65 <> 1 'In-Person' display the error message: "PLEASE VERIFY RESPONSE. ONLY CODE 1 '{BOTH} SIGNER {S} AVAILABLE IN-PERSON' IF CONDUCTING IN-PERSON INTERVIEW."

Display Instructions:

Display "CODE '2' (SIGNER UNAVAILABLE) UNLESS RESPONDENT VOLUNTEERS THAT A SIGNER IS UNWILLING TO COMPLETE THE AUTHORIZATION FORM TASK." if ST65 is coded '2' (BY TELEPHONE) or '3' BY VIDEO (CAVI)). Otherwise, use a null display.

Display "{Are/Is} {you/{SIGNER 1}} available to sign the {medical} {and} {pharmacy} authorization forms for {yourself/{himself/herself/{PERSON}}} on my laptop now?" if ST65 is coded '1' (IN-PERSON) and RF105_01 is coded '1' (SELF), '2' (PARENT), '3' (GUARDIAN), or '6' (PROXY). Otherwise, use a null display.

Display 'you' and 'yourself' if person being looped on is the respondent and RF105_01 is coded '1' (SELF). Display 'you' and '{PERSON}' if RF105_01 is coded '2' (PARENT), '3' (GUARDIAN), or '6' (PROXY) and the PID of AFSignID is the respondent.

Display '{SIGNER 1}' and '{PERSON}' if RF105_01 is coded '2' (PARENT), '3' (GUARDIAN), or '6' (PROXY) and the PID of AFSignID is not the respondent. Otherwise, display '{SIGNER 1}' and 'himself/herself}' [RF105_01 is coded '1' (SELF) and person is not the respondent].

For 'SIGNER 1' display the RF_Person.FullName of the person being looped for this row if RF105_01 is coded '1' (SELF). Otherwise, display the RF_Person.FullName of the person linked to the PID of AFSignID.

Display "Are both {you/{SIGNER 1}} and {you/{SIGNER 2}} available to sign the {medical} {and} {pharmacy} authorization forms for {you/{PERSON}} on my laptop now?" if ST65 is coded '1' (IN-PERSON) and RF105_01 is coded '4' (TEEN AND PARENT) or '5' (TEEN AND GUARDIAN). Otherwise, use a null display.

For "{you/{SIGNER 1}}", display 'you' if person for this row is the respondent. Otherwise, display '{SIGNER 1}'. For 'SIGNER 1' display the RF Person.FullName of the RU member.

For "{you/{SIGNER 2}", display 'you' if the PID of AFSignID is the respondent. Otherwise, display '{SIGNER 2}'. For 'SIGNER 2', display the RF_Person.FullName linked to the PID of AFSignID.

For "{you/{PERSON}}", display 'you' if person for this row is the respondent. Otherwise, display '{PERSON}'.

Display "medical" if person being looped on has at least one active MPC AF in the current round [at least one record where [(Round 1) and (AF.AFType=MPC) and (AF.RequestRd1=Yes)]] or [at least one record where [not Round 1 (RndType<>First) and (AF.AFType=MPC) and (AF.AFSuperceded=Empty)]] or [at least one record where (AF.AFType=MPC-HCI (original) or HCI (additional)]. Otherwise, use a null display.

Display "and" if current round is not the first round of the panel (RndType<>First) and person being looped on has at least one active MPC and one active Pharmacy AF in the current round. Otherwise, use a null display.

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Display "pharmacy" if current round is not the first round of the panel (RndType<>First) and person being looped on has at least one active Pharmacy AF in the current round [at least one record where (AF.AFType=Pharmacy) and (AF.AFSuperceded=Empty)]. Otherwise, use a null display.

Display the interviewer instruction 'NAVIGATION: Complete the grid in order of respondent's answers.' in red text.

<u>RF105 05</u>	(RF1188)	BLAISE NAME: AFOthNameVerify				
Item Type:	Question	Field kind: Datafield	ArrayMin	: Min value	:	
Type Class:	Enumerated	Field Size:				
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax	: Max valu	e:	
☐ Help Availabl	e ()	☐ Show Card ()		ook Up File ()
Question Text:						
Previously, we note	, ,	er name under which records may u/{PERSON}} may also be filed		rson.AFOtherNam	e}. May records	
	R UPDATE THIS OT OTHER NAME, COD	HER NAME, CODE '1'. E '2'.}				
NAVIGATION: Co	omplete the grid in ord	er of respondent's answer.				
Responses:			1	RF105_06	(RF1189)	
	1,0		_			
	REFUSED					
	DON'T KNOW	V	DK			

Programmer Instructions:	If coded '2', 'RF', or 'DK', continue to next RU member on grid. At grid completion, continue with BOX_90.					
Display Instructions: Display '{Do you/Does {PERSON}} have another name under which records may be filed?' if I member does not have a preloaded AF other name (PL_Person.AFOtherName=Empty). Otherwidisplay 'Previously, we noted that records for {you/{PERSON}} may also be filed under {PL_Person.AFOtherName}. May records still be filed under this or another name?' Display 'TO CONFIRM OR UPDATE THIS OTHER NAME, CODE '1'. IF THERE IS NO OTNAME, CODE '2'.' if RU member has a preloaded AF other name (PL_Person.AFOtherName< Empty). Otherwise, use a null display. Display the interviewer instruction 'NAVIGATION: Complete the grid in order of respondent's answers.' in red text.						
RF105 06 Item Type: Type Class: Answer Type:	(RF1189) Question String {Continuous Answer	BLAISE NAME: AFOther Field kind: Datafield Field Size: 75 er.} Answers allowed: 1	erName ArrayMin: ArrayMax:	Min value: Max value:		
☐ Help Available ()	☐ Show Card ()	☐ Look Up File ()		
Context Header:						
MAKING EDITS.}	AS NEEDED. IF OTH	HER NAME IS CORRECT, P	PRESS ENTER TO	CONTINUE WITHOUT		
Responses:			1			

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Programmer Instructions:

If RF105_05 was coded '1' (YES) and RU member has a preloaded AF other name (PL_Person.AFOtherName Empty), display the preloaded other name in the RF105_06 response field for editing.

Refused and Don't Know disallowed.

Continue to next RU member on grid. At grid completion, continue with BOX 90.

Display Instructions:

Display 'What is $\{your/\{PERSON\}'s\}$ other name?' if RU member does not have a preloaded AF other name (PL_Person.AFOtherName=Empty). Otherwise, display 'IF INCORRECT MAKE NECESSARY

CORRECTIONS. IF CORRECT, PRESS ENTER TO CONTINUE.'

Display the interviewer instruction 'NAVIGATION: Complete the grid in order of respondent's answers.' in red text.

BOX 90 (RF1190) Item Type: Route Type Class: If Then

Route Details: Continue with BOX_100.

Programmer Instructions:

Before leaving the grid, CAPI should verify that all eligible fields per row of the grid have a valid answer entered. If not, display error message "ONE OR MORE QUESTIONS HAVE NOT BEEN ANSWERED. PRESS < OK > TO GO TO THE FIRST UNANSWERED QUESTION: {Question Tag} FOR {PERSON'S FIRST, MIDDLE AND LAST NAME}". CAPI will move to the first unanswered item/field, starting from the top left of the grid and moving to the next unanswered item, left to right by row, until all are complete.

BOX 100 (RF1195) Item Type: Route Type Class: If Then

Route Details: Go to RF115

Set AFMode = '1' (ESIGNATURE) for all AFs for the RU member being looped on, if:

- RF105 04 is coded '1' (YES, {BOTH} SIGNER{S} AVAILABLE).
- Set AFMode = '2' (DOCUSIGN) for all AFs for the RU member being looped on, if:
 - RF105_04 is coded '2' (NO, {AT LEAST ONE} SIGNER UNAVAILABLE) and RF105_01 is coded '1' (SELF) and contact information is available for the RU member being looped on (either Person.EmailAddr is not empty or (Person.Cellphone is not empty and (Person.CMTextCell=1 (YES) or Person.CMTextCell=3 (PENDING))))
 - RF105_04 is coded '2' (NO, {AT LEAST ONE} SIGNER UNAVAILABLE) and RF105_01 is coded '2' (PARENT) or '3' (GUARDIAN) and contact information is available for the PID stored at AFSignID (either Person.EmailAddr is not empty or (Person.Cellphone is not empty and (Person.CMTextCell=1 (YES) or Person.CMTextCell=3 (PENDING))) for the PersID linked to AFSignID)
 - RF105_04 is coded '2' (NO, {AT LEAST ONE} SIGNER UNAVAILABLE) and RF105_01 is coded '4' (TEEN AND PARENT) or '5' (TEEN AND GUARDIAN) and contact information is available for the PID stored at AFSignID (either Person.EmailAddr is not empty or (Person.Cellphone is not empty and (Person.CMTextCell=1 (YES) or Person.CMTextCell=3 (PENDING))) for the PersID linked to AFSignID)
 - RF105_04 is coded '2' (NO, {AT LEAST ONE} SIGNER UNAVAILABLE) and RF105_01 is coded '6' (Proxy) and contact information is available for the PID stored at AFSignID (either Person.EmailAddr is not empty or (Person.Cellphone is not empty and (Person.CMTextCell=1 (YES) or Person.CMTextCell=3 (PENDING))) for the PersID linked to AFSignID)

Otherwise, set AFMode = '3' (PAPER) for all AFs for the RU member being looped on.

Note: AFMode_AtBox_100 is also set according to the same rules above. AFMode_AtBox_100 will control the launching of the eSignature app. The values of AFMode_AtBox_100 may or may not be updated by backing up and changing answers at the RF105 grid. AFMode may be updated in the eSignature app when requesting paper. The values of AFMode are initialized at RF115 and may or may not be updated by backing up and changing answers at the RF105 grid.

Note: Please see the Backing up and Ctrl-S in RF document below on Sharepoint for information on which AF array variables may be impacted by backing up and when those variables need to be updated by.

https://mepspm.westat.com/FinalDesignDocsbyGroup/Respondent%20Form%20(RF)% 20Section%20Supporting%20Documents/RF%20Reference%20Documents/Backing% 20up%20and%20Ctrl-S%20in%20RF.xlsx

<u>RF115</u>	(RF1200)	BLAISE NAMI				
Item Type:	Instruction	Field kind: Da	atafield			
Type Class:	Enumerated					
Answer Type:	TContinue	Answers all	owed: 1			
☐ Help Available	()		v Card ()		☐ Look Up File ()
Question Text:						
AF COLLECTION	MODE SUMMA	ARY.				
RU Member	Signer	Collection Mode	Number of AFs			
{PERSON FIRST NAME}	{SIGNER 1 /SIGNER 2}	{Text}	XX			
{PERSON FIRST NAME}	{ SIGNER 1 /SIGNER 2}	{Text}	XX			
{PERSON FIRST NAME}	{ SIGNER 1 /SIGNER 2}	{Text}	XX			
{PERSON FIRST NAME}	{ SIGNER 1 /SIGNER 2}	{Text}	XX			
{PERSON FIRST NAME}	{ SIGNER 1 /SIGNER 2}	{Text}	XX			
{PERSON FIRST NAME}	{ SIGNER 1 / /SIGNER 2}	{Text}	XX			
PRESS 1 AND EN	TER TO CONTIN	NUE.				
Responses:	CONTINUE			LOOP_30	(RF1205)	

Display Instructions:

Roster 1- Report

This item uses the RF array to display RU-members. (RF Person.FullName)

Column Header #1: RU Member

Display the first name (Pers. FName) of the Person.

Column Header #2: Signer

If AFReqSign=1 or 2, display only {SIGNER 1}. If AFReqSign=3, display both {SIGNER 1} and {SIGNER 2} separated by a comma.

For 'SIGNER 1' display the RF_Person.FullName linked to the PID of the Person if AFReqSign is coded '1' (Patient only) or '3' (BOTH). Display the RF_Person.FullName

linked to the PID of AFSignID if AFReqSign is coded '2' (Proxy/Parent only) and AFSignID > 904. Otherwise, display "SIGNER OUTSIDE THE RU" if AFSignID=904.

For 'SIGNER 2' display the RF_Person.FullName linked to the PID of AFSignID when AFReqSign=3 (BOTH) and AFSignID > 904. Otherwise, display "SIGNER OUTSIDE THE RU" if AFSignID=904.

Column Header #3: Collection Mode

Display the collection mode for AFMode AtBox 100.

Column Header #4: Number of AFs

Display the total number of all active AFs on the AF array for this person, where (Round 1)

and (AF.AFType=MPC) and (AF.RequestRd1=Yes)] or [(RndType<>First) and

(AF.AFType=MPC or Pharmacy or HCI) and (AFSuperceded=empty). Note this count

should include all outstanding MPC, Pharmacy and HCI AFs.

Item Type: Route Type Class: Begin Loop LOOP 30 (RF1205) **Route Details:** For each person, ask RF125- END LP30. Loop definition: Loop collects the status and signatures of all eligible MPC, Pharmacy, and HCI Authorization Forms. This loop cycles on RU members that meet one of the following conditions: • Round 1 and person eligible for MPC authorization form collection for the current round [person has at least one record where (AF.AFType=MPC) and (AF.RequestRd1 =Yes)] OR • Not Round 1 (RndType<>First) and person eligible for MPC or Pharmacy authorization form collection for the current round [person has at least one record where (AF.AFType=MPC or Pharmacy) and (AF.AFSuperceded=Empty)] Not Round 1 (RndType First) and person that is part of this RU (MostRecentRU=RUUnit) rejoined the community this round from previously being institutionalized in a health care setting [person has record where (AF.AFType=MPC-HCI (original) or HCI (additional)) and (AF.AFInstStatus=1 or 2)] **RF125 BLAISE NAME:** AFAccess (RF1215) Item Type: Question Field kind: Datafield ArrayMin: Min value: Type Class: Enumerated Field Size: **TContinue Answer Type:** Answers allowed: 1 ArrayMax: Max value: ☐ Help Available () ☐ Show Card () ☐ Look Up File () **Question Text:** [In this next section, we will be {collecting electronic signatures} {{and} collecting hardcopy authorization forms} {{and} discussing how to access Docusign authorization forms].] {Let's start with {you/{PERSON}}./Now {let's collect the electronic signatures for {your/{PERSON}}'s authorization forms.} /{I have some hardcopy authorization forms for {you/{PERSON}}.}/ {let's discuss {your/{PERSON}}'s Docusign authorization forms.}} CTRL-S: SWITCH TO A DIFFERENT RU MEMBER. PRESS 1 AND ENTER TO CONTINUE. **Responses:** CONTINUE 1 BOX 110 (RF1217)

Display Instructions:

Display "In this next section, we will be {collecting electronic signatures} {{and} collecting hardcopy authorization forms} {{and} discussing how to access Docusign authorization forms}." in bold black text if first cycle of LOOP_30. Otherwise, always display in brackets and "grayed-out" text.

Display "collecting electronic signatures" if there is at least one person in the RU with AFMode coded as '1' (ESignature).

Display "{and} collecting hardcopy authorization forms" if there is at least one person in the RU with AFMode coded as '3' (Paper). Display "and" if at least one person in the RU with AFMode coded as '1' (ESignature).

Display "{and} discussing how to access Docusign authorization forms" if there is at least one person in the RU with AFMode coded as '2' (Docusign). Display "and" if there is at least one person in the RU with AFMode coded as '2' (Docusign) or '3' (Paper).

Display "Let's start with {you/{PERSON}}." if first cycle of LOOP_30. Otherwise, display "Now {let's collect the electronic signature for {your/{PERSON}}'s authorization forms.}/{I have some hardcopy authorization forms for {you/{PERSON}}.}/{let's discuss {your/{PERSON}}'s Docusign authorization forms.}"

Display "let's collect the electronic signatures for {your/{PERSON}}'s authorization forms." if RU member being looped upon has AFMode coded as '1' (Esignature).

Display "I have some hardcopy authorization forms for {you/{PERSON}}" if RU member being looped upon has AFMode coded as '3' (Paper).

Display "let's discuss {your/{PERSON}}'s Docusign authorization forms." if RU member being looped upon has AFMode coded as '2' (Docusign).

BOX 110 (RF1217) Item Type: Route Type Class: If Then

Route Details:

If at least one AF for the RU member being looped on has AFMode coded as '1' (ESignature), continue with RF135.

Otherwise, go to BOX 120.

RF135 Item Type: Type Class:	(RF1220) Question Enumerated	BLAISE NAME: AFSign Field kind: Datafield Field Size:	App ArrayMin:	Min value:	
Answer Type:	TContinue	Answers allowed: 1	ArrayMax:	Max value:	
☐ Help Available (()	☐ Show Card ()	☐ Look Up File	()
Question Text:					
{ONLY LAUNCH ESTELEPHONE INTER		IF IN-PERSON. BACK-UP ANI	O RE-CODE RF10	05_04 IF CAVI OR	
TELEPHONE INTER	.VIEW.}				
{Now I would like {ye	ou/{SIGNER 1}}	to sign the {medical} {and} {phare	macy} authorization	on forms for	
{yourself/himself/hers	elf/{PERSON}} c	on my laptop.}			
{Now I would like both forms for {PERSON}		1}} and {you/{SIGNER 2}} to sign	gn the {medical}	{and} {pharmacy} authorizat	ion
CTRL-S: SWITCH TO	O A DIFFERENT	RU MEMBER.			
	CAN SIGN./THE I	CHED, TURN THE LAPTOP TOVESIGNATURE APP FOR {PERSO			
PRESS 1 AND ENTE	R TO {LAUNCH	THE ESIGNATURE APP/CONT	INUE}.		
Responses:	CONTINUE		1 BO	X_120 (RF1225)	

For the ESignature App specs, see Sharepoint:

https://mepspm.westat.com/FinalDesignDocsbyGroup/Respondent%20Form%20(RF)%

20Section%20Supporting%20Documents/Electronic%20Signature%

20Specification/Esignature%20spec 113021 prod v1 4.docx

The ESignature App should not relaunch if all the AFs for the person being looped upon were assigned an eSignStatus by the app (RF_Person.eSigAppDone=Yes).

Display Instructions:

Display "ONLY LAUNCH ESIGNATURE APP IF IN-PERSON. BACK-UP AND RECODE RF105_04 IF CAVI OR TELEPHONE INTERVIEW." in red text if ST65 is coded '2' (BY TELEPHONE) or '3' BY VIDEO (CAVI)) and RF_Person.eSigAppDone=Empty. Otherwise, use a null display.

Display "Now I would like {you/{SIGNER 1}} to sign the {medical} {and} {pharmacy} authorization forms for {yourself/{himself/herself/{PERSON}}} on my laptop." if AFReqSign = '1' (Patient Only) or '2' (Proxy/Parent Only) and RF Person.eSigAppDone=Empty. Otherwise, use a null display.

Display 'you' and 'yourself' if person being looped on is the respondent and RF105_01 is coded '1' (SELF). Display 'you' and '{PERSON}' if RF105_01 is coded '2' (PARENT), '3' (GUARDIAN), or '6' (PROXY) and the PID of AFSignID is the respondent. Display '{SIGNER 1}' and '{PERSON}' if RF105_01 is coded '2' (PARENT), '3' (GUARDIAN), or '6' (PROXY) and the PID of AFSignID is not the respondent. Otherwise, display '{SIGNER 1}' and 'himself/herself/{PERSON}}' [RF105_01 is coded '1' (SELF) and person is not the respondent].

For 'SIGNER 1' display the RF_Person.FullName of the person being looped on if RF105_01 is coded '1' (SELF). Otherwise, display the RF_Person.FullName of the person linked to the PID of AFSignID.

Display "Now I would like both {you/{SIGNER 1}} and {you/{SIGNER 2}} to sign the {medical} {and} {pharmacy} authorization forms for {you/{PERSON}} on my laptop." if AFReqSign coded as '3' (Both) and RF_Person.eSigAppDone=Empty. Otherwise, use a null display.

For "{you/{SIGNER 1}}", display 'you' if person being looped on is the respondent. Otherwise, display '{SIGNER 1}'. For 'SIGNER 1' display the RF_Person.FullName of the RU member.

For "{you/{SIGNER 2}", display 'you' if the PID of AFSignID is the respondent. Otherwise, display '{SIGNER 2}'. For 'SIGNER 2', display the RF_Person.FullName linked to the PID of AFSignID.

For "{you/{PERSON}}", display 'you' if the person being looped on is the respondent. Otherwise, display '{PERSON}'.

Display "medical" if person being looped on has at least one active MPC AF in the current round [at least one record where [(Round 1) and (AF.AFType=MPC) and (AF.RequestRd1 =Yes)]] or [at least one record where [not Round 1 (RndType>First) and (AF.AFType=MPC) and (AF.AFSuperceded=Empty)]]. Or has at least one active HCI AF in the current round (AF.AFType=MPC-HCI (original). Otherwise, use a null display.

Respondent Forms (RF) Section

Display "and" if current round is not the first round of the panel (RndType<>First) and person being looped on has at least at least one active MPC or HCI AF and one active Pharmacy AF in the current round. Otherwise, use a null display.

Display "pharmacy" if current round is not the first round of the panel (RndType First) and person being looped on has at least one active Pharmacy AF in the current round [at least one record where (AF.AFType=Pharmacy) and (AF.AFSuperceded=Empty)]. Otherwise, use a null display.

Display "ONCE ESIGNATURE APP IS LAUNCHED, TURN THE LAPTOP TOWARDS THE SIGNER{S} AND HAND THEM A STYLUS SO THEY CAN SIGN." (in the standard blue interviewer instruction font color) if RF_Person.eSigAppDone=Empty. Otherwise, display "THE ESIGNATURE APP FOR {PERSON} HAS ALREADY BEEN COMPLETED AND CANNOT BE REOPENED." in bold, red text.

Display "LAUNCH THE ESIGNATURE APP" if RF_Person.eSigAppDone=Empty. Otherwise, display "CONTINUE".

BOX 120 (RF1225) Item Type: Route Type Class: If Then

Route Details:

If at least one AF for the RU member being looped on has AFMode coded as '1' (eSignature) and the eSignStatus for that AF is empty, update the AFMode for those AFs where (AF.AFMode=1 and AF.eSignStatus=empty) to '3' (Paper).

If at least one AF for the RU member being looped on has AFMode coded as '3' (Paper), then continue with RF140_01.

Otherwise, go to BOX 130.

Note: AFMode will be updated to '3' (Paper) by the eSignature app if eSignStatus=3 (Paper).

RF140_01 Item Type: Type Class: Answer Type:	(RF1230) Question Enumerated TAFFORMPREP	BLAISE NAME: AFInfo Field kind: Datafield Field Size: Answers allowed: 1	ArrayMin: ArrayMax:	Min value: Max value:			
✓ Help Available	(AFInfoHelp)	☐ Show Car	d ()	□ Look Up File ()			
		F FOR THIS PAIR./TAKE OU {ON TOP LEFT CORNER OI					
{AF STATUS FROM	PREVIOUS ROUND	: {DISPLAY RECEIPT CONT	ROL STATUS}}				
ADDRESS: {Co	ME: {Provider/Pharma mbined Street Address ty}, {ST} {Zip Code}	}					
	t,[Middle],Last Name} /YYYY} AGE: {XXX	} {ACTION: {Status Action}}	OTHER NAME	S:{Other Names}}			
RU ID: {RUID}	REGION: {Reg ID} I	PROVIDER ID: {ProvID} PID	: {PID}				
SIGNATURE DATE	ON AF MUST BE ON	OR AFTER: {MM/DD/YYY	Y}				
	{IF NECESSARY, SAY: Since {LINKED PROV NAMES} (is/are) associated with a larger practice, we will ask for authorization for just {PROVIDER FULL NAME}.}						
CTRL-S: SWITCH TO	O A DIFFERENT RU	MEMBER.					
PRESS 1 AND ENTE	ER WHEN FORM IS P	REPARED.					
Responses:	AF FORM PREP	ARED	1				

Preloaded grid type 2 – flexible navigation including RF140_01, RF140_02, RF140_03, RF140_04, RF140_N, as well as RF150_01, RF150_02, RF150_03, RF150_04, RF150_05, and RF150_06.

At grid completion, continue with BOX 130.

Display Instructions:

Roster 1 - Report

Col #1 Header: Provider

Instructions: Display the name of the medical, pharmacy, or institution provider for this row. This column is protected and uneditable. (Use AF.ProvName from the AF array. Variable may need to be truncated for display in grid.)

Roster Filter:

Display only MPC, Pharmacy, and HCI authorization forms that are active for this person for this round, records where:

- [(Round 1) and (AF.AFType=MPC) and (AF.RequestRd1=Yes)] or
- [Not Round 1 (RndType<>First) and (AF.AFType=MPC or Pharmacy) and (AF.AFSuperceded=Empty)]].
- Not Round 1 (RndType<>First) and person that is part of this RU (MostRecentRU=RUUnit) rejoined the community this round from previously being institutionalized in a health care setting [person has record where (AF.AFType=MPC-HCI (original) or HCI(additional)) and (AF.AFInstStatus=1 or 2)]

Col #2 Header: Type

Instructions: Display the Authorization form type – either "MPC", "Pharmacy", or "MPC-HCI". This column is protected and uneditable. (use AF.AFType)

Col #3 Header: Color

Instructions: Display the color linked to this authorization form. (see BOX 10 rules)

Col #4 Header: Prep

Instructions: RF140_01, RF140_02, RF140_03, RF140_04, RF140_N entry field.

Display "COMPLETE A NEW AF FOR THIS PAIR." if no preprinted AF exists for this record (AF.AFPreprinted=Empty). Otherwise display, "TAKE OUT PREPRINTED AF FOR THIS PAIR. IF NOT AVAILABLE, FILL OUT A BLANK AF."

Display "ON TOP LEFT CORNER OF FORM, PRINT "HCI"." if AF.AFType=MPC-HCI (original) or MPC-HCI (additional).

Display "AF STATUS FROM PREVIOUS ROUND: {DISPLAY RECEIPT CONTROL STATUS}"

if this AF record was outstanding from the previous round and not replaced by a new person-provider pair record [(AF.AFSuperceded=Empty) and (AF.OrigRnd< > current round) and (AF.PL AFRecCtrlStatus<>Empty)]. Otherwise, use a null display.

For "{DISPLAY RECEIPT CONTROL STATUS}", display the label associated with the receipt control status. If the receipt control status is "Other, specify", display the other specify status text entry field. (Use AF.PL_AFRecCtrlStatus and AF.PL_AFRecCtrlStatusOS)

The labels PROVIDER NAME:, ADDRESS:, PATIENT:, DOB:, AGE:, RU ID:, REGION:,

PROVIDER ID:, PID, AND SIGNATURE DATE...: should be displayed in the traditional

blue font and size of interviewer instructions. However, display the contents after that label (i.e., the provider/pharmacy name, person name, etc.) in bold black. This will make the screen easier to read.

The label ACTION: should be displayed in the traditional interviewer instruction font size – but in red. However, display the contents after that label (i.e., status action) in bold black.

For "{Other Names}" display the text string entered at RF105_06 (AF.OtherNames). If this field is empty, leave the field blank and do not display the label "OTHER NAMES".

For "{Provider/Pharmacy Full Name}" display the full name of the provider or pharmacy for this AF record. (Use AF.ProvName with no truncation).

For "{Combined Street Address}" display the street address of the provider or pharmacy for this AF record. (Concatenate AF.StrtAddr1 and AF.StrtAddr2 into one line separated with a space)

For "{City}, {ST} {Zip Code} {Telephone}" display the rest of the address of the provider or pharmacy for this AF record. (Use AF.City, AF.State, AF.Zip and AF.Phone)

For "{First,[Middle],Last Name}" display the name of the RU member for this AF record. (Use AF.FName, AF.MName, and AF.LName)

For (DOB) "{MM/DD/YYYY}" display the DOB of the RU member for this AF record. (Use AF.DOBM, AF.DOBD, AF.DOBY). If complete DOB is RF/DK/empty, leave the display empty. If part of the DOB is RF/DK/empty, display "RF" or "DK" or leave empty as appropriate for that field.

For "{XXX}" display the age or age range of the RU member for this AF record. (Use AF.Age. If Age=RF/DK/empty, use AF.AgeCat= RF/DK/empty, use AF.AgeGuess.)

Display "ACTION: {Status Action}" if (AF.AFPersonStatus=3, 4, 5, or 6) or if [(AF.AFPersonStatus=1 or 2) and [(AF.Age <=17) or (AF.AgeCat or AF.AgeGuess=1-4)]]. Otherwise, use a null display.

For "{Status Action}":

Display "Child <=13. Need Parent/Guardian Signature" if [(AF.AFPersonStatus=1 or 2) and [(AF.Age <=13) or (AF.Age is RF/DK/empty and AF.AgeCat or AF.AgeGuess= 1-3) and AFReqSign=2 (Proxy/Parent only)]]. Otherwise, use a null display.

Display "Child 14-17. Need Patient and Parent/Guardian Signature" if [(AF.AFPersonStatus= 1 or 2) and [(AF.Age 14-17) or (AF.Age is RF/DK/empty and AF.AgeCat or AF.AgeGuess= 3 or 4) and AFReqSign=3 (Both)]]. Otherwise, use a null display.

Display "Patient Deceased {In Prior Round}. Need Proxy Signature" if AF.AFPersonStatus=3 or 5. Display "In Prior Round" if AF.AFPersonStatus=5. Otherwise, use a null display.

Display "Patient {Still} Institutionalized. Need Proxy Signature" if AF.AFPersonStatus= 4 or 6 and AFReqSign=2 (Proxy/Parent only). Display "Still" if AF.AFPersonStatus=6. Otherwise, use a null display.

For "{RUID}", display the CaseID.

For "{Reg ID}", display the region of this CaseID. (May need to get from BFOS?) For "{ProvID}", display the provider ID of the provider or pharmacy for this AF record (ProvID). For "{PID}", display the AF.PersID of the RU member for this AF record.

For (SIGNATURE DATE) "{MM/DD/YYYY}", display the required signature date for this AF record (Use AF.ReqSignDt).

Display "IF NECESSARY, SAY: Since {LINKED PROV NAMES} (is/are) associated with a larger practice, we will ask for authorization for just {PROV NAME}." if there are linked

provider names for this AF record (AF.LinkedAF.ProvNames <> Empty). Otherwise, use a null display.

For "{LINKED PROV NAMES}" display the text entry associated with this field for this AF record. This will be a string of provider first and last names. (Use AF.LinkedAF.ProvNames).

For "{PROVIDER FULL NAME}" display the full name of the provider for this AF record. (Use AF.ProvName).

RF150_01	(RF1234)	BLAISE NAME: AFSta	ıt			
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min	value:	
Type Class:	Enumerated	Field Size:				
Answer Type:	TFORMSTAT2	Answers allowed: 1	ArrayMa	ax: Max	value:	
✓ Help Available	(AFStatHelp)	☐ Show Ca	ard ()		☐ Look Up File ()
Question Text:						
PROVIDER NAME:	{Provider/Pharmacy F	'ull Name}				
PATIENT: {First,[Mi	ddle],Last Name}					
REQUEST SIGNATU	JRE AND THEN ENT	TER THE AUTHORIZATION	N FORM STA	TUS.		
	AY: Since {LINKED {PROVIDER FULL N	PROV NAMES} (is/are) asso JAME}.}	ociated with a	larger practice	, we will ask for	
					HELP: F1	
Responses:	SIGNED		1	RF150_03	(RF1236)	
		SPONDENT				
		SPONDENT				
	,	FORM LEFT)			(RF1238)	
	OTHER (NOT SI	IGNED)	91	RF150_02	(RF1235)	

Preloaded Grid type 2 – flexible navigation, including items RF150_01, RF150_02, RF150_03, RF150_04, RF150_05, and RF150_06, as well as RF140_01, RF140_02, RF140_03, RF140_04, RF140_N.

Refused and Don't Know disallowed.

If RF150_01 is coded '2' (LEFT WITH RESPONDENT) or '3' (MAILED TO

RESPONDENT), return to RF140_01 for next authorization form on grid. At grid completion, go to BOX_130.

Display Instructions:

Roster 1 - Report

Col #1 Header: Provider

Instructions: Display the name of the medical, pharmacy, or institution provider for this row. This column is protected uneditable. (use AF.ProvName from the AF array. Variable may need to be truncated for display in grid.)

Roster Filter:

Display only MPC, Pharmacy, and HCI authorization forms that are active for this person for this round, records where:

- [(Round 1) and (AF.AFType=MPC) and (AF.RequestRd1=Yes)]
- [Not Round 1 (RndType >First) and (AF.AFType=MPC or Pharmacy) and (AF.AFSuperceded=Empty)]].
- Not Round 1 (RndType<>First) and person that is part of this RU (MostRecentRU=RUUnit) rejoined the community this round from previously being institutionalized in a health care setting [person has record where (AF.AFType=MPC-HCI (original) or HCI (additional)) and (AF.AFInstStatus=1 or 2)]

Col #2 Header: Type

Instructions: Display the Authorization form type – either "MPC", "Pharmacy", or "MPC-HCI". This column is protected and uneditable. (use AF.AFType)

Col #3 Header: Color

Instructions: Display the color linked to this authorization form. (see BOX 10 rules)

Col #4 Header: Prep

Instructions: Display the entered responses from RF140_01-RF140_N for each authorization form in a protected, uneditable field.

Col #5 Header: Status

Instructions: Item RF150 01. Always an active cell for every row.

Col #6 Header: Specify Status

Instructions: Item RF150 02. Display as an active cell if RF150 01 is coded '91' (OTHER).

Col #7 Header: AF Number

Instructions: Item RF150_03. Display as an active cell if RF150_01 is coded '1' (SIGNED).

MEPSSpring2024 Full Detail Spec

Respondent Forms (RF) Section

Full Detail Spec				
	Col #8 Header: Signa Instructions: Item RF	nture Date 150_04. Display as an activ	e cell if RF150_01	is coded '1' (SIGNED).
	Col #9 Header: Refus Instructions: Item RF	sal Reason 150_05. Display as an activ	e cell if RF150_01	is coded '4' (REFUSED).
	Col #10 Header: Spec Instructions: Item RF		e cell if RF150_01	is coded '91' (OTHER SPECIFY).
	Display the labels PR	OVIDER NAME: and PAT	IENT: as grayed or	ut text.
		nacy Full Name}" display thetext. (Use AF.ProvName with		provider or pharmacy for this AF
RF150 02	(RF1235)	BLAISE NAME: AFStat	OS	
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class: Answer Type:	String {Continuous Answer	Field Size: 1000 :.} Answers allowed: 1	ArrayMax:	Max value:
☐ Help Available (☐ Show Card ()	☐ Look Up File ()
Question Text:				
PROVIDER NAME:	{Provider/Pharmacy Ful	l Name}		
PATIENT: {First,[Mic	idle],Last Name}			
SPECIFY OTHER AU	JTHORIZATION FORM	M STATUS:		
Responses:			1	

item Type.	Question	ricia kilia. Dalancia	Allaylviiii.	will value.	
Type Class:	String	Field Size: 8			
Answer Type:	{Continuous Answ	ver.} Answers allowed: 1	ArrayMax:	Max value:	
☐ Help Available (()	☐ Show Card ()	☐ Look Up F	ile (
Question Text:					
PROVIDER NAME: {F	Provider/Pharmacy	Full Name}			
PATIENT: {First,[Mid	dle],Last Name}				
ENTER AUTHORIZAT	TION FORM NUMBE	R:			
Responses:			1 RF	F150 04 (RF123	7)

Refused and Don't Know disallowed.

Set AF.AFFormID=RF150_03.

Note: Each authorization form has a pre-assigned authorization form number. This number is linked to the authorization form type, panel and round.

Hard check: Exactly 8 digit alpha-numeric entry required. If less than 8 characters entered, display the following message: "AUTHORIZATION FORM NUMBER REQUIRES EXACTLY 8 LETTERS/NUMBERS. VERIFY FORM NUMBER AND FORM TYPE AND RE-ENTER."

Hard Check – MPC/Pharmacy/HCI Authorization Forms: The Authorization form number entered must follow the conventions noted below for the panel and AF type. If an authorization form number is entered that does not meet the conventions, display the following message: "INVALID AUTHORIZATION FORM NUMBER ENTERED. VERIFY FORM NUMBER AND FORM TYPE AND RE-ENTER."

MPC AND PHARMACY AUTHORIZATION FORM NUMBER CONVENTIONS

For the MPC and Pharmacy AF numbering conventions, see the MEPS AF Numbering Memo Folder on Sharepoint:

https://mepspm.westat.com/FinalDesignDocsbyGroup/Forms/AllItems.aspx?RootFolder=% 2FFinalDesignDocsbyGroup%2FRespondent%20Form%20%28RF%29%20Section% 20Supporting%20Documents%2FAF%20Numbering%20Memos&FolderCTID= 0x012000CE0FAA87D31EF94CB16570AFD8729C46&View=%7BB0F5D183%2DE0BB% 2D4DB4%2DB308%2DB130405E7963%7D

Display Instructions:

Display the labels PROVIDER NAME: and PATIENT: as grayed out text.

For "{Provider/Pharmacy Full Name}" display the full name of the provider or pharmacy for this AF record as grayed out text. (Use AF.ProvName with no truncation).

For "{First,[Middle],Last Name}" display the name of the RU member for this AF record as grayed out text. (Use AF.FName, AF.MName, and AF.LName)

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)

YYYY.RF Main.RF Loop10.RF50Table.RF50Grid[1..100]

Variable stored at MEPS(Fall/Spring)

YYYY_PersSect.RF_Main.RF_Loop10.RF50Table.RF50Grid[1..100]

BLAISE NAME: AFDate RF150 04 (RF1237) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Date Field Size: **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: ☐ Show Card () ☐ Look Up File () ☐ Help Available () **Question Text:** PROVIDER NAME: {Provider/Pharmacy Full Name} PATIENT: {First,[Middle],Last Name} SIGNATURE DATE ON AF MUST BE ON OR AFTER: {MM/DD/YYYY} ENTER AUTHORIZATION FORM SIGNATURE DATE:

Programmer Instructions:

Responses:

Return to RF140_01 for next authorization form on grid.

Refused and Don't Know disallowed.

Hard check: Date entered must be on or after the interview date of the most recent round's interview for which the pair is/was eligible for authorization form collection (use AF.ReqSignDt), but cannot be after 'Today's' Date' (the current date set on the laptop, which may be different from RU reference period end date). If date is before correct date, display the following message: "AUTHORIZATION FORM MUST BE SIGNED ON OR AFTER ABOVE DATE. VERIFY AND RE-ENTER DATE OR COMPLETE NEW AF."

Display Instructions:

Display the date field for the signature date here.

Display the labels PROVIDER NAME: and PATIENT: as grayed out text.

For "{Provider/Pharmacy Full Name}" display the full name of the provider or pharmacy for this AF record as grayed out text. (Use AF.ProvName with no truncation).

For "{First,[Middle],Last Name}" display the name of the RU member for this AF record as grayed out text. (Use AF.FName, AF.MName, and AF.LName)

For (SIGNATURE DATE) "{MM/DD/YYYY}", display the required signature date for this AF record (Use AF.ReqSignDt). This date should be displayed in bold black.

Testing/Editing Notes:

Variable collected at

MEPS(Fall/Spring)YYYY.RF Main.RF Loop10.RF50Table.RF50Grid[1..100]

Variable stored at

MEPS(Fall/Spring)YYYY PersSect.RF Main.RF Loop10.RF50Table.RF50Grid[1..100]

(RF1238) BLAISE NAME: AFRfRESN						
Question	Field kind: Datafield	ArrayMin:	Min value:			
Enumerated	Field Size:					
TREFUSAL	Answers allowed: 1	ArrayMax:	Max value:			
)	☐ Show Card ()	☐ Look Up File ()			
Provider/Pharmacy	Full Name}					
ldle],Last Name}						
SON FOR REFUSA	AL:					
CONFIDENTI PAYMENT PR HAS ALREAD INFORMATIC WANTS MOR NOT INTERES NO REASON O OTHER SPECI	ALITY/SENSITIVE INFO COBLEM WITH PROVIDER OF GIVEN ENOUGH ON E INFO BEFORE SIGNING STED IN STUDY GIVEN	2 3 4 5 6 7 91 F	RE150_06 (RF1239) for next authorization form on grid.			
Refused and Do	on't Know disallowed					
Display the labels PROVIDER NAME: and PATIENT: as grayed out text. For "{Provider/Pharmacy Full Name}" display the full name of the provider or pharmacy for this AF record as grayed out text. (Use AF.ProvName with no truncation).						
Variable collec MEPS(Fall/Spr	Name, AF.MName, and AF.LNar ted at ing)YYYY.RF_Main.RF_Loc at	ne) op10.RF50Tal	ble.RF50Grid[1100]			
	Question Enumerated TREFUSAL) (Provider/Pharmacy Idle],Last Name} SON FOR REFUSA DOESN'T WA CONFIDENTL PAYMENT PR HAS ALREAD INFORMATIO WANTS MOR NOT INTERES NO REASON (OTHER SPECI If coded '1', '2 Refused and Do Display the label For "{Provider/P record as grayed For "{First,[Mid- text. (Use AF.F) Variable collec MEPS(Fall/Spr Variable stored	Question Field kind: Datafield Enumerated Field Size: TREFUSAL Answers allowed: 1) Show Card (Provider/Pharmacy Full Name} Idle], Last Name} SON FOR REFUSAL: DOESN'T WANT TO BOTHER PROVIDE CONFIDENTIALITY/SENSITIVE INFO PAYMENT PROBLEM WITH PROVIDER HAS ALREADY GIVEN ENOUGH INFORMATION WANTS MORE INFO BEFORE SIGNING NOT INTERESTED IN STUDY NO REASON GIVEN OTHER SPECIFY If coded '1', '2', '3', '4', '5', '6', or '7', go to Refused and Don't Know disallowed Display the labels PROVIDER NAME: and PAT For "{Provider/Pharmacy Full Name}" display the record as grayed out text. (Use AF.ProvName wifor "{First,[Middle],Last Name}" display the nartext. (Use AF.FName, AF.MName, and AF.LName) Variable collected at MEPS(Fall/Spring)YYYY.RF_Main.RF_Location Variable stored at	Question Field kind: Datafield ArrayMin: Enumerated Field Size: TREFUSAL Answers allowed: 1 ArrayMax:) Show Card () Provider/Pharmacy Full Name} Idle],Last Name} SON FOR REFUSAL: DOESN'T WANT TO BOTHER PROVIDER 1 CONFIDENTIALITY/SENSITIVE INFO 2 PAYMENT PROBLEM WITH PROVIDER 3 HAS ALREADY GIVEN ENOUGH 4 INFORMATION WANTS MORE INFO BEFORE SIGNING 5 NOT INTERESTED IN STUDY 6 NO REASON GIVEN 7 OTHER SPECIFY 91 If coded '1', '2', '3', '4', '5', '6', or '7', go to RF140_01 f Refused and Don't Know disallowed Display the labels PROVIDER NAME: and PATIENT: as grayed for "{Provider/Pharmacy Full Name}" display the full name of trecord as grayed out text. (Use AF.ProvName with no truncation For "{First, [Middle], Last Name}" display the name of the RU m text. (Use AF.FName, AF.MName, and AF.LName) Variable collected at MEPS(Fall/Spring)YYYY.RF_Main.RF_Loop10.RF50Ta			

BLAISE NAME: AFRFOS RE150 06 (RF1239) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: Type Class: String Field Size: 45 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: ☐ Help Available () ☐ Show Card () □ Look Up File () **Question Text:** PROVIDER NAME: {Provider/Pharmacy Full Name} PATIENT: {First,[Middle],Last Name} SPECIFY OTHER REASON FOR REFUSAL: **Responses:** Return to RF140_01 for next authorization form on grid. Programmer

Instructions:

Refused and Don't Know disallowed.

Display **Instructions:**

Display the labels PROVIDER NAME: and PATIENT: as grayed out text.

For "{Provider/Pharmacy Full Name}" display the full name of the provider or pharmacy for this AF

record as grayed out text. (Use AF.ProvName with no truncation).

For "{First,[Middle],Last Name}" display the name of the RU member for this AF record as grayed out

text. (Use AF.FName, AF.MName, and AF.LName)

Testing/Editing

Variable collected at

Notes:

MEPS(Fall/Spring)YYYY.RF Main.RF Loop10.RF50Table.RF50Grid[1..100]

Variable stored at

MEPS(Fall/Spring)YYYY PersSect.RF Main.RF Loop10.RF50Table.RF50Grid[1..100]

Item Type: Route Type Class: If Then **BOX 130** (RF1241)

If at least one AF for the RU member being looped on has AFMode coded as '2' **Route Details:**

(Docusign), continue with RF160.

Otherwise, go to END LP30.

RF160	(RF1248) BLAISE NAME: AFDocusign				
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:	
Type Class:	Enumerated	Field Size:			
Answer Type:	TContinue	Answers allowed: 1	ArrayMax:	x: Max value:	
☐ Help Available ()	☐ Show Card ()	□ Look Up Fil	e ()
Question Text:					
	w and sign some	ER 2}} will receive {an email} authorization forms for {your			onic
Please {remind them {your/their} invitation	,	sign the authorization forms as	soon as possib	le after {you/they} receive	;
PRESS 1 AND ENT	ER TO CONTIN	NUE.			
Responses:	CONTINUE		1 EN	ND_LP30 (RF1249)

Display Instructions:

Display '{SIGNER 1}' if AFReqSign is coded '1' (Patient Only) substituting 'you' for SIGNER 1 if RF105_01 is coded '1' (SELF) and the person being looped on is the respondent. Otherwise, display RF_Person.FullName linked to the PID of the person being looped on.

Display '{SIGNER 1}' if AFReqSign is coded '2' (Proxy/Parent only) substituting 'you' if the PID of AFSignID is the respondent. Otherwise, display the RF_Person.FullName linked to the PID of AFSignID.

Display '{SIGNER 2}' if AFReqSign is coded '3' (Both) substituting 'you' if the PID of AFSignID is the respondent. Otherwise, display the RF_Person.FullName linked to the PID of AFSignID.

Display 'an email' if an email is available for the PID stored at AFSignID and AFReqSign is coded '2' (Proxy/Parent) or '3' (Both), or if AFReqSign is coded '1' (Patient Only) and an email is available for the RU member being looped on (Person.EmailAddr is not empty). Otherwise, use a null display.

Display 'and' if an email and phone with permission to text given or pending is available for the PID stored at AFSignID and AFReqSign is coded '2' (Proxy/Parent) or '3' (Both), or if AFReqSign is coded '1' (Patient Only) and an email and phone with permission to text given or pending is available for the RU member being looped on (Person.EmailAddr is not empty and (Person.CMTextCell=1)). Otherwise, use a null display.

Display 'a text' if a phone with permission to text given or pending is available for the PID stored at AFSignID and AFReqSign is coded '2' (Proxy/Parent) or '3' (Both), or if AFReqSign is coded '1' (Patient Only) and a phone with permission to text given or pending is available for the RU member being looped on (either Person.CMTextCell=1 or Person.CMTextCell=3). Otherwise, use a null display.

For "{yourself/{PERSON}}", display 'yourself' if the person being looped on is the respondent. Otherwise, display '{PERSON}'.

Display 'remind them to' if AFReqSign is coded '1' (Patient Only) and the person being looped on is not the respondent or if AFReqSign is coded '2' (Proxy/Parent only) and the PID of AFSignID is the not respondent Otherwise, use a null display.

END LP30 (RF1249) Item Type: Route Type Class: If Then

Route Details: Cycle on next person that meets the condition stated in the loop definition.

If no more people meet the stated conditions, end LOOP 30 and continue with BOX 140.

MEPSSpring2024 Full Detail Spec Respondent Forms (RF) Section

BOX_140 (RF1250) Item Type: Route Type Class: If Then

Route Details: Go to next questionnaire section.

[End of RF]