Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
FSINTRO	FSI01	no entry	Hello, my name is (FI NAME). I am from NORC at the University of Chicago and we are conducting the Medicare Current Beneficiary Survey for the Centers for Medicare and Medicaid Services, also known as CMS, part of the United States Department of Health and Human Services. We are studying a sample of people eligible for Medicare who live in community and facility settings. I am contacting you to confirm information that a person in our sample lives or has lived in (FACILITY NAME).		FS01 -SPRESIDENOW
SPRESIDENOW	FS01	yes/no	Does (SP) currently live at (FACILITY NAME)? IF RESPONDENT DOES NOT KNOW, ASK TO SPEAK TO SOMEONE WHO WOULD KNOW ADMISSION INFORMATION.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX INSTR2 (02) FS02 - SPRESIDE (-8) FS02 - SPRESIDE (-9) FS02 - SPRESIDE
SPRESIDE	FS02	yes/no	Since (LAST INTERVIEW DATE), has (SP) lived there? IF RESPONDENT DOES NOT KNOW , ASK TO SPEAK TO SOMEONE WHO WOULD KNOW ADMISSION INFORMATION.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX INSTR1 (02) FS08-FSWHERE (-8) CLOSING3 (-9) CLOSING3
	BOX INSTR1	routing	IF BASELINE INTERVIEW (SAMPLE_UNIT.SAMPLE_TYPE=C003), GO TO FS08 - FSWHERE. ELSE CONTINUE to BOX INSTR2.		
	BOX INSTR2	routing	IF FACILITY NAME PRELOADED GO TO FQ1-FNAMEOK. IF FACILITY NAME NOT PRELOADED GO TO FQ1A-PLACNAME.		
FNAMEOK	FQ1	code one	IF SP IS IN AN ADULT/GROUP HOME OR SIMILAR RESIDENCE AT ANOTHER LOCATION, CODE "3" OR "4" WITHOUT ASKING. Before we begin, I need to verify that our information is correct. Is (PRELOAD FACILITY) the exact name of the place where (SP) ~~{is/~~was~~}~~ physically located on or around (PREVIOUS INTERVIEW DATE/ADMISSION DATE REPORTED BY A PREVIOUS SOURCE) [fillDate]?	(01) YES (02) NO (03) DISPLAYED GROUP HOME NAME IS CORRECT (04) DISPLAYED GROUP HOME NAME IS NOT CORRECT (-8) Don't Know (-9) Refused	(01) BOX INSTR5 (02) FQ1A - PLACNAME (03) BOX INSTR5 (04) FQ1A - PLACNAME (-8) CLOSING3 (-9) CLOSING3
FNAMEOK	FQ2	code one	IF SP IS IN AN ADULT/GROUP HOME OR SIMILAR RESIDENCE AT ANOTHER LOCATION, CODE "3" OR "4" WITHOUT ASKING. Before we begin, I need to verify that our information is correct. Is (PRELOAD FACILITY) the exact name of the place where (SP) ~~{is/~~was~~}~~ physically located on or around (PREVIOUS INTERVIEW DATE/ADMISSION DATE REPORTED BY A PREVIOUS SOURCE) [fillDate]?	(01) YES (02) NO (03) DISPLAYED GROUP HOME NAME IS CORRECT (04) DISPLAYED GROUP HOME NAME IS NOT CORRECT (-8) Don't Know (-9) Refused	(01) BOX INSTR5 (02) FQ1A - PLACNAME (03) BOX INSTR5 (04) FQ1A - PLACNAME (-8) CLOSING3 (-9) CLOSING4
	BOX INSTR5	routing	IF FACILITY ADDRESS PRELOADED GO TO FS03-FSVERIFY. IF FACILITY ADDRESS NOT PRELOADED GO TO FS03a- FSTADDR1.		
FSVERIFY	FS03	verbatim text	I need to verify the name and contact information I have for (FACILITY NAME). I have…READ INFORMATION BELOW	(01) ADDRESS CORRECT (02) ADDRESS INCORRECT	(01) FA1-PLACTYP1 (02) FS03a-FACNAME
FACNAME	FS03a	verbatim text	CORRECT OR ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS03a- FSTADDR1
FSTADDR1	FS03a	verbatim text	CORRECT OR ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS03a-FSTADDR2
FSTADDR2	FS03a	verbatim text	CORRECT OR ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS03a-FCITY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
FCITY	FS03a	verbatim text	CORRECT OR ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS03a-FSTATE
FSTATE	FS03a	verbatim text	CORRECT OR ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS03a-FZIPCODE
FZIPCODE	FS03a	verbatim text	CORRECT OR ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS03a-FPHONE
FPHONE	FS03a	verbatim text	CORRECT THE PORTIONS OF THE PHONE LISTED BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS03a-FFAX
FFAX	FS03a	verbatim text	CORRECT THE PORTIONS OF THE FAX NUMBER LISTED BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	~~FS04-FSFACILITY~~ FA1-PLACTYP1
~~FSFACILITY~~	~~FS04~~	~~code one~~	~~What type of facility or place is (FACILITY NAME)? (Is this a…)~~ ~~USE CATEGORIES AS PROBES IF NECESSARY~~	~~(01)CONTINUING CARE RETIREMENT COMMUNITY (CCRC)~~ ~~(02) RETIREMENT COMMUNITY~~ ~~(03) ADULT/GROUP HOME~~ ~~(04) NURSING HOME/UNIT WITHIN A CCRC OR RETIREMENT CENTER~~ ~~(05)HOSPITAL-BASED SNF UNIT~~ ~~(06) ASSISTED LIVING FACILITY~~ ~~(07) BOARD AND CARE HOME~~ ~~(08) DOMICILIARY CARE HOME~~ ~~(09) PERSONAL CARE HOME~~ ~~(10) REST HOME/RETIREMENT HOME~~ ~~(11) MENTAL HEALTH CENTER/PSYCHIATRIC SETTING~~ ~~(12) INSTITUTION FOR THE INTELLECTUALLY DISABLED/DEVELOPMENTALLY DISABLED~~ ~~(13) REHABILITATION FACILITY~~ ~~(14) OTHER LONG-TERM CARE FACILITY (SPECIFY)~~ ~~(15) PRIVATE RESIDENCE~~ ~~(-8) Don't Know~~ ~~(-9) Refused~~	~~(01) BOX INSTR3~~ ~~(02) BOX INSTR3~~ ~~(03) BOX INSTR3~~ ~~(04) BOX INSTR3~~ ~~(05) BOX INSTR3~~ ~~(06) BOX INSTR3~~ ~~(07) BOX INSTR3~~ ~~(08) BOX INSTR3~~ ~~(09) BOX INSTR3~~ ~~(10) BOX INSTR3~~ ~~(11) BOX INSTR3~~ ~~(12) BOX INSTR3~~ ~~(13) BOX INSTR3~~ ~~(14) FS04a_FSFACILITYOTH~~ ~~(15) CLOSING1~~
~~FSFACILITYOTH~~	~~FS04a~~	~~verbatim text~~	~~What type of facility is (FACILITY NAME)?~~	~~(01) continuous answer~~ ~~(-8) Don't Know~~ ~~(-9) Refused~~	~~BOX INSTR3~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PLACTYP1	FA1	code one	SHOW CARD FA2 What type of place is (FACILITY)? PRESS F1 FOR PLACE DEFINITIONS. IF RESPONDENT REPORTS CCRC OR RETIREMENT COMMUNITY, PROBE FOR TYPE OF PLACE FOR UNIT WHERE SP RESIDES. DO NOT ENTER "OTHER".	(01) FREE STANDING NURSING HOME (04) NURSING HOME UNIT WITHIN A CCRC OR RETIREMENT CENTER (06) HOSPITAL (07) HOSPITAL-BASED SNF UNIT (08) ASSISTED LIVING FACILITY (09) BOARD AND CARE HOME (10) DOMICILIARY CARE HOME (11) PERSONAL CARE HOME (12) REST HOME/RETIREMENT HOME (13) HOME OFFICE OR MANAGEMENT OFFICE FOR A CHAIN OR GROUP OF OFF-SITE NURSING FACILITIES (15) MENTAL HEALTH CENTER/PSYCHIATRIC SETTING (16) INSTITUTION FOR THE INTELLECTUALLY DISABLED/DEVELOPMENTALLY DISABLED (17) REHABILITATION FACILITY (18) PRIVATE RESIDENCE (91) OTHER (-9) Refused	(01) ~~FS07-FSADMIN~~ BOX INSTR3 (04) ~~FS07-FSADMIN~~ BOX INSTR3 (06) FA2 - HOSPKIND (07) ~~FS07-FSADMIN~~ BOX INSTR3 (08) ~~FS07-FSADMIN~~ BOX INSTR3 (09) ~~FS07-FSADMIN~~ BOX INSTR3 (10) ~~FS07-FSADMIN~~ BOX INSTR3 (11) ~~FS07-FSADMIN~~ BOX INSTR3 (12) ~~FS07-FSADMIN~~ BOX INSTR3 (13) CLOSING2 (15) ~~FS07-FSADMIN~~ BOX INSTR3 (16) ~~FS07-FSADMIN~~ BOX INSTR3 (17) ~~FS07-FSADMIN~~ BOX INSTR3 (18) CLOSING6 (91) FA1 - PLACTPO1 (-9) ~~FS07-FSADMIN~~ BOX INSTR3
PLACTPO1	FA1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX INSTR3
~~FSNAME~~	~~FS05~~	~~verbatim text~~	~~What is the name of the specific place within (FACILITY NAME) where (SP) was residing on or around since [LAST INTERVIEW DATE]?~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS07-FSADMIN~~
HOSPKIND	FA2	code one	SHOW CARD FA3 You mentioned that (FACILITY) is a hospital. Please look at this card and tell me what kind of hospital it is.	(01) ACUTE CARE HOSPITAL (02) PRIVATE PYSCHIATRIC HOSPITAL (03) STATE OR COUNTY HOSPITAL FOR THE MENTALLY ILL (04) VA HOSPITAL, VA MEDICAL CENTER (05) STATE HOSPITAL FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (06) CHRONIC DISEASE, REHABILITATION, GERIATRIC, OR OTHER LONG-TERM CARE HOSPITAL (91) OTHER	(01) FA2A-LCNDBEDS (02) FA2A-LCNDBEDS (03) FA2A-LCNDBEDS (04) FA2A-LCNDBEDS (05) FA2A-LCNDBEDS (06) FA2A-LCNDBEDS (91) FA2 - HOSPKIOS
HOSPKIOS	FA2	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) FA2A-LCNDBEDS
LCNDBEDS	FA2A	yes/no	Does (FACILITY) have any beds that are either certified or licensed as a nursing facility or certified or licensed as an ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities)? PRESS F1 FOR SUGGESTED PROBES.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX FA2A (02) BOX FA2A (-8) BOX FA2A (-9) BOX FA2A
	BOX FA2A	routing	IF FA2 - HOSPKIND = 1/AcuteCareHospital, GO TO CLOSING2. ELSE GO TO FA5A-EFOWNDES.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EFOWNDES	FA5A	code one	SHOW CARD FA4 Which one of the categories on this card best describes the ownership of (FACILITY)?	(01) FOR PROFIT (INDIVIDUAL, PARTNERSHIP, OR CORPORATION) (02) PRIVATE NONPROFIT (RELIGIOUS GROUP, NONPROFIT CORPORATION, ETC) (03) CITY/COUNTY GOVERNMENT (04) STATE GOVERNMENT (05) VETERAN'S ADMINISTRATION (06) OTHER FEDERAL AGENCY (91) OTHER	(01) ~~BOX FA6~~ BOX INSTR3 (02) ~~BOX FA6~~ BOX INSTR3 (03) ~~BOX FA6~~ BOX INSTR3 (04) ~~BOX FA6~~ BOX INSTR3 (05) ~~BOX FA6~~ BOX INSTR3 (06) ~~BOX FA6~~ BOX INSTR3 (91) FA5A - EFOWNDOS
EFOWNDOS	FA5A	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) ~~BOX FA6~~ BOX INSTR3
~~FSRES~~	~~FS06~~	~~yes/no~~	~~Are residents placed in this facility by an agency of state, county, or local government?~~	~~(01) YES~~ ~~(02) NO~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~(01) FS06a-FSSPCARENAME~~ ~~(02) FS07- FSADMIN~~
~~FSSPCARENAME~~	~~FS06a~~	~~verbatim text~~	~~Please give me the information of the person who is responsible for the oversight of (SP's) care.~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS06a- FSTADDR1~~
~~FPADDR1~~	~~FS06a~~	~~verbatim text~~	~~ENTER THE NAME, ADDRESS, AND PHONE NUMBER BELOW~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS06a-FSTADDR2~~
~~FPADDR2~~	~~FS06a~~	~~verbatim text~~	~~ENTER THE NAME, ADDRESS, AND PHONE NUMBER BELOW~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS06a- FCITY~~
~~FPCITY~~	~~FS06a~~	~~verbatim text~~	~~ENTER THE NAME, ADDRESS, AND PHONE NUMBER BELOW~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS06a-FSTATE~~
~~FPSTATE~~	~~FS06a~~	~~verbatim text~~	~~ENTER THE NAME, ADDRESS, AND PHONE NUMBER BELOW~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS06a-FZIPCODE~~
~~FPZIPCODE~~	~~FS06a~~	~~verbatim text~~	~~ENTER THE NAME, ADDRESS, AND PHONE NUMBER BELOW~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS06a-FPHONE~~
~~FPPHONE~~	~~FS06a~~	~~verbatim text~~	~~ENTER THE NAME, ADDRESS, AND PHONE NUMBER BELOW~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS06a-FFAX~~
~~FPFAX~~	~~FS06a~~	~~verbatim text~~	~~ENTER THE NAME, ADDRESS, AND PHONE NUMBER BELOW~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~FS07 - FSADMIN~~
~~FSADMIN~~	~~FS07~~	~~verbatim text~~	~~What is the name of the facility administrator at (FACILITY NAME)?~~	~~(01) continuous answer~~ ~~(8) Don't Know~~ ~~(9) Refused~~	~~BOX INSTR3~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX INSTR3	routing	IF (BASELINE (*SAMPLE_UNIT.SAMPLE_TYPE IN C003*) AND SPRESIDENOW= 01 (YES)) OR (CONTINUING (*SAMPLE_UNIT.SAMPLE_TYPE NOT IN C003 OR F020*) AND (SPRESIDE= 01 OR SPRESIDENOW = 01)) GO TO FA10-ANSRELIG ELSE GO TO CLOSING 2		
FSWHERE	FS08	code one	Do you know where (SP) went after living at (FACILITY NAME)?	(01) YES (02) NO (03) DECEASED (-8) DON'T KNOW (-9) REFUSED	(01) FS08a-FACNAME (02) BOX INSTR4 (03) FS09 - FSDODMM (-8) BOX INSTR4 (-9) BOX INSTR4
FACNNAME	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS08a- FSTADDR1
FNADDR1	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS08a -FSTADDR2
FNADDR2	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS08a-FCITY
FNCITY	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS08a-FSTATE
FNSTATE	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS08a-FZIPCODE
FNZIPCODE	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS08a-FPHONE
FNPHONE	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	FS08a-FFAX
FNFAX	FS08a	verbatim text	Please give me (SP)'s new address: ENTER THE INFORMATION BELOW	(01) continuous answer (-8) Don't Know (-9) Refused	BOX INSTR4
FSDODMM	FS09	date	What was the date of death?	(01) continuous answer (-8) DON'T KNOW (-9) REFUSED	FS08a-FSDODDD
FSDODDD	FS09	date	What was the date of death?	(01) continuous answer (-8) DON'T KNOW (-9) REFUSED	FS08a-FSDODYY
FSDODYY	FS09	date	What was the date of death?	(01) continuous answer (-8) Don't Know (-9) Refused	BOX INSTR4
	BOX INSTR4	routing	IF (BASELINE (*SAMPLE_UNIT.SAMPLE_TYPE IN C003*) AND SPRESIDENOW= 01 (YES)) OR (CONTINUING (*SAMPLE_UNIT.SAMPLE_TYPE NOT IN C003 OR F020*) AND (SPRESIDE= 01 OR SPRESIDENOW = 01)) THEN GO TO FA10-ANSRELIG ELSE GO TO CLOSING2		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ANSRELIG	FA10	yes/no	Would you be able to answer some questions about the certification status and services offered at (FACILITY)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX FA7A (02) FA11 - FACRNAM2 (-8) FA11 - FACRNAM2 (-9) FA11 - FACRNAM2
FACRNAM2	FA11	roster	What is the name of the most knowledgeable person to answer questions about (FACILITY)?	(01) [Continuous answer.]	(01) CLOSING6 - FINOTRES
	BOX FA7A	routing	IF PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility, GO TO CCNINTRO. ELSE GO TO FA12A - TOTELBED .		
CCNINTRO	FA11A	yes/no	Does (FACILITY) have a CMS Certification Number, also referred to as a Medicare/Medicaid-Provider Number, or Medicare Identification Number? The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicare and/or Medicaid. [IF NEEDED: The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.] [IF NEEDED: The CMS Certification Number also used to be called the OSCAR Provider Number.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) CASPER_LU-CCN (02) FA12A - TOTELBED (-8) FA12A - TOTELBED (-9) FA12A - TOTELBED
CCN	CASPER_LU	lookup	Please tell me the CMS Certification Number. It would be helpful if I could look at a document with the CMS Certification Number on it, such as an MDS form or other document. These materials will ensure that I record the number accurately. [IF NEEDED: If you don't know the CMS Certification Number I can look up the number using your Facility name and address.] [IF REFERENCING THE MDS : The CMS Certification Number can be found in section A0100 B. of the MDS form.] ~~START TYPING OR DOUBLE CLICK IN THE "CASPER_LU" BOX TO LAUNCH THE LOOKUP.~~ IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, PROBE TO CONFIRM THAT THE FACILITY IS CERTIFIED BY MEDICARE AND/OR MEDICAID. AFTER YOU HAVE CONFIRMED THIS, YOU CAN SEARCH THE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME AND/ OR ADDRESS. TO LAUNCH THE LOOKUP, CLICK ON THE 'SEARCH CCN' BOX. ACCORDING TO THE ADDRESS OF THIS FACILITY, THE FIRST TWO DIGITS OF THE CMS CERTIFICATION NUMBER SHOULD BE [STATE PREFIX FILL].	(01) (value selected from lookup) (-8) DON'T KNOW (-9) REFUSED (NF) NOT FOUND	(01) BOX FA7C (-8) BOX FA7C (-9) BOX FA7C (NF) BOX FA7C
	BOX FA7C	routing	IF CCN IN ('NF' (NOT FOUND), MISSING, DK, RF), GO TO FA12A - TOTELBED. ELSE GO TO BOX FA8.		
TOTELBED	FA12A	Numeric	How many beds does (FACILITY) have that provide long-term care? [PROBE: Do not count "independent living" beds or those that don't provide 24-hour a day assistance or supervision with daily living activities.] IF THIS FACILITY CONTAINS BEDS THAT ARE CERTIFIED AS ICF/IID (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES), THEN COUNT ICF/IID BEDS IN THE TOTAL. PRESS F1 FOR LONG-TERM CARE DEFINITION..	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FA8 (-8) BOX FA8 (-9) BOX FA8

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX FA8	routing	If the number of beds reported at TOTELBED is less than 3 AND TOTELBED is not (empty, DK, or RF) AND CCN is (empty, DK, RF, or NOT FOUND), THEN the facility is not eligible for the MCBS Facility component. IF FA12A - TOTELBED < 3 AND FA12A - TOTELBED <> DK,RF AND CCN IN ('NF' (NOT FOUND), MISSING, DK, RF), GO TO CLOSING2. ELSE IF PLAC.PLACTYPE = 1/Free Standing Nursing Home, 4/NursingHomeorNHUnit, 7/HospitalBasedSNF, OR 17/RehabilitationFacility, GO TO FA13 - CAIDCERT. ELSE IF PLAC.PLACTYPE = 16/InstitutionForIntellectuallyDisabled/DevelopmentallyDisabled OR FA2 - HOSPKIND = 3/StateCountyHospitalForMentallyIll OR 5/StateHospitalForIndividualsWithIntellectualDisabilities OR 6/ChronicDiseaseLongTermHospital, GO TO FA15 - FMRCERT. ELSE GO TO FA18 - PCHLICEN.		
CAIDCERT	FA13	yes/no	Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility (NF) beds? [READ IF NECESSARY: We are concerned only with the place where (SP) is physically located.] IF R MENTIONS: ICF/IID (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES), SAY THAT YOU WILL ASK ABOUT THOSE IN A MOMENT.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) FA14 - CARECERT (02) FA14 - CARECERT (-8) FA14 - CARECERT (-9) FA14 - CARECERT
CARECERT	FA14	yes/no	Does (FACILITY) have any beds certified by Medicare as SNF beds?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) FA15 - FMRCERT (02) FA15 - FMRCERT (-8) FA15 - FMRCERT (-9) FA15 - FMRCERT
FMRCERT	FA15	yes/no	Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF/IID (Intermediate Facilities For Individuals With Intellectual Disabilities) beds?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) FA16 - HDLICEN (02) FA16 - HDLICEN (-8) FA16 - HDLICEN (-9) FA16 - HDLICEN
HDLICEN	FA16	code one	Does (FACILITY) have any beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing home beds by the (STATE) State Health Department or by some other State or Federal Agency?	(00) No, not licensed (01) Yes, licensed by state health department (02) Yes, licensed by some other agency (-8) Don't Know (-9) REFUSED	(00) FA18 - PCHLICEN (01) FA18 - PCHLICEN (02) FA16 - HDLICOS (-8) FA18 - PCHLICEN (-9) FA18 - PCHLICEN
HDLICOS	FA16	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) FA18 - PCHLICEN
PCHLICEN	FA18	code one	Does (FACILITY) have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the (STATE) State Health Department or by some other state or local government agency?	(00) No, not licensed (01) Yes, licensed by state health department (02) Yes, licensed by some other agency (-8) Don't Know (-9) REFUSED	(00) BOX FA9 (01) BOX FA9 (02) FA18 - PCHLICOS (-8) BOX FA9 (-9) BOX FA9
PCHLICOS	FA18	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) BOX FA9
	BOX FA9	routing	IF CCN IN ('NF' (NOT FOUND), MISSING, DK, RF), GO TO FA19 - NURSCARE. ELSE GO TO BOX FA13.		
NURSCARE	FA19	list	In addition to room and board, does (FACILITY) routinely provide… a. nursing or medical care?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) FA19 - SUPRMEDI (02) FA19 - SUPRMEDI (-8) FA19 - SUPRMEDI (-9) FA19 - SUPRMEDI

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MEDISUPR	FA19	list	b. supervision over medications?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) FA19 - HELPBATH (02) FA19 - HELPBATH (-8) FA19 - HELPBATH (-9) FA19 - HELPBATH
BATHHELP	FA19	list	c. help with bathing?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) FA19 - HELPDRES (02) FA19 - HELPDRES (-8) FA19 - HELPDRES (-9) FA19 - HELPDRES
DRESHELP	FA19	list	d. help with dressing?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) FA19 - HELPEAT (02) FA19 - HELPEAT (-8) FA19 - HELPEAT (-9) FA19 - HELPEAT
EATHELP	FA19	list	e. help with eating?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX FA13 (02) BOX FA13 (-8) BOX FA13 (-9) BOX FA13
	BOX FA13	routing	IF FA13 - CAIDCRT1, FA14 - CARECRT1, OR FA15 - CAIDICF = 1/Yes, GO TO FA20 –CGIVSUP. ELSE GO TO FA19A - NURSSUP.		
NURSSUP	FA19A	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX FA16A (02) BOX FA16A (-8) BOX FA16A (-9) BOX FA16A
CGIVSUP	FA20	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX FA16A (02) BOX FA16A (-8) BOX FA16A (-9) BOX FA16A
	BOX FA16A	routing	GO TO BOX FA16.		
	BOX FA16	routing	IF the facility responds (01) YES to at least one of the below THEN this is an MCBS eligible Facility; otherwise, it is not an MCBS eligible Facility: - beds certified by Medicaid (CAIDCRT=01) OR - beds certified by Medicare (CARECRT=01) OR - has beds certified by Medicaid as ICF/IID (FMRCERT=01) OR - has beds licensed as nursing home beds by the state health department or other agency (HDLICEN in 01 or 02) OR - has beds licensed as a personal care home, board and care home, assisted living facility, domicillary care home, or rest home by the state or some other state/local agency (PCHLICEN in 01 or 02) OR - provides 24/7 on-site supervision by an RN or LPN (NURSSUP = 01) OR - provides 24/7 on-site supervision by a caregiver (CGIVSUP = 01) OR - CCN has valid value entered from the lookup (not empty, DK, RF, or NOT FOUND) Logic: IF (CAIDCERT = (01) Yes) OR (CARECERT = (01) Yes) OR (FMRCERT = (01) Yes) OR (HDLICEN = (01) YesStateHealthDept) OR (HDLICEN = (02) YesOtherAgency) OR (PCHLICEN = (01) YesStateHealthDept) OR (PCHLICEN = (02) YesOtherAgency) OR (NURSSUP = (01) Yes) OR (CGIVSUP = (01) Yes) OR FCCN=RESPONSE (VALUE ENTERED IN LOOKUP not in EMPTY, DK. RF, OR NF) THEN GO TO THANK ELSE GO TO GO TO CLOSING2		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
THANK	THANK	no entry	Those are all the facility-level questions I have for you at the moment. To proceed with the next steps of this study, we need to connect with staff who can provide information about the (SP's) background, health status and use of health services, and health insurance and medical spending. This will involve completing three brief follow-up surveys. We will now collect contact information for the appropriate staff from your facility to be invited to take these surveys.	(01) Continue	CONTFQ
CONTFQ	CONTFQ		Who is the facility staff person that would be most knowledgeable to answer questions about the (SP)'s background and their time in your facility? Please provide their name, phone number, and email address.	(01) Continue	CONTFQNM
CONTFQNM	CONTFQNM	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	CONTFQPH
CONTFQPH	CONTFQPH	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	CONTFQEA
CONTFQEA	CONTFQEA	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S EMAIL ADDRESS	(01) [Continuous answer.]	CONTIN
CONTIN	CONTIN		Who is the facility staff person that would be most knowledgeable to answer questions about the (SP)'s health insurance and expenditures? Please provide their name, phone number, and email address.	(01) Continue	CONTINNM
CONTINNM	CONTINNM	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	CONTINPH
CONTINPH	CONTINPH	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	CONTINEA
CONTINEA	CONTINEA	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S EMAIL ADDRESS	(01) [Continuous answer.]	CONTHS
CONTHS	CONTHS		Who is the facility staff person that would be most knowledgeable to answer questions about the (SP)'s health status and use of health services? Please provide their name, phone number, and email address.	(01) Continue	CONTHSNM
CONTHSNM	CONTHSNM	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	CONTHSPH
CONTHSPH	CONTHSPH	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	CONTHSEA
CONTHSEA	CONTHSEA	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S EMAIL ADDRESS	(01) [Continuous answer.]	CLOSING1
CLOSING1	CLOSING1	no entry	That is all of the information I need at this time. An email invitation will be sent to the contact name for the first survey about the (SP)'s background and their time in your facility. Thank you very much for your time.		END OF SURVEY
CLOSING2	CLOSING2	no entry	Thank you very much for your time. Based on your responses, this facility is not eligible to complete the interview at this time. We may follow up with you if additional questions arise.		END OF SURVEY
CLOSING3	CLOSING3	code one	What is the name of the most knowledgeable person that will know whether (PRELOAD FACILITY) is where (SP) (is/was) physically located on or around (PREVIOUS INTERVIEW DATE/ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)? IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, PLEASE PROCEED WITH EXITING THE FACILITY SCREENER AND RECORD THE RESPONDENT'S NAME IN NORCSUITE.	(01) Continue	END OF SURVEY
FINOTRES	CLOSING6	code one	Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to [NAMED RESPONDENT/(SP)].	(01) Continue	END OF SURVEY