OMB #
Expires:

SP ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

FACILITY ID #: _____

START TIME: _____ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCE ADMINISTRATION

# MEDICARE CURRENT BENEFICIARY SURVEY

## FACILITY COMPONENT

## FACILITY QUESTIONNAIRE

ROUND 25

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

**PLACE ROSTER**

The Place Roster is a list (at the facility level) of all places that are mentioned in the Facility Questionnaire and the SP-level questionnaires in all rounds. At the beginning of Round 18, it is initialized with the FACILITY name. The Locator Code is set as TARGET FACILITY, Status is set to ELIGIBLE, and Place Type is set to ELIGIBLE LTC. Locator code and status are flags. (For Place Roster displays, only the name and place type are shown in text.)

- The MCBS status categories are ELIGIBLE and INELIGIBLE. (See BOX FA12, p. 35.) When a place's MCBS status has been determined as ELIGIBLE, an asterisk should be placed immediately to the left of that place, designating that .NNHESSTAT is ELIGIBLE.
  **.NNHESTAT**

- The MCBS locator codes for sampled facilities are:

  1. TARGET FACILITY
  2. TARGET FACILITY, PART OF LARGER FACILITY
  3. TARGET FACILITY AND LARGER FACILITY
  4. LARGER FACILITY
  5. PART OF LARGER FACILITY
  6. PART OF TARGET FACILITY
  7. OTHER

  **.LOCCODE**

For place type categories, see BOX FA11 (p. 33).

Three levels of potential interest are pinpointed in the Facility-level Questionnaire: the eligible long-term care place, the larger place it is part of, and the parts within the long-term care place.

The Place Roster arrays these three levels in a hierarchy. First is the LARGER FACILITY (if any), followed by all the parts whose MCBS statuses are ineligible. Next is the TARGET FACILITY, followed by the parts within it -- first those that are eligible, followed by any that are ineligible. (The TARGET FACILITY may itself be a larger facility, with nursing units contained within; each nursing unit may have special units within it. But we don't expect or allow more than one LARGER FACILITY per case.)

The nesting units within a larger facility are indented under the largest entity. For example, if the larger facility is a CCRC, then the Place Roster will display:

| PLACE NAME | PLACE TYPE |
|---|---|
| CCRC | ELIG LTC |
| Nursing Unit | ELIG LTC |
| Assisted Living Unit | ELIG LTC |
| Residential Units | COMMUNITY |
| Riverside Hospital | HOSPITAL |

If there are special care units within an eligible long-term care unit, they will be nested within the nursing unit on the Place Roster. An example below:

| PLACE NAME | PLACE TYPE |
|---|---|
| CCRC | ELIG LTC |
| Nursing Unit | ELIG LTC |
| General Population Unit | ELIG LTC |
| Alzheimer Unit | ELIG LTC |
| Assisted Living Unit | ELIG LTC |
| Residential Units | COMMUNITY |
| Riverside Hospital | HOSPITAL |

Additions to the Place Roster from the SP-level questionnaires are placed after the parts of the TARGET FACILITY. HOSPITALS precede other PLACE TYPES. Order by ascending code (following the code structure of FA1). For other place types, order by ascending code (following the code structure of FA12).

In the SP-level questionnaires, any unit can be selected. However, if the interviewer selects the CCRC in the first example, or the CCRC or the nursing unit in the second example, we will display a soft range error message that asks the interviewer to verify the selection. If the selection passes the soft range message, we will use the place type for the selection in the instrument section. We want to give interviewers flexibility if their respondent cannot give the detailed unit we have mapped out. We are thinking about using color to indicate which units could be selected.
DESIGN NOTE: May want to put above range check.

**Display Instructions**

Do not display a facility or unit header on screens that use Place Roster. Allow 3 lines for other header information.
Allow 5 lines for question text on screens that use Place Roster, plus a following blank line.
Display 8 lines within the roster window plus a line for headings above, a line drawn to form the bottom of the box, and a blank following line.
Display "*CONSIDER THIS PLACE..." on the 21st line when there are two or more places on the Roster and at least one of them has MCBS STATUS = ELIGIBLE.
Display interviewer instructions in screen tail (line 24).
Allow two spaces for a checkmark to be displayed at the far left, when a place is selected from the Place Roster.
Allow one space for an asterisk to the left of NAME, to denote places with MCBS STATUS=ELIGIBLE.
Allow 30 spaces for NAME field.
Allow 4 spaces to separate NAME and ALSO KNOWN AS... fields.
Allow 20 spaces for ALSO KNOWN AS... field.
Allow 4 spaces to separate ALSO KNOWN AS... and PLACE TYPE fields.
Allow 10 spaces for PLACE TYPE.

SAMPLE LAYOUT

```
┌──PLACE NAME──────────────────ALSO KNOWN AS...─────────PLACE TYPE──────┐
│     JORDAN HOME                                        ELIG LTC        │
│        HORIZON HOUSE                                   COMMUNITY       │
│ /  *   Samson House                                    ELIG LTC        │
│    *      ALZHEIMER'S UNIT      FIFTH FLOOR            ELIG LTC        │
│    *      HEALTH CARE UNIT                             ELIG LTC        │
│    *      THOMAS WING           ASSISTED LIVING        ELIG LTC        │
│        NAOMI HOUSE                                     COMMUNITY       │
│    *   MERCURY HOUSE                                   ELIG LTC        │
└────────────────────────────────────────────────────────────────────────┘

{*CONSIDER THIS PLACE AS PART OF THE ELIGIBLE CASE.}

USE ARROW KEYS.  ENTER = SELECT.  CTRL/A = ADD.  TO EXIT, PRESS ESC.
```

There are five types of Place Roster screens:

1. The Place Roster display for review only;

2. The full Place Roster display for selection and addition;

3. A static display of the facility parts on the Place Roster, excluding the place referenced first in the question text;

4. Dynamic display of all facility parts on the Place Roster, for selection only; and

5. A dynamic display of the eligible facility parts (i.e., MCBS Status=ELIGIBLE and Place Type=ELIGIBLE LTC) for selection only.

The sample layout displayed above is for the second version of the Place Roster, the primary format used in Residence History.

Table 1 shows the functions that are allowed for each Place Roster version, and where each is used in the CAPI application.

Table 1. Place Roster Versions throughout the MCBS Application

| Description | | Functions Allowed | Location |
|---|---|---|---|
| 1. | All Facility Parts | Review only | F2, FA16a, FA30a, FA66a |
| 2. | All places | Select, add | RH21 |
| 3. | All "other" facility places | NA (static list) | RH11A, RH11B, RH21C |
| 4. | All Facility Parts | Select only | RH2B, BQ15a, IN11, RH21D |
| 5. | Eligible parts (lowest level) | Varies | FA85PRE, RH1, FA24PRE |

Sample layouts of each version follow page 11 as "ATTACHMENT A".

**Version 1.** The "all facility parts" version is for review only. It's displayed whenever the F2 key is pressed throughout the application. It is also displayed at specific points in the Facility Questionnaire. They are:

- FA16a (in the Facility Structure section) following the entry of parts or units in a complex facility;
- FA30a after the identification of some non-nursing beds in the eligible units; and
- FA66a following the naming of special care units and the remainder of the nursing beds in the eligible unit(s).

The first version differs from the sample layout only in the screen tail (the bottom line on the screen): the interviewer instruction reads "USE ARROW KEYS. TO EXIT, PRESS ESC." Also note that no SP-level data are included; only facility-level places are displayed.

**Version 2.** The "all places" version for selection and addition is the full-blown Place Roster, including SP-level additions from Residence History as well as the facility-level entries. It is only accessed in Residence History: RH21 asks where the SP went (after determining a move occurred).

**Version 3.** The "all 'other' facility places" version is not a roster at all, but the static display of "other" facility parts (as a simple list, not in dynamic format). It is used in:

- RH11A and RH11B, questions that determine whether the SP has been in the REF. DATE unit (or the place at the last interview date) the whole time; and
- RH21C, a question that is called when adding facility places in residence history, to determine if the added place is also known by any of the names for parts of the facility that were already enumerated.

The list of all other facility-level units is displayed (i.e., the unit referenced in the question text is excluded).

The third version display differs markedly from Version 2: only the Place Name and the Also Known As... entry are displayed, and only for places that are collected at the facility level. Furthermore, the RH displays exclude the place referenced first in the question text. There are no asterisks or checkmarks, no indentation, no place type, no footnote for eligible parts of the case, and no interviewer instructions at the bottom.

**Version 4.** Like Version 1 -- it displays all facility parts -- but it allows selection. Two items in the SP-level instruments in Target Facilities access this Place Roster display:

- RH2B captures residence at Most Recent Admit Date;
- RH21D determines which part of the facility is the same as the place added in RH21;

The display includes an additional line at the bottom of the list, for "OTHER PLACE." (The display for RH21D is an exception; no "OTHER PLACE" choice is displayed for RH21D.) The asterisks are omitted, and there is no footnote beneath the list. The screen tail omits the instruction regarding additions.

**Version 5.** The last type of Place Roster display, the "eligible parts" version, is used in several places to present only the eligible parts of the facility -- that is, places with MCBS STATUS=ELIGIBLE and PLACE TYPE=ELIGIBLE LTC -- at the lowest level reported. (For example, in the sample layout, only the Alzheimer's Unit, the Health Care Unit, the Thomas Wing, and Mercury House would be displayed.)

Eligible parts, including the TARGET FACILITY, are listed in FA24PRE. These places are, thereafter, listed in the "special" header, right justified.

Version 5 takes a different form for each appearance. In FA85PRE it is presented as a static list.

**Place Roster Updates.** As noted above, the Place Roster is initialized with the Target Facility name. Additions or changes to the Place Roster can occur at the following points in the application:

FAVERIF1 (name updates for Target Facility)
BOXES FA5, FA7, FA8 (set locator code, hence order of places on Roster)
FA11-14 (adds parts or units in complex facilities)
BOXES FA10, FA11, FA12, and FA16 (set locator code, status code, and place type)
FA26, FA27 (add non-nursing units within eligible units)
FA55, FA56 (add special care units)
FA66 (adds name for remainder of eligible units)
RH21 (adds name of place SP went to)
RH21C (determines if added place is same as a facility unit already listed)

**ATTACHMENT A** **SAMPLE LAYOUT OF PLACE ROSTER**

Place Roster Version 1 - Used at F2, F16a, FA30a, FA66a
Parts are indented according to facility hierarchy.
Asterisks are displayed for eligible facility parts in F2, FA30a, FA66a

PLACE NAME ALSO KNOWN AS...PLACE TYPE

Displays all facility parts
For Review Only

{*CONSIDER THIS PLACE AS PART OF THE ELIGIBLE CASE.}
USE ARROW KEYS. TO EXIT, PRESS ESC.

**Place Roster Version 2** - Used at RH21
Parts are indented according to facility hierarchy.

SELECT ONE.

PLACE NAME ALSO KNOWN AS...PLACE TYPE

Displays all places - facility and non-facility places
Select and add allowed

*CONSIDER THIS PLACE AS PART OF THE ELIGIBLE CASE.

USE ARROW KEYS. ENTER=SELECT/DESELECT CTRL/A=ADD CTRL/D=DELETE ESC=EXIT

**Place Roster Version 3** - Used at RH11A, RH11B, RH21C
Displays all other facility parts as a list, not a roster. List is displayed flush left below the Q text, above the input field.
In RH11A and RH11B, excludes the current place displayed in question text.
In RH21C, excludes the added place displayed in question text.

**Place Roster Version 4** - Used in RH21D
No parts are indented.
No asterisks are displayed.

SELECT ONE.

PLACE NAME ALSO KNOWN AS...PLACE TYPE

Displays all facility parts
Selection only is allowed
SOME OTHER PLACE is displayed for BQ15A, IN11 only

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

ATTACHMENT A (cont.)

**Place Roster Version 5** - Used in FA24PRE, FA85PRE

Displays the lowest level of eligible parts of the facility (MCBS STATUS=ELIGIBLE and PLACE TYPE=ELIGIBLE LTC).
No asterisks are displayed.

**At FA24PRE and FA85PRE** Version 5 is displayed as a list, with the lowest level eligible facility parts all displayed flush left.

SELECT ONE.

| PLACE NAME | ALSO KNOWN AS...PLACE TYPE |
|---|---|
| Displays lowest level eligible facility parts | |
| Selection only is allowed | |
| IN FACILITY - CAN'T TELL WHERE | |
| SOME OTHER PLACE | |

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

These update points play a role in the design of the F2 function, reviewing the Place Roster at any point in the application. When F2 is invoked, the Place Roster as it existed at the latest update point should be displayed.

**Flow for Residence History Additions to the Place Roster**

All RH21 additions to the Roster go immediately to RH21B.

RH21B
Display as an overlay.

RH21B

CHOOSE A CODE

| | | |
|---|---|---|
| PART OF LARGER FACILITY ..... | 5 | |
| PART OF TARGET FACILITY ..... | 6 | |
| OTHER ..... | 7 | (SET A FLAG TO INDICATE THIS IS AN ADDITION AND GO TO RH22) |

**PLAC.LOCCODE**
**FACL.COMPLEXF**

RH21C

Is {CURRENT PLACE} also known by any of these names -- [READ PLACE NAMES BELOW]?

{PLACE ROSTER VERSION 3}

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 0 | (BOX RH14) |
| DK ..... | -8 | (BOX RH14) |
| RF ..... | -7 | (BOX RH14) |

**PLAC.OTHRNAME**

RH21D

Which name is {CURRENT PLACE} also known by?

{PLACE ROSTER VERSION 4}

PROGRAMMER SPECS:
When a selection is made, delete the new line on the Place Roster.

RH21E
Display as an overlay to RH21D.

RH21E

YOU HAVE SELECTED {PLACE NAME}.
DO YOU WANT TO DISPLAY {PLACE NAME ADDED IN RH21}
IN THE "ALSO KNOWN AS..." FIELD?

| | |
|---|---|
| YES | 1 |
| NO | 0 |

**PLAC.OTHRNAME**
**.PLACNAM2**

PROGRAMMER SPECS:
If RH21E=1, post first 20 characters of {RH21 PLACE NAME} to "ALSO KNOWN AS..." field for selected place.
Then (for all responses to RH21E), set a flag to indicate this is a selection (rather than an addition), and go to BOX RH13.

| BOX RH14 | SET A FLAG TO INDICATE THIS IS AN ADDITION, SET LOCATOR CODE ACCORDING TO ENTRY IN RH21B, AND GO TO RH21F. |
|---|---|

RH21F

What type of (place/unit) is that?

SHOW CARD RH2

| | | |
|---|---|---|
| NURSING HOME/UNIT OR REHABILITATION UNIT | 4 | |
| HOSPITAL | 6 | (RH21I) |
| ASSISTED LIVING FACILITY | 8 | (RH21I) |
| BOARD AND CARE HOME | 9 | (RH21I) |
| DOMICILIARY CARE HOME | 10 | (RH21I) |
| PERSONAL CARE HOME | 11 | (RH21I) |
| REST HOME | 12 | (RH21I) |
| INDEPENDENT LIVING UNITS | 14 | (RH21I) |
| MENTAL HEALTH/PSYCHIATRIC SETTING | 15 | (RH21I) |
| MR/DD | 16 | (RH21I) |
| REHAB | 17 | (RH21I) |
| OTHER (SPECIFY: _____) | 91 | (RH21I) |

**PLAC.PLACTYPE**
**.PLACTPOS**

PROGRAMMER SPECS:
Disallow DK and RF.
Assign MCBS eligibility status code and MCBS PLACE TYPE as in BOX FA11.

RH21G

Is it a special care unit, such as those listed on this card?

SHOW CARD RH4

| | | |
|---|---|---|
| YES | 1 | |
| NO | 0 | (RH21I) |
| DK | -8 | (RH21I) |
| RF | -7 | (RH21I) |

**PLAC.SCARUNIT**

RH21H
Display as an overlay to RH21G

RH21H

What kind of special care unit is {UNIT NAME}?

| | |
|---|---|
| ALZHEIMER'S AND RELATED DEMENTIAS | 1 |
| AIDS/HIV | 2 |
| DIALYSIS | 3 |
| CHILDREN WITH DISABILITIES | 4 |
| BRAIN INJURY (TRAUMATIC OR ACQUIRED) | 5 |
| HOSPICE | 6 |
| HUNTINGTON'S DISEASE | 7 |
| REHABILITATION | 8 |
| VENTILATOR/PULMONARY | 9 |
| OTHER (SPECIFY:_____) | 91 |

**PLAC.UNITTYPE**
**.UNITTPOS**

PROGRAMMER SPECS:
Disallow DK and RF.

BOX RH14A omitted.

RH21I

In what year did the unit begin operation?
ENTER A 4-DIGIT YEAR.

YEAR ( )

**PLAC.STARTYR**

PROGRAMMER SPECS:
Hard range: 1900-2010

BOX RH14B omitted.

RH21Ja

Is the unit still in operation?

| | | |
|---|---|---|
| YES | 1 | (RH21K) |
| NO | 0 | (RH21J) |
| DK | -8 | (RH21K) |
| RF | -7 | (RH21K) |

**PLAC.STILINOP**

RH21J

When did the unit end operations?

YEAR ( )

**PLAC.PLENDYY**

PROGRAMMER SPECS:
Hard range: 50-99, 00-10,
If RH21J is less than RH21I, display the following error message at the bottom of RH21J, flush left:

YEAR ENDED CANNOT BE EARLIER THAN YEAR BEGAN. BACK UP TO CORRECT.

BOX RH14C omitted.

RH21K
If RH21Ja = 1, display "are"; else display "were".

RH21K

How many beds {are/were} dedicated to {UNIT NAME}?

_____
NO. OF BEDS

**PLAC.RHBEDS**
**.BEDSNUM**

PROGRAMMER SPECS:
Soft range: 3-100; hard range: 0-500.

| | |
|---|---|
| BOX RH14Ca | If RH21Ja=0, go to RH21M; else go to RH21L. |

RH21L

How many residents were in {UNIT NAME} at midnight last night?

_____
NO. OF RESIDENTS

**PLAC.RHMIDNRES**

PROGRAMMER SPECS:
Soft range: 3-100; hard range 0-500.

RH21M
If RH21Ja = 1, display "Does; else display "Did".

RH21M

{Does/Did} {UNIT NAME} have direct care patient staff dedicated to it?

YES..... 1
NO..... 0

**PLAC.DCPSTAFF**

| | |
|---|---|
| BOX RH14D | For all responses, set a flag to indicate this is a selection (rather than an addition), and go to BOX RH13. |

In RH21, besides the capability of adding a place to the Roster, the interviewer has the ability to use arrow keys and add or overwrite an entry in the "ALSO KNOWN AS..." field for an existing line.

**The Use of Places in SP-level Section Headers**

There are no place headers in Residence History. All other SP-level sections feature a header that includes the eligible LTC places in this facility (i.e., places with MCBS status=eligible) where the SP resided during the reference period. The only exception are screens that include the Place Roster; these screens have no places in the header.

For screens that don't include the Place Roster in HS, PM, USE, and EX the eligible unit where the SP lived during the reference period is displayed right-justified on the second line of the screen. If the SP lived in three or four eligible units during the reference period, they are right-justified on the third, fourth, and fifth lines. If the SP lived in more than four eligible units, the fifth line reads: "MORE UNITS -- USE F2" and is right-justified.

**RR1-7**
**RESPONDENT ROSTER**

The Respondent Roster is a list (at the facility level) of all respondents (and potential respondents) identified in the course of data collection.

In the course of the CAPI application, every point that calls for an addition to be made to the Respondent Roster is signalled by a question, such as "Who is ...?" or "What is the name of the ...?" The entry to such a question is automatically posted to the NAME cell on the next available line of the Respondent Roster, the interviewer is presented with the roster screen, and the cursor is in the title cell for the roster addition.

In the title cell the interviewer can enter the title code from memory, and the text for the category should be displayed in the roster. If the interviewer escapes from the roster and the title cell is not filled, the RR2 question is presented as specified at various points throughout the Facility Questionnaire. The question is formatted as a choice roster with answer categories (codes and text) displayed as formatted on the following page. After an entry is made, it should be posted to the respondent roster in the title cell next to the appropriate name.

SAMPLE LAYOUT

| RESPONDENT ROSTER | |
|---|---|
| RR1<br>NAME | RR2<br>TITLE |
| | |
| | |
| | |

**FACR.FACRNAME** **.FACRTITL**
**.FACRTIOS**

RR2
Fill with entry in RR2.
Display the following list of codes in an F1 screen:

HEALTH CARE AND MEDICAL RECORDS STAFF TITLES

01 = Director Of Nursing/VP Of Nursing
02 = Assistant Director Of Nursing
03 = Head Nurse/Nurse Supervisor/Charge Nurse
04 = Nurse, Floor/Shift
05 = Social Worker/Case Worker/Activities Coordinator Or Director
06 = Medical Records Clerk/Supervisor/Director
07 = Nurses Aide

MDS/QUALITY CONTROL TITLES

11 = MDS Coordinator/Nurse
12 = Case Mix Coordinator/Nurse
13 = Care Plan Coordinator/Nurse
14 = Quality Assurance Coordinator

ADMINISTRATIVE TITLES

21 = Owner
22 = Administrator/Executive Director
23 = Assistant Administrator/Administrator In Training
24 = Medical Director
25 = Admissions Director/Coordinator
26 = Human Resources Staff Member
27 = VP For Operations
28 = Administrative Assistant/Secretary/Receptionist

BUSINESS OR FINANCE TITLES

30 = VP For Finance
31 = Controller/Comptroller
32 = Business Office Manager
33 = Accounting Supervisor
34 = Accounting/Billing Or Accounts Receivable Clerk/Bookkeeper
35 = Electronic Data Processing Staff Member

91 = OTHER (SPECIFY:_____)

RR2

What is {RESPONDENT'S NAME}'s title or position?
SELECT ONE.

{TITLE CATEGORIES}

**FACR.FACRTITL .FACRTIOS**

PROGRAMMER SPECS:
When the code for title is entered, the text for the category should be displayed in the roster.

MANAGEMENT SYSTEM SPECS:
If missing, prompt for title the first time a respondent is selected from the roster.

RR3-5 omitted.

**FACILITY SET-UP SCREENS**

The following series of screens precede the facility-level application, as part of the management system:

SCREEN FOR SELECTING FACILITY (PART OF MANAGEMENT SYSTEM)

SCREEN TO CONFIRM YOU WANTED TO SELECT THIS FACILITY (PART OF MANAGEMENT SYSTEM)

WITHIN-FACILITY NAVIGATION SCREEN: SELECT FACILITY-LEVEL QUESTIONNAIRE

SELECT FACILITY-LEVEL QUESTIONNAIRE RESPONDENT FROM RESPONDENT ROSTER

## SECTION FA. FACILITY DEFINITION

| | |
|---|---|
| BOX FA1 | If FA1-FA18 have already been completed, but ELIGIBILITY BLOCK (FA19-22) has not been completed for all facility parts, and a respondent is selected who was entered in FA18, go to FA17, p. 36.<br>Others, go to FAVERIF1. |

FAVERIF1
{FACILITY} fill in the name of the target facility either from the CRIN-1 data if facility visited in CRRD-1, community data if SP Type = CFC, FFC, FCF or SSM, or a modification entered in the course of updating.
Display the facility name right justified on the top line header. This header continues throughout the FQ except where noted.

FAVERIF1

IF SP IN AN ADULT/GROUP HOME OR SIMILAR RESIDENCE AT ANOTHER LOCATION, CODE "2" OR "3" WITHOUT ASKING.

Before we begin, I need to verify that our information about you is correct.
Is {FACILITY} the exact name of this facility?

YES ..... 1
NO ..... 0

IF ADULT/GROUP HOME

DISPLAYED FACILITY NAME IS CORRECT ..... 2
DISPLAYED FACILITY NAME IS NOT CORRECT ..... 3
DK ..... -8
RF ..... -7

**FACA.FNAMEOK**
**FARO.FRNAMEOK**

PROGRAMMER SPECS:
If 0 is entered in FAVERIF1, present NAME UPDATE SCREENS. The first NAME UPDATE screen is an overlay to FAVERIF1:

What is the exact name of this facility?

_____
FACILITY NAME

**ADDR.ADDRNAME**
**REMAPS TO PLAC.PLACNAME**

Set a flag to indicate a change has been made. Use the updated FACILITY name for FACILITY. Fill in all questions that follow. The second UPDATE screen captures the reason for change:

If "2" or "3" entered, display message: "You have entered an Adult/Group Home response. Is that what you wanted? Re-enter accordingly."

If FAVERIF1=3, present NAME UPDATE SCREENS with the following overlay:

What is the name of the place where [SP NAME] is physically located?

_____
FACILITY NAME

REASON FOR NAME UPDATE:

CORRECTING A TYPOGRAPHICAL ERROR .....1
CORRECTING SOME OTHER KIND OF ERROR .....2
SPECIFYING MORE COMPLETE INFORMATION.....3
FACILITY CHANGED ITS NAME
WHEN BOUGHT BY ANOTHER COMPANY .....5
FACILITY CHANGED ITS NAME FOR SOME
OTHER REASON .....6
ADULT/GROUP HOME .....9
OTHER (SPECIFY:_____) .....91

**ADDR.ADDRREAS .ADDRREOS**
**ADDR.ADDRCHNG**

MANAGEMENT SYSTEM SPECS:
If baseline:
If DK or RF are entered in root question, flag FAVERIF1 root question for retrieval from another respondent in this facility.
Else, do not allow DK.

FAVERIF2 moved.

FAVERIF3
If FAVERIF1=2 or 3, display "Is the address of the place where [SP NAME] lives...";
else, display "Is {FACILITY}'s address..."

FAVERIF3

{Is the address of the place where [SP NAME} lives.../Is {FACILITY}'s address...}

{ADDRESS1}
{CITY, STATE ZIP}?

YES..... 1
NO..... 0
DK..... -8
RF ..... -7

**FACA.FADDROK**
**FARO.FRADDROK**

**ADDR.ADDRESS**
**.ADDRCITY**
**.ADDRSTAT**
**.ADDRZIP**

MANAGEMENT SYSTEM SPECS:
If baselines:
If DK or RF are entered in root question, flag FAVERIF3 root question for retrieval from another respondent in this facility.
Else, do not allow DK.

| | |
|---|---|
| BOX FA1A | If 0 is entered in FAVERIF3, review address fields. If interviewer pressed enter on each and all fields, go to FAVERIF4. Else, present ADDRESS UPDATE SCREEN. Set a flag to indicate a change has been made. The ADDRESS UPDATE screen collects the reason for change.<br>Else, continue. |

REASON FOR ADDRESS UPDATE: ( )

| | |
|---|---|
| CORRECTING A TYPOGRAPHICAL ERROR | 1 |
| CORRECTING SOME OTHER KIND OF ERROR | 2 |
| SPECIFYING MORE COMPLETE INFORMATION | 3 |
| FACILITY MOVED TO A DIFFERENT ADDRESS | 7 |
| FACILITY CHANGED ITS ADDRESS FOR SOME OTHER REASON | 8 |
| ADULT/GROUP HOME | 9 |
| OTHER (SPECIFY:_____) | 91 |

**ADDR.ADDRCHNG .ADDRREAS .ADDRREOS**

FAVERIF4
Display "Is ADMINISTRATOR'S NAME" if any name coded 22 on RESPONDENT ROSTER, other than current respondent.
Else, display "Are you/You are."
If Baseline FQ, display "Is ADMINISTRATOR'S NAME" or "Are you".
Else, display "Is ADMINISTRATOR'S NAME" or "You are" and "still".
If FAVERIF1=2 or 3, display interviewer instruction and response category "2"; else, do not display.

FAVERIF4

{CODE "2" WITHOUT ASKING.}

{{Is ADMINISTRATOR'S NAME} {Are you/You are}} {still} the current administrator of {FACILITY}?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| {RESPONDENT CONSIDERED ADMINISTRATOR | 2} |
| DK | -8 |
| RF | -7 |

**FACA.FADMNOK**
**FARO.FRADMNOK**

PROGRAMMER SPECS:
If 0 is entered in FAVERIF4, go to RR1 with this question text displayed:

What is the current administrator's name?

**FACR.FACRNAME** **ADDR.XFACRADM**
**.FACRTITL**
**.FACRTIOS**

If FAVERIF4=2 and the respondent's RR1 code is … 22, change code to "22", do not display UPDATE and code ADDREAS = 9 (Adult/Group Home).

After the NAME has been entered and the TITLE confirmed, return to FAVERIF4 at the ADMINISTRATOR UPDATE SCREEN. The UPDATE screen captures the reason for the change:

REASON FOR ADMINISTRATOR NAME UPDATE: ( )

CORRECTING A TYPOGRAPHICAL ERROR .....1
CORRECTING SOME OTHER KIND OF ERROR .....2
SPECIFYING MORE COMPLETE INFORMATION.....3
FACILITY CHANGED ADMINISTRATORS .....4
OTHER (SPECIFY:_____) .....91

Set a flag to indicate a change has been made. The UPDATE screen includes a prompt for reason for change.

**ADDR.ADDRCHNG .ADDRREAS .ADDRREOS**

MANAGEMENT SYSTEM SPECS:
If baseline:
If DK or RF are entered in root question, flag FAVERIF4 root question for retrieval from another respondent in this facility.
Else, do not allow DK.

FAVERIF5

If FAVERIF1=2 or 3, display interviewer instruction; else, do not display.

FAVERIF5

{VERIFY PHONE NUMBER IS FOR FQ RESPONDENT. DO NOT READ ALOUD.}

Is {FACILITY AREA CODE AND PHONE NUMBER} the correct phone number for {FACILITY}?

YES..... 1
NO..... 0
DK..... -8
RF ..... -7

**FACA.FPHONOK**
**FARO.FRPHONOK**

PROGRAMMER SPECS:
If FAVERIF5=0 (NO), present PHONE UPDATE SCREENS. The first PHONE UPDATE screen is an overlay to FAVERIF5. If the area code and state from FAVERIF3 (ADDR.ADDRSTAT) do not match, display the error message: "Area code and state...area code" at the bottom of the screen.

What is the phone number?

( ) ( ) - ( )

{Area code and state do not match. Verify and re-enter state and area code.}

**ADDR.ADDRAREA**
**.ADDREXCH**
**.ADDRLOCL**

The second UPDATE screen collects the reason for the change:

REASON FOR UPDATE: ( )

CORRECTING A TYPOGRAPHICAL ERROR .....1
CORRECTING SOME OTHER KIND OF ERROR .....2
SPECIFYING MORE COMPLETE INFORMATION.....3
FACILITY MOVED TO A DIFFERENT ADDRESS .....7
ADULT/GROUP HOME .....9
AREA CODE CHANGED .....10
OTHER (SPECIFY:_____) .....91

Set a flag to indicate a change has been made. (The UPDATE screen includes a prompt for reason for change.)

**ADDR.ADDRCHNG .ADDRREAS .ADDRREOS**

MANAGEMENT SYSTEM SPECS:
If baseline:
If DK or RF are entered in root question, flag FAVERIF5 root question for retrieval from another respondent in this facility.
Else, do not allow DK.

| BOX FA1B | If FAVERIF1=2 or 3, go to FAVERIF3A.<br>If baseline FQ, go to FAVERIF5A.<br>Else, go to BOX FA2. |
|---|---|

FAVERIF3A

If CRRD-1 FAVERIF3A address, display address; else, display CRRD-1 FAVERIF3 address.

FAVERIF3A

Is your office address...

{ADDRESS1}
{CITY, STATE ZIP}?

YES ..... 1
NO ..... 0
RF ..... -7

**FACA.MADDROK**
**FARO.MRADDROK**
**FARO.MAILADDR**
**.MAILCITY**
**.MAILSTAT**
**.MAILZIP**

MANAGEMENT SYSTEM SPECS:
Do not allow DK.

| | |
|---|---|
| BOX FA1C | If 0 is entered in FAVERIF3A, review address fields:<br>If interviewer pressed enter on each and all fields, go to BOX FA2.<br>Else, present ADDRESS UPDATE SCREEN.<br>Else, go to BOX FA2. |

FAVERIF5A

When was {FACILITY} founded?
ENTER A 4-DIGIT YEAR.

MONTH (  )  YEAR (  )

**FACL.FOUNDMM  .FOUNDYR**

PROGRAMMER SPECS:
Hard range: 1850-2010

FAVERIF5B

Did it previously have a different name or address?

YES..... 1
NO..... 0 (FAVERIF6)

**FACL.DIFFNAME**

FAVERIF5C
Display FAVERIF1 name and FAVERIF3 address.
Present UPDATE SCREEN.

FAVERIF5C

What was the previous name and address?

{FACILITY}
{ADDRESS)
(CITY, STATE, ZIP}

**ADDR.ADDRNAME  .ADDRESS  .ADDRCITY  .ADDRSTAT  .ADDRZIP**

| | |
|---|---|
| BOX FA1D | Post name and address to the indicated variable names. Review fields:<br>If interviewer pressed enter on each field, go to FAVERIF6.<br>Else, continue. |

FAVERIF5D

When did the name change occur?
ENTER A 4-DIGIT YEAR.

MONTH (  ) YEAR (  )

**FACL.CHANGEMM .CHANGEYY**

PROGRAMMER SPECS:
Hard range: 1900-2010

FAVERIF6

Is {FACILITY} part of a chain--that is, a group of long-term care facilities operating under common management?

YES..... 1
NO..... 0

PRESS F1 FOR EXPANDED DEFINITION.

**FACL.FACCHAIN**

| | |
|---|---|
| BOX FA2 | If Baseline FQ, go to FA1PRE.<br>If fall round, go to BOX FB1A.<br>If no FQ in or after most recent fall round, go to BOX FB1A.<br>Else, go to CLOSING 1. |

FA1PRE

FACILITY-LEVEL QUESTIONNAIRE

Now I have a few questions about the structure of {FACILITY} and its certification and licensing to confirm that it is eligible for this study.

PRESS ENTER TO CONTINUE.

| | |
|---|---|
| BOX FA1PRE | If FAVERIF6 = 1 (YES, FACILITY IS PART OF A CHAIN), go to FA1A.<br>Else, go to FA1. |

FA1A

I understand that {FACILITY} is part of a chain -- that is, a group of long-term care facilities operating under common management. Setting that aside, this next question is about the physical location of the home here.

PRESS ENTER TO CONTINUE.

FA1
The layout of this screen should be a 2 column format with places arranged in groups. No group should be split across columns. Group 1 is items 3, 4, and 5; group 2 is items 6 and 7; group 3 is items 8, 9, 10, 11, and 12; group 4 is items 15, 16, and 17; items 18, 91, -8 and -7 follow. This layout should also be used in FA5.

If FAVERIF1 = 2 or 3, display "ADULT/ ... FA5)".
Else, do not display.

FA1

Is {FACILITY} a free-standing nursing home?
PROBE: Free-standing nursing homes are not physically part of any other place or organization.

YES ..... 1 (FAVERIF2)
NO ..... 0 (FAVERIF2)

IF VOLUNTEERED: {FACILITY} IS ...

CONTINUING CARE RETIREMENT COMMUNITY (CCRC) ..... 3 (BOX FA5)
NURSING HOME/UNIT WITHIN A CCRC OR RETIREMENT CENTER ..... 4 (FA9)
RETIREMENT COMMUNITY ..... 5 (BOX FA5)

HOSPITAL ..... 6 (BOX FA5)
HOSPITAL-BASED SNF UNIT ..... 7 (FA9)

ASSISTED LIVING FACILITY ..... 8 (FAVERIF2)
BOARD AND CARE HOME ..... 9 (FAVERIF2)
DOMICILIARY CARE HOME ..... 10 (FAVERIF2)
PERSONAL CARE HOME ..... 11 (FAVERIF2)
REST HOME/ RETIREMENT HOME ..... 12 (FAVERIF2)
MENTAL HEALTH CENTER/ PSYCHIATRIC SETTING ..... 15 (FAVERIF2)
INSTITUTION FOR THE MENTALLY RETARDED/ DEVELOPMENTALLY DISABLED ..... 16 (FAVERIF2)
REHABILITATION FACILITY ..... 17 (FAVERIF2)
ADULT/GROUP HOME ..... 18 (BOX FA5)
HOME/MGMT. OFFICE FOR CHAIN/OFF-SITE NURSING FACILITIES. ..... 13 (FA5A)
OTHER (SPECIFY:_____) .... 91 (FAVERIF2)
DK ..... -8 (FAVERIF2)
RF ..... -7 (FAVERIF2)

PRESS F1 FOR DEFINITION OF FREE-STANDING AND HOSPITAL-BASED SNFS.

**FACA.FREESTND** **PLAC.PLACTYPE**
**.FREESTOS** **.PLACTPOS**
**FACA.CHPL91TY**

PROGRAMMER SPECS:
If FAVERIF1 does not = 2 or 3, do not allow "18".
Else, allow "18".

PROGRAMMER SPECS:
In all subsequent displays that call for a choice between the words "home" and "facility," display "facility" if FA1 = 3, 4, 5, 6, 7 or 13.

FAVERIF2

IF ALREADY KNOWN, CODE WITHOUT ASKING:
Do you prefer that I call {FACILITY} a home or a facility?

| | |
|---|---|
| PREFERS HOME ..... | 1 |
| PREFERS FACILITY ..... | 2 |
| NO PREFERENCE ..... | 3 |

**FACL.FACHOME**

PROGRAMMER SPECS:
In all subsequent displays that call for a choice between the words "home" and "facility," display "home" if FAVERIF2=1 (HOME); else, display "facility."

| | |
|---|---|
| BOX FA2A | If FA1 = 1, go to FA19.<br>Else, continue. |

FA2

Is {FACILITY} part of a larger {home/facility} or campus?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 0 |
| DK ..... | -8 |
| RF ..... | -7 |

PRESS F1 FOR DEFINITION, EXAMPLES OF "LARGER" PLACES.

**FACA.FACLPART**

| | |
|---|---|
| BOX FA3 | If FA1 = 8, 9, 10, 11, 12, 15, 16, 17, or 91 and FA2 = 0, -8 or -7 go to BOX FA5.<br>If FA2 = 1, go to FA3.<br>Others, go to FA5. |

FA3

IF ALREADY VOLUNTEERED, CODE WITHOUT ASKING:
What type of place is {FACILITY} part of?

SHOW CARD FA1

| | |
|---|---|
| CONTINUING CARE RETIREMENT COMMUNITY (CCRC) | 3 |
| RETIREMENT COMMUNITY | 5 |
| HOSPITAL | 6 |
| ASSISTED LIVING FACILITY | 8 |
| BOARD AND CARE HOME | 9 |
| DOMICILIARY CARE HOME | 10 |
| PERSONAL CARE HOME | 11 |
| REST HOME | 12 |
| OTHER (SPECIFY:_____) | 91 |

PRESS F1 FOR HOSPITAL DEFINITIONS.

**PLAC.PLACTYPE .PLACTPOS**
**FACA.CHPL91TY**

FA4
If FA3=91, display the specified text in FA4.
If FA3 = -7 or -8, display "place."

FA4

What is the name of the {CATEGORY SELECTED IN FA3/place}?

**PLAC.PLACNAME**

| | |
|---|---|
| BOX FA4 | Add to Place Roster, then<br>Go to BOX FA5. |

**PLAC.PLCREATE**
**FACL.COMPLEXF**
**.XPLACLF**

FA5
If FAVERIF1 = 2 or 3, display "ADULT/ ... FA5)".
Else, do not display.

FA5

What type of place is {FACILITY}?

SHOW CARD FA2

CONTINUING CARE RETIREMENT COMMUNITY (CCRC) ..... 3 (BOX FA5)
NURSING HOME/UNIT WITHIN A CCRC OR RETIREMENT CENTER..... 4 (FA9)
RETIREMENT COMMUNITY ..... 5 (BOX FA5)

HOSPITAL..... 6 (BOX FA5)
HOSPITAL-BASED SNF UNIT ..... 7 (FA9)

ASSISTED LIVING FACILITY ..... 8 (BOX FA5)
BOARD AND CARE HOME ..... 9 (BOX FA5)
DOMICILIARY CARE HOME ..... 10 (BOX FA5)
PERSONAL CARE HOME ..... 11 (BOX FA5)
REST HOME/RETIREMENT HOME ..... 12 (BOX FA5)
MENTAL HEALTH CENTER/ PSYCHIATRIC SETTING ..... 15 (BOX FA5)
INSTITUTION FOR THE MENTALLY RETARDED/ DEVELOPMENTALLY DISABLED ..... 16 (BOX FA5)
REHABILITATION FACILITY ..... 17 (BOX FA5)
ADULT/GROUP HOME..... 18 (BOX FA5)
HOME OFFICE OR MANAGEMENT OFFICE FOR A CHAIN OR GROUP OF OFF-SITE NURSING FACILITIES ..... 13 (FA 5A)
OTHER (SPECIFY:_____) ... 91 (BOX FA5)
RF ..... -7 (BOX FA5)

PRESS F1 FOR HOSPITAL DEFINITIONS.

**PLAC.PLACTYPE .PLACTPOS**

**FACA.CHPL91TY**

PROGRAMMER SPECS:
Do not allow DK.

If FAVERIF1 does not = 2 or 3, do not allow "18".
Else, allow "18".

BOX FA4A omitted.

FA5A

COLLECT FACILITY CONTACT INFORMATION FOR FACILITY WHERE SP IS LOCATED (TARGET FACILITY). THEN PRESS ENTER TO CONTINUE. (CLOSING 5)

BOX FA5

BOX FA5 may be approached from FA1, FA4 (via BOX FA4), or FA5. The context is critical; it determines whether the facility Locator Code is set to TARGET FACILITY AND LARGER FACILITY, or whether a LARGER FACILITY is added to the PLACE ROSTER.

| | |
|---|---|
| BOX FA5 | If FA1 or FA5 = 8-12, 15-17, 91, -8, or -7 and FA2 = 0, set LOCCODE = TARGET FACILITY and go to BOX FA11.<br>If FA1 or FA5 = 8-12, 15-17, 91 -8, or -7 and FA2 = 1, set target family LOCCODE = TARGET FACILITY, PART OF LARGER FACILITY, set added place LOCCODE = LARGER FACILITY and go to FA11.<br>If FA1 or FA5 = 18, set LOCCODE = TARGET FACILITY and go to BOX FA11.<br>If FA1 or FA5 = 3 or 5, set LOCCODE = TARGET FACILITY AND LARGER FACILITY and go to FA11.<br>If FA1 or FA5 = 6, go to FA8.<br>If FA3 = 6, set target facility LOCCODE = TARGET FACILITY, PART OF LARGER FACILITY, set added place LOCCODE = LARGER FACILITY, and go to FA11.<br>Else, set LOCCODE = LARGER FACILITY and go to FA11. |

**PLAC.LOCCODE** **FACL.XPLACLF**
**.RHPLACTY** **.COMPLEXF**

NOTE:
The LARGER FACILITY flag is set for a specific place on the Place Roster. It may be the target facility (e.g., FA1 = 5), or for a place the target facility is part of (e.g., FA3 = 6). No more than one place within a facility case can be classified a LARGER FACILITY.

FA7 omitted.

FA8
Display "{LARGER FACILITY name} or any of its parts" if any place coded LARGER FACILITY or TARGET FACILITY and LARGER FACILITY.
Else, display TARGET FACILITY name only.

FA8

Does {LARGER FACILITY or any of its parts/FACILITY} have any beds that are certified or licensed as a nursing {home/facility}?

Any beds certified or licensed as an ICF-MR (Intermediate Care Facility for the Mentally Retarded)?

| | |
|---|---|
| YES TO EITHER | 1 |
| NO TO BOTH | 0 |
| DK | -8 |
| RF | -7 |

PRESS F1 FOR SUGGESTED PROBES

**FACA.LCNDBEDS**

| | |
|---|---|
| BOX FA7 | If FA8 = 1 and no place has LOCCODE = LARGER FACILITY, set LOCCODE = TARGET FACILITY AND LARGER FACILITY.<br>If FA8 = 1, set RHPLACTY = HOSPITAL and go to FA11.<br>If FA8 = 0 or -8, set RHPLACTY = HOSPITAL, set LOCCODE = TARGET FACILITY, and go to FA16.<br>Else, go to BOX FA11. |

| | | |
|---|---|---|
| **PLAC.LOCCODE** | **.RHPLACTY** | **.NNHESTAT** |
| **FACL.XPLACLF** | **.ELIGSTAT** | **.COMPLEXF** |

FA9
Fill with entry in FA1 or FA5. If FA1 or FA5=4, fill with "CCRC or retirement center". If FA1 or FA5=7, fill with "hospital".

| |
|---|
| FA9<br><br>What is the name of the {CATEGORY SELECTED IN FA1 OR FA5}? |

**PLAC.PLACNAME**

| | |
|---|---|
| BOX FA8 | Add to Place Roster.<br>IF FA1 or FA5=7, add HOSPITAL NAME to database.<br>Set the locator code for the place added to Place Roster =LARGER FACILITY, and set the locator code for the target facility = TARGET FACILITY, PART OF LARGER FACILITY.<br>Then, if FA1 or FA5=7 (HOSPITAL-BASED SNF UNIT), go to FA16.<br>Others, go to FA11. |

**PLAC.PLCREATE**
**PLAC.LOCCODE**
**FACL.XPLACLF**
**FACL.COMPLEXF**

FA10 omitted.

FA11-15
Display FA11-15 as a matrix.
If the target facility's MCBS locator code = MCBS FACILITY, PART OF A LARGER FACILITY, initialize matrix with the target facility name on the first line in the name column. If facility is a SNF unit in a hospital or a nursing unit in a CCRC or retirement center, display "NURS HOME/UN" in PLACE TYPE. For others, display type. Don't allow changes to target facility.
If the new facility's locator code = TARGET FACILITY AND LARGER FACILITY leave matrix blank.
If LARGER FACILITY is a hospital (FA1, 3, or 5 equals 6 (HOSPITAL) or 7 (HOSPITAL-BASED SNF UNIT)), display "Please do not include..."
FA11-12 must be answered for a given unit before an entry can be allowed in FA13-15.
Display "PROBE...?" if cursor at FA11, FA14, and FA15.
Else, do not display.

SAMPLE LAYOUT

FA11-15

FA11

Please tell me about all the parts or units of {LARGER FACILITY} where residents stay overnight. {Please do not include acute care departments or units in this list.}
{PROBE: Any others?}

| FA11 NAME | FA12 PLACE TYPE | FA13 NUMBER OF BEDS/ UNITS | FA14 ANOTHER NAME? (YES = 1, NO = 0) | FA15 ALSO KNOWN AS... |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PROBE: Any others?

| **PLAC.PLACNAME** | **.PLACTYPE** **.PLACTPOS** | **.BEDSNUM** | **.OTHRNAME** | **.PLACNAM2** |
|---|---|---|---|---|

FA12
When the cursor is in the PLACE TYPE column, in the question area above the matrix, replace question text for FA11, "Please tell me about..." with FA12.
Display the following categories and codes across the bottom of the screen whenever the cursor is in the PLACE TYPE column:

4 = NURSING HOME/UNIT
6 = HOSPITAL
8 = ASSISTED LIVING FACILITY
9 = BOARD AND CARE HOME
10 = DOMICILIARY CARE HOME
11 = PERSONAL CARE HOME
12 = REST HOME/RETIREMENT HOME
14 = INDEPENDENT LIVING UNITS
15 = MENTAL HEALTH CENTER/PSYCHIATRIC SETTING
16 = INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED
17 = REHABILITATION FACILITY
91 = OTHER (SPECIFY:_____)

[NOTE:
These categories can be mapped to the categories and subcategories in RH22. Absolute consistency with the presentation in the residence history section is not desirable, however, because here we are asking specifically about a place that we already know is part of a larger facility; in residence history, the questions are designed to categorize the place where the SP resided, regardless of whether it was part of a larger place or not.]

FA12

SHOW CARD RH2

What type of (place/unit) is that?

PROBE WITH CATEGORIES BELOW MATRIX.

PRESS F1 FOR DEFINITION OF ASSISTED LIVING FACILITY, BOARD AND CARE HOME, DOMICILIARY CARE HOME, PERSONAL CARE HOME, AND REST HOME.

**PLAC.PLACTYPE .PLACTPOS**

PROGRAMMER SPECS:
When a code is entered for PLACE TYPE, display the category text, or (if 91 is entered) the specified text in the PLACE TYPE cell. Truncate names as follows:

4 = NURS HOME/UN
6 = HOSPITAL
8 = ASSISTED LIV
9 = BOARD & CARE
10 = DOMICIL CARE
11 = PERSNAL CARE
12 = REST HOME
14 = INDEP LIVING
15 = MENTAL/PSYCH
16 = MR/DD
17 = REHAB
91 = FIRST 12 CHARACTERS OF SPECIFIED TEXT

NOTE: Codes 8, 9, 10, 11, 12, 15, 16, 17 and 91 = Other eligible long-term care (LTC place).

FA13
When the cursor is in the NUMBER OF BEDS column, display FA13 in the question area above the matrix.
For PLACE/UNIT, fill with entry in FA11.
Display "or individual units" if FA12 = 8, 9, or 14.

FA13

How many beds {or individual units} are in {PLACE/UNIT}?

**PLAC.BEDSNUM**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 1-1,600.

FA14
For PLACE/UNIT, fill with entry in FA11.

FA14

Is {PLACE/UNIT} also known by some other name?

YES..... 1
NO ..... 0 (BOX FA10)

**PLAC.OTHRNAME**

FA15
Allow 20 characters for name.

FA15

What name is that?

_____

ALSO KNOWN AS . . .

**PLAC.PLACNAM2**

BOX FA9 omitted.

| | |
|---|---|
| BOX FA10 | 1. Post each Part/Unit to Place Roster.<br>2. If target facility's locator code = TARGET FACILITY, PART OF LARGER FACILITY, code all other parts/units listed in FA11-15 as PART OF LARGER FACILITY. Else, code all parts/units as PART OF TARGET FACILITY.<br>3. For each Place: If FA3, FA5, or FA12 = DK or RF, set a flag for data retrieval of PLACTYPE. Else, continue.<br>4. If HOSPITAL selected as place type in FA12, go to FA16 Else, go to BOX FA11. |

**PLAC.PLCREATE**
**PLAC.LOCODE**

FA16

You mentioned that {NAME IN FA11} is a hospital. Please look at this card and tell me what kind of hospital it is.

SHOW CARD FA3

| | | |
|---|---|---|
| A. | ACUTE CARE HOSPITAL | 1 |
| B. | PRIVATE PSYCHIATRIC HOSPITAL | 2 |
| C. | STATE OR COUNTY HOSPITAL FOR THE MENTALLY ILL | 3 |
| D. | VA HOSPITAL, VA MEDICAL CENTER | 4 |
| E. | STATE HOSPITAL FOR THE MENTALLY RETARDED | 5 |
| F. | CHRONIC DISEASE, REHABILITATION, GERIATRIC, OR OTHER LONG-TERM CARE HOSPITAL | 6 |
| | OTHER (SPECIFY:_____) | 91 |

**PLAC.HOSPKIND .HOSPKIOS**

| | | | |
|---|---|---|---|
| BOX FA11 | Review Status Code and Place Type for each Place. If missing for a Place, assign a value to the missing item(s) based on the following table: | | |
| | IF | THEN ASSIGN: MCBS STATUS CODE FOR TARGET FACILITIES | MCBS PLACE TYPE |
| | FA1, FA3 or FA5 = | | |
| | 3 (CCRC) | ELIGIBLE | ELIGIBLE LTC |
| | 5 (RETIREMENT COMMUNITY) | ELIGIBLE | ELIGIBLE LTC |
| | FA1 or FA5 = | | |
| | 18 ADULT/GROUP HOME | ELIGIBLE | ELIGIBLE LTC |
| | 13 (HOME OFFICE) | INELIGIBLE | COMMUNITY |
| | FA1, FA5, or FA12 = | | |
| | 8 (ASSISTED LIVING FACILITY) | ELIGIBLE | ELIGIBLE LTC |
| | 9 (BOARD AND CARE HOME) | ELIGIBLE | ELIGIBLE LTC |
| | 10 (DOMICILIARY CARE HOME) | ELIGIBLE | ELIGIBLE LTC |
| | 14 (INDEPENDENT LIVING UNITS) | INELIGIBLE | COMMUNITY |
| | 15 (MENTAL HEALTH/PSYCHIATRIC | ELIGIBLE | ELIGIBLE LTC |
| | 4 (NURSING HOME/ UNIT) | ELIGIBLE | ELIGIBLE LTC |
| | 11 PERSONAL CARE HOME) | ELIGIBLE | ELIGIBLE LTC |
| | 12 (REST HOME) | ELIGIBLE | ELIGIBLE LTC |
| | 16 (MR/DD) | ELIGIBLE | ELIGIBLE LTC |
| | 17 (REHABILITATION FACILITY) | ELIGIBLE | ELIGIBLE LTC |
| | 91 (OTHER) | ELIGIBLE | ELIGIBLE LTC |
| | FA1, FA3, FA5, or FA12 = DK or RF | ELIGIBLE | ELIGIBLE LTC |
| | IF FA1, FA5, or FA12=6 AND FA16 not=1 or -1 (ANY OTHER KIND OF HOSPITAL) | ELIGIBLE | ELIGIBLE LTC |
| | Leave blank all others with missing MCBS Status or Place Type. No further action is required in the Facility-level Questionnaire for all Places with MCBS Status=INELIGIBLE. | | |
| | Then go to FA16a (PLACROST). | | |

**PLAC.NNHESTAT**
**.RHPLACTY**

FA16a
Display the Place Roster in a "view only" matrix.

The Place Roster should reflect the hierarchical relationship for added facility places. Added places are assigned a locator code. If the locator code is "PART OF TARGET FACILITY" or "PART OF LARGER FACILITY," followup questions will determine date started, date ended and possibly more (if this place looks like a place that should have been enumerated in FA). So if the locator code is "PART OF TARGET FACILITY," show it indented under the target facility; if it's "PART OF A LARGER FACILITY," show it indented under larger facility.

FA16a (PLACROST)

HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

BOX FA12
The basic rule which determines which places are eligible for inclusion for this questionnaire is:

- All parts of a facility with a MCBS code NOT equal to community or hospital are eligible.

If the TARGET FACILITY is a larger facility (LF) or a nursing home (NH) or other LTC place, or the Place is flagged as LARGER FACILITY, or the Place is coded 4 in FA12, apply the BOX FA12 items. Order Places in Place Roster Order (Larger Facility -- if other than Target Facility, Parts of Larger Facility, Target Facility, Parts of Target Facility). For each Place, apply statements in order until directed to next Place, to Closing, or to Item 5 (the last item in BOX FA12).

| | |
|---|---|
| BOX FA12 | 1. If the Target Facility's locator code = TARGET FACILITY AND LARGER FACILITY, set MCBS status=ELIGIBLE. (Eligibility will be determined for its parts in the steps below.) Go to next place. If no remaining places, go to Item 5 below.<br>2. If Place has locator code=PART OF TARGET FACILITY, set TENTATIVE ADDITION flag = YES for this Place and go to the next Place or Item 5 below.<br>3. If Place has locator code=PART OF LARGER FACILITY, set TENTATIVE ADDITION flag = YES for this Place and go to the next Place or Item 5 below.<br>4. Unless the Place is the Target Facility, set MCBS status=INELIGIBLE for this Place and go to next Place or Item 5.<br>5. If the target facility's MCBS status=INELIGIBLE, and no Place is flagged TENTATIVE ADDITION, go to CLOSING 2.<br>Else, loop through FA17 and FA18 for each TENTATIVE ADDITION.<br>Else, if no TENTATIVE ADDITIONs, go to FA19 for MCBS FACILITY. |

**PLAC.TASTATUS**
**FACA.XFACRFST**
**FACL.ELIGSTAT**
**PLAC.NNHESTAT**

FA17
Ask FA17 and FA18 for each pending Place flagged as TENTATIVE ADDITION. (All TENTATIVE ADDITIONS are pending until they are subjected to the ELIGIBILITY BLOCK; a Place is no longer pending after the ELIGIBILITY BLOCK -- FA19-23 -- has been completed for it.)
If a new respondent (entered earlier in another pass through FA18) has been selected, present only those TENTATIVE ADDITIONS for which they have been nominated as a knowledgeable respondent.

FA17

Would you be able to answer some questions about the certification status and bed size for {TENTATIVE ADDITION}?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**PLAC.ANSRELIG**
**.XFACRFEL**

| | |
|---|---|
| BOX FA13 | If 1 is entered in FA17: Repeat FA17 for all TENTATIVE ADDITIONS identified; if no remaining TENTATIVE ADDITIONS, go to BOX FA14.<br>If 0, -7, or -8 is entered in FA17, go to RR1, using question text from FA18 for the NAME CELL. |

FA18

Who would be the most knowledgeable person to answer questions about {TENTATIVE ADDITION}?

NAME _____ TITLE _____

**PLAC.XFACRFEL** **FACR.FACRNAME**
**.FACRTITL**
**.FACRTIOS**

PROGRAMMER SPECS: After the name and title have been posted to the Respondent Roster, return to the Facility Questionnaire at BOX FA14.

| | |
|---|---|
| BOX FA14 | Repeat FA17 and FA18 for each TENTATIVE ADDITION identified for this respondent.<br>When FA17 and FA18 have been asked for all TENTATIVE ADDITIONS for this respondent, set a counter for each TENTATIVE ADDITION FOR WHICH FA17=1 (YES).<br>If TARGET FACILITY is eligible, go to FA19 for target facility.<br>If target facility is ineligible, and FA17=1 (YES) for Tentative Additions for this respondent, go to FA19 for first such tentative addition.<br>Else, go to CLOSING 6. |

FA19
START OF ELIGIBILITY BLOCK (CERTIFICATION AND LICENSING QUESTIONS)
If target facility is part of larger facility and larger facility has more than one long-term care facility or if target facility is a larger facility with more than one long-term care facility,
If FACILITY = target facility, display "Let's turn first to {FACILITY};
If FACILITY = Tentative addition, display "Now let's turn to {FACILITY}.
Else, do not display.
If cycling through ELIGIBILITY BLOCK for a TENTATIVE ADDITION and this respondent has already been through ELIGIBILITY BLOCK for another part of the facility, display "Now let's turn to {FACILITY}".
For {FACILITY}, if cycling through FA19-23 for a Tentative Addition, display Place Name from FA11. Otherwise, display target facility name. (This display instruction applies to Q's 19-23.)
If this FACILITY/TENTATIVE ADDITION was entered in FA11-15, pre-fill with number of beds from FA13, display "According to the information I obtained earlier, ..." and "PRESS ENTER..."
If no entries in FA13 (NUMBER OF BEDS/INDIVIDUAL LIVING UNITS) for this FACILITY/TENTATIVE ADDITION, display "How many beds..."

***CTRL/E OK***

FA19

{{Let's turn first to {FACILITY}/{Now let's turn to {FACILITY}.}}

{How many beds does {FACILITY} have?/According to the information I obtained earlier, {FACILITY} has [READ NUMBER BELOW] beds.}

___{_____}
NO. OF BEDS

{PRESS ENTER TO CONTINUE.}
PRESS F1 FOR EXPANDED DEFINITION OF "BEDS".

| | |
|---|---|
| **PLAC.BEDSNUM** | **SUM OF BEDS STORED IN FACA.TNHBEDS** |

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 1-1,600.

MANAGEMENT SYSTEM SPECS:
If DK or RF are entered, flag FA19 for retrieval from another respondent in this facility.

| | |
|---|---|
| BOX FA14A | If PLACTYPE=4, 7, or 17, go to FA20.<br>If FA1, FA5, or FA12=16 (MR/DD), go to FA21B.<br>If FA16=3, 5, or 6, go to FA21B.<br>Else, go to FA22B. |

FA20
Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} if the state in the facility's address is a state that uses a name other than Medicaid. Use table of State Medicaid Names (attached).

FA20

Does {FACILITY} have any beds certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a Nursing Facility (NF) beds?

IF R MENTIONS:
ICF-MR (INTERMEDIATE CARE FACILITY--MENTAL RETARDATION), SAY THAT YOU WILL ASK ABOUT THOSE IN A MOMENT.

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**PLAC.CAIDCRT1 FACL.MCAIDCRT .MCAIDSAQ**
**FARO.CAIDCERT**

MANAGEMENT SYSTEM SPECS:
If DK or RF are entered, flag FA20 for retrieval from another respondent in this facility.

**STATE MEDICAID NAMES**

| | Program Name(s) | |
|---|---|---|
| State | Preferred | Allow For |
| Alaska | Medicaid | Medical Assistance |
| Alabama | Medicaid | |
| Arkansas | Medicaid | |
| Arizona | Medicaid | Medical Services |
| California | Medi-Cal | |
| Colorado | Medicaid | Medical Assistance |
| Connecticut | Medicaid | Medical Assistance, Title 19 Medical Srvcr |
| District of Columbia | Medicaid | Medical Assistance |
| Delaware | Medicaid | Medical Assistance |
| Florida | Medicaid | |
| Georgia | Medicaid | Medical Assistance |
| Hawaii | Medicaid | Medical Assistance, HMSA, Hawaii Health Quest |
| Iowa | Medicaid | Medical Assistance, Title 19 |
| Idaho | Medicaid | Medical Assistance |
| Illinois | Medicaid | Mediplan, Public Aid |
| Indiana | Medicaid | |
| Kansas | Medicaid | Medical Assistance, Medical Care, Medikan |
| Kentucky | Medicaid | Medical Assistance |
| Louisiana | Medicaid | Medical Assistance |
| Massachusetts | Medicaid | Masshealth, Medical Assistance |
| Maryland | Medicaid | Medical Assistance |
| Maine | Medicaid | Medical Assistance, Medical Srvcs, ME Health |
| Michigan | Medicaid | Medical Assistance, Authorization MSA |
| Minnesota | Medicaid | Medical Assistance, Minn Health Care Programs |
| Missouri | Medicaid | |
| Mississippi | Medicaid | |
| Montana | Medical Assistance | Medicaid |
| North Carolina | Medicaid | Medical Assistance |

**STATE MEDICAID NAMES (Continued)**

| | Program Name(s) | |
|---|---|---|
| State | Preferred | Allow For |
| North Dakota | Medicaid | Medical Services |
| Nebraska | Medicaid | Medical Assistance, Welfre for Medical Care |
| New Hampshire | Medicaid | Medical Assistance, Welfre for Medical Care |
| New Jersey | Medicaid | Medical Assistance |
| New Mexico | Medicaid | Medical Assistance |
| Nevada | Medicaid | |
| New York | Medicaid | Medical Assistance |
| Ohio | Medicaid | Medical General Assistance |
| Oklahoma | Medicaid | Medical Services |
| Oregon | Medicaid | Medical Assistance, Oregon Health Plan |
| Pennsylvania | Medicaid | Medical Assistance |
| Puerto Rico | Medicaid | Medical Assistance |
| Rhode Island | Medicaid | Medical Assistance, Welfre for Medical Care |
| South Carolina | Medicaid | |
| South Dakota | Medicaid | |
| Tennessee | Medicaid | Tenncare |
| Texas | Medicaid | |
| Utah | Medicaid | |
| Virginia | Medicaid | Medical Assistance |
| Vermont | Medicaid | AIM Welfare for Medical Care |
| Washington | Medicaid | Medical Assistance, Welfre for Medical Care |
| Wisconsin | Medicaid | Medical Assistance |
| West Virginia | Medicaid | Medical Assistance |
| Wyoming | Medicaid | Medical Assistance, Title 19 |

FA21

Does {FACILITY} have any beds certified by Medicare as SNF beds?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**PLAC.CARECRT1 FACL.MCARECRT .MCARESAQ**
**FARO.CARECERT**

MANAGEMENT SYSTEM SPECS:
If DK or RF are entered, flag FA21 for retrieval from another respondent in this facility.

FA21A moved to FA85.

FA21B
Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} if the state in the facility's address is a state that uses a name other than Medicaid. Use table of state Medicaid Names (attached).

FA21B

Does {FACILITY} have any beds certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds?

| | |
|---|---|
| YES | 1 |
| NO | 0 |

**PLAC.CAIDICF FACL.ICFMRCRT FARO.FMRCERT**

MANAGEMENT SYSTEM SPECS:
If DK or RF are entered, flag FA21B for retrieval from another respondent in this facility.

FA22
Fill {STATE} with state field from FAVERIF3 (ADDR.ADDRSTAT). Spell out state name. Always use target facility state name.
If FA20 or FA21B = 1 and FA21 = 1, display "Medicaid and Medicare."
If FA20 = 0, -8, or -7, and FA21B = 0, -8, or -7, and FA21 = 1, display "Medicare."
If FA20 or FA21B = 1 and FA21 = 0, -8, or -7; display "Medicaid."
If FA20, FA21, and FA21B = 0; do not display fill.

FA22

Does {FACILITY} have any beds that are {not certified by {Medicaid or Medicare} but are} licensed as nursing {home/facility} beds by the {STATE} State Health Department or by some other State or Federal agency?

| | |
|---|---|
| YES, LICENSED BY STATE HEALTH DEPARTMENT | 1 |
| YES, LICENSED BY SOME OTHER AGENCY (SPECIFY:_____) | 2 |
| NO, NOT LICENSED | 0 |

**PLAC.HDEPTLIC .HDEPTLOS FACL.HDLICCRT FARO.HDLICEN**

PROGRAMMER SPECS:
If 2 entered, present a soft range check: UNLIKELY RESPONSE. PLEASE VERIFY AND REENTER.

MANAGEMENT SYSTEM SPECS:
If DK or RF are entered and FA20 and FA21 and FA21B … 1, flag FA22 for retrieval from another respondent in this facility.

| BOX FA15_1 | If FA20, FA21, or FA21B = 1, go to FA22B.<br>Else, continue. |
|---|---|

FA22A

Does {FACILITY} provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?

YES ..... 1
NO ..... 0
DK ..... -8
RF ..... -7

**PLAC.RNLPNSUP FACL.SUPRVISN FARO.NURSSUP**

FA22B

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 agency?

YES, LICENSED BY STATE HEALTH DEPARTMENT ..... 1
YES, LICENSED BY SOME OTHER AGENCY
(SPECIFY:_____) ..... 2
NO, NOT LICENSED ..... 0
DK ..... -8
RF ..... -7

**PLAC.HDEPTPCH .HDEPTPOS FACL.PCHLIC FARO.PCHLICEN**

PROGRAMMER SPECS:
If 2 entered, present a soft range check. UNLIKELY RESPONSE. PLEASE VERIFY AND REENTER.

MANAGEMENT SYSTEM SPECS:
If DK entered, flag FA22B for retrieval from another respondent in this facility.

FA22C

In addition to room and board, does {FACILITY/ELIGIBLE UNIT} routinely provide...

| | YES=1, NO=0 |
|---|---|
| Nursing or medical care? | ( ) |
| Supervision over medications? | ( ) |
| Help with bathing? | ( ) |
| Help with dressing? | ( ) |
| Help with correspondence/shopping? | ( ) |
| Help with walking? | ( ) |
| Help with eating? | ( ) |
| Help with communications? | ( ) |

**PLAC.NORMCARE .SUPRMEDI .HELPBATH .HELPDRES .HELPWALK .HELPSHOP .HELPEAT .HELPCOMM FACL.PROVHELP**

**FARO.NURSCARE .MEDISUPR .BATHHELP .DRESHELP .WALKHELP .SHOPHELP .EATHELP .COMMHELP**

| BOX FA15A1 | If any item in FA22C = YES (1), go to BOX FA15A after all items asked. Else, go to FA23. |
|---|---|

FA23

Does {FACILITY} provide 24-hour a day, on-site supervision by a caregiver 7 days a week?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**PLAC.CARESUP FACL.PROVSUPR FARO.CGIVSUP**

| BOX FA15A | Return to FA19 for next PLACE that has FA17 = 1 (YES) for this respondent. If no remaining place, go to BOX FA16. |
|---|---|

BOX FA16
To be deemed eligible, a place must (1) have three or more beds, and (2) be certified by Medicaid or Medicare or be licensed as a nursing home or other long-term care facility, or provide at least one personal care service, or provide 24 hour, 7 day a week supervision by a caretaker.
Subject each place looped through FA19-23 with this respondent to the steps in BOX FA16, one place at a time.

| | |
|---|---|
| BOX FA16 | 1. If FA19 is less than 3, flag FACILITY/TENTATIVE ADDITION as INELIGIBLE, set Place Type = INELIGIBLE LTC, decrement counter, and go to next Place or Item 6 below.<br>Others, go to Item 2 below. [NOTE: This means DK and REF are assumed equal to 3 or more.]<br><br>2. If FA20 or FA21 = 1 (YES, CERTIFIED BY MEDICAID OR MEDICARE) or if FA22 = 1 or 2 (LICENSED BY STATE HEALTH DEPT. OR SOME OTHER AGENCY), or FA22A=1 (PROVIDES AROUND THE CLOCK NURSING SUPERVISION AS NH) or FA22B = 1 or 2 (LICENSED BY STATE HEALTH DEPARTMENT OR OTHER AGENCY AS OTHER LONG-TERM CARE FACILITY) or FA22C = at least one "YES" response or FA23 = 1 (PROVIDES AROUND-THE-CLOCK SUPERVISION), set MCBS STATUS = ELIGIBLE and go to next Place or Item 6 below.<br>3. If eligibility block (FA20-23) is indeterminate, decrement counter, set a flag for retrieval, ask FA18 and go to next Place or Item 5.<br>Others go to Item 4.<br>4. Set MCBS STATUS = INELIGIBLE, set Place Type = COMMUNITY, decrement counter, and go to next Place or Item 6.<br>5. If no remaining places for this respondent, but there are other pending tentative additions, go to CLOSING 6.<br>Else,<br>6. If Group Home (FA1 or FA5=18) go to FA31.<br>If counter > 1, go to FA24PRE.<br>If counter = 1, go to BOX FA16A.<br>If counter = 0, go to CLOSING 2.<br>Else, go to FA31PRE. |

**FACL.ELIGSTAT**
**PLAC.NNHESTAT .TASTATUS .RHPLACTY**

FA24PRE
Display Version 5 of Place Roster.
If TARGET FACILITY is eligible, display {FACILITY and}.

Throughout remainder of FA, FR, and FG, display names of all Places displayed in FA24PRE (including TARGET FACILITY, if filled in FA24PRE) as a special header right justified beginning on line 2 in the upper right corner of the screen. Also, throughout remainder of FA, FR, and FG, for {FACILITY} fill, if only one eligible place, fill with PLACE NAME from Place Roster. If more than one eligible place, fill with [READ FAC/UNITS LISTED BELOW]. If more than 6 places, display "MORE UNITS -- USE F2" on line 5.

FA24PRE

All of the remaining questions will refer to {FACILITY and} {[READ FAC/UNITS LISTED BELOW]} combined.

{PLACE ROSTER VERSION 5}
PRESS ENTER TO CONTINUE.

BOX FA17 omitted.

FA24a
Fill with "all" if more than 2 places with MCBS STATUS=ELIGIBLE. If only two, fill with "both".

FA24a

The questions are about the number of nursing beds and residents by payor type, special care units, and staffing. Can you answer these questions about {all/both} of these places?

| | | |
|---|---|---|
| YES | 1 | (FA25) |
| NO | 0 | (RR1) |
| DK | -8 | (FA25) |
| RF | -7 | (RR1) |

**FACR.ANSRFACQ**
**FACA.XFACRFAQ**

FA24b
Present as question text for the NAME CELL at RR1.

FA24b

Who would be the best person to answer questions about [READ FACILITIES/UNITS LISTED ABOVE]?

NAME _____ TITLE

**FACR.FACRNAME**
**.FACRTITL**
**.FACRTIOS**

PROGRAMMER SPECS:
After the name and title have been posted to the Respondent Roster, go to CLOSING 6.

| BOX FA16A | If FA19 (NUMBER OF BEDS) never equals DK or RF and the SUM OF FA19 can be calculated, go to FA25PRE.<br>Else, go to FA25. |
|---|---|

FA25PRE

{From information I collected earlier, I understand that {FACILITY/[READ FAC/UNITS LISTED ABOVE]} has {SUM OF FA19, NUMBER OF BEDS IN FACILITY} nursing or long-term care beds.}

FA25

Does {FACILITY/[READ FAC/UNITS LISTED ABOVE]} have any beds that are not licensed or certified or otherwise identified as nursing or other long-term care beds?

| | | |
|---|---|---|
| YES | 1 | (FA26) |
| NO | 0 | (BOX FA18) |
| DK | -8 | (BOX FA18) |
| RF | -7 | (BOX FA18) |

PRESS F1 FOR DEFINITION OF "OTHERWISE IDENTIFIED".

**FACA.ANYBEDUL**
**FACL.COMPLEXF**

FA26-FA29
These questions are a subset of the questions in FA55-65, with a couple of variations on the question text.
Only places that have non-nursing and non-long-term care beds (FA25 = 1) are displayed on this matrix. Display as a matrix.

SAMPLE LAYOUT

FA26-29
{QUESTION DISPLAY AREA}

| FA26 TYPE | FA27 NAME | FA28 BEDS/ UNITS | FA29 START DATE (YY) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

{DISPLAY TYPE CATEGORIES ACROSS THE SCREEN HERE.}

**PLAC.PLACTYPE** **.PLACNAME** **.ULBEDS** **SUM OF UNLICENSED** **.STARTYR**
**.PLACTPOS** **.BEDSUNIT** **BEDS IS STORED IN:**
**.BEDSUNOS** **FACA.TULBEDS**
**.BEDSNUM** **FACA.TELBEDS** CALCULATED AS TNHBEDS-TULBEDS
**FACL.TELIGBED**

FA26
Display the following codes for TYPE across bottom of screen:

6 = HOSPITAL
14 = INDEPENDENT LIVING
91 = OTHER (SPECIFY:_____)

FA26

Please look at this card and tell me how you would describe the beds or units that are not certified or licensed or otherwise identified as nursing or other long-term care beds.

PROBE: What kind of place is it?

SHOW CARD FA5

PRESS F1 FOR MORE ON NON-LTC BEDS.

**PLAC.PLACTYPE**
**.PLACTPOS**

PROGRAMMER SPECS:
When a number is entered for type, display the text for the category in the TYPE column. For code 91, display only the specified text.

FA27
Display "IF SAME AS TYPE, ENTER SHIFT/5" if only one eligible unit (as defined by display instructions above FA24).

FA27

What is the name of the place or unit?
IF SAME AS TYPE, ENTER SHIFT/5. FOR ANY OTHER NAME, ENTER TEXT.

PROGRAMMER SPECS:
If FA27=SHIFT/5 (SAME AS TYPE), display "The {TYPE CATEGORY} unit" in NAME field. Truncate names as follows:

6 = HOSPITAL
14 = INDEP LIVING
91 = FIRST 12 CHARACTERS OF SPECIFIED TEXT

**PLAC.PLACNAME .PLSHIFT5**

FA28

How many beds or individual units are dedicated to {UNIT NAME}?

_____ ( )
NUMBER

BEDS = 1
INDIVIDUAL UNITS = 2
OTHER (SPECIFY:_____) = 91

**PLAC.ULBEDS** **remaps to .BEDSNUM**
**.BEDSUNIT**
**.BEDSUNOS**

PROGRAMMER SPECS:
When a code is selected for units (BEDS, INDIVIDUAL UNITS, OTHER SPECIFY), display the category or other specify text instead of the code. For example, "243 BEDS" where 243 was entered for number, and 1 was entered for unit.
Soft range: 3-100; hard range: 1-1,600.

Consistency check: If number is greater than sum of FA19 minus 3, display the following message:

The number of {UNIT NAME}'s beds in FA28 ({FA28}) cannot be greater than the sum of beds in the facility ({FA19}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA29

When did the (place/unit) begin operation?

YEAR ( )

PROBE: Any other non-long-term care beds or units?

**PLAC.STARTYR**

PROGRAMMER SPECS:
Hard range: 1900-2010.
After all entries have been made, post all Places added in FA26 to the Place Roster; assign MCBS status = INELIGIBLE;
If {FACILITY} fill in FA25 is filled with PLACENAME from Place Roster (this means there is only <u>one</u> eligible place), set locator code = PART OF TARGET FACILITY; else if {FACILITY} fill in FA25 is filled with "[READ FACILITIES/UNITS IN HEADER ABOVE.]", set locator code = PART OF LARGER FACILITY;
set Place Type according to table in BOX FA11 (substituting FA26 for FA12 in the column heading).

For sum of beds in FA28:
Soft range: 3-100; hard range: 1-1,600.
Before escaping the matrix, perform this consistency check: If sum of beds and units in FA28 is greater than entry (or sum of entries) in FA19 - 3, display the following message:

The sum of non-nursing and non-long-term care beds in FA28 ({sum of FA28}) cannot be greater than the sum of beds in the facility ({FA19}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

**PLAC.NNHESTAT** **.RHPLACTY**
**.LOCCODE**
**.PLCREATE**

**FACA.TULBEDS = SUM OF PLAC.ULBEDS**
**FACA.TELBEDS = FACA.TNHBEDS - FACA.TULBEDS**

FA30
Display sum of beds and units in FA28. If sum of beds and units cannot be calculated, display "an unknown total of".

FA30

So, that is a total of {NUMBER OF BEDS AND UNITS/AN UNKNOWN TOTAL OF} beds (or units) that are not licensed or certified or otherwise identified as nursing or other long-term care beds (or units). Is that correct?

YES..... 1
NO..... 0

PROGRAMMER SPECS:
If FA30=1, display in subsequent headers and fills that include {FACILITY}: "(excluding the {SUM OF BEDS AND UNITS IN FA28} "non-long-term care beds/units". That is, if FA24=1 (a complex facility with a special header already specified in the first statement for BOX FA17), add that statement to the header (on the next available line in the upper right corner of the screen).

BOX17B omitted.

FA30a
Display the Place Roster in a "view only" matrix.

FA30a (PLACROST)

HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

*CTRL/E OK*

FA31PRE

Now we are going to ask only about the parts of {FACILITY} that have beds designated as nursing or other long-term care beds.

PRESS ENTER TO CONTINUE.

| | |
|---|---|
| BOX FA18 | If FACILITY is a LARGER FACILITY or is part of a LARGER FACILITY go to BOX FA19.<br>Others, go to FA31. |

FA31

Which one of the categories on this card best describes the ownership of {FACILITY}?

SHOW CARD FA6

| | |
|---|---|
| FOR PROFIT (INDIVIDUAL, PARTNERSHIP, OR CORPORATION) | 1 |
| PRIVATE NONPROFIT (RELIGIOUS GROUP, NONPROFIT CORP., ETC.) | 2 |
| CITY/COUNTY GOVERNMENT | 3 |
| STATE GOVERNMENT | 4 |
| VETERAN'S ADMINISTRATION | 5 |
| OTHER FEDERAL AGENCY | 6 |
| OTHER (SPECIFY:_____) | 91 |

**FACA.EFOWNDES**
**.EFOWNDOS**

FA32 - FA42 omitted.

FA43-46 (Number of Beds by Payer)

**Total Beds**

If any entry in FA28 has place type = 6, 14, or 91, display "MINUS BEDS NOT DESIGNATED AS LTC". Calculate fill as sum of FA19 minus number of beds in FA28 with place types = 6, 14, or 91.

If unable to calculate because there is a DK entry in FA28, fill with "CAN'T CALC". The fill below "TOTAL BEDS" is dynamic; it should display sum of FA28 minus number of beds/units with place type = 6, 14, or 91 minus any entries on screen.

For displays below TOTAL BEDS:

**(FA43) Dually certified nursing home beds**

If facility or any unit within the facility certified by both Medicaid (FA20=1) and Medicare (FA21=1), display "FA43 DUALLY CERTIFIED, MEDICAID AND MEDICARE".

**(FA44) Medicaid beds**

If facility or any unit within the facility is certified by Medicaid (FA20=1), display "FA44 CERTIFIED BY MEDICAID". If otherwise certified or licensed or designated as a long-term care home (FA21B or FA22 or FA22B or FA22C or FA23 = 1) Display "ONLY".

**(FA45) Medicare beds**

If facility or any unit within the facility is certified by Medicare (FA21=1), display "FA45 CERTIFIED BY MEDICARE". If otherwise certified or licensed or designated as a long-term care home (FA21B or FA22 or FA22B or FA22C or FA23 = 1) Display "ONLY".

**(F45A) Not certified by {Medicaid/Medicare}/Certified by neither Medicaid or Medicare} but licensed as a nursing home.**

If facility or any unit within the facility is certified by neither Medicaid (FA20…1) nor Medicare (FA21…1) but is licensed as a nursing home (FA22 = 1), display "CERTIFIED BY NEITHER MEDICAID OR MEDICARE". If facility certified by Medicaid only (FA20=1 or FA21B=1, and FA21 not =1) display "NOT CERTIFIED BY MEDICARE". If certified by Medicare only, display "NOT CERTIFIED BY MEDICAID". If otherwise certified or licensed as a long-term care home (FA20 or FA21 or FA21B or FA22B = 1), display "only."

**(FA45B) Certified as ICF-MR beds**

If facility certified by Medicaid as ICF-MR (FA21B=1) display "FA45B CERTIFIED BY MEDICAID AS ICF-MR". If otherwise certified or licensed or designated as a long-term care home (FA20 or FA21 or FA22 or FA22A or FA22B or FA22C or FA23 = 1), display "ONLY".

**(FA45C) Licensed/certified as other LTC beds**

If facility licensed or certified as other LTC facility (FA22B=1), display "FA45C NOT CERTIFIED AS NURSING HOME BUT LICENSED OR CERTIFIED AS LONG-TERM CARE". If otherwise certified or licensed or designated as a long-term care home (FA20 or FA21 or FA21B or FA22 or FA22A or FA22C or FA23 = 1), display "ONLY".

When there is an entry in all previous questions that have been displayed in this series, the question text for FA46 should pop up at the top of the form, and the interviewer instructions for answer categories and an entry field for 1 or 0 should pop up at the bottom of the form.

Wherever MEDICAID appears on the screen, follow the display instructions above FA20 for adding ({OR STATE NAME FOR MEDICAID}).

FA43-46
SAMPLE LAYOUT

| | | # OF BEDS | # OF BEDS LEFT |
|---|---|---|---|
| {Question text} | | | |
| | TOTAL BEDS {MINUS INDEPENDENT LIVING BEDS} | { } | { } |
| {FA43 | DUALLY CERTIFIED NURSING HOME BEDS | ( )} | |
| {FA44 | MEDICAID CERTIFIED {ONLY} | ( )} | |
| {FA45 | MEDICARE CERTIFIED {ONLY} | ( )} | |
| {FA45A | {NOT CERTIFIED BUT LICENSED AS NURSING BEDS | { }} | |
| {FA45B | CERTIFIED AS ICF-MR | { }} | |
| {FA45C | NOT CERTIFIED BUT LICENSED AS OTHER LTC | { }} | |
| {FA45D | OTHER LTC NOT CERTIFIED OR LICENSED | { }} | ENTER 1 IF CORRECT<br>0 IF NOT CORRECT |
| FA46 | {TEXT FROM FA46} | | ( ) |

| BOX FA19 | If FA20 and FA21 both = 1, go to FA43.<br>Others, go to BOX FA20. |
|---|---|

FA43
See instructions above FA20 for displaying {or {"ALLOWED FOR"...}}

FA43

I have recorded that {FACILITY} contains beds that are certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?

_____
NO. OF BEDS

**FACA.MANDMBED**
**FARO.CANDCBED**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: Entry in FA43 cannot be greater than the sum of FA19 minus the sum of FA28.
If it is, display the following message:

The number of dually certified beds in FA43 ({FA43}) cannot be greater than ({FA19-FA28}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FA20 | If FA20 = 1, go to FA44.<br>Others, go to BOX FA21. |
|---|---|

FA44
Display "I have recorded ..." if FA21 is not = 1. Display "only" if FA21 = 1.

FA44

{I have recorded that {FACILITY} contains beds that are certified by {"PREFERRED" NAME {FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as Nursing Facility beds.} How many beds are certified under {"PREFERRED" NAME FOR MEDICAID} {or {ALLOWED FOR NAME(S) FOR MEDICAID}} {only}?

_____
NO. OF BEDS

**FACA.MCAIDBED**
**FARO.CAIDBEDS**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: Entry in FA44 cannot be greater than the sum of FA19 minus the sum of FA28 minus FA43.
If it is, display the following message:

The number of Medicaid Only certified beds in FA44 ({FA44}) cannot be greater than ({FA19-FA28-FA43}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FA21 | If FA21 = 1, go to FA45.<br>Others, go to BOX FA22. |
|---|---|

FA45
Display "I have recorded..." if FA20 is not = 1. Display "only" if FA20 = 1.

FA45

{I have recorded that {FACILITY} contains beds that are certified by Medicare as Skilled Nursing Facility beds.} How many beds are certified under Medicare {only}?

_____
NO. OF BEDS

**FACA.MCAREBED**
**FARO.CAREBEDS**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600

Consistency check: entry in FA45 cannot be greater than the sum of FA19 minus the sum of FA28 minus FA43 minus FA44.
If it is, display the following message:
The number of Medicare only certified in FA45 ({FA45}) cannot be greater than ({FA19-FA28-FA43-FA44}). REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FA22 | If FA22 = 1 or 2, go to FA45A.<br>Others, go to BOX FA22A. |
|---|---|

FA45A
If FA20 or FA21 or FA21B = 1, display "only"; else, do not display.

FA45A

I have recorded that {FACILITY} contains beds that are licensed as nursing facility beds but not certified by {"PREFERRED NAME" FOR MEDICAID} {(or "ALLOWED NAME(S) FOR MEDICAID)} or Medicare. How many beds are licensed but not certified as nursing home beds {only}?

_____
NO. OF BEDS

**FACA.MNORMBED**
**FARO.HDLICBED**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600
Consistency check: Entry in FA45A cannot be greater than the sum of FA19 minus the sum of FA28 minus FA43 minus FA44 minus FA45.
If it is, display the following message:
The number of licensed but not certified nursing home beds in FA45A {FA45A} cannot be greater than {FA19-FA28-FA43-FA44-FA45}. REVIEW NUMBERS WITH RESPONDENT. BACKUP TO CORRECT.

| BOX FA22A | If FA21B=1, go FA45B<br>Else, go to BOX FA22B. |
|---|---|

FA45B

I have recorded that {FACILITY} contains beds that are certified by {"PREFERRED" NAME {FOR MEDICAID}} {(or "ALLOWED NAME(S) FOR MEDICAID)} as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds. How many beds are certified as ICF-MR beds {only}?

_____
NO. OF BEDS

**FACA.ICFMRBED**
**FARO.FMRBEDS**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600
Consistency check: Entry in FA45B cannot be greater than the sum of FA19 minus FA43 minus FA44 minus FA45 minus FA45A.
If it is, display the following message:
The number of {"PREFERRED NAME {FOR MEDICAID}} {(or "ALLOWED NAME(S) FOR MEDICAID)} certified ICF-MR beds in FA45B {FA45B} cannot be greater than {FA19-FA43-FA44-FA45-FA45A}. REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FA22B | If FA22B=1 or 2, go to FA45C<br>Else, go to BOX FA22D. |
|---|---|

FA45C
If FA20 or FA21 or FA21B or FA22 = 1, display "only"; else, do not display.

FA45C

I recorded earlier that {FACILITY} contains beds that are licensed as a personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care {only}?

_____
NO. OF BEDS

**FACA.OTLTCBED**
**FARO.PCHBED**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600
Consistency check: Entry in FA45C cannot be greater than the sum of FA19 minus FA43 minus FA44 minus FA45 minus FA45A minus FA45B.
If it is, display the following message:
The number of licensed personal care home or other long-term care facility beds in FA45C {FA45C} cannot be greater than {FA19-FA43-FA44-FA45-FA45A-FA45B}. REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| | |
|---|---|
| BOX FA22D | If cannot calculate number of remaining beds, go to BOX FA22E.<br>Others, go to FA46. |

FA46
In first fill, display FA19 minus INDEPENDENT LIVING UNITS (FA26 = 14, 6, OR 91).
If FA43 > 0, display second clause and fill with number in FA43.
If FA44 > 0, display third clause and fill with number in FA44.
If FA45 > 0, display fourth clause and fill with number in FA45.
If Total beds minus Independent Living Unit beds minus FA43 minus FA44 minus FA45 … 0,
display fifth clause and fill with number in FA45A.
If FA45B > 0, display sixth clause and fill with number in FA45B.
If FA45C > 0, display seventh clause and fill with number in FA45C.
If FA45D > 0, display eighth clause and fill with number in FA45D.
If FA20=1, display "{"PREFERRED NAME" FOR MEDICAID (OR "ALLOWED FOR" NAMES FOR MEDICAID)}. If FA20=1 and FA21=1, display "or." If FA21=1, display "Medicare." If FA20=0, -8, -7 and FA21=0, -8, -7, display {"PREFERRED NAME" FOR MEDICAID} {(or "ALLOWED FOR" NAME(S) FOR MEDICAID)} or Medicare".

FA46

So, there are a total of { } LTC beds in the facility:
{{ } are dually certified nursing beds,}
{{ } are certified by {"PREFERRED" .....MEDICAID"} as nursing beds {only}},
{{ } are certified as nursing beds by Medicare {only},}
{{ } are not certified by Medicare or {"PREFERRED" .....MEDICAID"} but are licensed as nursing beds,}
{{ } are certified by {"PREFERRED" .....MEDICAID"} as ICF-MR beds,}
{{ } are licensed as personal care, assisted living, or other type of long-term care beds,}
{{ } are other long-term care beds which are neither certified or licensed}.

Is that correct?

YES..... 1
NO..... 0

**FACA.NLTCBEDS**
**FARO.OTHERBED**
**FACA.NHBEDCOR**

PROGRAMMER SPECS:
Disallow DK and RF in FA46. Install a F1 screen but do not paint screen with instruction.
The first time 0 is entered in FA46, display the following message:

BACK UP TO CORRECT. PRESS F1 FOR DETAILS.

If 0 is entered a second time, present the following message as an overlay:

PLEASE ENTER A BRIEF EXPLANATION: _____

_____

_____

_____

**FACA.NHBEDEX1**
**.NHBEDEX2**
**.NHBEDEX3**
**.NHBEDEX4**

| BOX FA22E | IF FA20=1 or FA21=1, or FA21B=1, go to FA47 PRE; else go to FA49. |
|---|---|

FA47PRE
If FA20 and FA21 = 1, display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID)}, Medicare, and private pay";
Else, if FA20 = 1, and FA21 = 0, or if FA21B = 1, display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID)} and private pay";
Else, if FA20 = 0 and FA21 = 1, display "Medicare and private pay";
Else display "private pay".

FA47PRE

Next, I'm going to ask about the number of current residents having {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID)}, Medicare, and private pay/{"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID)} and private pay/Medicare and private pay/private pay} as their source of payment.

If you need to go get the relevant records, I can pause for a moment.

ALLOW RESPONDENT TIME TO GATHER RECORDS, IF NECESSARY.

PRESS ENTER TO CONTINUE.

| BOX FA22F | If FA20 = 1, or FA21B=1, go to FA47.<br>Else, if FA21 = 1, go to FA48.<br>Else, go to FA49. |
|---|---|

FA47
See instructions above FA20 for displaying "PREFERRED NAME..."

FA47

Based on your most recent daily census, how many current residents have {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID)} as a source of payment?

_____
NUMBER OF RESIDENTS

**FACA.MCAIDRES**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: If the entry is greater than 100% of the entry in FA43 plus FA44, display the following message:

If it is, display the following message:

The number of Medicaid residents in FA47 ({FA47}) cannot be greater than the number of Medicaid certified beds in the facility ({FA43+FA44}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| | |
|---|---|
| BOX FA22G | If FA21 = 1, go to FA48.<br>Else, go to FA49. |

FA48

Based on your most recent daily census, how many current residents have Medicare as their primary source of payment?

_____
NUMBER OF RESIDENTS

**FACA.MCARERES**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: If the entry is greater than 100% of the entry in FA43 plus FA45 display the following message:

The number of Medicare residents in FA48 ({FA48}) cannot be greater than the number of Medicare certified beds in the facility ({FA43+FA45}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA49

Based on your most recent daily census, how many of the current residents in {FACILITY} have private pay as their only source of payment for basic care?

_____
NUMBER OF RESIDENTS

**FACA.PRPAYRES**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: If FA49>0, FA49 cannot be greater than 100% of FA19 minus the sum of FA28 minus FA47 or FA48 (whichever is greater).
If it is, present the following message:

The number of private pay residents in FA49 ({FA49}) cannot be greater than the number of nursing beds in the facility ({FA19-(FA28-(FA47 or FA48))}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA52

How many residents were in {FACILITY} altogether at midnight last night?

_____
NUMBER OF RESIDENTS

**FACA.MIDNTRES**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: FA52 cannot be greater than sum of FA19 minus the sum of FA28. If it is, present the following message:

The number of residents in eligible units in FA52 ({FA52}) cannot be greater than the sum of all beds in the facility minus those beds in ineligible units ({FA19-FA28}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA53 moved to SAQ.

| | |
|---|---|
| BOX FA22H | If FA1 or FA5 = 18, go to FR1PRE.<br>Else, continue. |

*CTRL/E OK*

FA54

Next, we're interested in learning about any special care units within {FACILITY} -- units with a specified number of beds identified and dedicated for residents with specific needs or diagnoses. Does {FACILITY} have any special care units, such as those listed on this card?

SHOW CARD FA7

| | | |
|---|---|---|
| AT LEAST ONE SPECIAL CARE UNIT MENTIONED..... | 1 | |
| NO SPECIAL CARE UNITS ..... | 0 | (BOX FA27) |
| DK ..... | -8 | (BOX FA27) |
| RF ..... | -7 | (BOX FA27) |

**FACA.ANYBEDSC**
**FACL.ANYSCBED**

FA55-65
Display as a matrix.

SAMPLE LAYOUT

| FA55-56 | | FA57-63 | | | | | |
|---|---|---|---|---|---|---|---|
| | | {QUESTION DISPLAY AREA} | | | | | |
| (FA55) | (FA56) | | (FA57) | (FA59) | (FA60) | (FA61) | (FA63) |
| UNIT TYPE | UNIT NAME | PLACE TYPE | BEDS | STAFF 1=YES 0=NO | START YEAR (YYYY) | MCAID 1=YES 0=NO | MCARE 1=YES 0=NO |
| SCREEN 1 | | | SCREEN 2 | | | | |
| | | | | | | | |
| | | | | | | | |
| {DISPLAY TYPE CATEGORIES ACROSS THE SCREEN HERE.} | | | | | | | |

**PLAC.UNITTYPE** **.PLACNAME** **.SCBEDS** **.DCPSTAFF** **.STARTYR** **.CAIDPAY**
**.UNITTPOS** **.BEDSNUM** **.CAREPAY**

FA55
Display the following codes for TYPE across bottom of screen:

1 = ALZHEIMER'S AND RELATED DEMENTIAS
2 = AIDS/HIV
3 = DIALYSIS
4 = CHILDREN WITH DISABILITIES
5 = BRAIN INJURY (TRAUMATIC OR ACQUIRED)
6 = HOSPICE
7 = HUNTINGTON'S DISEASE
8 = REHABILITATION
9 = VENTILATOR/PULMONARY
91 = OTHER (SPECIFY:_____)

FA55

What kind of special care unit(s) does {FACILITY} have?

SHOW CARD FA7

PRESS F1 FOR DIALYSIS DEFINITION.

**PLAC.UNITTYPE .UNITTPOS**

PROGRAMMER SPECS:
When a number is entered for type, display the text for the category in the TYPE column. For code 91, display only the specified text.

FA56
PROBE: Any others?
What is the name of the unit?
IF SAME AS TYPE, ENTER SHIFT/5. FOR ANY OTHER NAME, ENTER TEXT.

PROGRAMMER SPECS:
If FA56=-5, display "The {TYPE CATEGORY} unit" in NAME cell. Truncate names as follows:

1 = ALZHEIMER'S
2 = AIDS/HIV
3 = DIALYSIS
4 = CHILDREN
5 = BRAIN INJURY
6 = HOSPICE
7 = HUNTINGTON'S
8 = REHAB
9 = VENTILATOR
91 = FIRST 12 CHARACTERS OF SPECIFIED TEXT

If same TYPE CATEGORY is entered a second time, disallow SHIFT/5 for that unit. Display the message: YOU MUST ENTER ANOTHER NAME FOR THIS UNIT.

**PLAC.PLACNAME**
**.PLSHIFT5**

FA57

How many beds are dedicated to {UNIT NAME}?

_____
NO. OF BEDS

**PLAC.SCBEDSremaps to .BEDSNUM**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 1-1,600.
Consistency check: If FA57 is greater than sum of FA19 minus the sum of FA28 minus 3, display the following message:

The number of beds in {UNITNAME} in FA57 ({FA57}) cannot be greater than the number of LTC beds in the facility minus 3 ({FA19-3}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

FA59

Does {UNIT NAME} have direct care patient staff dedicated to it?

YES..... 1
NO..... 0

**PLAC.DCPSTAFF**

FA60

In what year did the unit begin operation?

YEAR ( )

**PLAC.STARTYY**

PROGRAMMER SPECS:
Hard range: 1900-2010.

FA61
See instructions above FA20 for displaying "or STATE NAME..."

FA61

Is any resident's care in the unit paid for by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})}?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | 8 |
| RF | -7 |

**PLAC.CAIDPAY**

FA62 omitted.

FA63

Is any resident's care in the unit paid for by Medicare?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**PLAC.CAREPAY**

FA64 omitted.

| | |
|---|---|
| BOX FA23 | If sum of FA19 minus SUM OF BEDS OR UNITS IN FA28 minus SUM OF BEDS in FA57 > 0, go to FA65.<br>If sum of FA19 minus SUM OF BEDS OR UNITS IN FA28 minus the SUM OF BEDS in FA57 < 0, present the following message: THE NUMBER OF BEDS IN SPECIAL CARE UNITS (SUM OF FA57) CANNOT BE GREATER THAN THE TOTAL NUMBER OF BEDS IN THE FACILITY (SUM OF FA19). BACK UP, REVIEW ENTRIES IN FA57, FA19, AND FA13 CORRECT IF NECESSARY.<br>If sum of FA19 minus SUM OF BEDS OR UNITS IN FA28 minus SUM OF BEDS in FA57 = 0, go to Box FA23a.<br>Others, if FA65 and FA66 have not been asked, go to FA65.<br>Else, go to BOX FA23a. |

FA65
If only one special care unit entered in FA55, do not display the first sentence.
If unable to calculate DIFFERENCE, do not display first 2 statements, and display "some number of " in the question.

FA65

{So that makes a total of {SUM OF BEDS IN FA57} special care unit beds in {FACILITY}. You told me earlier that there are {SUM OF NUMBER OF BEDS IN FA43, FA44, FA45, FA45A} certified or licensed nursing {home/facility} beds in {FACILITY} altogether.

So that leaves {DIFFERENCE/some number of} beds that are not part of a special care unit.
Is that correct?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**FACA.SCBEDCOR**

PROGRAMMER SPECS:
The first time 0, -7, or -8 is entered, present the following message:
PLEASE BACK UP TO REVIEW ENTRIES IN FA57, FA19, AND FA13. CORRECT IF NECESSARY.

FA66
Do not display FA66 on the FA55-65 matrix.

FA66

What can I call that part of {FACILITY} -- the general population unit, or do you have another name for these beds?

IF GENERAL POPULATION UNIT, ENTER SHIFT/5. FOR ANY OTHER NAME, ENTER TEXT.

**PLAC.PLACNAME .UNITTYPE .SCBEDSremaps to .BEDSNUM**
**.UNITTPOS**

PROGRAMMER SPECS:
When -5 is entered in NAME cell for FA66, display "GENERAL POPULATION UNIT."

**PLAC.PLSHIFT5**

| | |
|---|---|
| BOX FA23a | Post all Places added in FA55-66 to the Place Roster. Set MCBS STATUS = ELIGIBLE;<br>If {FACILITY} fill in FA25 is filled with PLACE NAME from Place Roster (this means there is only one eligible place), set locator code = PART OF TARGET FACILITY; else if {FACILITY} fill in FA25 is filled with "[READ FACILITIES/UNITS IN HEADER ABOVE.]", set locator code = PART OF LARGER FACILITY.<br>set Place Type = ELIGIBLE LONG-TERM CARE. |

**PLAC.NNHESTAT .LOCCODE .RHPLACTY .PLCREATE**

A66a
Display the Place Roster in a "view only" matrix.

FA66a (PLACROST)

HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

FA67PRE through FA76 omitted.

| | |
|---|---|
| BOX FA27 | If {FACILITY} locator code = PART OF LARGER FACILITY or PART OF TARGET FACILITY, or TARGET FACILITY, PART OF LARGER FACILITY, or TARGET FACILITY AND LARGER FACILITY go to FA77PRE.<br>Others, go to FR1PRE1. |

FA77
No special header should be displayed.

FA77PRE

The next question is about {LARGER FACILITY} as a whole.

PRESS THE F2 KEY TO REVIEW PLACE ROSTER.

PRESS ENTER TO CONTINUE.

FA77

Which one of the categories on this card best describes the ownership of {LARGER FACILITY}?

SHOW CARD FA6

| | |
|---|---|
| FOR PROFIT (INDIVIDUAL, PARTNERSHIP, OR CORPORATION) | 1 |
| PRIVATE NONPROFIT (RELIGIOUS GROUP, NONPROFIT CORP., ETC.) | 2 |
| CITY/COUNTY GOVERNMENT | 3 |
| STATE GOVERNMENT | 4 |
| VETERAN'S ADMINISTRATION | 5 |
| OTHER FEDERAL AGENCY | 6 |
| OTHER (SPECIFY:_____) | 91 |

**FACA.LFOWNDES**
**.LFOWNDOS**

| | |
|---|---|
| BOX FA24 | Go to FR1PRE1. |

FA78 through FA84A omitted.

## SECTION FB
## LTC ELIGIBILITY BLOCK

| | |
|---|---|
| BOX FB1A | IF THIS FACILITY WAS DETERMINED TO BE COMPLEX AT BASELINE (FACL.COMPLEXF = 1), GO TO FB0PRE;<br>ELSE, GO TO FB1PRE. |

FBOPRE
Display all parts of the facility as identified in Baseline FQ (PLACE ROSTER VERSION 1).

FBOPRE
HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

{PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

FB0A
Display all parts or units of the facility that were identified in Baseline FQ, questions FA11-FA15 as MCBS STATUS=ELIGIBLE and PLACETYPE = ELIGIBLE as determined at BOX FA16 (Baseline FQ). Allow 6 lines.

FB0A

Would you be able to answer some questions about the certification status, services offered, and the number of beds for [READ PLACES LISTED BELOW]?

{ELIGIBLE PARTS OF FACILITY}

| | | |
|---|---|---|
| YES | 1 | (FB1PRE) |
| NO | 0 | (FB5O) |
| DK | -8 | (FB5O) |
| RF | -7 | (FB5O) |

**FACR.ANSWERFB**

BOX FB1B omitted.

FB1PRE

I would like to review with you some information that I collected about {FACILITY/[READ FAC/UNITS LISTED ABOVE]} the last time I was here.
PRESS ENTER TO CONTINUE.

| BOX FB2 | If PLAC.CAIDCRT1 = -1, go to BOX FB4.<br>Else, if PLAC.CAIDCRT1 = 1, go to FB1.<br>Otherwise, go to FB2. |
|---|---|

FB1

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} still certified by Medicaid as a Nursing Facility (NF)?

YES..... 1 (BOX FB3)
NO..... 0 (BOX FB3)

**FARO.CAIDSTIL**
**FACL.MCAIDCRT**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB2

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} certified by Medicaid as a Nursing Facility (NF)?

YES..... 1
NO..... 0 (BOX FB3)

**FARO.CAIDCERT**
**FACL.MCAIDCRT**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB4

Based on your most recent daily census, how many current residents have {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a source of payment?

_____
# OF MEDICAID RESIDENTS

**FARO.CAIDRES**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.

| BOX FB3 | If PLAC.CARECPT1 = 1, go to FB5;<br>Else, go to FB6. |
|---|---|

FB5

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} still certified by Medicare as a Skilled Nursing Facility (SNF)?

YES ..... 1 (FB10)
NO ..... 0 (FB10)

**FARO.CARESTIL**
**FACL.MCARECRT**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB6

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} certified by Medicare as a Skilled Nursing Facility (SNF)?

YES ..... 1
NO ..... 0 (FB10)

**FARO.CARECERT**
**FACL.MCARECRT**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB8

Based on your most recent daily census, how many current residents have Medicare as their primary source of payment?

_____
# OF MEDICARE RESIDENTS

**FARO.CARERES**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.

FB10

Based on your most recent daily census, how many of the current residents in {FACILITY/[READ FAC/UNITS LISTED ABOVE]} have private pay as their only source of payment for basic care?

_____
# OF PRIVATE PAY RESIDENTS

**FARO.PVPAYRES**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.

| | |
|---|---|
| BOX FB4 | If .CAIDICF=1, go to FB11.<br>Else, if .CAIDICF=0, go to FB12.<br>Otherwise, go to BOX FB4A. |

FB11

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} still certified by Medicaid as an Intermediate Care Facility for the Mentally Retarded (ICF/MR)?

| | | |
|---|---|---|
| YES | 1 | (BOX FB4A) |
| NO | 0 | (BOX FB4A) |

**FARO.FMRSTIL**
**FACL.ICFMRCRT**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB12

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} certified by Medicaid as an Intermediate Care Facility for the Mentally Retarded (ICF/MR)?

| | |
|---|---|
| YES | 1 |
| NO | 0 |

**FARO.FMRCERT**
**FACL.ICFMRCRT**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

| BOX FB4A | If any PLAC.HDEPTLIC = 1 or 2, continue.<br>If any PLACTYPE = 4 or 7, go to FB22.<br>Else, go to BOX FB4C. |
|---|---|

FB14
If facility is now Medicaid and Medicare certified, display "Medicaid or Medicare".
If facility is now Medicaid certified only, display "Medicaid".
If facility is now Medicare certified only, display "Medicare".
Else, do not display.
If PLAC.HDEPTLIC = 1, display "the State Health Department".
Else, display "a State or Federal agency".

FB14

Does {FACILITY} still have beds that are {not certified by {Medicaid or Medicare} but are} licensed as nursing home beds by {the State Health Department}/{a State or Federal agency}?

| | | |
|---|---|---|
| YES | 1 | (BOX FB4C) |
| NO | 0 | (BOX FB4C) |

**FARO.HDLSTIL**
**FACL.HDLICCRT**

MANAGEMENT SYSTEM SPECS:

If DK or RF, display FB50.
FB22
Fill {STATE} with state field from FAVERIF3 (ADDR.ADDRSTAT). Spell out state name. Always use target facility state name.
If now certified by Medicaid and Medicare, display "Medicaid and Medicare."
If now Medicare certified only, and FA21 = 1, display "Medicare."
If now Medicaid certified only, display "Medicaid."
Else, do not display fill.

FB22

Does {FACILITY} have any beds that are {not certified by {Medicaid or Medicare} but are} licensed as nursing {home/facility} beds by the {STATE} State Health Department or by some other State or Federal agency?

| | |
|---|---|
| YES, LICENSED BY STATE HEALTH DEPARTMENT ..... | 1 |
| YES, LICENSED BY SOME OTHER AGENCY (SPECIFY:_____) ..... | 2 |
| NO, NOT LICENSED ..... | 0 |

**FARO.HDLICEN .HDLICOS FACL.HDLICCRT**

PROGRAMMER SPECS:
If 2 entered, present a soft range check: UNLIKELY RESPONSE. PLEASE VERIFY AND REENTER.

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

| | |
|---|---|
| BOX FB4B | If facility is now Medicaid or Medicare certified, go to BOX FB4C.<br>Else, continue. |

FB16

Does {FACILITY} provide 24-hours a day, on-site supervision by an RN or LPN 7 days a week?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 0 |

**FARO.NURSSUP**
**FACL.SUPRVISN**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

| | |
|---|---|
| BOX FB4C | If facility licensed as a personal care home, board and care home, assisted living facility, domiciliary care home or rest home by the {STATE} State Health Department or by some other state agency (FA22B=1 or 2), go to FB48.<br>Else, go to FB47. |

FB48

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} still licensed as a personal care home, board and care home, assisted living facility, domiciliary care home or rest home by the {STATE} State Health Department or by some other state agency?

| | | |
|---|---|---|
| YES ..... | 1 | (FB22C) |
| NO ..... | 0 | (FB22C) |

**FARO.PCHSTIL**
**FACL.PCHLIC**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB47

Is {FACILITY/[READ FAC/UNITS LISTED ABOVE]} licensed as a personal care home, board and care home, assisted living facility, domiciliary care home or rest home by the {STATE} State Health Department or by some other state agency?

| | |
|---|---|
| YES, LICENSED BY STATE HEALTH DEPARTMENT ..... | 1 |
| YES, LICENSED BY SOME OTHER AGENCY (SPECIFY): _____)..... | 2 |
| NO, NOT LICENSED ..... | 0 |

**FARO.PCHLICEN**
**FACL.PCHLIC**

PROGRAMMER SPECS:
If 2 entered, present a soft range check: UNLIKELY RESPONSE. PLEASE VERIFY AND REENTER.

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB22C

In addition to room and board, does {FACILITY/ELIGIBLE UNIT} routinely provide...

| | YES=1, NO=0 |
|---|---|
| Nursing or medical care? | ( ) |
| Supervision over medications? | ( ) |
| Help with bathing? | ( ) |
| Help with dressing? | ( ) |
| Help with correspondence/shopping? | ( ) |
| Help with walking? | ( ) |
| Help with eating? | ( ) |
| Help with communications? | ( ) |

**FARD.NURSCARE .MEDISUPR .BATHHELP .DRESHELP .WALKHELP**
**.SHOPHELP .EATHELP .COMMHELP FACL.PROVHELP**

MANAGEMENT SYSTEM SPECS:
if DK or RF, display FB50.

| | |
|---|---|
| BOX FB6 | If any item in FB22C = YES (1), go to BOX FB7A after all items asked.<br>Else, continue. |

FB23

Does {FACILITY} provide 24-hour a day, on-site supervision by a caregiver 7 days a week?

| | | |
|---|---|---|
| YES | 1 | (BOX FB7A) |
| NO | 0 | (BOX FB7) |
| DK | -8 | (FB50) |
| RF | -7 | (FB50) |

**FARO.CGIVSUP FACL.PROVSUPR**

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

| | |
|---|---|
| BOX FB7 | If now certified by Medicaid or Medicare <u>or</u> licensed as a nursing home and having 24-hour nursing supervision <u>or</u> licensed or personal care, board and care, assisted living, domicillary care, or rest, continue.<br>Else, set MCBS STATUS = INELIGIBLE and go to CLOSING2. |

| | |
|---|---|
| BOX FB7A | If number of beds missing from baseline or previous fall round FQ, go to FB19A.<br>Else, continue. |

**SECTION FB**
**ELIGIBLE-BEDS COUNT BLOCK**

FB19
If more than one part to {FACILITY}, display "and [READ FAC/UNITS...BELOW]" and "{ELIGIBLE PARTS OF FACILITY}".
Else, do not display.

FB19

I have recorded that {FACILITY} has [READ NUMBER BELOW] beds that provide long-term care. Is this still the number of beds providing long-term care in {FACILITY} {and [READ FAC/UNITS LISTED BELOW]}?

___{_____}___
NO. OF BEDS

{ELIGIBLE PARTS OF FACILITY}

YES..... 1 (BOX FB8)
NO..... 0

**FARO.SAMEBEDS**

PROGRAMMER SPECS:
Define the "eligible part of facility" as for PLACE ROSTER VERSION FIVE: MCBS Status = ELIGIBLE and Place Type = ELIGIBLE LTC.

MANAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB19A
If more than one part to {FACILITY}, display "Only count...BELOW]." and "{ELIGIBLE PARTS OF FACILITY}".
Else, do not display.

FB19A

How many beds that provide long-term care does {FACILITY} have?

PROBE: {Only count the beds in {FACILITY} and [READ FAC/UNITS LISTED BELOW].} Do not count "independent living" beds or those that don't provide 24-hour-a-day assistance or supervision with daily living activities.

_____
NO. OF BEDS

{ELIGIBLE PARTS OF FACILITY} (BOX FB8)

**FARO.TOTELBED FACL.TELIGBED**

PROGRAMMER SPECS:
Define the "eligible parts of facility" as for FB19.

MNAGEMENT SYSTEM SPECS:
If DK or RF, display FB50.

FB50
Present as question text for the NAME CELL at RR1.

| FB50 | |
|---|---|
| Who would be the best person to answer these questions about [READ FACILITIES/UNITS LISTED ABOVE]? | |
| NAME | TITLE |

**FACR.FACRNAME .FACRTITL .FACRTIOS**

PROGRAMMER SPECS:
After the name and title have been posted to the Respondent Roster,
If coming from FB23 or before, keep responses through FAVERIF6 and go to CLOSING 6.
Else, keep responses through FB23 nad go to CLOSING 6.

FB43-46 (Number of Beds by Payer)
For displays below TOTAL BEDS:

**(FB43) Dually certified nursing home beds**
If facility or any unit within the facility certified by both Medicaid and Medicare, display "FA43 DUALLY CERTIFIED, MEDICAID AND MEDICARE".

**(FB44) Medicaid beds**
If facility or any unit within the facility is certified by Medicaid, display "FA44 CERTIFIED BY MEDICAID". If otherwise certified or licensed or designated as a long-term care home, display "ONLY".

**(FB45) Medicare beds**
If facility or any unit within the facility is certified by Medicare, display "FA45 CERTIFIED BY MEDICARE". If otherwise certified or licensed or designated as a long-term care home, display "ONLY".

**(FB45A) Not certified by {Medicaid/Medicare}/Certified by neither Medicaid or Medicare} but licensed as a nursing home.**
If facility or any unit within the facility is certified by neither Medicaid (FA20…1) nor Medicare (FA21…1) but is licensed as a nursing home (FA22 = 1), display "CERTIFIED BY NEITHER MEDICAID OR MEDICARE". If facility certified by Medicaid only (FA20=1 or FA21B=1, and FA21 not =1) display "NOT CERTIFIED BY MEDICARE". If certified by Medicare only, display "NOT CERTIFIED BY MEDICAID". If otherwise certified or licensed as a long-term care home, display "only".

**(FB45B) Certified as ICF-MR beds**
If facility certified by Medicaid as ICF-MR (FA21B=1) display "FA45B CERTIFIED BY MEDICAID AS ICF-MR". If otherwise certified or licensed or designated as a long-term care home, display "ONLY".

**(FB45C) Licensed/certified as other LTC beds**
If facility licensed or certified as other LTC facility (FA22B=1), display "FA45C NOT CERTIFIED AS NURSING HOME BUT LICENSED OR CERTIFIED AS LONG-TERM CARE". If otherwise certified or licensed or designated as a long-term care home, display "ONLY".

When there is an entry in all previous questions that have been displayed in this series, the question text for FB46 should pop up at the top of the form, and the interviewer instructions for answer categories and an entry field for 1 or 0 should pop up at the bottom of the form.

Wherever MEDICAID appears on the screen, follow the standard display instructions for adding ({OR STATE NAME FOR MEDICAID}).

FB43-46
SAMPLE LAYOUT

| | | # OF BEDS | # OF BEDS LEFT |
|---|---|---|---|
| {Question text} | | | |
| | TOTAL BEDS {MINUS INDEPENDENT LIVING BEDS} | { } | { } |
| {FB43 | DUALLY CERTIFIED NURSING HOME BEDS | ( )} | |
| {FB44 | MEDICAID CERTIFIED {ONLY} | ( )} | |
| {FB45 | MEDICARE CERTIFIED {ONLY} | ( )} | |
| {FB45A | {NOT CERTIFIED BUT LICENSED AS NURSING BEDS | { }} | |
| {FB45B | CERTIFIED AS ICF-MR | { }} | |
| {FB45C | NOT CERTIFIED BUT LICENSED AS OTHER LTC | { }} | |
| {FB45D | OTHER LTC NOT CERTIFIED OR LICENSED | { }} | ENTER 1 IF CORRECT<br>0 IF NOT CORRECT |
| FB46 | {TEXT FROM FA46} | | ( ) |

| | |
|---|---|
| BOX FB8 | If FB19A < 3, set MCBS STATUS=INELIGIBLE and go to CLOSING2.<br>If now certified by both Medicaid and Medicare, go to FB43.<br>Else, go to BOX FB9. |

FB43
See standard instructions for displaying {or {"ALLOWED FOR"...}}

FB43

I have recorded that {FACILITY} contains beds that are certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?

_____
NO. OF BEDS

**FARO.CANDCBED**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: Entry in FB43 cannot be greater than FA19.
If it is, display the following message:

The number of dually certified beds in FB43 ({FB43}) cannot be greater than ({FA19}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FB9 | If now Medicaid certified, go to FB44.<br>Others, go to BOX FB10. |
|---|---|

FB44
Display "I have recorded ..." if now Medicaid certified only. Display "only" if now Medicaid and Medicare certified.

FB44

{I have recorded that {FACILITY} contains beds that are certified by {"PREFERRED" NAME {FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as Nursing Facility beds.} How many beds are certified under {"PREFERRED" NAME FOR MEDICAID} {or {ALLOWED FOR NAME(S) FOR MEDICAID}} {only}?

_____
NO. OF BEDS

**FARO.CAIDBEDS**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600.
Consistency check: Entry in FB44 cannot be greater than FB19 minus FB43.
If it is, display the following message:

The number of Medicaid Only certified beds in FB44 ({FB44}) cannot be greater than ({FB19-FB43}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FB10 | If now Medicare certified, go to FB45.<br>Others, go to BOX FB11. |
|---|---|

FB45
Display "I have recorded..." if now Medicare certified only. Display "only" if now Medicaid and Medicare certified.

FB45

{I have recorded that {FACILITY} contains beds that are certified by Medicare as Skilled Nursing Facility beds.} How many beds are certified under Medicare {only}?

_____
NO. OF BEDS

**FARO.CAREBEDS**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600

Consistency check: entry in FB45 cannot be greater than FB19 minus FB43 minus FB44.
If it is, display the following message:
The number of Medicare only certified in FB45 ({FB45}) cannot be greater than ({FB19-FB43-FB44}).
REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FB11 | If now licensed for NH beds but not certified, go to FB45A.<br>Others, go to BOX FB12. |
|---|---|

FB45A
If now Medicaid or Medicare certified, display "only"; else, do not display.

FB45A

I have recorded that {FACILITY} contains beds that are licensed as nursing facility beds but not certified by {"PREFERRED NAME" FOR MEDICAID} {(or "ALLOWED NAME(S) FOR MEDICAID)} or Medicare. How many beds are licensed but not certified as nursing home beds {only}?

_____
NO. OF BEDS

**FARO.HDLICBED**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600
Consistency check: Entry in FB45A cannot be greater than FB19 minus FB43 minus FB44 minus FB45.
If it is, display the following message:
The number of licensed but not certified nursing home beds in FB45A {FB45A} cannot be greater than {FB19-FB43-FB44-FB45}. REVIEW NUMBERS WITH RESPONDENT. BACKUP TO CORRECT.

| | |
|---|---|
| BOX FB12 | Ifnow ICF-MR Medicaid certified, go FB45B<br>Else, go to BOX FB13. |

FB45B

I have recorded that {FACILITY} contains beds that are certified by {"PREFERRED" NAME {FOR MEDICAID}} {(or "ALLOWED NAME(S) FOR MEDICAID)} as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds. How many beds are certified as ICF-MR beds {only}?

_____
NO. OF BEDS

**FARO.FMRBEDS**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600
Consistency check: Entry in FB45B cannot be greater than FB19 minus FB43 minus FB44 minus FB45 minus FB45A.
If it is, display the following message:
The number of {"PREFERRED NAME {FOR MEDICAID}} {(or "ALLOWED NAME(S) FOR MEDICAID)} certified ICF-MR beds in FB45B {FB45B} cannot be greater than {FB19-FB43-FB44-FB45-FB45A}. REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| | |
|---|---|
| BOX FB13 | If FA22B=1 or 2, go to FB45C<br>Else, go to BOX FB14. |

FB45C
If now Medicaid or Medicare certified, or licensed for NH beds, display "only"; else, do not display.

FB45C

I recorded earlier that {FACILITY} contains beds that are licensed as a personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care {only}?

_____
NO. OF BEDS

**FARO.PCHBED**

PROGRAMMER SPECS:
Soft range: 3-300; hard range: 0-1,600
Consistency check: Entry in FB45C cannot be greater than FB19 minus FB43 minus FB44 minus FB45 minus FB45A minus FB45B.

If it is, display the following message:

The number of licensed personal care home or other long-term care facility beds in FB45C {FB45C} cannot be greater than {FB19-FB43-FB44-FB45-FB45A-FB45B}. REVIEW NUMBERS WITH RESPONDENT. BACK UP TO CORRECT.

| BOX FB14 | If cannot calculate number of remaining beds, go to FR1PRE.<br>Others, go to FB46. |
|---|---|

FB46
In first fill, display FA19.
If FB43 > 0, display second clause and fill with number in FB43.
If FB44 > 0, display third clause and fill with number in FB44.
If FB45 > 0, display fourth clause and fill with number in FB45.
If Total beds minus FB43 minus FB44 minus FB45 … 0,
display fifth clause and fill with number in FB45A.
If FB45B > 0, display sixth clause and fill with number in FB45B.
If FB45C > 0, display seventh clause and fill with number in FB45C.
If FB45D > 0, display eighth clause and fill with number in FB45D.
If certified by Medicaid, display standard Medicaid display.
If certified by Medicaid and Medicare, display "only".

FB46

So, there are a total of { } LTC beds in the facility:
{{ } are dually certified nursing beds,}
{{ } are certified by {"PREFERRED" .....MEDICAID"} as nursing beds {only}},
{{ } are certified as nursing beds by Medicare {only},}
{{ } are not certified by Medicare or {"PREFERRED" .....MEDICAID"} but are licensed as nursing beds,}
{{ } are certified by {"PREFERRED" .....MEDICAID"} as ICF-MR beds,}
{{ } are licensed as personal care, assisted living, or other type of long-term care beds,}
{{ } are other long-term care beds which are neither certified or licensed}.

Is that correct?

YES..... 1
NO..... 0

**FARO.OTHERBED**
**FARO.FBBEDCOR**

PROGRAMMER SPECS:
Disallow DK and RF in FB46. Install a F1 screen but do not paint screen with instruction.
The first time 0 is entered in FB46, display the following message:

BACK UP TO CORRECT. PRESS F1 FOR DETAILS.

If 0 is entered a second time, present the following message as an overlay:

PLEASE ENTER A BRIEF EXPLANATION: _____

_____

_____

_____

**FARO.FBBEDEX1**
**.FBBEDEX2**
**.FBBEDEX3**
**.FBBEDEX4**

## SECTION FR. FACILITY RATE SCHEDULE

FR1PRE
In the fourth sentence, display Medicaid if now certified by Medicaid; display Medicare if now certified by Medicare.
See instructions above FA20 for displaying "PREFERRED NAME FOR..."

FR1PRE

Next, I'd like to get some information on the basic rates residents in [READ FACILITY/UNITS ABOVE] are charged. (Most {facilities/homes} have one or more set rates they charge their residents for room and board and basic services. Usually this rate includes basic nursing services and sometimes it includes medical services as well. I'm interested in the basic rates charged by {FACILITY} for {{"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID}),} private pay, {and Medicare} residents. If you have a preprinted schedule of any of these rates, I would like to have a copy.)

PRINTED RATE SCHEDULE PROVIDED..... 1
PRINTED RATE SCHEDULE WILL BE AVAILABLE LATER TODAY
(SPECIFY WHEN AND FROM WHOM:_____)..... 2
NO PRINTED RATE SCHEDULE AVAILABLE..... 0 [FA85PRE]

PRESS F2 TO REVIEW THE PLACE ROSTER.

**FACL.FRSTATUS**
**FSRV.FRSSTAT**
**.FRSSTAOS**
**FACM.FRBSTAT**

MANAGEMENT SYSTEM SPECS:
If FR1PRE=2, flag this section for retrieval later in the day.

| BOX FR1 | If 1 entered in FR1PRE, go to FR1<br>Else, go to FA85PRE. |
|---|---|

FR1

Is private pay on the rate schedule?

YES ..... 1
NO ..... 0
DK ..... -8

**FACL.PPAYRATE**
**FACM.PPAYRATB**

PROGRAMMER SPECS:
Disallow -7 (RF) in FR1.

| BOX FR2 | If {FACILITY} now certified by Medicaid, go to FR5.<br>Else go to BOX FR3. |
|---|---|

FR5
Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} if the state in the Facility's address is a state that uses a name other than "Medicaid". Else display "MEDICAID".

FR5

Is {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} on the rate schedule?

| | | |
|---|---|---|
| YES | 1 | |
| NO | 0 | |
| DK | -8 | |

**FACL.CAIDRATE**
**FACM.CAIDRATB**

| BOX FR3 | If {Facility} now certified by Medicare, go to FR6.<br>Else go to FA85PRE. |
|---|---|

FR6

Is Medicare on the rate schedule?

| | | |
|---|---|---|
| YES | 1 | (FA85PRE) |
| NO | 0 | (FA85PRE) |
| DK | -8 | (FA85PRE) |

**FACL.CARERATE**
**FACM.CARERATB**

FA85PRE
If FR1PRE=0, display "Since you do not have a printed rate schedule" and "The questionnaire asks about your basic rates and your Medicare and Medicaid provider numbers".
Else, display "Next, we need your Medicaid and Medicare provider numbers" and "The questionnaire also asks about facility rates. You may omit the questions which can be answered with the printed rate schedule."

FA85PRE

{Since you do not have a printed rate schedule,/Next, we need your Medicaid and Medicare provider numbers.} I have a short questionnaire I can leave with you to pick up later today, or I can make arrangements to give it to someone else to fill out later if you prefer. {The questionnaire asks about your basic rates and your Medicare and Medicaid provider numbers./The questionnaire also asks about facility rates. You may omit the questions which can be answered with the printed rate schedule.}

RECORD THE FOLLOWING VERBATIM IN BLANK LINE AT TOP OF FIRST SAQ PAGE

{FACILITY}

FA85
For SAQ status to be marked as complete, item 2 must be selected or item 4 must be selected and overlay question must be 1 (YES). If 4 is selected and overlay=0 (NO), display message on FA85 at bottom of screen: SAQ IS NOT COMPLETE. RE-ENTER RESULTS.

FA85

SHOW SAQ TO R. INDICATE RESULTS HERE. ( )

IF YOU COMPLETED SAQ, CHECK BOX, "INT. COMP.", ON INSIDE BACK COVER OF SAQ.

LEFT SAQ WITH R TO PICK UP LATER TODAY..... 1
LEFT SAQ WITH R, CAN'T COMPLETE TODAY, RECORD APPOINTMENT DATE AND TIME FOR TELEPHONE FOLLOWUP ON FROG..... 2
REFERRED TO SOMEONE ELSE (RECORD NAME ON FROG) 3
SAQ COMPLETE..... 4
OTHER (SPECIFY: _____) ..... 91

Have SAQ items been collected?
YES ..... 1
NO ..... 0

**FACL.SAQ1RSLT** **FSRV.SAQ1TO7** **.SAQRSLT**
**FSRV.SAQOS1** **.SAQOS2**
**FACM.SAQBRSLT**

MANAGEMENT SYSTEM SPECS:
If 1, 3, or 91 is entered, flag for retrieval from another respondent in this facility. However, note that the SAQ items are not critical items. Do not retrieve RF. Disallow DK.
If 1 is entered, flag for retrieval at end of this interviewing session from this respondent, and invoke reminder statement upon closing with this respondent for Facility Questionnaire.
If 2 is entered, code as complete. Add name volunteered in 3 to Respondent Roster, and add to Section FG as respondent for SAQ. If 4, display as an overlay:

| BOX FR4 | If coming from FB section, go to CLOSING1.<br>Else, continue. |
|---|---|

## SECTION FG: FACILITY RECORDS ORGANIZATION GRID

FG1PRE

Next, I need some information about the organization of {FACILITY}'s records and staff responsibilities.

PRESS F2 TO REVIEW PLACE ROSTER.

PRESS ENTER TO CONTINUE.

FG1 omitted.

FG1A omitted.

FG2 moved into FG4.

FG2a and FG2b omitted.

FG3

RESIDENCE HISTORY RECORDS: I may need information about where [READ SP NAME(S) FROM CASE INFORMATION SHEET] lived prior to entering {FACILITY}, and if (he/she/they) (has/have) left, where (he/she/they) went. What is the name and title of the staff member who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG4

HEALTH STATUS RECORDS: I will also need some information about [SP(s)] health status at the time of admission to {FACILITY} and about the MDS forms. What are the names and titles of the staff members who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

IF LOCATED OUTSIDE FACILITY, PROBE FOR ADDRESS.

PRESCRIPTION MEDICINE RECORDS: I will also be collecting information about the use of prescribed medicines. Who would be the best source for this information? (What is (his/her) title?)

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG4A

HEALTH CARE SERVICES: I will also need information about the health care services [SP(S)] may have received this year - services outside this {facili} as well as care from any physicians, therapists, or other providers who saw residents here. What staff member would be the best source for this information? Could you tell me (his/her) title?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG5

BACKGROUND RECORDS: I will also be collecting some background information such as the resident's age, education, and other demographic characteristics. What is the name and title of the person who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

HEALTH INSURANCE RECORDS: I will also be collecting information on sources of health insurance coverage for residents. What is the name and title of the staff member who would be the best source for this information?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG5A

EXPENDITURE RECORDS: I'll also need to talk to someone about billing and payments received for services provided.

What is the name and title of the person I should talk to about this kind of information?

RECORD NAME AND TITLE ON PAPER FROG.

PRESS ENTER TO CONTINUE.

FG6-11 omitted.

BOXES FG1 and FG2 omitted.

BOX FA29 omitted.

CLOSING 1

Thank you.
THE FACILITY-LEVEL QUESTIONS FOR THIS CASE ARE COMPLETE FOR THIS ROUND.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

PROGRAMMER SPECS:
Upon pressing enter, next screen is FACILITY NAVIGATE screen.

CLOSING 2

Thank you. Those are all the questions I have for you at the moment. We will want to interview (SP NAME(S)) in the near future.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

PROGRAMMER SPECS:
Upon pressing enter, next screen is FACILITY NAVIGATE screen.

CALL HOME SUMMARY REPORT omitted.

CLOSING 3 omitted.

CLOSING 4 omitted.

CLOSING 5

Thank you. Those are all the questions I have for you at the moment for this {FACILITY}. Someone from my office may call you to verify some of the data I have collected. We appreciate your help on this important study.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

CLOSING 6

Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to {NAMED RESPONDENT}.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

CLOSING 7 omitted.

## SECTION MD: FACILITY MISSING DATA

Facility Level Data Retrieval

At the facility level, data retrieval of missing data may occur at three different points in the application. The first is data retrieval of critical items (and other non-critical items noted for data retrieval) in the FA section of the facility questionnaire. The second is collection of the facility rate schedule. If FR1PRE = 2 (a printed rate schedule will be available later in the day), then the data retrieval "introduction screen" (FQ_MISS) will include collection of the facility rate schedule as a viable choice. The final point at which data retrieval may occur is for collection of the SAQ. If at FA85 (status of the SAQ), the status is other than "4" or "2" ("COMPLETE"), the data retrieval introduction screen will include updating the status of the SAQ as a choice.

On the facility navigate screen, if there is any data retrieval to be done, then the line for "CURRENT STATUS" will indicate that facility data retrieval needs to be done and the line for "FACILITY QUESTIONNAIRE" will say "MISSING DATA".

SAMPLE LAYOUT

```
F_SELECT

                    FACILITY NAVIGATION

          CURRENT STATUS:  (NEED FAC RETRIEVAL AND SP WORK)

     1.  FACILITY QUESTIONNAIRE          (MISSING DATA)
     3.  SP NAVIGATION                   (READY)
```

When "1" is selected at the navigate screen when the facility questionnaire status is "MISSING DATA", the flow is from the navigate screen to FQ_MISS. This screen provides the interviewer with the options for collecting missing data as described above.

SAMPLE LAYOUT

```
FQ_MISS

                    MISSING DATA

          INTERVIEWER:  WHAT WOULD YOU LIKE TO DO?

                         (        )

     0.  RETURN TO FACILITY NAVIGATION SCREEN

     1.  RETRIEVE FACILITY LEVEL MISSING DATA      (FQ_MISS1)
     2.  MARK STATUS OF SAQ                        (FA85)
     3.  COLLECT THE FACILITY RATE SCHEDULE        (FR1PRE)
```

{INTERVIEWER MESSAGE}

PROGRAMMER SPECS:

1. RETRIEVE FACILITY LEVEL MISSING DATA

When item 1 is selected the interviewer is presented with the missing data summary screen. This screen provides for review of all missing data for the sampled facility. It will have a permanent header, centered, that says: THE FOLLOWING ITEMS ARE MISSING FROM FQ. CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE QUESTION.

After reviewing these items and pressing <ENTER> on the last of the review screens, the interviewer is presented with the respondent roster (RR1) in order to select the respondent who will attempt to answer the missing data questions.

If a respondent is selected, the application is steered to the first of the missing data items followed by all remaining missing data items. After entering an answer for each item, the interviewer is returned to FQ_MISS. (Unless there is no more missing data, in which case, the application goes to FAEND, then the facility navigation screen.)

The items in the facility application that may be flagged for data retrieval are as follows:

FAVERIF1-5
PLACTYPE
Some items from the FA19-23 (eligibility block)

"MISSING DATA" on the FQ_MISS screen and at the navigate screen can be set to COMPLETE if none of the items in the missing data module are flagged "-8" (DK). Otherwise, the MD module remains open.

If there is no facility level missing data, that is "1" is not a viable entry, display a message at the bottom of this screen: "THERE IS NO FACILITY LEVEL MISSING DATA."

2. MARK STATUS OF SAQ

If the interviewer selects "2" from FQ_MISS, CAPI goes directly to FA85 and the interviewer updates the SAQ status accordingly.

If FA85 for the FACILITY/ELIGIBLE UNITS has been entered as "2" or "4", display a message at the bottom of the screen: "THERE ARE NO SAQS THAT NEED TO BE MARKED."

3. COLLECT THE FACILITY RATE SCHEDULE

If the interviewer selects "3", from FQ_MISS, CAPI goes to FR1PRE. In the data retrieval module, all of the text on the screen is optional because FR1PRE has already been presented once. It is important to display the text in FR1PRE because it shows the interviewer (in the header) the units to be included on the rate schedule as well as the types of rates (i.e., Medicaid, Medicare, private pay) expected. If a printed rate schedule is provided, the interviewer will check the schedule for the expected rates, as specified in section FR of the facility questionnaire.

If FR1PRE is coded "1" or "0" for all FACILITY/ELIGIBLE UNITS, display a message at the bottom of the screen: THERE ARE NO FACILITY RATE SCHEDULES THAT NEED TO BE COLLECTED.

What follows are the three different Missing Data modules relevant to facility level data collection.

**RETRIEVE FACILITY LEVEL MISSING DATA**

FQ_MISS1
For any critical items with invalid responses (as specified in the programmer specifications for the Facility Questionnaire), display flush left, the screen name of the missing item and in a second column the screen text for that item. Display the items in the same sequence in which they appear in the application.

```
FQ_MISS1

                    THE FOLLOWING ITEMS ARE MISSING FROM FQ.
              CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE QUESTION.


    {FAVERIF1          IS SF'S NAME CORRECT?}
    {FAVERIF3          IS SF'S ADDRESS CORRECT?}
    {FAVERIF4          IS SF'S ADMINISTRATOR CORRECT?}
    {FAVERIF5          IS SF'S PHONE NUMBER CORRECT?}
    {FA_PLACE          TYPE FOR {PLACE NAME}?}
    {FA19              NUMBER OF BEDS IN{FACILITY/TENTATIVE ADDITION}?}
    {FA20              MEDICAID CERTIFICATION FOR {FACILITY/TENTATIVE ADDITION}?}
    {FA21              MEDICARE CERTIFICATION FOR {FACILITY/TENTATIVE ADDITION}?}
    {FA21B             MEDICAID-ICF/MR CERTIFICATION FOR {FACILITY/TENTATIVE ADDITION}?}
    {FA22              STATE DEPARTMENT LICENSING FOR{FACILITY/TENTATIVE ADDITION}?}
    {FA22B             NON-NURSING LICENSING FOR {FACILITY/TENTATIVE ADDITION}?}
    {FA85              SAQ MISSING FOR{FACILITY/ELIGIBLE UNIT}}
    {FR1PRE            RATE SCHEDULE MISSING FOR {FACILITY/ELIGIBLE UNIT}}

    PRESS ENTER TO CONTINUE.
```

PROGRAMMER SPECS: After pressing enter on the last FQ_MISS screen, the application should go to the respondent roster with the cursor on the first entry in the roster, RR1.

SAMPLE LAYOUT

```
RR1

    RESPONDENT ROSTER

                       RR1          RR2
                       NAME         TITLE
```

**FACR.FACRNAME.FACRTIOS**
**.FACRTITLE**

PROGRAMMER SPECS:
If coming to the Respondent Roster from FQ_MISS1 and a name is not selected/added, <ESCAPE> from the roster should return to the missing data management screen (FQ_MISS). If coming to the roster from FQ_MISS1 and a name is selected added, <ESCAPE> from the roster takes the interviewer to the first facility level item flagged as missing.

FAVERIF1
{FACILITY} fill is either the name of the sampled facility from the LOOKUP (NHPI), or a modification entered in the screener or the Round 1 update process.
Display the SF name right justified on the top line header. This header continues throughout MD items in the FQ unless otherwise specified.

FAVERIF1

I need to verify that I'm in the right place and that our information about you is correct.

Is {FACILITY} the exact name of this {home/facility}?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**FACA.MSFNAME**
**FARO.FRNAMEOK**

PROGRAMMER SPECS:
if 0 is entered in FAVERIF1, present NAME UPDATE SCREENS. The first NAME UPDATE screen is an overlay to FAVERIF1:

What is the exact name of this facility?

_____
FACILITY NAME

**ADDR.ADDRNAME**

Set a flag to indicate a change has been made. Use the updated FACILITY name for FACILITY. Fill in all questions that follow. The second UPDATE screen captures the reason for change:

**ADDR.ADDRCHNG**

REASON FOR NAME UPDATE:

| | |
|---|---|
| CORRECTING A TYPOGRAPHICAL ERROR | 1 |
| CORRECTING SOME OTHER KIND OF ERROR | 2 |
| SPECIFYING MORE COMPLETE INFORMATION | 3 |
| FACILITY CHANGED ITS NAME WHEN BOUGHT BY ANOTHER COMPANY | 5 |
| FACILITY CHANGED ITS NAME FOR SOME OTHER REASON | 6 |
| OTHER (SPECIFY:_____) | 91 |

MANAGEMENT SYSTEM SPECS:
If DK is entered in root question, flag FAVERIF1 root question as still MISSING DATA.

**ADDR.ADDRREAS**
**.ADDRREOS**

FAVERIF3
If FAVERIF1=2 or 3, display "Is the address of the place where [SP NAME] lives...";
else, display "Is {FACILITY}'s address..."

FAVERIF3

{Is the address of the place where [SP NAME} lives.../Is {FACILITY}'s address...}

{ADDRESS1}
{CITY, STATE ZIP}?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**FACA.MSFADDR**
**FARO.FRADDROK**
**ADDR.ADDRESS**
**.ADDRCITY**
**.ADDRSTAT**
**.ADDRZIP**

MANAGEMENT SYSTEM SPECS:
If DK is entered in root question, flag FAVERIF3 root question as still MISSING DATA. If 0 was entered, review address fields and present ADDRESS UPDATE SCREEN if interviewer did not press enter on each and all fields. Set a flag to indicate a change has been made. The ADDRESS UPDATE screen collects the reason for change:

REASON FOR ADDRESS UPDATE:

| | |
|---|---|
| CORRECTING A TYPOGRAPHICAL ERROR | 1 |
| CORRECTING SOME OTHER KIND OF ERROR | 2 |
| SPECIFYING MORE COMPLETE INFORMATION | 3 |
| FACILITY MOVED TO A DIFFERENT ADDRESS | 7 |
| FACILITY CHANGED ITS ADDRESS FOR SOME OTHER REASON | 8 |
| OTHER (SPECIFY:_____) | 91 |

**ADDR.ADDRCHNG**
**.ADDRREAS**
**.ADDRREOS**

| | |
|---|---|
| BOX FA1A | If 0 is entered in FAVERIF3, review address fields. If interviewer pressed enter on each and all fields, go to FAVERIF4. Else, present ADDRESS UPDATE SCREEN. Set a flag to indicate a change has been made. The ADDRESS UPDATE screen collects the reason for change.<br>Else, continue. |

FAVERIF4
Display "Is ADMINISTRATOR'S NAME" if any name coded 22 on RESPONDENT ROSTER, other than current respondent.
Else, display "Are you/You are."
If Baseline FQ, display "Is ADMINISTRATOR'S NAME" or "Are you".
Else, display "Is ADMINISTRATOR'S NAME" or "You are" and "still".
If FAVERIF1=2 or 3, display interviewer instruction and response category "2"; else, do not display.

FAVERIF4

{CODE "2" WITHOUT ASKING.}

{{Is ADMINISTRATOR'S NAME} {Are you/You are}} {still} the current administrator of {FACILITY}?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| {RESPONDENT CONSIDERED ADMINISTRATOR | 2} |
| DK | -8 |
| RF | -7 |

**FACA.MSFADMN**
**FARO.FRADMNOK**

PROGRAMMER SPECS:
If 0 is entered in FAVERIF4, go to RR1 with this question text displayed:

What is the current administrator's name?

**FACR.FACRNAME** **ADDR.XFACRADM**
**.FACRTITL**
**.FACRTIOS**

If FAVERIF4=2 and the respondent's RR1 code is … 22, change code to "22".

After the NAME has been entered and the TITLE confirmed, return to FAVERIF4 at the ADMINISTRATOR UPDATE SCREEN. The UPDATE screen captures the reason for the change:

REASON FOR ADMINISTRATOR NAME UPDATE: ( )

CORRECTING A TYPOGRAPHICAL ERROR .....1
CORRECTING SOME OTHER KIND OF ERROR .....2
SPECIFYING MORE COMPLETE INFORMATION.....3
FACILITY CHANGED ADMINISTRATORS .....4
OTHER (SPECIFY:_____) .....91

Set a flag to indicate a change has been made. The UPDATE screen includes a prompt for reason for change.

**ADDR.ADDRCHNG .ADDRREAS .ADDRREOS**

MANAGEMENT SYSTEM SPECS:
If DK is entered in root question, flag FAVERIF4 root question as still MISSING DATA.

FAVERIF5

If FAVERIF1=2 or 3, display interviewer instruction; else, do not display.

FAVERIF5

{VERIFY PHONE NUMBER IS FOR FQ RESPONDENT. DO NOT READ ALOUD.}

Is {FACILITY AREA CODE AND PHONE NUMBER} the correct phone number for {FACILITY}?

YES..... 1
NO..... 0
DK..... -8
RF ..... -7

**FACA.MSFPHON**
**FARO.FRPHONOK**

PROGRAMMER SPECS:
If FAVERIF5=0 (NO), present PHONE UPDATE SCREENS. The first PHONE UPDATE screen is an overlay to FAVERIF5. If the area code and state from FAVERIF3 (ADDR.ADDRSTAT) do not match, display the error message: "Area code and state...area code" at the bottom of the screen.

What is the phone number?

( ) ( ) - ( )

{Area code and state do not match. Verify and re-enter state and area code.}

**ADDR.ADDRAREA**
**.ADDREXCH**
**.ADDRLOCL**

The second UPDATE screen collects the reason for the change:

REASON FOR UPDATE: ( )

CORRECTING A TYPOGRAPHICAL ERROR .....1
CORRECTING SOME OTHER KIND OF ERROR .....2
SPECIFYING MORE COMPLETE INFORMATION.....3
FACILITY MOVED TO A DIFFERENT ADDRESS .....7
ADULT/GROUP HOME .....9
AREA CODE CHANGED .....10
OTHER (SPECIFY:_____) .....91

Set a flag to indicate a change has been made. (The UPDATE screen includes a prompt for reason for change.)

**ADDR.ADDRCHNG .ADDRREAS .ADDRREOS**

MANAGEMENT SYSTEM SPECS:
If DK is entered in root question, flag FAVERIF5 root question as still MISSING DATA.

FA_PLACE

What type of place is {FACILITY/PLACE/UNIT}?

SHOW CARD RH2

NURSING HOME/UNIT ..... 4
HOSPITAL ..... 6

ASSISTED LIVING FACILITY ..... 8
BOARD AND CARE HOME ..... 9
DOMICILIARY CARE HOME ..... 10
PERSONAL CARE HOME ..... 11
REST HOME/RETIREMENT HOME ..... 12
INDEPENDENT LIVING UNITS ... 14
MENTAL HEALTH CENTER/ PSYCHIATRIC SETTING..... 15
INSTITUTION FOR THE MENTALLY RETARDED/ DEVELOPMENTALLY DISABLED..... 16 (BOX FA5)
REHABILITATION FACILITY ..... 17 (BOX FA5)
OTHER (SPECIFY:_____) ... 91 (BOX FA5)

PRESS F1 FOR DEFINITIONS OF ASSISTED LIVING FACILITY, BOARD AND CARE HOME, DOMICILIARY CARE HOME, PERSONAL CARE HOME, AND REST HOME.

**PLAC.PLACTYPE .PLACTPOS**

**PLAC.MSPLACTY**

PROGRAMMER SPECS:
Do not allow DK.

FA19
For {FACILITY}, if cycling through FA19-23 for a Tentative Addition, display the name of the Tentative Addition from the Place Name from FA11. Otherwise, display sampled facility name. (This display instruction applies to MD items FA19-FA23.)
If this FACILITY/TENTATIVE ADDITION was entered in FA11-15, prefill with number of beds from FA13, display "According to the information I obtained earlier, ..." and "PRESS ENTER..."
If no entries in FA13 (NUMBER OF BEDS/INDIVIDUAL UNITS) for this FACILITY/TENTATIVE ADDITION, display "How many beds..."

FA19

{Now let's turn to {FACILITY}.}

{How many beds does {FACILITY} have?/According to the information I obtained earlier, {FACILITY} has [READ NUMBER BELOW] beds.}

{_____}
NO. OF BEDS

{PRESS ENTER TO CONTINUE.}
PRESS F1 FOR EXPANDED DEFINITION OF "BEDS".

**PLAC.MSBEDSNU**

PROGRAMMER SPECS:
Soft Range: 3-300; hard range: 1-1,600.

MANAGEMENT SYSTEM SPECS:
If DK is entered, flag FA19 as still MISSING DATA.

FA20
Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} if the state in the facility's address is a state that uses a name other than Medicaid. Use table of State Medicaid names presented in the Facility-Level Questionnaire at FA20.

FA20

Is {FACILITY} certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a Nursing Facility (NF)?

IF R MENTIONS:
-ICF (INTERMEDIATE CARE FACILITY), NOTE IN COMMENTS AND ENTER 1.
-ICF-MR (INTERMEDIATE CARE FACILITY-MENTAL RETARDATION), NOTE IN COMMENTS AND ENTER 0.

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**PLAC.MSCAIDC1**
**FACL.MCAIDCRT**

MANAGEMENT SYSTEM SPECS:
If DK is entered, flag FA20 as still MISSING DATA.

FA21

Is {FACILITY} certified by Medicare as a SNF?

| | |
|---|---|
| YES | 1 |
| NO | 0 |
| DK | -8 |
| RF | -7 |

**PLAC.MSCAREC1**
**FACL.MCARECRT**

MANAGEMENT SYSTEM SPECS:
If DK is entered, flag FA21 as still MISSING DATA.

FA21B
Display {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} if the state in the facility's address is a state that uses a name other than Medicaid. Use table of state Medicaid Names (attached).

FA21B

Does {FACILITY} have any beds certified by {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds?

| | |
|---|---|
| YES | 1 |
| NO | 0 |

**PLAC.CAIDICF** **FACL.ICFMRCRT**

MANAGEMENT SYSTEM SPECS:
If DK is entered, flag FA21B as still MISSING DATA.

FA22
Fill {STATE} with state field from FAVERIF3. Spell out state name. Always use sampled facility state name.

FA22

Is {FACILITY} licensed as a nursing {home/facility} by the {STATE} State Health Department or by some other agency?

| | |
|---|---|
| YES, LICENSED BY STATE HEALTH DEPARTMENT | 1 |
| YES, LICENSED BY SOME OTHER AGENCY (SPECIFY:_____) | 2 |
| NO, NOT LICENSED | 0 |

**PLAC.MSHDEPTL** **.HDEPTLOS**
**FACL.HDLICCRT**

PROGRAMMER SPECS:
If 2 entered, present a soft range check: UNLIKELY RESPONSE. PLEASE VERIFY AND RE-ENTER.

MANAGEMENT SYSTEM SPECS:

If DK is entered and FA20 and FA21 … 1, flag FA22 as still MISSING DATA.

FA22B

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 agency?

| | |
|---|---|
| YES, LICENSED BY STATE HEALTH DEPARTMENT ..... | 1 |
| YES, LICENSED BY SOME OTHER AGENCY (SPECIFY:_____) ..... | 2 |
| NO, NOT LICENSED ..... | 0 |
| DK ..... | -8 |
| RF ..... | -7 |

**PLAC.MSHDEPTP** **.HDEPTPOS** **FACL.PCHLIC**

PROGRAMMER SPECS:
If 2 entered, present a soft range check. UNLIKELY RESPONSE. PLEASE VERIFY AND REENTER.

MANAGEMENT SYSTEM SPECS:
If DK is entered and FA20 and FA21 … 1, flag FA22B as still MISSING DATA.

FA23 omitted.

FA31 omitted.

FA77 omitted.

| BOX FACOMP | If there is no facility missing data, that is, there are no items listed on FQ_MISS1, and FA85=2 or 4, and FR1PRE=1 or 0, go to FAEND; else go to MD Management screen (FQ_MISS). |
|---|---|

FAEND

YOU HAVE COMPLETED DATA COLLECTION FOR FACILITY LEVEL MISSING DATA.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

**FACILITY QUESTIONNAIRE HELP SCREENS**

RR1

HEALTH CARE AND MEDICAL RECORDS STAFF TITLES

1 = Director of Nursing/VP of Nursing
2 = Assistant Director of Nursing
3 = Head Nurse/Nurse Supervisor/Charge Nurse
4 = Nurse, Floor/Shift
5 = Social Worker/Caseworker/Activities Coordinator or Director
6 = Medical Records Clerk/Supervisor/Director
7 = Nurse's Aide

MDS/QUALITY CONTROL TITLES

11 = MDS Coordinator/Nurse
12 = Case Mix Coordinator/Nurse
13 = Care Plan Coordinator/Nurse
14 = Quality Assurance Coordinator

ADMINISTRATIVE TITLES

21 = Owner
22 = Administrator/Executive Director
23 = Assistant Administrator/Administrator in Training
24 = Medical Director
25 = Admissions Director/Coordinator
26 = Human Resources Staff Member
27 = VP for Operations
28 = Administrative Assistant/Secretary/Receptionist

BUSINESS OR FINANCE TITLES

30 = VP for Finance
31 = Controller/Comptroller
32 = Business Office Manager
33 = Accounting Supervisor
34 = Accounting/Accounts Receivable or Billing Clerk/Bookkeeper
35 = Electronic Data Processing Staff Member

91 = OTHER (SPECIFY)

FAVERIF6

A chain is a group of nursing homes or facilities that are operated under common management. Chain nursing homes/facilities are physically located at different sites. Common ownership is not sufficient to define a chain; the group of nursing homes must also be under common management to qualify as a chain.

FA1

By definition, free-standing nursing homes are located in their own building or unique site and are not associated with any other places that provide long-term care or other services to disabled or elderly populations in that building or on that site.

One exception: A few hospital-based SNFs (Skilled Nursing Facilities) may be located in a satellite location (i.e., on a separate site from the hospital). These should be classified in category 7 (hospital-based SNF unit).

FA2

Examples of places that are PHYSICALLY part of a LARGER place or campus are a Skilled Nursing Facility (SNF) wing that is a part of a hospital, special care unit (e.g., Alzheimer's unit) that is part of a nursing home, or a nursing home that is a part of a retirement community.

FA3
FA5

"Hospital" is a broad concept. It includes the following: acute care hospitals; private psychiatric hospitals; state or county hospitals for the mentally ill; Veterans Administration hospitals and medical centers; state hospitals for the mentally retarded; chronic disease, rehabilitation, geriatric, and other long-term care hospitals; and other places that are commonly called hospitals.

A hospital-based SNF unit is certified by Medicare to provide skilled nursing services. It could be based within any of these hospital types.

FA8

AS NECESSARY, USE THESE PROBES IF RESPONDENT DOES NOT UNDERSTAND THE FIRST QUESTION.

1. Don't include personal care beds, or board and care, domicilliary, or residential rest homes.
2. Certified or licensed nursing facilities must provide 24-hour-a-day, on-site supervision by an RN or LPN 7 days a week.

FA12

Assisted living facilities, board and care homes, domiciliary care homes, personal care homes, and rest homes are various terms for residential care facilities. They are places that offer residents help with activities, such as bathing and dressing, but do not provide 24-hour nursing services. (Some residents at a residential care facility may not require such assistance, but it must be available to them.)

FA19

Include all beds staffed and set up for residents. Do not include beds used by staff or owners or used only for day care patients or emergency care.

FA25

MCBS considers a facility to be "otherwise identified" as a long-term care facility if it:

Provides at least one long-term care service
or
Provides 24-hour, 7-day a week supervision by a caregiver.

FA26

The MCBS definition of eligible beds providing long-term care covers a wide range of care levels, from skilled nursing care to low levels of assistance or supervision with daily living activities.

Examples of facility beds not providing long-term care are apartments in a retirement community and beds that do not provide 24-hour-a-day assistance or supervision with daily living activities.

FA46
FB46

Remember, this screen deals only with MCBS-eligible, long-term care beds. Some of these are (1) licensed or certified and some are (2) "otherwise identified" as long-term care beds. If the facility has (more or fewer) beds that fall neither in category 1 nor in 2, you should back up to FA25 and come forward, changing answers as appropriately supplied by your respondent in response to probes.

FA55
FA56

Dialysis can mean peritoneal (abdominal cavity) dialysis or kidney dialysis.