PSF ID #: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

DATE OF INTERVIEW: _____/_____/_____
                         MONTH   DAY   YEAR

TIME INTERVIEW BEGAN: _____ am/pm

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and
National Center for Health Statistics

MEDICAL EXPENDITURE PANEL SURVEY

NATIONAL NURSING HOME EXPENDITURE SURVEY

NATIONAL

SAMPLED FACILITY QUESTIONNAIRE

ROUND 3

Version 1.3

ROUND 3 SAMPLE FACILITY LEVEL INSTRUMENT, Version 1.3, December 31, 1996

FACILITY LEVEL INSTRUMENT

The Round 3 sample facility-level instrument is divided into two sections:

FC   Facility Cost Report. This section collects revenue data. An "end-of-year" self administered staffing questionnaire is presented at the end.

SS   is the sampling section, for selecting a sample of first admissions.

Preceding the instrument itself are 3 documents:

■   **Face Sheet.** This includes selected data items from Round 2: SPs, respondents, and facility parts.

■   **Place Roster.** This is a list of all the places identified in the course of work in the facility. It is used as a tool initially in the structure section for complex facilities, to enumerate all their parts, classify them, and determine their eligibility and relationship to the sampled facility. It grows through additions in the sample person residence history sections.

■   **Respondent Roster.** A facility-level directory, it lists all potential respondents, beginning with the facility administrator and her/his title, if collected.

FC -- FACILITY COST REPORT

This section collects cost and revenue information for the eligible parts of the sampled facility. The possible sources for this information are the Medicaid Cost Report, the annual financial report or, if the facility has neither of these reports, the respondent's best estimate. The first series of questions asks about the total patient care-related revenues and expenses, followed by a series on revenues and expenses by types of payment sources.

SS -- SP SAMPLING

The sampling section concludes the interviewer's work at the facility level. Section SS directs the interviewer to list all first admissions, i.e., residents admitted to the facility as of July 1, 1996 through December 31, 1996. A memorandum specifying the sampling algorithms is appended to Section SS.

GENERAL SPECIFICATIONS FOR FACILITY-LEVEL INSTRUMENT

In the Facility-level Questionnaire, the concept of "facility" has several levels.

- The SAMPLED FACILITY is what was sampled from the NHPI, as modified by the Screener or home office activities prior to Round 1.

- A LARGER FACILITY may be identified in the Round 1 facility-level structure section; it may include the sampled facility, or the sampled facility may itself turn out to be a larger facility.

- The structure section identifies those parts that are tentatively eligible for the study; aside from the sampled facility itself, these are called TENTATIVE ADDITIONS.

- All tentatively eligible "entities" (including the sampled facility, if it is not classified as ineligible in the structure questions) are subjected to a set of eligibility questions. Those parts that are determined to in fact be eligible, in combination, are called the ELIGIBLE FACILITY.

- If the ELIGIBLE FACILITY (or NURSING UNIT) has any beds or parts that are not certified or licensed as nursing beds, those noneligible beds are excluded from consideration in all questions about the ELIGIBLE FACILITY.

Facility Fills. At the outset of the Facility-level Questionnaire, where {FACILITY} appears as a fill, the current name of the sampled facility (the name of the facility sampled from the NHPI) is displayed, as reported in Round 1 procedures. However, there are a number of places in the facility and SP-level questionnaires where more precision in the fill for {FACILITY} is required. They are outlined below:

- **Eligible Facility.** This was the result of applying the Round 1 Facility-level questionnaire's Structure and Eligibility sections to all potentially eligible parts associated in some way with the sampled facility, and determining that at least some part meets the NNHES definition of eligibility. For all intents and purposes, after the Sampled Facility (if tentatively eligible at BOX FA12) and any tentative additions have passed through the Eligibility Block (FA19-23), the {FACILITY} fill can be safely interpreted to mean "Eligible Facility."

  The actual text used to fill {FACILITY}, however, may be different than the sampled facility name. If the sampled facility turns out to be ineligible, but some part is eligible, a better fill after eligibility is determined is the name of the eligible part. (See last statement in BOX FA12, Item 7.) Instructions above FA24 direct the program to display in a header the name of each part that is determined to be eligible.

- **Eligible Unit(s).** Sometimes, particularly in complex situations or where context is especially important, the concept of "eligible facility" may be insufficient to guide the interviewer and respondent. More detail is required. For example, the SP-level Health Status question on where fractures occurred needs to refer to something more specific than the facility, if the facility includes eligible and ineligible parts. The fill for "Eligible Units" should encompass the eligible parts of the eligible facility, including any special care units. For Health Status, the most useful way to convey this display is {FACILITY/ELIGIBLE UNITS}.

- **Ineligible Units of an Eligible Facility.** Early in the Round 1 Facility-level Questionnaire, an attempt was made to identify whether the facility includes any beds that are not certified or licensed for nursing care (FA25). These parts are enumerated in FA26-29. In subsequent fills for {FACILITY}, unless otherwise specified, the facility name should be followed by the phrase (excluding the {SUM OF BEDS AND UNITS IN FA28} non-nursing beds/units).

- **Larger Facility.** Some questions in the Facility-level Questionnaire require a fill for {LARGER FACILITY}. This is identified by BOXES FA5 and FA8, and flagged on the Place Roster. The Eligible Facility may be a larger facility, or may be part of a larger facility, but no more than one larger facility can be created or identified for a given sampled facility.

- **Ineligible Parts of Larger Facility.** Almost by definition, a larger facility has some parts that are eligible (i.e., contain certified or licensed nursing beds) and some that are not. All these parts were identified in FA11-15 in Round 1.

2

■   **Facility Unit Where Sampled.** This concept is unique to the Sampling Section of the Facility Questionnaire and the Residence History Section. It is equivalent to the eligible unit of the eligible facility where the current resident was on January 1, 1996. It provides an anchor for sampling and the starting point for residence history. But because residents move, from unit to unit and into and out of facilities, it has little or no meaning outside this specific reference point.

Format. There are three potential elements to any question: instructions before the question, the question itself (including answer categories), and instructions following the question. The first two are identified by the question number, and the last one is specified by "PROGRAMMER SPEC." or "MANAGEMENT SYSTEM SPEC." In addition to questions, there are also boxes (labelled BOX FA1, BOX FA2, etc.) that contain programmer instructions but do not include a question.

Flow. If no flow instructions are specified, default to the next question or box. Flow may be specified in one of two ways. Simple flow -- which depends only on the question currently being asked -- may be expressed in parentheses after the question categories. Anything more than simple flow (including flow instructions that involve missing data such as DK or REF, or that involve answers to previous questions) are expressed in a box below the question.

Headers. In a complex facility, a special header lists all eligible nursing units associated with the case, or lists the particular unit referenced in the question. The header was determined in Round 1.

Management System Spec. for all of the Facility-level Questionnaires: Unless otherwise specified, allow DK and RF.

Unless otherwise specified, disallow "SHIFT/5".

Round 3
Facility-Level Overview Flowchart

```
                        ┌──────────────────┐
              CRQ        │  Collect Cost Report │
          ┌──────────────┤  Data by CAPI or Hard │
          │              │  Copy (CRQ)?      │
          │              └──────────────────┘
          │                       │ CAPI
          │                       ▼
          │              ┌──────────────────┐
          │        No    │  Does Facility    │
          │      ┌───────┤  File Medicaid Cost │
          │      │       │  Report?          │
          │      │       └──────────────────┘
          │      │                │ Yes
          │      │                ▼
          │      │          ┌───────────┐
          │      │          │ Patient Care │
          │      │          │ Revenue and  │
          │      │          │ Expenses     │
          │      │          └───────────┘
          │      │                │
          │      │                ▼
          │      │       ┌──────────────────┐   Yes
          │      │       │  Does Medicaid Cost │────┐
          │      │       │  Report Provide Patient Care │
          │      │       │  Revenue by Source? │    │
          │      │       └──────────────────┘    │
          │      │                │ No            │
          │      │                ▼               │
          │      │  Yes  ┌──────────────────┐     │
          │      │ ◄─────┤  Does Annual Financial │   │
          │      │       │  Report Provide Patient Care │
          │      │       │  Revenue by Source? │     │
          │      │       └──────────────────┘     │
          │      │                │ No             │
          │      │                ▼                │
          │      │          ┌───────────┐ ◄────────┘
          │      │          │ Patient Care │
          │      │          │ Revenue by   │
          │      │          │ Source (From │
          │      │          │ Medicaid Cost │
          │      │          │ Report or    │
          │      │          │ Estimate)    │
          │      │          └───────────┘
          │      │                │
          │      └──────►   ┌───────────┐
          │                 │ Patient Care │
          │                 │ Revenue by   │
          │                 │ Source (From │
          │                 │ Annual Report │
          │                 │ or Estimate) │
          │                 └───────────┘
          └─────────────────────►│
                            ┌───────────┐
                            │  Staffing   │
                            │  SAQ        │
                            └───────────┘
                                  │
                                  ▼
                            ┌───────────┐
                            │  Sampling   │
                            └───────────┘
                                  │
                                  ▼
                               ┌─────┐
                               │ End │
                               └─────┘
```

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 3, it is initialized with all the places reported in the FQ and RH questionnaires. The Round 1 Locator Code Status and Place Type are brought forward to Round 3. (For Place Roster displays, only the name and place type are shown in text.)

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. Note that NNHES status and place code are independent of the locator code: A place that is part of the eligible sampled facility may itself be ineligible. A place labeled ineligible for NNHES purposes (in terms of being included as part of this facility), may in fact be a certified nursing home.

The Place Roster arrays these three levels in a hierarchy. First is the LARGER FACILITY (if any), followed by all the parts whose NNHES statuses are ineligible. Next is the SAMPLED FACILITY, followed by the parts within it -- first those that are eligible, followed by any that are ineligible. (The SAMPLED 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	INELIG LTC
Nursing Unit	ELIG LTC
Assisted Living Unit	INELIG 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	INELIG LTC
Nursing Unit	ELIG LTC
General Population Unit	ELIG LTC
Alzheimer's Unit	ELIG LTC
Assisted Living Unit	INELIG LTC
Residential Units	COMMUNITY
Riverside Hospital	HOSPITAL

Additions to the Place Roster from the Round 3 SP-level questionnaires are placed after the Round 2 Places. Order by ascending code (following the code structure of Round 1 FQ, FA6, p. 22). For other place types, order by ascending code (following the code structure of Round 1 FQ, FA12, p. 26).

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 the respondent cannot give the detailed unit we have mapped out.

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 NNHES 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 NNHES 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                                        INEL LTC     │
│          HORIZON HOUSE                                    COMMUNITY    │
│      *   Samson House                                     ELIG LTC     │
│  √   *      ALZHEIMER'S UNIT      FIFTH FLOOR             ELIG LTC     │
│      *      HEALTH CARE UNIT                              ELIG LTC     │
│             THOMAS WING           ASSISTED LIVING         INEL LTC     │
│          NAOMI HOUSE                                      INEL LTC     │
│          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 six 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., NNHES Status = ELIGIBLE and Place Type = ELIGIBLE LTC) for selection only.

6. A display list of all of the eligible LTC parts of the facility (i.e., RH PLACTYPE = ELIGIBLE LTC and LOCCODE = CODES 1-6 (part of the facility).

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 NNHES Application

	Description	Functions Allowed	Location
1.	All Facility Parts	Review only	TBD
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	FB46, SS2, SS19, RH1, SS19A, SS19B
6.	All eligible parts	NA (static list)	HAO

Sample layouts of each version follow page 8 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 a specific point in the Round 2 Facility Questionnaire; FC0PRE.

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).

7

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 SAD/TAD 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. Four items in the SP-level instruments access this Place Roster display:

- RH2B captures residence at Transfer Admit Date;

- RH21D determines which part of the facility is the same as the place added in RH21;

- BQ15a collects the part of the facility the spouse lived in; and

- IN11 identifies the part of the facility where the SP resided when Medicaid coverage first began.

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 fifth 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 NNHES STATUS = ELIGIBLE and PLACE TYPE = ELIGIBLE LTC -- at the lowest level reported. (For example, in the sample layout, only the Alzheimer's Unit and the Health Care Unit would be displayed.)

Eligible parts, including the SAMPLE FACILITY, are listed in FA24PRE. These places are, thereafter, listed in the "special" header, right-justified. Eligible parts are listed in FA85PRE (the SAQ item) to help the interviewer record the eligible parts on the SAQ form. Version 5 is also called in the Sampling Section, at SS2 (to confirm the sampling list includes all eligible residents in all eligible units) and SS19 and RH1 (the place of official residence at SAD). (RH1 is a followup to SS19, if official place of residence was not obtained in the Sampling Section.) The asterisks and footnote are omitted from the display.

Version 5 takes a different form for each appearance. In FA85PRE it is presented as a static list. In SS2, it becomes part of a form, for interviewer confirmation. In SS19 and RH1, it is a "select one" choice list.

Version 6. The last type of Place Roster display includes all eligible LTC parts of the facility that were identified as part of the facility during the administration of the facility structure of the FQ and any that were subsequently added in Residence History. These are places where RH PLACTYPE=ELIGIBLE LTC and LOCCODE=1-6 (part of the facility).

These eligible LTC parts of the facility are displayed as list at HAO.

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 and FA85PRE
> Displays the lowest level of eligible parts of the facility (NNHES 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.

Place Roster Version 6 - Used in HAO
> Displays all of the eligible LTC parts of the facility where RH PLACTYPE=ELIGIBLE LTC and LOCCODE=1-6 (part of the facility). The places are displayed as a list, flush left.

Place Roster Updates. As noted on the preceding pages, the Place Roster is initialized in Round 1 with the Sample Facility name. Additions or changes to the Place Roster can occur at the following points in the application:

> FAVERIF1 (name updates for SF/NF)
> 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)

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 SAMPLE FACILITY 6
                 OTHER 7   (SET A FLAG TO
                                                                       INDICATE THIS IS AN
                                                                      ADDITION AND GO TO
                                                                      RH22)

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)

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

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

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

SHOW
CARD
RH2

What type of (place/unit) is that?

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)
OTHER (SPECIFY:_____) 91   (RH21I)

PROGRAMMER SPECS:
Disallow DK and RF.
Assign NNHES status code to "INELIGIBLE" and NNHES PLACE TYPE as in BOX FA11.

12

RH21G

SHOW
CARD
RH4

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

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

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

PROGRAMMER SPECS:
Disallow DK and RF.

BOX RH14A omitted.

RH21I

In what year did the unit begin operation?

YEAR 19( )

PROGRAMMER SPECS:
Soft range: 87-95; hard range 00-97,

BOX RH14B omitted.

```
┌──────────────────────────────────────────────────────────────────────────────┐
│  RH21Ja                                                                        │
│                                                                                │
│         Is the unit still in operation?                                        │
│                                                                                │
│                        YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1   (RH21K)  │
│                        NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0   (RH21J)  │
│                        DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -8   (RH21K)  │
│                        RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -7   (RH21K)  │
│                                                                                │
└──────────────────────────────────────────────────────────────────────────────┘
```

```
┌──────────────────────────────────────────────────────────────────────────────┐
│  RH21J                                                                         │
│                                                                                │
│         When did the unit end operations?                                      │
│                                                                                │
│                                    YEAR 19( )                                  │
│                                                                                │
└──────────────────────────────────────────────────────────────────────────────┘
```

PROGRAMMER SPECS:
Soft range: 87-95; hard range 00-97,
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                                           │
│                                                                                │
└──────────────────────────────────────────────────────────────────────────────┘
```

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

```
            ┌─────────�╥──────────────────────────────────┐
            │   BOX   ║ If RH21Ja = 0, go to RH21M; else   │
            │ RH14Ca  ║ go to RH21L.                       │
            └─────────╨──────────────────────────────────┘
```

```
RH21L

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

                          _____
                          NO. OF RESIDENTS
```

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
```

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 NNHES status = eligible) where the SP resided during the reference period. The only exception is 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, BQ, IN, IA, USE, EX, and CRR, 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 NAME	RR2 TITLE

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}

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

BOX FC1A	GO TO RESPONDENT SELECTION SCREEN. THEN, IF THERE IS ONLY ONE PLACE ROSTER LINE FOR THIS FACILITY (AS DETERMINED IN ROUND 1), GO TO FC1PRE; ELSE, GO TO FCOPRE.

FCOPRE
Display all parts of the facility as identified in Round 1 (PLACE ROSTER VERSION 1).

FCOPRE
HERE IS THE CURRENT PLACE ROSTER FOR YOUR REVIEW:

     {PLACE ROSTER VERSION 1}

USE ARROW KEYS. TO EXIT, PRESS ESC.

FC0A
Display all parts or units of the facility that were identified in Round 1, questions FA11-FA15 as NNHES STATUS =
ELIGIBLE and PLACETYPE = ELIGIBLE as determined at BOX FA16 (Round1). Allow 6 lines.

If there is more than one eligible part of the facility, display "these"; else display "this".
If there is more than one eligible part of the facility, display "places"; else display "place".

FC0A

    First, I have some questions about patient care related revenues and expenses for [READ PLACES LISTED
    BELOW].

    {ELIGIBLE PARTS OF FACILITY}

    Do you have separate cost report information about {this/these} place{s} or only cost report information for
    {NAME OF LARGER FACILITY} as a whole?

              SEPARATE COST REPORT INFORMATION 1   (FC1PRE)
              COST REPORT INFORMATION FOR
               LARGER FACILITY AS A WHOLE 2   (FC1PRE)
              DK . . . . -8   (FCOB)
              RF . . . . -7   (FCOB)

PROGRAMMER SPECS:
Set a flag in the database to indicate whether cost and revenue data collected in the CAPI application was for the eligible
facility only (1) or for the larger facility (2).

FC0B
Present FC0B as an overlay to FC0A.

FC0B

Please tell me who in {NAME OF LARGER FACILITY} could give me that information.

USE YOUR PAPER FROG TO WRITE DOWN THE NAME OF THE RESPONDENT.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

FC1PRE

I have just a few questions to help us describe the long term care places where the residents who were sampled for the study lived. The questions ask in general about patient revenues and expenses. Like all the information collected for the study, it will be used for research purposes only, be held in strict confidence and not be released to anyone without your consent.

PRESS ENTER TO CONTINUE.

BOX FC1	If facility is certified by Medicaid (PLAC.CAIDCRT1 or FACB.CAIDCERT = 1), go to FC2; else Go to FC20.

FC2

Do you file a Medicaid cost report with the state containing information on patient revenues and {{ELIGIBLE PART OF FACILITY}/{LARGER FACILITY}} expenses?

```
YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    1      (FC3)
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    0      (FC20)
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8      (FC20)
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7      (FC20)
```

FC3

 Please answer these next questions based on your most recently completed Medicaid cost report. What are the
 dates of the period covered by your most recent cost report?

 FROM: _____   TO: _____
              MO/DAY/YR   MO/DAY/YR

PROGRAMMER SPECS:
Hard ranges: "from" date: YR must be between 93 and 97; "to" date must be on or before the date of interview.

FC4PRE

 (We thought you might not have this information immediately at hand, so I have this form that I can leave with
 you to pick up later. Or, if you prefer, I can make arrangements to give it to someone else to complete.)

 SHOW COST OF PATIENT CARE QUESTIONNAIRE (CPCQ) TO R. INDICATE RESULTS HERE.

 COMPLETE CPCQ NOW   1   (FC4)
 LEFT CPCQ WITH R TO PICK UP LATER TODAY   2   (FC37PRE)
 LEFT CPCQ WITH R, CAN'T COMPLETE TODAY, RECORD
   APPOINTMENT DATE AND TIME FOR TELEPHONE
   FOLLOWUP ON FROG   3   (FC37PRE)
 REFERRED TO SOMEONE ELSE (RECORD NAME ON FROG) . . .   4   (FC37PRE)
 OTHER (SPECIFY: _____)   91   (FC37PRE)
 RF . . . .   -7   (FC37PRE)

MANAGEMENT SYSTEM SPECS:
If 2, 4, or 91 is entered, flag for retrieval in missing data. However, note that the CRQ items are not critical items. Do not
retrieve RF. Disallow DK. If 3 is entered, code as complete and flag for telephone followup (assign ROC status of 70 -
"FQ complete, CRQ outstanding").

FC4

 What were your total patient care related revenues for this cost reporting period?

 PROBE: Include revenues such as reimbursements from Medicaid, Medicare, the VA, payments from residents
 or their families, lump sums from state programs, and grants or donations from private organizations. Do not
 include revenues from a beauty shop, a gift shop, a parking lot, or television rental.

 $_____
 TOTAL REVENUES

 DK . . . .   -8   (FC6)
 RF . . . .   -7   (FC6)

PROGRAMMER SPECS:
Soft range: $500,000 - $15,000,000.
Hard range: $0 - $99,999,999.

21

FC5

How many patient days did that {AMOUNT IN FC4} cover?

PROBE: Please give me your best estimate.

_____
TOTAL # PATIENT DAYS

PROGRAMMER SPECS:
Soft range: 6,500 - 215,000.
Hard range: 10 - 999,999.

FC6

What were your total patient care related <u>expenses</u>, including capital costs, for this cost reporting period?

PROBE: Include expenses such as staff salaries, housekeeping, the cost of the building, mortgage interest, or the cost of improvements to the building. <u>Do not include</u> expenses related to a beauty shop, a gift shop, a parking lot, or television rental.

$_____
TOTAL PATIENT EXPENSES

DK . . . .   -8
RF . . . .   -7

PROGRAMMER SPECS:
Soft range: $300,000 - $15,000,000.
Hard range: $0 - $99,999,999.

FC6A

What were your total <u>non</u>-patient revenues for this period?

$_____
TOTAL NON-PATIENT REVENUES

PROGRAMMER SPECS:
Soft Range: $10,000 - $15,000,000.
Hard Range: $0 - $99,999,999.

FC7

In your Medicaid cost report, do you provide information on patient revenue by source of payment?

YES 1 (FC9PRE)
NO 0 (FC8)
DK . . . . -8 (FC8)
RF . . . . -7 (FC8)

FC8

Does your facility complete an annual financial report, other than a Medicaid Cost Report, where patient revenue by source of payment is reported?

YES 1 (FC20)
NO 0 (FC10PRE)
DK . . . . -8 (FC10PRE)
RF . . . . -7 (FC10PRE)

FC9PRE

I am going to read a list of sources of payment. As I read each source, please tell me the total revenue reported from that source in your last Medicaid cost report and the number of patient days covered by that revenue.

PRESS ENTER TO CONTINUE.

BOX FC2 | Go to FC10A.

FC10PRE

It will help us classify places if you can give us an approximate breakdown of revenues by source of payment. I am going to read a list of sources of payment. As I read each source, please give me an estimate of the revenue from that source that was included in your last cost report and the number of patient days covered by that revenue.

PRESS ENTER TO CONTINUE.

FC10-11
Display FC10-11 as a matrix.
After FC10 is answered, display FC11 as an overlay of FC10.
If the facility is certified by Medicaid, display "Medicaid"; else
Do not display.
If the facility is certified by Medicare, display "Medicare"; else
Do not display.

SAMPLE LAYOUT

FC10-11   {{ELIGIBLE PART OF FACILITY}/{LARGER FACILITY}}
FC10

    What was the total revenue from Medicaid?

$_____.____

OR

_____%

FC10 SOURCE	FC10 TOTAL PATIENT REVENUE	{$/%}	FC11 PATIENT DAYS	{#/%}
{MEDICAID}				
PRIVATE PAY				
{MEDICARE}				
VA				
{OTHER SPECIFY TEXT (20 CHAR)} (SPECIFY: _____)				

PROGRAMMER SPECS:
If the "TOTAL PATIENT REVENUE" entry is >100, display "$".
Else if the "TOTAL PATIENT REVENUE" entry is >0 and <101, leave blank.
If "TOTAL PATIENT REVENUE" entry = 0, no entry for "PATIENT DAYS" is allowed.
If "PATIENT DAYS" entry is >100, display "#";
Else if "PATIENT DAYS" entry >0 and <101, leave blank.

FC10A

       What was the total revenue from Medicaid?

                                $_____   (FC11A)

                                       OR

                         _____% (FC11A)
                             PERCENT

             DK . . . . -8   (FC10B)
             RF . . . . -7   (FC10B)

PROGRAMMER SPECS:
Soft range: $50,000 - $11,250,000.
Hard range: $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC10A = "0", go to FC10B.

FC11A
Present as an overlay to FC10A.

FC11A

       How many patient days did that cover?   _____
                                       # OF DAYS

                                   OR

                        _____%
                           PERCENT

PROGRAMMER SPECS:
Soft range: 6,500 - 162,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 80%
Hard range %: 1% - 100%

```
FC10B

        What was the total revenue from private pay?

                                          $_____    (FC11B)

                                                   OR
                                          _____%  (FC11B)
                                              PERCENT

                    DK .......................................... -8    (FC10C)
                    RF .......................................... -7    (FC10C)
```

PROGRAMMER SPECS:
Soft range: $50,000 - $7,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC10B = "0", go to FC10C.

FC11B
Present as an overlay to FC10B.


```
FC11B

        How many patient days did that cover?       _____
                                                         # OF DAYS

                                                   OR
                                          _____%
                                              PERCENT
```

PROGRAMMER SPECS:
Soft range: 1,200 - 100,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
FC10C

        What was the total revenue from Medicare?

                                          $_____     (FC11C)

                                                 OR
                                          _____%  (FC11C)
                                               PERCENT

                  DK .......................................... -8   (FC10D)
                  RF .......................................... -7   (FC10D)
```
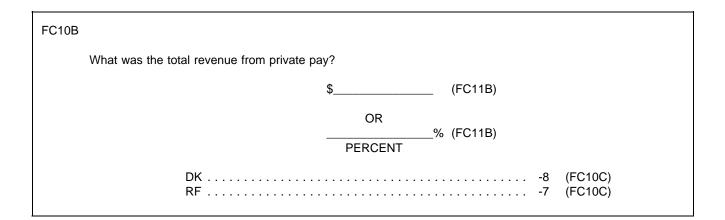
PROGRAMMER SPECS:
Soft range: $50,000 - $2,000,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC10C = "0", go to FC10D.

FC11C
Present as an overlay to FC10C.

```
FC11C

        How many patient days did that cover?      _____
                                                       # OF DAYS

                                                 OR
                                          _____%
                                               PERCENT
```

PROGRAMMER SPECS:
Soft range: 1,200 - 10,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC10D

What was the total revenue from the VA?

$_____   (FC11D)

OR

_____% (FC11D)
PERCENT

DK . . . . -8   (FC10E1)
RF . . . . -7   (FC10E1)

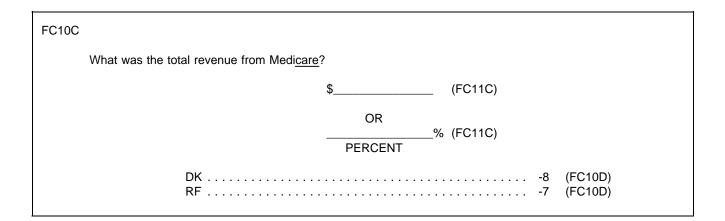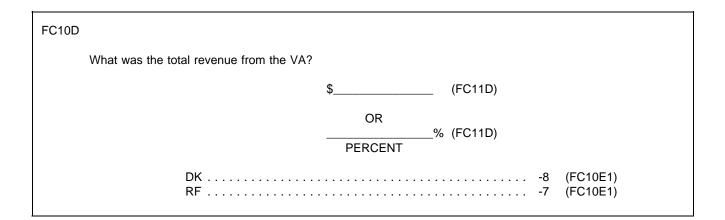PROGRAMMER SPECS:
Soft range: $50,000 - $200,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC10D = "0", go to FC10E.
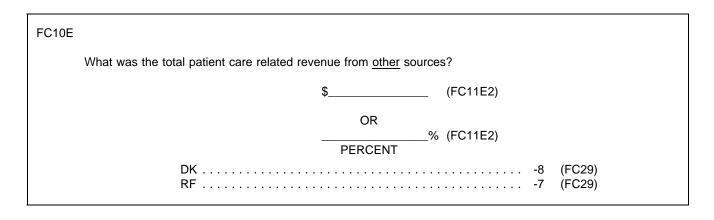
FC11D
Present as an overlay to FC10D.

FC11D

How many patient days did that cover?   _____
                                             # OF DAYS

OR

_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 1,000 - 45,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC10E1

       Were there any <u>other</u> sources of patient care related revenue?

                          YES 1   (FC10E2)
                          NO 0   (FC29)
                          DK . . . . -8   (FC29)
                          RF . . . . -7   (FC29)

FC10E2

       What were the other sources?
       (SPECIFY: _____)

FC10E

       What was the total patient care related revenue from <u>other</u> sources?

                          $_____   (FC11E2)

                               OR
                      _____% (FC11E2)
                       PERCENT

                    DK . . . . -8   (FC29)
                    RF . . . . -7   (FC29)

PROGRAMMER SPECS:
Soft range: $50,000 - $1,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%

FC11E2
Present as an overlay to FC10E.

FC11E

How many patient days did that cover?   _____   (FC29)
                           # OF DAYS

                       OR
             _____% (FC29)
                   PERCENT

               DK . . . . -8   (FC29)
               RF . . . . -7   (FC29)

PROGRAMMER SPECS:
Soft range: 1,000 - 5,000.
Hard range: 10 - 999,999.
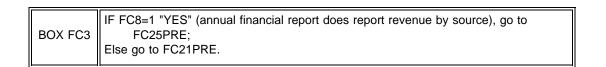Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC20
Please answer the following questions based on the annual financial report for your most recently completed fiscal year. What are the dates of your most recent fiscal year?

              FROM: _____   TO: _____
                     MO/DAY/YR   MO/DAY/YR

PROGRAMMER SPECS:
Hard ranges: "from" date year must be between 93 and 97; "to" date year must be on or before date of interview.

BOX FC3	IF FC8=1 "YES" (annual financial report does report revenue by source), go to FC25PRE; Else go to FC21PRE.

FC21PRE

(We thought you might not have this information immediately at hand, so I have this form that I can leave with you to pick up later. Or, if you prefer, I can make arrangements to give it to someone else to complete.)

SHOW COST OF PATIENT CARE QUESTIONNAIRE (CPCQ) TO R. INDICATE RESULTS HERE.

COMPLETE CPCQ NOW   1   (FC21)
LEFT CPCQ WITH R TO PICK UP LATER TODAY   2   (FC37PRE)
LEFT CPCQ WITH R, CAN'T COMPLETE TODAY,
   RECORD APPOINTMENT DATE AND TIME FOR
   TELEPHONE FOLLOWUP ON FROG   3   (FC37PRE)
REFERRED TO SOMEONE ELSE (RECORD NAME
   ON FROG)   4   (FC37PRE)
OTHER (SPECIFY: _____) . . . 91   (FC37PRE)
RF   . . . . -7   (FC37PRE)

MANAGEMENT SYSTEM SPECS:
If 2, 4, or 91 is entered, flag for retrieval in missing data. However, note that the CRQ items are not critical items. Do not retrieve RF. Disallow DK. If 3 is entered, code as complete and flag for telephone followup (assign ROC status of 70 - "FQ complete, CRQ outstanding").

FC21

What were your total patient care related <u>revenues</u> for your most recent fiscal year?

PROBE: Include revenues such as reimbursements from Medicaid, Medicare, the VA, payments from residents or their families, lump sums from state programs, and grants or donations from private organizations. <u>Do not include</u> revenues from a beauty shop, a gift shop, a parking lot, or television rental.

$_____
TOTAL REVENUES

DK . . . . -8   (FC23)
RF . . . . -7   (FC23)

PROGRAMMER SPECS:
Soft range: $50,000 - $15,000,000.
Hard range: $0 - $99,999,999.

FC22
Present as an overlay to FC21.

FC22

> How many patient days did that (AMOUNT IN FC21) cover?
>
> PROBE: Please give me your best estimate.
>
> _____
> TOTAL # PATIENT DAYS

PROGRAMMER SPECS:
Soft range: 6,500 - 215,000.
Hard range: 10 - 999,999.

FC23

> What were your total patient care related <u>expenses</u>, including capital costs, for your most recent fiscal year?
>
> PROBE: Include expenses such as staff salaries, housekeeping, the cost of the building, mortgage interest, or the cost of improvements to the building. <u>Do not include</u> expenses related to a beauty shop, a gift shop, a parking lot, or television rental.
>
> $_____
> TOTAL PATIENT EXPENSES

PROGRAMMER SPECS:
Soft range: $300,000 - $15,000,000.
Hard range: $0 - $99,999,999.

FC23A

> What were your total <u>non</u>-patient revenues for this period?
>
> $_____
> TOTAL NON-PATIENT REVENUES

PROGRAMMER SPECS:
Soft range: $10,000 - $15,000,000.
Hard range: $0 - $99,999,999.

BOX FC3A	If FC8 = -1, go to FC24; else Go to FC25PRE.

FC24

In your annual report, do you provide information on patient revenue by source of payment?

YES 1 (FC25PRE)
NO 0 (FC26PRE)
DK . . . . -8 (FC26PRE)
RF . . . . -7 (FC26PRE)

FC25PRE

I am going to read a list of sources of payment. As I read each source, please tell me the total revenue reported from that source in your most recent annual report and the number of patient days covered by that revenue.
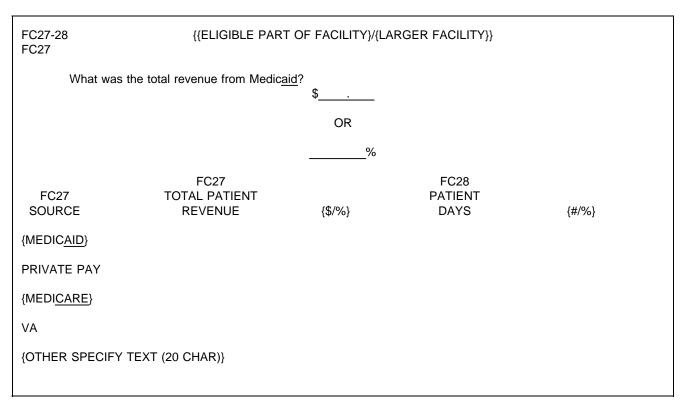
PRESS ENTER TO CONTINUE.

BOX FC4 | Go to FC27.

FC26PRE

It will help us classify places if you can give us an approximate breakdown of revenues by source of payment. I am going to read a list of sources of payment. As I read each source, please give me an estimate of the revenue from that source that was included in your most recent annual report and the number of patient days covered by that revenue.

PRESS ENTER TO CONTINUE.

FC27-28
Display FC27-28 as a matrix.
After FC27 is answered, display FC28 as an overlay of FC27.
If the facility is certified by Medic<u>aid</u>, display "Medic<u>aid</u>"; else
Do not display.
If the facility is certified by Medic<u>are</u>, display "Medic<u>are</u>"; else
Do not display.

SAMPLE LAYOUT

FC27-28   {{ELIGIBLE PART OF FACILITY}/{LARGER FACILITY}}
FC27

    What was the total revenue from Medic<u>aid</u>?

$_____ . _____

OR

_____%

	FC27 TOTAL PATIENT		FC28 PATIENT	
FC27 SOURCE	REVENUE	{$/%}	DAYS	{#/%}
{MEDIC<u>AID</u>}				
PRIVATE PAY				
{MEDIC<u>ARE</u>}				
VA				
{OTHER SPECIFY TEXT (20 CHAR)}				

PROGRAMMER SPECS:
If the "TOTAL PATIENT REVENUE" entry is >100, display "$";
Else if the "TOTAL PATIENT REVENUE" entry is $\geq$0 and <101, leave blank.
If "TOTAL PATIENT REVENUE" entry = 0, no entry for "PATIENT DAYS" is allowed.
If "PATIENT DAYS" entry is >100, display "#";
Else if "PATIENT DAYS" entry $\geq$ 0 and <101, leave blank.

FC27A

What was the total revenue from Medicaid? $_____ (FC28A)

OR

_____% (FC28A)
PERCENT

DK . . . . -8   (FC27B)
RF . . . . -7   (FC27B)

PROGRAMMER SPECS:
Soft range: $50,000 - $11,250,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27A = "0", go to FC27B.

FC28A
Present as an overlay to FC27A.

FC28A

How many patient days did that cover?   _____
OF DAYS

OR

_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 6,500 - 162,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC27B

What was the total revenue from private pay? $_____   (FC28B)

OR

_____%   (FC28B)
PERCENT

DK .... -8   (FC27C)
REFUSED .... -7   (FC27C)

PROGRAMMER SPECS:
Soft range: $50,000 - $7,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27B = "0", go to FC27C.

FC28B
Present as an overlay to FC27B.

FC28B

How many patient days did that cover?   _____
                                          # OF DAYS

OR

_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 1,200 - 100,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC27C

What was the total revenue from Medicare? $_____ (FC28C)

OR

_____% (FC28C)
PERCENT

DK . . . . -8   (FC27D)
RF . . . . -7   (FC27D)

PROGRAMMER SPECS:
Soft range: $50,000 - $2,000,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27C = "0", go to FC27D.

FC28C
Present as an overlay to FC27C.

FC28C

How many patient days did that cover?   _____
                                          # OF DAYS

OR

_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 1,200 - 10,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
┌─────────────────────────────────────────────────────────────────────────┐
│ FC27D                                                                     │
│                                                                           │
│        What was the total revenue from the VA?   $_____   (FC28D) │
│                                                                           │
│                                          OR                               │
│                                 _____% (FC28D)                  │
│                                      PERCENT                              │
│                                                                           │
│              DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8   (FC27E1) │
│              RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7   (FC27E1) │
└─────────────────────────────────────────────────────────────────────────┘
```

PROGRAMMER SPECS:
Soft range: $50,000 - $200,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27D = "0", go to FC27E.

FC28D
Present as an overlay to FC27D.

```
┌─────────────────────────────────────────────────────────────────────────┐
│ FC28D                                                                     │
│                                                                           │
│        How many patient days did that cover?      _____        │
│                                                     # OF DAYS             │
│                                                                           │
│                                          OR                               │
│                                 _____%                         │
│                                      PERCENT                              │
│                                                                           │
└─────────────────────────────────────────────────────────────────────────┘
```

PROGRAMMER SPECS:
Soft range: 1,000 - 45,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
┌─────────────────────────────────────────────────────────────────────────┐
│ FC27E1                                                                    │
│                                                                           │
│        Were there any other sources of patient care related revenue?     │
│                                                                           │
│              YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1   (FC27E2) │
│              NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0   (FC29) │
│              DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8   (FC29) │
│              RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7   (FC29) │
│                                                                           │
│ FC27E2                                                                    │
│                                                                           │
│        What were the other sources?                                       │
│        (SPECIFY: _____ ) │
└─────────────────────────────────────────────────────────────────────────┘
```

FC27E

What was the total patient care related revenue from other sources?

$_____   (FC28E2)

OR

_____% (FC28E2)
PERCENT

DK . . . . -8   (FC29)
RF . . . . -7   (FC29)

PROGRAMMER SPECS:
Soft range: $50,000 - $1,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%

FC28E2
Present as an overlay to FC27E.

FC28E

How many patient days did that cover?   _____
                                           # OF DAYS

OR

_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 1,000 - 5,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%

FC29
How many residents were in {{FACILITY}/[READ FAC/UNITS ABOVE]} at midnight last night?

_____
OF CURRENT RESIDENTS

PROGRAMMER SPECS:
Soft range: 10 - 300
Hard range: 0 - 1,600

FC37PRE
Display {PLACE ROSTER VERSION 5} below.

CTRL/E OK

FC37PRE

Next, we need some information about the nursing personnel in {{FACILITY}/[READ FACILITIES LISTED BELOW]} during the second full week in December 1996. If you do not have this information at hand today, I can leave this form with you to pick up later, or I can make arrangements to give it to someone else to fill out if you prefer.

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

{PLACE ROSTER VERSION 5}

PRESS ENTER TO CONTINUE.

FC37
For SAQ status to be marked as complete, item 2 must be selected or item 4 must be selected.

FC37

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

SHOW SAQ TO R. INDICATE RESULTS HERE.

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 COMPLETED 4
OTHER (SPECIFY:_____) 91

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 2 is entered, code as complete. If SAQ is not receipted in house, flag for telephone follow-up.
If 4 is entered, code as complete.

BOX FC5 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 within-facility navigation screen.

SECTION SS: SP SAMPLING

GENERAL NOTE:
The facility header described on p. 5 of the RD1 document (and as modified by display instructions above FA24PRE and PROGRAMMER SPECS below FA30) continues throughout the Sampling Section. In other words, all Place Roster entries with NNHES status = Eligible and Place type = Eligible LTC, "minus the (NO.) non-nursing beds" are displayed right justified, starting on the top line. If there are more than 4, the fifth line displays "MORE UNITS--USE F2."

SS1PRE

      Now, I would like to select a sample of admissions about whom we will collect information during this visit.

      PRESS ENTER TO CONTINUE.

SS1 omitted.

SS2
Display SS2 as a matrix.
For {ELIGIBLE UNITS} fill, display only eligible LTC units entered in the Round 1 Facility-level Questionnaire on the Place Roster (Version 5) in a modified version. (Eligible LTC units are those with NNHES STATUS = ELIGIBLE and PLACE TYPE = ELIGIBLE LTC.) Only one "level" of eligible unit should be displayed and that should be the lowest unit.
If only one eligible Place Roster entry, display it in the fill. If more than one, fill with "[READ FACILITIES/UNITS LISTED BELOW]." Display all eligible units below the question text, even if only one.
Display "First," the first time through SS2. On subsequent presentations, delete "First,".
Display "CONFIRM THAT..." if more than one eligible unit.

SS2

   {First,} I need a list of all admissions to {FACILITY/[FACILITY/READ UNITS LISTED BELOW]} excluding any non-
   nursing beds.

   The list should include admissions between 12:01 a.m. July 1, 1996 and midnight December 31, 1996.
   Can you provide me with such a list?

   {CONFIRM THAT THE LIST INCLUDES ALL ADMISSIONS FOR EACH UNIT.}

                                                  7/1/96 - 12/31/96
                                                  ADMISSIONS
                                                  LIST?
                                                  1 = YES, 0 = NO
                                                  IF NO ADMISSIONS, ENTER SHIFT/5.

   {PLACE ROSTER VERSION 5}
   {ELIGIBLE UNIT}   (   )
   {ELIGIBLE UNIT}   (   )
   {ELIGIBLE UNIT}   (   )
   {ELIGIBLE UNIT}   (   )
   {ELIGIBLE UNIT}   (   )

   PRESS F1 FOR SAMPLING AID.

PROGRAMMER SPECS:
Disallow DK.

BOX SS0	If SS2 = 0 (NO) for any unit, go to SS5 for each such unit. If any responses to SS2 = -7 (REFUSED), go to SSEND. If at least one response to SS2 = 1 (YES) and the remaining responses = -1 (NO ADMISSIONS), go to SS6. If all responses to SS2 = -1, go to SSEND.

SS3 and SS4 omitted.

SS5
Display for each eligible unit still missing. Display Respondent Roster.

SS5

      I am missing the list {for/of} {ELIGIBLE UNIT MISSING SAMPLE LIST}. Please tell me who in {FACILITY} could give me that information.

PROGRAMMER SPECS:
Post name to Respondent Roster, which directs interviewer to ask RR2. Then go to CLOSING 7.

SS6

      ENTER THE TIME LIST CLEANING BEGAN (   ).
      ENTER THE TIME LIST CLEANING ENDED (   ).

      PRESS F1 FOR SAMPLING AID.

PROGRAMMER SPECS:
Disallow DK/RF. If -8 (DK) entered, display message: DK/RF not allowed here. Please enter your best estimate.

SS7

      ENTER NUMBER OF FIRST ADMISSIONS ON LIST ( ).

SS9-12 SAMPLE LAYOUT
Run sample selection algorithm and display line numbers for up to 3 selected sample persons, as determined by the algorithm.

SS9-12

CIRCLE LINE NUMBERS INDICATED ON THE CLEANED SAMPLE LIST.

	SS9 Line#	SS10 Last Name	SS11 First Name	SS12 Middle Name
1.	{ }	_____	_____	_____
2.	{ }	_____	_____	_____

PRESS F1 FOR SAMPLING AID.

SS9
After line numbers have been generated, display text on the matrix, above question text, flush left.

SS9

      CIRCLE LINE NUMBERS INDICATED ON THE CLEANED SAMPLE LIST.

SS10

      What is the person's last name?

PROGRAMMER SPECS:
Disallow DK and RF.

SS11

What is the person's first name?

PROGRAMMER SPECS:
Disallow DK and RF.

SS12

What is the person's middle name?

PROGRAMMER SPECS:
Disallow DK and RF.

BOX SS2 omitted.

SS13-18 omitted.

BOX SS3	If only one eligible unit (PLACE TYPE = eligible LTC and NNHES STATUS = eligible), fill SS19 with unit name and go to SS20. If more than one eligible unit, go to SS19.

SS19
Display eligible LTC units from Place Roster (Version 5) as a choice list. Add "IN FACILITY-CAN'T TELL WHERE" as second to last choice. Add "SOME OTHER PLACE" as last choice. If there are eligible subunits within the SF, do not display the SF.

SS19

IF NOT OBVIOUS FROM SAMPLING LIST, ASK:
When {SP} was first admitted to a nursing unit this year, to which of these units was (she/he) admitted -- [READ UNITS BELOW]?

SELECT ONE.

{PLACE ROSTER, VERSION 5}

BOX SS3A	If "SOME OTHER PLACE" is selected from roster in SS19, go to SS19A; else go to SS20.

46

SS19A

Display Place Roster Version 5 for review only. If there are eligible subunits within the SF, do not display the SF. Do not display "SOME OTHER PLACE" on the roster.

SS19A

      Was a bed in [READ ELIGIBLE UNITS BELOW] held for {SP} when first admitted this year?

                YES 1   (SS19B)
                NO 0   (SS19C)
                DK . . . . -8   (SS19C)
                RF . . . . -7   (SS19C)

                      {PLACE ROSTER VERSION 5}

SS19B

Display Place Roster Version 5 as a "Select One" roster. If there are eligible subunits within the SF, do not display the SF, do not display "SOME OTHER PLACE" on the roster.

SS19B

      Where was the bed that was held for {SP} when first admitted this year?

      SELECT ONE.

                      {PLACE ROSTER, VERSION 5}

SS19C

Display as an overlay of SS19A.

SS19C

      REVIEW THE SAMPLING LIST. IF YOU HAVE SAMPLED FROM AN INELIGIBLE UNIT, BACK UP TO SS7. CLEAN THE LIST AGAIN, REMOVING ALL PERSONS FROM INELIGIBLE UNITS. SELECT THE SAMPLE AGAIN.

PROGRAMMER SPECS:
Interviewer must back up to correct.

SS20-24 SAMPLE LAYOUT
For each SP, after display of SS20, display SS20-24 in a form. As cursor moves through the entry fields, display appropriate question text above the form.

SS20-24

    {QUESTION TEXT}

SS20	ADMISSION DATE	( ) MM	( ) DD	19( ) YY
SS21	SEX (MALE = 1, FEMALE = 2)	( )		
SS22	DATE OF BIRTH	( ) MM	( ) DD	( ) YYYY
SS23	CURRENTLY ALIVE (YES = 1, NO = 0)	( )		
{SS24	DATE OF DEATH	( ) MM	( ) DD	19( )} YY

SS20
If unit selected or pre-filled in SS19/SS19B, fill with eligible unit name. Else if facility header has more than one unit, fill with "[READ FACILITY UNITS IN HEADER ABOVE]".

SS20

    On what date was {SP} admitted to {UNIT SELECTED IN SS19/SS19B} in 1996?

    MONTH ( )   DAY ( )   YEAR 19( )

PROGRAMMER SPECS:
Disallow DK and RF.
Hard range is 7/1/96 - 12/31/96 [Round 3 only.] If outside range, display message: THE DATE YOU ENTERED IS OUTSIDE THE REFERENCE PERIOD. REVIEW THE SAMPLING LIST AGAIN REMOVING ALL PERSONS WITH DATES OUTSIDE THE SAMPLED REFERENCE PERIOD. BACK UP TO SS7 AND SELECT THE SAMPLE AGAIN.

SS21

    ASK IF NOT OBVIOUS:
    Is {SP} male or female?

            MALE 1
            FEMALE 2

```
SS22

        What was {SP's} date of birth?

        ENTER A 4-DIGIT YEAR.

        MONTH (   )    DAY (   )    YEAR (    )
```

PROGRAMMER SPECS:
Range edit for R2 First Admissions: 1/1/1870 to SAD or 6/30/96.
Range edit for R3 First Admissions: 1/1/1870 to SAD or 12/31/96.

SS23
If date of interview is 1/1/97 or later, display "Was {SP} alive on December 31, 1996?"; else display "Is {SP} currently alive?"

```
SS23

        {Is {SP} currently alive/Was {SP} alive on December 31, 1996}?

                        YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1   (BOX SS4)
                        NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0
                        DK  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -8   (BOX SS4)
                        RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -7   (BOX SS4)
```

PROGRAMMER SPECS:
Set vital status flag as ALIVE if "YES" and DECEASED if "NO." If "DK" or "RF", set to missing.

SS24
Display as an overlay on the form.

```
SS24

        On what date did {SP} die?  PROBE FOR MONTH.

        MONTH (   )    DAY (   )    YEAR 19(   )
```

PROGRAMMER SPECS:
Range edit: Must be 1/1/96 or later.

SS25 omitted.

BOX SS4	RETURN TO NEXT SP UNTIL ALL SPS ARE COMPLETE FOR SS19-SS25, THEN GO TO SSEND.

SSEND

     SAMPLING IS NOW COMPLETE FOR THIS FACILITY. PRESS ENTER TO GO TO FACILITY NAVIGATION SCREEN.

CLOSING 2 omitted.

CALL HOME SUMMARY REPORT, RESULTS, AND OUTCOME omitted.

CLOSINGS 3-6 omitted.

CLOSING 7

Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to [READ NAME(S) BELOW]:

     {RESPONDENT NAMED IN SS5} {ELIGIBLE LTC PLACE IN SS5}
     {RESPONDENT NAMED IN SS5} {ELIGIBLE LTC PLACE IN SS5}
     {RESPONDENT NAMED IN SS5} {ELIGIBLE LTC PLACE IN SS5}

     PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

WESTAT

An Employee-Owned Research Corporation

MEMORANDUM

<div align="right">
October 11, 1994
Revised 1/11/95
Revised 9/28/95
Revised 10/5/95
</div>

To: Rick Dulaney
       Tim Butler

From: Jim Bethel
       Pam Broene

Subject: Revised Sampling Algorithm for CAPI

    Overview. This memorandum specifies the sampling algorithms for the primary sampling modules in CAPI. These modules are (1) the check on the number of residents, (2) the specifications for the "call home" override code, and (3) the sample selection algorithm. Besides being distributed to you directly, this memo will be attached to the facility questionnaire. The current revision (10/5/95) reflects a correction in the formula for λ_{NA}; this correction had been made in an earlier version for the pretest but the error crept back into the 9/28/95 version.

    Check on Number of Residents. The following rule should be used for checking the number of residents listed (SS7) against the frame:

IF

    1.   Current Residents listed $\leq$ 10

          AND

    $\left|(\text{Current Residents listed}) - \text{NUMBEDS}\right| > 5$

OR

    2.   10 <Current Residents listed < 300

          AND

    $\dfrac{\text{Current Residents listed}}{\text{NUMBEDS}} > 1.5$ *or* $\dfrac{\text{Current Residents listed}}{\text{NUMBEDS}} < .5$

OR

    3.   Current Residents listed $\geq$ 300

          AND

$$\frac{\text{Current Residents listed}}{\text{NUMBEDS}} > 1.33 \qquad or \qquad \frac{\text{Current Residents listed}}{\text{NUMBEDS}} < .67$$

then display the message, "Call Home Office."

Override Code. When the "call home office" module has been activated, the interviewer must enter code to resume sample selection. To be a valid override code, a number x must satisfy:

$$\frac{x - k}{d} \qquad = \qquad \text{integer.}$$

Use $k = 23$ and $d = 11$. (If you make it anything else, let me know.)

Current Resident Sample Size. The sample size will be computed as:

CR_SAMP = min(4, number of CRs listed)

First Admission Sample Sizes. We will adjust the new admissions sample sizes when there is a large number of annual admissions relative to the number of eligible beds (NUMBEDS). The new admissions sample size (NA_SAMP) as calculated below is the value for an individual round.

Using this formula, first compute

$$\lambda_{NA} = 2 \ \frac{\text{Number FAs listed}}{(0.472)(\text{NUMBEDS})}$$

If $\lambda_{NA} > 3$ then NA_SAMP = min (3, number of FAs listed)
else NA_SAMP = min (2, number of FAs listed)

The constant used in the formula for λ_{NA} (i.e., 0.472) represents the estimated ratio of first admissions to residents.

Sample Selection Algorithm. The sampling algorithm is the same for both the current residents and new admissions samples. In each case there are three variables:

·   Sample size (CR_SAMP or NA_SAMP)

·   Number of persons listed (current residents, Round 2 new admissions, or Round 3 new admissions),

·   Random number (R1_RAND, R2_RAND, R3_RAND).

Given these quantities, the algorithm is as follows:

A1.   If

Sample Size ≥ Number Listed

then

Sample Size = Number Listed.

A2.   For $1 \leq i <$ Sample Size $+1$, the i-th line number is computed as:

$$\text{Line Number} = \left[(\text{Random number} + i - 1) \frac{\text{Number listed}}{\text{Sample Size}} + 1 \right]$$

where R is the random number; note that $f(x) = [x]$ is the greatest integer function and truncates the value x.

If the last line number is greater than the number listed, then discard it and use only the line numbers less than or equal to the number listed. (Note: This part of the procedure allows for stochastic rounding of the sample sizes where they have been adjusted to non-integer values.)

FQ_MISS
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_MISS

MISSING DATA

INTERVIEWER: WHAT WOULD YOU LIKE TO DO?

( )

0.   RETURN TO FACILITY NAVIGATION SCREEN

1.   MARK STATUS OF CRQ (FC1APRE)
2.   MARK STATUS OF SAQ (FC37PRE)

FC37PRE
Display {Place Roster Version 5} below.

FC37PRE

Next, we need some information about the nursing personnel in {{FACILITY}/[READ FACILITIES LISTED BELOW]} during the second full week in December 1996. If you do not have this information at hand today, I can leave this form with you to pick up later, or I can make arrangements to give it to someone else to fill out if you prefer.

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

{PLACE ROSTER VERSION 5}

PRESS ENTER TO CONTINUE.

FC37

For SAQ status to be marked as complete, item 2 must be selected or item 4 must be selected.

FC37

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

       SHOW SAQ TO R. INDICATE RESULTS HERE.

                        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 COMPLETED: 4
                        OTHER (SPECIFY:_____) 91

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 2 is entered, code as complete. If SAQ is not receipted in house, flag for telephone follow-up.

If 4 is entered, code as complete.

BOX FACOMP	FC37 = 2 or 4 (SAQRSLT=2 or 4), and FC4PRE or FC21PRE or FC1APRE = 1 or 3 (CRQRSLT=1 or 3), go to FCEND; else go to MD Management screen (FQ_MISS).

FCEND

       YOU HAVE COMPLETED DATA COLLECTION FOR FACILITY LEVEL MISSING DATA.

       PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

FC1APRE

(We thought you might not have this information immediately at hand, so I have this form that I can leave with you to pick up later. Or, if you prefer, I can make arrangements to give it to someone else to complete.)

SHOW COST REPORT QUESTIONNAIRE (CRQ) TO R. INDICATE RESULTS HERE.

COMPLETE CRQ NOW 1 (RR1)
LEFT CRQ WITH R TO PICK UP LATER TODAY .... 2 (FQ_MISS)
LEFT CRQ WITH R, CAN'T COMPLETE TODAY,
    RECORD APPOINTMENT DATE AND TIME FOR
    TELEPHONE FOLLOWUP ON FROG .... 3 (BOX FACOMP)
REFERRED TO SOMEONE ELSE (RECORD NAME
    ON FROG) .... 4 (FQ_MISS)
OTHER (SPECIFY: _____) ... 91 (FQ_MISS)
RF .... -7 (BOX FACOMP)

MANAGEMENT SYSTEM SPECS:
If 2, 4, or 91 is entered, flag retrieval in missing data. However, note that the CRQ items are not critical items. Do not retrieve RF. Disallow DK. If 3 is entered, code as complete and flag for telephone followup (assign ROC status of 70 - "FQ complete, CRQ outstanding").

SAMPLE LAYOUT

RR1

RESPONDENT ROSTER

RR1   RR2
NAME   TITLE

PROGRAMMER SPECS:
If coming to the Respondent Roster from FQ_MISS 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_MISS and a name is selected/added, <ESCAPE> from the roster takes the interviewer to the first facility level item flagged as missing.

FC1PRE

I have just a few questions to help us describe the long term care places where the residents who were sampled for the study lived. The questions ask in general about patient revenues and expenses. Like all the information collected for the study, it will be used for research purposes only, be held in strict confidence, and not be released to anyone without your consent.

PRESS ENTER TO CONTINUE.

| BOX FC1 | If facility is certified by Medicaid (PLAC.CAIDCRT1 or FACB.CAIDCERT = 1), go to FC2; else
Go to FC20. |

FC2

Do you file a Medicaid cost report with the state containing information on patient revenues and {FACILITY} expenses?

YES   1   (FC3)
NO   0   (FC20)
DK . . . .   -8   (FC20)
RF . . . .   -7   (FC20)

FC3

Please answer these next questions based on your most recently completed Medicaid cost report. What are the dates of the period covered by your most recent cost report?

FROM: _____   TO: _____
            MO/DAY/YR   MO/DAY/YR

PROGRAMMER SPECS:
Hard ranges: "from" date: YR must be between 93 and 97; "to" date must be on or before the date of interview.

FC4PRE omitted.

FC4

What were your total patient care related <u>revenues</u> for this cost reporting period?

PROBE: Include revenues such as reimbursements from Medicaid, Medicare, the VA, payments from residents or their families, lump sums from state programs, and grants or donations from private organizations. <u>Do not include</u> revenues from a beauty shop, a gift shop, a parking lot, or television rental.

$_____
TOTAL REVENUES

DK . . . . -8 (FC6)
RF . . . . -7 (FC6)

PROGRAMMER SPECS:
Soft range: $500,000 - $15,000,000.
Hard range: $0 - $99,999,999.

FC5

How many patient days did that {AMOUNT IN FC4} cover?

PROBE: Please give me your best estimate.

_____
TOTAL # PATIENT DAYS

PROGRAMMER SPECS:
Soft range: 6,500 - 215,000.
Hard range: 10 - 999,999.

FC6

What were your total patient care related <u>expenses</u>, including capital costs, for this cost reporting period?

PROBE: Include expenses such as staff salaries, housekeeping, the cost of the building, mortgage interest, or the cost of improvements to the building. <u>Do not include</u> expenses related to a beauty shop, a gift shop, a parking lot, or television rental.

$_____
TOTAL PATIENT EXPENSES

DK . . . . -8
RF . . . . -7

PROGRAMMER SPECS:
Soft range: $300,000 - $15,000,000.
Hard range: $0 - $99,999,999.

FC6A

What were your total <u>non</u>-patient revenues for this period?

$_____
TOTAL NON-PATIENT REVENUES

PROGRAMMER SPECS:
Soft Range: $10,000 - $15,000,000.
Hard Range: $0 - $99,999,999.

FC7

In your Medicaid cost report, do you provide information on patient revenue by source of payment?

YES   1   (FC9PRE)
NO   0   (FC8)
DK . . . . -8   (FC8)
RF . . . . -7   (FC8)

FC8

Does your facility complete an annual financial report, other than a Medicaid Cost Report, where patient revenue by source of payment is reported?

YES   1   (FC20)
NO   0   (FC10PRE)
DK . . . . -8   (FC10PRE)
RF . . . . -7   (FC10PRE)

FC9PRE

I am going to read a list of sources of payment. As I read each source, please tell me the total revenue reported from that source in your last Medicaid cost report and the number of patient days covered by that revenue.

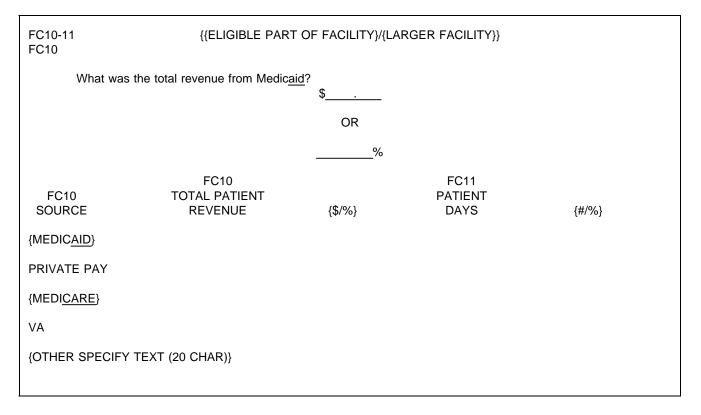PRESS ENTER TO CONTINUE.

BOX FC2   Go to FC10A.

```
┌─────────────────────────────────────────────────────────────────────────────┐
│ FC10PRE                                                                       │
│                                                                               │
│      It will help us classify places if you can give us an approximate breakdown of revenues by source of payment. │
│      I am going to read a list of sources of payment.  As I read each source, please give me an estimate of the │
│      revenue from that source that was included in your last cost report and the number of patient days covered by │
│      that revenue.                                                            │
│                                                                               │
│      PRESS ENTER TO CONTINUE.                                                 │
└─────────────────────────────────────────────────────────────────────────────┘
```

FC10-11
Display FC10-11 as a matrix.
After FC10 is answered, display FC11 as an overlay of FC10.
If the facility is certified by Medicaid, display "Medicaid"; else
Do not display.
If the facility is certified by Medicare, display "Medicare"; else
Do not display.

SAMPLE LAYOUT

```
┌─────────────────────────────────────────────────────────────────────────────┐
│ FC10-11                        {{ELIGIBLE PART OF FACILITY}/{LARGER FACILITY}} │
│ FC10                                                                          │
│                                                                               │
│      What was the total revenue from Medicaid?                                │
│                                                $_____.____                    │
│                                                                               │
│                                                   OR                          │
│                                                                               │
│                                            _____%                         │
│                            FC10                              FC11             │
│        FC10             TOTAL PATIENT                       PATIENT           │
│       SOURCE              REVENUE         {$/%}              DAYS          {#/%} │
│                                                                               │
│  {MEDICAID}                                                                   │
│                                                                               │
│  PRIVATE PAY                                                                  │
│                                                                               │
│  {MEDICARE}                                                                   │
│                                                                               │
│  VA                                                                           │
│                                                                               │
│  {OTHER SPECIFY TEXT (20 CHAR)}                                               │
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
```

PROGRAMMER SPECS:
If the "TOTAL PATIENT REVENUE" entry is >100, display "$";
Else if the "TOTAL PATIENT REVENUE" entry is ≥0 and <101, leave blank.
If "TOTAL PATIENT REVENUE" entry =0, no entry for "PATIENT DAYS" is allowed.
If "PATIENT DAYS" entry is >100, display "#";
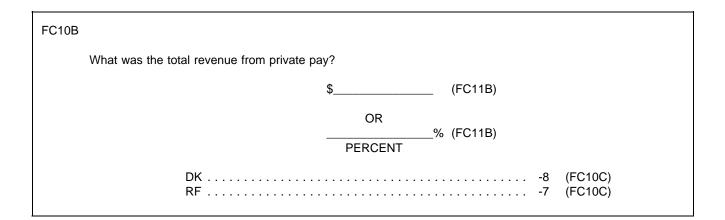Else if "PATIENT DAYS" entry ≥0 and <101, leave blank.

FC10A

What was the total revenue from Medicaid?

$_____   (FC11A)

OR

_____% (FC11A)
PERCENT

DK . . . .   -8   (FC10B)
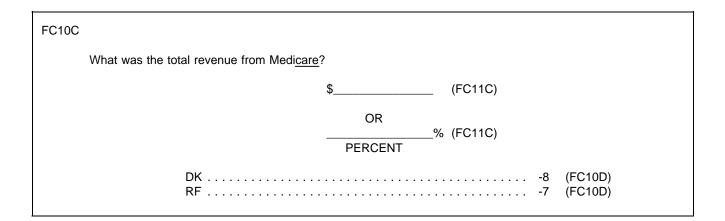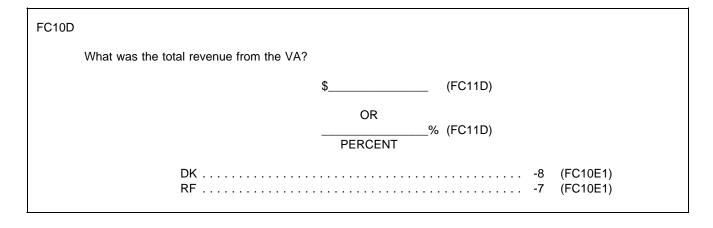RF . . . .   -7   (FC10B)

PROGRAMMER SPECS:
Soft range: $50,000 - $11,250,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
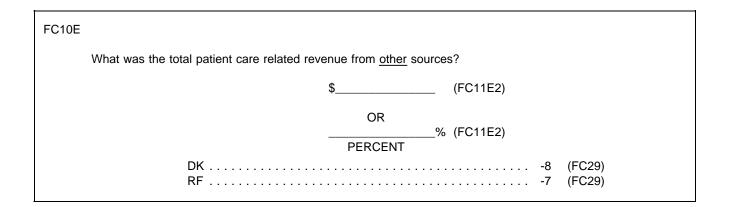Hard range %: 0% - 100%
If FC10A = "0", go to FC10B

FC11A
Present as an overlay to FC10A.

FC11A

How many patient days did that cover?   _____
OF DAYS

OR

_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 6,500 - 162,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC10B

What was the total revenue from private pay?

$_____   (FC11B)

OR
_____% (FC11B)
PERCENT

DK . . . . -8   (FC10C)
RF . . . . -7   (FC10C)

PROGRAMMER SPECS:
Soft range: $50,000 - $7,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC10B = "0", go to FC10C.

FC11B
Present as an overlay to FC10B.

FC11B

How many patient days did that cover?   _____
OF DAYS

OR
_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 1,200 - 100,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
FC10C

        What was the total revenue from Medicare?

                                          $_____    (FC11C)

                                              OR
                                      _____%  (FC11C)
                                          PERCENT

            DK .......................................... -8   (FC10D)
            RF .......................................... -7   (FC10D)
```

PROGRAMMER SPECS:
Soft range: $50,000 - $2,000,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC10C = "0", go to FC10D.

FC11C
Present as an overlay to FC10C.

```
FC11C

        How many patient days did that cover?    _____
                                                    # OF DAYS

                                              OR
                                      _____%
                                          PERCENT
```

PROGRAMMER SPECS:
Soft range: 1,200 - 10,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
FC10D

     What was the total revenue from the VA?

                                      $_____    (FC11D)

                                            OR
                            _____% (FC11D)
                                          PERCENT

               DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8    (FC10E1)
               RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7    (FC10E1)
```

PROGRAMMER SPECS:
Soft range: $50,000 - $200,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC10D = "0", go to FC10E.

FC11D
Present as an overlay to FC10D.

```
FC11D

     How many patient days did that cover?      _____
                                                    # OF DAYS

                                            OR
                            _____%
                                          PERCENT
```

PROGRAMMER SPECS:
Soft range: 1,000 - 45,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
FC10E1

     Were there any other sources of patient care related revenue?

               YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    1    (FC10E2)
               NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    0    (FC29)
               DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8    (FC29)
               RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7    (FC29)
FC10E2

     What were the other sources?
     (SPECIFY: _____ )
```

```
FC10E

        What was the total patient care related revenue from other sources?

                                      $_____   (FC11E2)

                                              OR
                                      _____%  (FC11E2)
                                            PERCENT
                DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8    (FC29)
                RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7    (FC29)
```

PROGRAMMER SPECS:
Soft range: $50,000 - $1,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%

FC11E2
Present as an overlay to FC10E.

```
FC11E

        How many patient days did that cover?    _____    (FC29)
                                                      # OF DAYS

                                              OR
                                      _____%  (FC29)
                                            PERCENT

                DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8    (FC29)
                RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7    (FC29)
```

PROGRAMMER SPECS:
Soft range: 1,000 - 5,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC20

     Please answer the following questions based on the annual financial report for your most recently completed fiscal year. What are the dates of your most recent fiscal year?

              FROM: _____   TO: _____
                      MO/DAY/YR   MO/DAY/YR

PROGRAMMER SPECS:
Hard ranges: "from" date year must be between 93 and 97; "to" date year must be on or before date of interview.

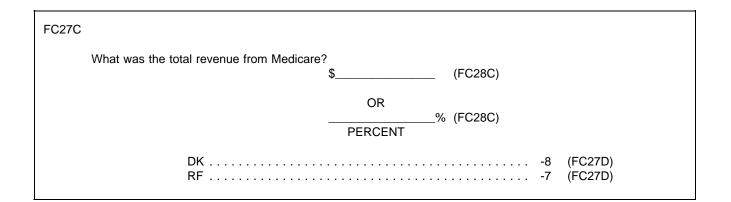|	
BOX FC3	If FC8 = 1, "YES" (annual financial report does report revenue by source), go to FC25PRE; else Go to FC21.

FC21PRE omitted.

FC21   {{ELIGIBLE PART OF FACILITY}/{LARGER FACILITY}}

     What were your total patient care related <u>revenues</u> for your most recent fiscal year?

     PROBE: Include revenues such as reimbursements from Medicaid, Medicare, the VA, payments from residents or their families, lump sums from state programs, and grants or donations from private organizations. <u>Do not include</u> revenues from a beauty shop, a gift shop, a parking lot, or television rental.

              $_____
              TOTAL REVENUES

              DK . . . . -8   (FC23)
              RF . . . . -7   (FC23)

PROGRAMMER SPECS:
Soft range: $500,000 - $15,000,000.
Hard range: $0 - $99,999,999.

FC22
Present as an overlay to FC21.

FC22

     How many patient days did that (AMOUNT IN FC21) cover?

     PROBE: Please give me your best estimate.

              _____
              TOTAL # PATIENT DAYS

PROGRAMMER SPECS:
Soft range: 6,500 - 215,000.
Hard range: 10 - 999,999.

FC23

        What were your total patient care related <u>expenses</u>, including capital costs, for your most recent fiscal year?

        PROBE: Include expenses such as staff salaries, housekeeping, the cost of the building, mortgage interest, or the cost of improvements to the building. <u>Do not include</u> expenses related to a beauty shop, a gift shop, a parking lot, or television rental.

                  $_____
                  TOTAL PATIENT EXPENSES

PROGRAMMER SPECS:
Soft range: $300,000 - $15,000,000.
Hard range: $0 - $99,999,999.

FC23A

        What were your total <u>non</u>-patient revenues for this period?

                  $_____
                  TOTAL NON-PATIENT REVENUES

PROGRAMMER SPECS:
Soft range: $10,000 - $15,000,000.
Hard range: $0 - $99,999,999.

BOX FC3A	If FC8 = -1, go to FC24; else Go to FC25PRE.

FC24

In your annual report, do you provide information on patient revenue by source of payment?

```
YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1   (FC25PRE)
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0   (FC26PRE)
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -8   (FC26PRE)
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -7   (FC26PRE)
```

FC25PRE

I am going to read a list of sources of payment. As I read each source, please tell me the total revenue reported from that source in your most recent annual report and the number of patient days covered by that revenue.

PRESS ENTER TO CONTINUE.

BOX FC4 | Go to FC27.

FC26PRE

It will help us classify places if you can give us an approximate breakdown of revenues by source of payment. I am going to read a list of sources of payment. As I read each source, please give me an estimate of the revenue from that source that was included in your most recent annual report and the number of patient days covered by that revenue.

PRESS ENTER TO CONTINUE.

FC27-28
Display FC27-28 as a matrix.
After FC27 is answered, display FC28 as an overlay of FC27.
If the facility is certified by Medicaid, display "Medicaid"; else
Do not display.
If the facility is certified by Medicare, display "Medicare"; else
Do not display.

SAMPLE LAYOUT

FC27-28   {{ELIGIBLE PART OF FACILITY}/{LARGER FACILITY}}
FC27

        What was the total revenue from Medicaid?
                                              $_____.____

                                                  OR

                                          _____%

                              FC27   FC28
       FC27   TOTAL PATIENT   PATIENT
      SOURCE   REVENUE   {$/%}   DAYS   {#/%}

{MEDICAID}

PRIVATE PAY

{MEDICARE}

VA

{OTHER SPECIFY TEXT (20 CHAR)}

PROGRAMMER SPECS:
If the "TOTAL PATIENT REVENUE" entry is >100, display "$".
Else if the "TOTAL PATIENT REVENUE" entry is ≥0 and <101, leave blank.
If "TOTAL PATIENT REVENUE" entry =0, no entry for "PATIENT DAYS" is allowed.
If "PATIENT DAYS" entry is >100, display "#";
Else if "PATIENT DAYS" entry ≥0 and <101, leave blank.

```
FC27A

    What was the total revenue from Medicaid?  $_____      (FC28A)

                                        OR
                            _____%  (FC28A)
                                    PERCENT

                DK .......................................... -8  (FC27B)
                RF .......................................... -7  (FC27B)
```

PROGRAMMER SPECS:
Soft range: $50,000 - $11,250,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27A = "0", go to FC27B.

FC28A
Present as an overlay to FC27A.

```
FC28A

    How many patient days did that cover?      _____
                                                  # OF DAYS

                                        OR
                            _____%
                                  PERCENT
```

PROGRAMMER SPECS:
Soft range: 6,500 - 162,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC27B

What was the total revenue from private pay?

$_____   (FC28B)

OR

_____%   (FC28B)
PERCENT

DK .... -8   (FC27C)
REFUSED .... -7   (FC27C)

PROGRAMMER SPECS:
Soft range: $50,000 - $7,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27B = "0", go to FC27C.

FC28B
Present as an overlay to FC27B.

FC28B

How many patient days did that cover?   _____
OF DAYS

OR

_____%
PERCENT

PROGRAMMER SPECS:
Soft range: 1,200 - 10,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
FC27C

        What was the total revenue from Medicare?
                                              $_____     (FC28C)

                                                      OR
                                        _____%  (FC28C)
                                              PERCENT

                    DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -8    (FC27D)
                    RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -7    (FC27D)
```

PROGRAMMER SPECS:
Soft range: $50,000 - $2,000,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27C = "0", go to FC27D.

FC28C
Present as an overlay to FC27C.

```
FC28C

        How many patient days did that cover?       _____
                                                        # OF DAYS

                                                      OR
                                        _____%
                                              PERCENT
```

PROGRAMMER SPECS:
Soft range: 1,200 - 10,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

```
FC27D

        What was the total revenue from the VA?
                                          $_____    (FC28D)

                                              OR
                                          _____% (FC28D)
                                              PERCENT

                DK .......................................... -8   (FC27E1)
                RF .......................................... -7   (FC27E1)
```

PROGRAMMER SPECS:
Soft range: $50,000 - $200,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%
If FC27D = "0", go to FC28D.

FC28D
Present as an overlay to FC27D.

```
FC28D

        How many patient days did that cover?     _____
                                                     # OF DAYS

                                                        OR
                                                   _____%
                                                     PERCENT
```

PROGRAMMER SPECS:
Soft range: 1,000 - 45,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 1% - 100%

FC27E1

Were there any <u>other</u> sources of patient care related revenue?

YES 1 (FC27E2)
NO 0 (FC29)
DK . . . . -8 (FC29)
RF . . . . -7 (FC29)

FC27E2

What were the other sources?
(SPECIFY: _____)

FC27E

What was the total patient care related revenue from <u>other</u> sources?

$_____ (FC28E2)

OR

_____% (FC28E2)
PERCENT

DK . . . . -8 (FC29)
RF . . . . -7 (FC29)

PROGRAMMER SPECS:
Soft range: $50,000 - $1,500,000.
Hard range: $0 - $99,999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%

FC28E2
Present as an overlay to FC27E.

FC28E

How many patient days did that cover?   _____
                                             # OF DAYS

                                                OR
                                         _____%
                                             PERCENT

PROGRAMMER SPECS:
Soft range: 1,000 - 5,000.
Hard range: 10 - 999,999.
Soft range %: 10% - 90%
Hard range %: 0% - 100%

FC29

How many residents were in {{FACILITY}/[READ FAC/UNITS ABOVE]} at midnight last night?

_____
CURRENT RESIDENTS

PROGRAMMER SPECS:
Soft range: 10 - 300.
Hard range: 0 - 1,600.

| BOX FACOMP | If FC27 = 2 or 4 (SAQRSLT=2 or 4) and FC4PRE or FC21PRE or FC1APRE = 1 or 3 (CRQRSLT=1 or 3) go to FCEND; else go to MD Management Screen (FQ-MISS). |

FCEND

YOU HAVE COMPLETED DATA COLLECTION FOR FACILITY LEVEL MISSING DATA.

PRESS ENTER TO RETURN TO FACILITY NAVIGATION SCREEN.

FACILITY NAME _____

NURSING HOME/LTC UNIT _____

ID # _____

FORM # _____

DATE _____/_____/_____
            MONTH   DAY   YEAR

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and
National Center for Health Statistics

Medical Expenditure Panel Survey

NATIONAL NURSING HOME EXPENDITURE SURVEY

ROUND 3

FACILITY STAFFING QUESTIONNAIRE FOR THE SECOND FULL WEEK IN <u>DECEMBER</u> 1996

SAMPLE FACILITIES

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 AHCPR, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of AHCPR without the consent of the individual or the establishment in accordance with Section 903(c) of the Public Health Service Act (42 U.S.C. 299a-1(c)).

The U.S. Public Health Service has contracted with Westat to conduct the Medical Expenditure Panel Survey (MEPS). This includes a nationwide study of residents in nursing homes -- the National Nursing Home Expenditure Study (NNHES). The purpose of the study is to collect data about the American population's use and financing of nursing home services. Findings from this survey will provide critical input in the development of policies to promote efficient and effective health care resources allocation, a topic that is a major concern to all of us.

The study will be administered to a randomly selected nationwide sample of nursing homes. Your facility has been chosen to be a key player in this important data collection effort. Thus, your participation in this effort will be instrumental in guiding policymakers and legislators in forming a comprehensive health care plan.

As part of this study, we are asking you to supply some information about the number of RNs, LPNs, and aides who were employees during the second full week in December 1996. (For example, if your work week is Sunday to Saturday, the second full week was December 8th through December 14th.) We need a breakdown of full-time employees (at least 35 hours per week), part-time employees, and full-time equivalents (FTEs). We need the same breakdown for temporary agency (registry or pool) staff during the second full week in January. (If staff are shared across units, do the best you can to estimate the number of employees and FTEs for the units that are listed at the top of the attached questionnaire.)

We also need the hourly rate you pay for RNs and LPNs who are employees and who have one year of experience, the hourly rate for entry-level aides, and the hourly rate you pay for temporary agency (registry or pool) RNs, LPNs, and aides.

Please answer these questions only for the certified or licensed nursing facility beds in the units listed at the top of page two.

Thank you in advance for your help in providing this important information.

OMB #:   0935-0099
EXP: 09/30/97

PLEASE ANSWER THE QUESTIONS BELOW FOR THE CERTIFIED OR LICENSED NURSING FACILITY BEDS IN
_____ ONLY. IF STAFF SPLIT THEIR TIME AMONG
UNITS, ALLOCATE THE BEST YOU CAN.

1.   In Table 1 below, we are interested in <u>nursing staff</u> who were <u>employees</u> of your facility during the <u>second full
        week in December 1996</u>.

        In **Column A** enter the number of <u>full-time RNs (including the Director of Nursing), LPNs and nurses aides</u> who
        were employees of your facility. (By full-time, we mean at least 35 hours per week.)

        In **Column B** enter the number of <u>part-time RNs, LPNs and nurses aides</u> who were employees of your facility.
        (By part-time, we mean less than 35 hours per week.)

        In **Column C** enter the number of <u>full-time equivalents (FTEs)</u> for RNs, LPNs and nurses aides who were
        employees of your facility.

TABLE 1: EMPLOYEES -- SECOND FULL WEEK IN DECEMBER 1996

Staff Type	A. Full-time Employees	B. Part-time Employees	C. FTE Employees
RNs			
LPNs			
Aides			

2.   In Table 2 below, we are interested in <u>nursing staff</u> who worked for you as temporary agency (<u>registry or pool</u>)
        staff during the <u>second full week in December 1996</u>. (These are staff supplied by a <u>temporary agency</u> in contrast
        to your own staff of employees.)

        In Table 2 you may complete either:

        Column A by entering the <u>full-time equivalents</u> for RNs, LPNs and nurses aides who worked as <u>registry or pool
        staff</u>.

                                                        OR

        Column B by entering the <u>total number of hours</u> worked by <u>registry or pool staff</u>.

TABLE 2: REGISTRY/POOL STAFF -- SECOND FULL WEEK IN DECEMBER 1996

Staff Type	A. Registry/Pool FTEs		B. Registry/Pool Total Hours
RNs		<u>OR</u>	
LPNs			
Aides			

3.   In question 3 we are interested in staff wage rates for nurses who are employees of your facility. When answering this question, we ask that you quote rates that are paid to nurses on the day shift with 1-year experience. (If no staff with 1-year experience, use rate paid to nurses with experience closest to 1 year, check the "other" box, and write in how much experience it is.)

What is the hourly wage rate paid to RNs and LPNs on the day shift?

<u>Staff Type</u>   <u>WAGE RATE</u>

RN $_____ per hour   ☐ 1-YR EXPERIENCE

☐ OTHER (DESCRIBE: _____

_____).

LPN $_____ per hour   ☐ 1-YR EXPERIENCE

☐ OTHER (DESCRIBE: _____

_____).

4.   In question 4 we are interested in the entry-level hourly rate for aides who are employees of your facility.

What is the entry-level hourly rate for aides?

$_____ per hour
RATE

☐ OTHER (DESCRIBE: _____

_____).

5.   Next, we'd like wage rate information on temporary agency (registry or pool) staff. Please provide the hourly rate for RNs, LPNs, and aides who are temporary agency staff on the day shift. If you have no agency staff, check the box provided.

AGENCY STAFF HOURLY RATE	
RN RATE:	$_____ per hour
NO AGENCY RNs ☐	
LPN RATE:	$_____ per hour
NO AGENCY LPNs ☐	
AIDES RATE:	$_____ per hour
NO AGENCY AIDES ☐	

6. How many full-time RNs (including the Director of Nursing), LPNs, and nurses aides did you hire between January 1 and December 31, 1996? (Again, by full-time, we mean at least 35 hours per week.) RECORD YOUR ANSWERS IN THE BOXES BELOW.

How many part-time RNs, LPNs, and nurses aides did you hire during this period?

How many full-time equivalents (FTEs) did you hire?

STAFF TYPE	FULL-TIME HIRES	PART-TIME HIRES	FTE HIRES
RNs			
LPNs			
Aides			

7. How many physicians are currently providing primary care to the residents in your facility (including attending physicians and physicians in fellowship or in residency)?

_____
NUMBER OF PHYSICIANS PROVIDING
PRIMARY CARE

8. Which of the following (if any) are criteria necessary for a physician to obtain practice privileges in your facility? [check all that apply]

☐ membership in physician group

☐ agreement to share physician responsibilities with other physicians

☐ minimum patient load

☐ added qualifications in geriatrics

☐ a primary care specialty

☐ minimum number of years in practice

☐ employee or salaried

☐ none of the above

9. How many physicians currently caring for residents in your facility are salaried or employed by your facility?

_____
NUMBER OF PHYSICIANS SALARIED
OR EMPLOYED BY FACILITY

Thank you for your help in this critical study that will contribute to better health care policy.

Name of person completing form: _____
PLEASE PRINT

Title: _____

Date form completed: _____

INTERVIEWER COMPLETED SAQ ☐

FACILITY NAME _____

NURSING HOME/LTC UNIT _____

ID # _____

FORM # _____

DATE _____/_____/_____
MONTH   DAY   YEAR

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and
National Center for Health Statistics

Medical Expenditure Panel Survey

NATIONAL NURSING HOME EXPENDITURE SURVEY

ROUND 3

COST OF PATIENT CARE QUESTIONNAIRE

SAMPLE FACILITIES

The U.S. Public Health Service has contracted with Westat to conduct the Medical Expenditure Panel Survey (MEPS). This includes a nationwide study of residents in nursing homes -- the National Nursing Home Expenditure Study (NNHES). The purpose of the study is to collect data about the American population's use and financing of nursing home services. Findings from this survey will provide critical input in the development of policies to promote efficient and effective health care resources allocation, a topic that is a major concern to all of us.

This study will be administered to a randomly selected nationwide sample of nursing homes. Your facility has been chosen to be a key player in this important data collection effort. Thus, your participation in this effort will be instrumental in guiding policymakers and legislators in forming a comprehensive health care plan.

As part of this study, we are asking you to provide information about total patient revenues and patient days covered by those revenues as well as patient revenues by payment source and the patient days covered by those revenues.

We ask that you provide this information from the Medicaid Cost Report, or if you do not submit a Medicaid Cost Report to the state, from the Annual Financial Report completed for the most recent fiscal year. Patient revenues by payment source will help us classify nursing homes; so we ask you to provide approximations of these numbers if you don't report revenues by source of payment.

Please answer these questions only for the certified or licensed nursing facility beds in the units listed at the top of page 2.

Thank you in advance for your help in providing this important information.

FACILITY ID #: _____

PLEASE ANSWER THE QUESTIONS BELOW FOR THE CERTIFIED OR LICENSED NURSING FACILITY BEDS IN
_____ ONLY.

Directions:

If you file a **Medicaid Cost Report** with the state, please use the most recently completed cost report to answer the following questions. If you do <u>not</u> file a Medicaid Cost Report with the state, please use the **annual financial report** for your most recently completed fiscal year.

Indicate which document you used to report this information by checking the appropriate box.

MEDICAID COST REPORT	**ANNUAL FINANCIAL REPORT**
☐	☐

1.	What are the dates of the period covered by the Medicaid Cost Report or your Annual Financial Report? FROM:_____ TO:_____ 　　　MO/DAY/YR　　　　　　　　MO/DAY/YR
2.	What were your total patient care related <u>revenues</u> for this period? Please include revenues such as reimbursements from Medicaid, Medicare, the VA, payments from residents or their families, lump sums from state programs, grants or donations from private organizations. <u>Do not include</u> revenues from a beauty shop, a gift shop, a parking lot, or television rental. $_____ 　TOTAL REVENUES
3.	About how many patient days did this amount cover? _____ 　TOTAL # PATIENT DAYS
4.	What were your total patient care related <u>expenses</u>, including capital costs, for this period? Please include expenses such as staff salaries, housekeeping, the cost of the building, mortgage interest or the cost of improvements to the building. <u>Do not include</u> expenses related to a beauty shop, a gift shop, a parking lot, or television rental. $_____ 　TOTAL PATIENT EXPENSES
5.	What were your total **non**-patient revenues for this period? $_____ 　TOTAL NON-PATIENT REVENUES

Directions:

The next series of questions is about total revenue reported by various sources of payment. Breakdown of patient revenues by source of payment will help us classify places.

If you file a Medicaid Cost Report with the state, please use the most recently completed **Medicaid cost report** to answer the following questions. If you do not file a Medicaid Cost Report with the state but your **annual financial report** provides information on patient revenues by source of payment, please refer to the annual report for the most recently completed fiscal year. If the annual financial report does not report patient revenues by source of payment, please provide an **approximate** breakdown of revenues by source of payment for the most recently completed fiscal year.

For each source reported, record the total revenue in dollars or as a percent of total revenue and the number of patient days it covered.

Indicate which document you used to report this information by checking the appropriate box.

MEDICAID COST REPORT	ANNUAL FINANCIAL REPORT	NO DOCUMENT; APPROXIMATION
☐	☐	☐

6. What was the total revenue from:	7. How many patient days did that cover?
a. Medicaid? **NO MEDICAID** $_____ ☐ **(GO TO 6b)** OR _____%	$_____ OR _____%
b. private pay? **NO PRIVATE PAY** $_____ ☐ **(GO TO 6c)** OR _____%	$_____ OR _____%
c. Medicare? **NO MEDICARE** $_____ ☐ **(GO TO 6d)** OR _____%	$_____ OR _____%
d. the VA? **NO VA** $_____ ☐ **(GO TO 6e)** OR _____%	$_____ OR _____%
e. other sources? (Specify:_____) **NONE** $_____ ☐ **(GO TO 8)** OR _____%	$_____ OR _____%

8. How many residents were in _____ at midnight last night?

_____
CURRENT RESIDENTS

2

Thank you for your help in this critical study that will contribute to better health care policy.

Name of person completing form: _____
                                                    PLEASE PRINT

Title: _____

Date form completed: _____