Department of Veterans Affairs
Health Services Research & Development

RESOURCE GUIDE:
VA Long Term Care
Programs and Services
Volume 2:
Database Content Statements
& VA Forms

Development of a VA Long Term Care
Utilization Database
HSR&D
SDR#93-113

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Table of Contents

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Special thanks are extended to the many individuals (over 100) who served on our Expert Panel throughout the course of two separate survey tasks. These individuals provided many helpful comments and supplied the research team with the information necessary to attempt to fill in the details and lessen the gaps regarding which LTC programs and services are provided at each of their individual VAMCs and if this information is being monitored.

A final word of thanks is extended to the individuals who man the telephones of the Medical Help Desk at the Austin Automation Center in Austin, TX, for their patience in answering numerous questions and pointing us in the appropriate direction.

Introduction

Volume II of the three volume *LTC Programs and Services* research guide contains copies of all paper records and content statements of all computerized databases for each of the services and programs described in Volume I.

Together the three volumes of the *VA LTC Programs and Services Resource Guide* provide a comprehensive understanding of VA long term care to date.

Volume II is composed of three separate sections: a database comparison chart, a section containing the VA database content statements, and a final section containing the VA forms used by the LTC programs.

The database comparison chart compares: VA databases (PTF, OPC, SWIMS, HBPC, PAF) with non-VA databases (MDS, MDS-Home Care). All variables (socio-demographic, diagnoses, dates, functional status, etc.) are compared across the above mentioned databases.

In the second section, one chapter is devoted to each VA Database which contains LTC patient or program/service level information. The database chapters are sub-divided into specific components and are consistent throughout the resource guide :

- ❖ general description of the database,
- ❖ file name;
- ❖ chart containing-
  - file format,
  - unit of analysis,
  - who to contact for more information,
  - date of data availability;
- ❖ content statement with variable formats and labels.

The final section of Volume II contains the various VA forms used by the LTC

programs/services. Each chapter is devoted to a single program or service and is divided into specific components:

❖ listing of any VA Standard Forms and paper records used nationally;

❖ listing of other possible forms used by local VAMCs; and

❖ copies of the VA Standard forms used by all VAMCs.

TABLE 1. Database Comparison

x = variable exists on database   ? = similar construct being measured/not identical   - = does not exist

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS (MDS)	
	Inpatient PTF	Outpatient OPC	Social Work SWIMS	HBPC	NHCU Intermediate Care PAF (RUGS)	RAI/MDS Version 2.0 *Draft 10/94*	RAI/MDS for Home Care *Draft 8/95*
PURPOSE	inpatient utilization	outpatient utilization	case management	assessment & visits	assessment	assessment - nursing home	assessment - home care
UNIT / FREQUENCY	patient/ every admission	patient/ every clinic stop	patient/at case closing/as needed	patient/ at admission & discharge	patient/ at admission & semi-annually	patient/ at admission, quarterly, yearly, when changes occur	admission/ follow-up if changes occur, annually
ID	SSN	SSN	SSN	SSN	SSN	Medicare #/ SSN	Medicare #/ SSN
Reasons for Assessment:	-	-	-	-	admission & discharge	x	x

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS (MDS)	
Advanced Directives	-	-	-	-	-	x	x

VARIABLES	PTF	OPC	SWIMS	HBPC	RUGS	MDS	MDS/HC
Socio-demographic:							
VA station #	x	x	x	x	x	n/a	n/a
Age/DOB	x	x	? (range)	x	x	x	x
Marital status	x	-	-	x	-	x	x
Race	x	x	x	x	-	x	-
Gender	x	-	x	x	x	x	x
Income	-	means test	eligibility	-	-	-	-
Insurance/ payment	-	-	-	-	-	x	x
source	-	-	-	-	-	x	x
Zip code	-	-	-	-	-	x	x
Educational level	-	-	-	-	-	x	x
Primary language	-	-	-	-	-	x	x
Lifetime occupat.							

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS (MDS)	
Dates:							
Admission date	x	-	x	x	x	x	case opened
Discharge date	x	-	x	x	-	-	-
Assessment date	-	-	open/close	x	x	x	x
Visit date	n/a	x	dates	x	n/a	-	x
Diagnosis:							
ICD-9	x	-	-	x	x	x	x
DRG	x	-	-	-	-	-	-
Specific Dx.	-	-	categories	-	x	x	x
	PTF	**OPC**	**SWIMS**	**HBPC**	**RUGS**	**MDS**	**MDS/HC**
Prior Living Arrangement	-	-	x	x	-	x (5 years prior)	x (5 years prior)
Caregiver:							
status	-	-	-	x	-	-	x
informal assist	-	-	-	-	-	-	x
Legal Guardian	-	-	-	-	-	x	x

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS	

(MDS)

	PTF	OPC	SWIMS	HBPC	RUGS	MDS	MDS/HC
Communcation:							
Vision	-	-	-	x	-	x	x
Vision Aids	-	-	-	-	-	x	-
Hearing	-	-	-	x	-	x	x
Hearing Aids	-	-	-	-	-	x	-
Expressive	-	-	-	x	-	x	x
Receptive	-	-	-	x	-	x	x
Behavior:							
verbal	-	-	-	in general	x	x	x
physical	-	-	-	terms	x	x	x
inappropriate	-	-	-		x	x	x
Mood	-	-	-	x	-	x	x
Psycho-social problems	-	-	x (multiple categories)	-	-	well-being	social functioning
Accidents/Falls	-	-	-	-	-	x	x

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS (MDS)	
Functional:							
ADLs- Bathing	-	-	-	x	-	x	x
Dressing	-	-	-	x	-	x	x
Toileting	-	-	-	x	x	x	x
Transferring	-	-	-	x	x	x	x
Mobility	-	-	-	x	x	x	x
Eating	-	-	-	x	x	x	x
Walking	-	-	-	-	-	x	x
Test for Balance	-	-	-	-	-	x	-
Range of Motion	-	-	-	-	-	x	-
IADLs-							
Personal	-	-	-	-	-	x	x
Hygiene	-	-	-	-	-	-	x
Meals	-	-	-	-	-	-	x
Housework	-	-	-	-	-	-	x
Finance	-	-	-	-	-	-	x
Medications	-	-	-	-	-	-	x
Telephone	-	-	-	-	-	-	x
Shopping	-	-	-	-	-	-	x
Transportation	-	-	-	-	-	-	x
Stairs	-	-	-	-	-	-	x
Stamina	-	-	-	-	-	-	x
Lifestyle	-	-	-	-	-	x	-
ADL rehab potential							

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS (MDS)	
	PTF	**OPC**	**SWIMS**	**HBPC**	**RUGS**	**MDS**	**MDS/HC**
Special Populations/ Conditions	-	-	x	-	x	MR/DD	-
Special services - e.g. therapy	-	-	-	-	x	x	x
Continence: Bowel	-	-	-	x	x	x	x
Bladder	-	-	-	x	x	x	x
Appliances/ Programs	-	-	-	-	x	x	-
Change in urinary continence	-	-	-	-	-	x	x
Medical Treatments	-	-	-	-	x	x	x

LTC and Related Databases

| | VA DATABASES | | | | | MINIMUM DATA SETS (MDS) | |

	PTF	OPC	SWIMS	HBPC	RUGS	MDS	MDS/HC
Nutritional:							
Height/Weight	-	-	-	-	-	x	-
Weight change	-	-	-	-	-	x	x
Eating Problems	-	-	-	-	-	x	-
Intake	-	-	-	-	-	x	-
Oral/Dental	-	-	-	-	-	x	x
Health Conditions	-	-	-	-	-	x	x
Medications	x (pointer)	x (pointer)	-	-	-	x	x
Skin Condition:							
Ulcers	-	-	-	-	-	x	x
Type Ulcer	-	-	-	-	-	x	-
Ulcer History	-	-	-	-	-	x	x
Other Lesions	-	-	-	-	-	x	x
Treatments	-	-	-	-	-	x	-
Foot Care	-	-	-	-	-	x	x

11

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS (MDS)	
Utilization: Visits Outcome Resources needed Resources used	n/a - - -	x - - -	- x x x	x - - -	n/a - - -	(Hospital, MD & ER use in 90 days prior)	(Hospital, MD & ER use in 90 days prior)
Customary Routine	-	-	-	-	-	x	-
Involvement in Activities	-	-	-	-	-	x	x
Restraints	-	n/a	-	-	-	x	-
Overall status	-	-	-	-	-	x	x
	PTF	**OPC**	**SWIMS**	**HBPC**	**RUGS**	**MDS**	**MDS/HC**
Environmental Assessment	n/a	n/a	n/a	-	-	-	x
Discharge Status	x	n/a	-	x	-	-	-

LTC and Related Databases

	VA DATABASES					MINIMUM DATA SETS (MDS)	
Other:							
Bed section	x	n/a	-	n/a	-	-	n/a
Surgeries	x	-	n/a	-	-	-	n/a
Procedures	(subfile)	x	n/a	-	-	-	-
Clinic Stop	x (subfile) n/a	x	-	x	-	n/a	n/a

13

DATABASE CONTENT STATEMENTS

I. PATIENT ASSESSMENT FILE (PAF)/RUGS

Surveys are conducted in October and April on all VA nursing home care unit residents using the Patient Assessment Instrument (PAI) form (see below). Information collected includes: administrative data (basic demographics, date of admission, etc.), medical treatments, medical events, diagnosis, activities of daily living, behaviors, specialized services, and chronic respiratory support data.

These data can be found in the Patient Assessment Files (PAF), also commonly referred to as the Resource Utilization Groupings (RUGs II) database. These files are in SAS data sets:
> ❖ MDPPRD.MDP.SAS.mmmyy.PAF (mmm= "OCT" or "APR", yy= year).

Data regarding admissions and transfers to and from the nursing homes during the year (different from the October/April assessments) can be found in:
> ❖ MDPPRD.MDP.SAS.FYnn#AT.PAF (# = "1" for first half of fiscal year and "2"

for   the second half of the fiscal year).

Patient Assessment Files (PAF)	
File Format	SAS data set
Unit of Analysis	Patient level
Contact	Medical Help Desk Austin Automation Center (512) 326-6780
Variables	73 (mmmyy)/71 (nn#)
Duration	Data available from APR 1986
Limits	Limited socio-demographics/no IADL or communication information
Source	Austin Automation Center

CONTENTS PROCEDURE

Data Set Name: MDPPRD.MDP.SAS.mmmfyy.PAF   Variables: 73

*= value label given for that variable

```
        -----Alphabetic List of Variables and Attributes-----

  #   Variable   Type   Len   Pos   Format      Label
-----------------------------------------------------------------------
 67   ADLSUM     Num     2    164               ADL SUM
  6   ADMIT6     Num     8     27   MMDDYY8.     DATE OF ADMISSION
 51   AGE        Num     4    107               
  4   ASDATE4    Num     8     17   MMDDYY8.     ASSESS DATE
  5   ASPURP5    Num     2     25   ASPURP5F.    ASSESS PURPOSE*
  8   BEDSEC8    Char    1     43   $BEDSE8F.    BED SECTION     *
 70   CATEGORY   Num     8    172   RUG2CATF.    RUG CATEGORY    *
 16   CHEMO16    Char    1     51   $YESNOF.     CHEMOTHERAPY
 21   COMA23     Char    1     56   $YESNOF.     COMATOSE
 44   CTDAYS49   Num     2     93               CT DAYS
 61   CTHR49     Num     2    152               CT HOURS
 43   CTLEV49    Num     2     91   THERLEVF.    CT LEVEL     *
 62   CTMIN49    Num     2    154               CT MINUTES
 52   CVD52      Char    1    111   $YESNOF.     CHRON VENT DEP
 56   CVDDX56    Num     8    136   CVDDX56F.    CVD CAUSE     *
 53   CVDTIM53   Num     8    112   CVDTI53F.    CVD TIME     *
 20   DECUB22    Char    1     55   $DECU22F.    DECUBITUS ULCER     *
 22   DEHY24     Char    1     57   $YESNOF.     DEHYDRATION
 18   DIAL18     Char    1     53   $YESNOF.     DIALYSIS
 36   DISBEH45   Num     2     77   DISBE45F.    DISRUPTIVE BEHAVIOR     *
 49   DISTRICT   Num     2    103               
 30   EAT39      Num     2     65   EAT39F.      EATING*
 48   ETDAYS51   Num     2    101               ET DAYS
 65   ETHR51     Num     2    160               ET HOURS
 47   ETLEV51    Num     2     99   THERLEVF.    ET LEVEL*
 66   ETMIN51    Num     2    162               ET MINUTES
 37   HALLUC46   Num     2     79   HALLU46F.    HALLUCINATES*
 29   HEMI34     Char    1     64   $YESNOF.     HEMIPLEGIA
 23   INBLEE25   Char    1     58   $YESNOF.     INTERNAL BLEEDING
 72   LOSCAT1    Char    1    188   $LOSCATF.    LOS CATEGORY FY95
 73   LOSCAT2    Char    1    189   $LOSCATF.    LOS CATEGORY FY96
 46   MATDAY50   Num     2     97               MAT DAYS
 63   MATHR50    Num     2    156               MAT HOURS
 45   MATLEV50   Num     2     95   THERLEVF.    MAT LEVEL*
 64   MATMIN50   Num     2    158               MAT MINUTES
 31   MOB40      Num     2     67   MOB40F.      MOBILITY*
 27   MS32       Char    1     62   $YESNOF.     MULTIPLE SCLEROSIS
 42   OTDAYS48   Num     2     89               OT DAYS
 59   OTHR48     Num     2    148               OT HOURS
 41   OTLEV48    Num     2     87   THERLEVF.    OT LEVEL*
 60   OTMIN48    Num     2    150               OT MINUTES
 11   OXY11      Char    1     46   $YESNOF.     OXYGEN THER
 14   PAREN14    Char    1     49   $YESNOF.     PARENTERAL FEEDING
 35   PHYAGR44   Num     2     75   PHYAG44F.    PHYSICAL AGRESSION*
 55   PNPVC55    Num     8    128   PNPVC55F.    PNP/VC MEASURES*
```

39	PTDAYS47	Num	2	83		PT DAYS
57	PTHR47	Num	2	144		PT HOURS
38	PTLEV47	Num	2	81	THERLEVF.	PT LEVEL*
58	PTMIN47	Num	2	146		PT MINUTES
26	QUAD31	Char	1	61	$YESNOF.	QUADRIPLEGIA
19	RADTH19	Char	1	54	$YESNOF.	RADIATION THERAPY
50	REGION	Num	2	105		
12	RESP12	Char	1	47	$YESNOF.	RESPIRATORY CARE
71	RTMIN	Num	8	180		RT MINUTES
68	RUG	Num	2	166	RUG2ADLF.	RUGII*
1	SCRSSN	Num	8	0	SSN11.	SSN
2	SEX2	Char	1	8		SEX
24	STASIS26	Char	1	59	$YESNOF.	STASIS ULCER
7	STATION	Num	8	35	STATIONF.	STATION NUMBER
10	SUCT10	Char	1	45	$YESNOF.	SUCTIONING
25	TERMIL27	Char	1	60	$YESNOF.	TERMINAL ILLNESS
13	TFEED13	Char	1	48	$YESNOF.	TUBE FEEDING
33	TOIL42	Num	2	71	TOIL42F.	TOILETING*
9	TRACH9	Char	1	44	$YESNOF.	TRACHEOSTOMY CARE
32	TRANS41	Num	2	69	TRANS41F.	TRANSFER*
17	TRANSF17	Char	1	52	$YESNOF.	TRANSFUSIONS
40	TROUT20	Num	2	85	TROUT20F.	TUBE FEEDING ROUTE*
28	UTI33	Char	1	63	$YESNOF.	URINARY TRACT INFECTION
34	VERDIS43	Num	2	73	VERDI43F.	VERBAL DISRUPTION*
54	WEAN54	Num	8	120	WEAN54F.	CVD WEAN FREQ*
15	WOUND15	Char	1	50	$YESNOF.	WOUND CARE
69	WWU	Num	4	168		WEIGHTED WORK UNITS
3	YOB3	Num	8	9		YEAR OF BIRTH

VARIABLE VALUE LABELS

Data Set Name: MDPPRD.MDP.SAS.mmmfyy.PAF

ASPURP5 : *ASSESSMENT PURPOSE*
1   ADMISSION/TRANSFER IN
2   SEMI-ANNUAL CENSUS
3   (RESERVED)

BEDSEC8 : *BED SECTION*
I   INTERMEDIATE BED
N   NURSING HOME CARE

CATEGORY: *RUG CATEGORY*
1   HEAVY REHAB
2   SPECIAL CARE
3   CLINICAL COMPLEX
4   SEVERE BEHAVIOR
5   REDUCED PHYSICAL

CTLEV49, ETLEV51, MATLEV50,
OTLEV48, & PTLEV47 :
CT-ET-MAT-OT-PT LEVEL
1   DOES NOT RECEIVE
2   MAINTENANCE PROGRAM
3   RESTORATIVE PROGRAM
4   NON-QUALIFYING PROGRAM

CVDDX56 : *CVD CAUSE*
1   N/A- NOT CVD
2   COPD
3   ALS
4   STROKE/HEAD INJURY
5   SPINAL CORD INJURY
6   KYPHOSCOLIOSIS
7   TWO OR MORE OF THE ABOVE
8   NONE OF THE ABOVE
9   UNKNOWN

CVDTIM53 : *CVD TIME*
1   N/A-NOT CVD
2   LESS THAN 2 MONTHS
3   2 TO 6 MONTHS
4   6 TO 36 MONTHS
5   MORE THAN 36 MONTHS

DECUB22 : *DECUBITUS ULCER*
0
1

2
3
4
5

DISBEH45 : *DISRUPTIVE BEHAVIOR*
1   NO INFANTILE OR SOCIALLY
    INAPPROPRIATE BEHAVIOR
2   DISPLAYS THIS BEHAVIOR
3   DISRUPTIVE BEHAVIOR BUT NOT AT
    LEAST ONCE PER WEEK
4   DISRUPTIVE BEHAVIOR AT LEAST
    ONCE PER WK DURING PAST 4 WEEKS
5   PATIENT AT LEVEL #4 BUT DOES NOT
    FULFILL ACTIVE TREATMENT & PSYCH
    ASSESSMENT QUALIFIERS

EAT39 : *EATING*
1   FEEDS SELF WITHOUT SUPERVISION
    OR PHYSICAL ASSISTANCE
2   REQUIRES INTERMITTENT
    SUPERVISION AND/OR MINIMAL
    PHYSICAL ASSISTANCE WITH MINOR
    PARTS OF EATING
3   REQUIRES CONTINUAL HELP OR MEAL
    WILL NOT BE COMPLETED
4   TOTALLY FED BY HAND; PATIENT
    DOES NOT MANUALLY PARTICIPATE
5   TUBE OR PARENTERAL FEEDING FOR
    PRIMARY INTAKE OF FOOD

HALLUC46 : *HALLUCINATES*
1   NO
2   YES
3   YES, BUT DOES NOT FULFILL ACTIVE
    TREATMENT & PSYCH ASSESSMENT
    QUALIFIERS

MOB40 : *MOBILITY*
1   WALKS WITH NO SUPERVISION OR
    HUMAN ASSISTANCE
2   WALKS WITH INTERMITTENT
    SUPERVISION
3   WALKS WITH CONSTANT ONE-TO-ONE
    SUPERVISION AND/OR CONSTANT
    PHYSICAL ASSISTANCE
4   WHEELS WITH NO SUPERVISION OR
    ASSISTANCE

5   IS WHEELED

PHYAGR44 : *PHYSICAL AGGRESSION*
1   NONE DURING PAST FOUR WEEKS
2   UNPREDICTABLE AGGRESSION DURING
    PAST 4 WEEKS BUT NOT AT LEAST
    ONCE PER WEEK
3   PREDICTABLE AGGRESSION DURING
    SPECIFIC CARE ROUTINES OR AS A
    REACTION TO NORMAL STIMULI; MAY
    STRIKE OR FIGHT
4   UNPREDICTABLE, RECURRING
    AGGRESSION AT LEAST ONCE PER
    WEEK DURING PAST 4 WEEKS
5   PATIENT AT LEVEL #4 BUT DOES NOT
    FULFILL ACTIVE TREATMENT & PSYCH
    ASSESSMENT QUALIFIERS

PNPVC55 : *PEAK NEGATIVE PRESSURE*
1   N/A- NOT CVD
2   NO
3   YES
4   NOT MEASURED IN LAST 2 MONTHS

RUG : *RUGII*
1   ADLSUM=3-4
2   ADLSUM=5-10
3   ADLSUM=5-7
4   ADLSUM=8-10
5   ADLSUM=3
6   ADLSUM=4-6
7   ADLSUM=7-8
8   ADLSUM=9-10
9   ADLSUM=3
10   ADLSUM=4-7
11   ADLSUM=8-10
12   ADLSUM=3
13   ADLSUM=4
14   ADLSUM=5-7
15   ADLSUM=8
16   ADLSUM=9
17   CHR VENT DEP

TOIL42 : *TOILETING*
1   REQUIRES NO SUPERVISION OR
    PHYSICAL ASSISTANCE
2   REQUIRES INTERMITTENT
    SUPERVISION OR MINOR PHYSICAL
    ASSISTANCE
3   CONTINENT OF BOWEL AND BLADDER;
    REQUIRES CONSTANT SUPERVISION
    AND/OR PHYSICAL ASSISTANCE
4   INCONTINENT OF BOWEL AND/OR
    BLADDER AND IS NOT TAKEN TO A

TOILET
5   INCONTINENT OF BOWEL AND/OR
    BLADDER BUT IS TAKEN TO A
    TOILET EVERY 2 TO 4 HOURS DURING
    DAY AND AS NEEDED AT NIGHT

TRANS41 : *TRANSFER*
1   REQUIRES NO SUPERVISION OR
    PHYSICAL ASSISTANCE; MAY USE
    EQUIPMENT
2   REQUIRES INTERMITTENT
    SUPERVISION AND/OR PHYSICAL
    ASSISTANCE
3   REQUIRES ONE PERSON TO PROVIDE
    CONSTANT GUIDANCE, STEADINESS
    AND/OR PHYSICAL ASSISTANCE
4   REQUIRES 2 PEOPLE TO PROVIDE
    CONSTANT SUPERVISION AND/OR
    PHYSICAL LIFT
5   CANNOT- IS NOT GOTTEN OUT OF BED

TROUT20 : *TUBE FEEDING ROUTE*
1
2
3
4
5
6
7

VERDIS43 : *VERBAL DISRUPTION*
1   NONE DURING PAST 4 WEEKS
2   VERBAL DISRUPTION 1-3 TIMES
    DURING PAST 4 WEEKS
3   SHORT-LIVED DISRUPTION AT LEAST
    ONCE PER WEEK DURING PAST 4
    WEEKS OR PREDICTABLE DISRUPTION
4   UNPREDICTABLE, RECURRING VERBAL
    DISRUPTION AT LEAST ONCE PER
    WEEK FOR NO FORETOLD REASON
5   PATIENT AT LEVEL #4 BUT DOES NOT
    FULFILL ACTIVE TREATMENT & PSYCH
    ASSESSMENT QUALIFIERS

WEAN54 : *CVD WEAN FREQUENCY*
1   N/A- NOT CVD
2   NO ATTEMPTS IN THE PAST
    SIX MONTHS
3   DAILY ATTEMPTS
4   WEEKLY ATTEMPTS
5   MONTHLY ATTEMPTS

17

CONTENTS PROCEDURE

Data Set Name: MDPPRD.MDP.SAS.FYyy#AT.PAF   Variables: 71

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
67	ADLSUM	Num	2	164		ADL SUM
6	ADMIT6	Num	8	27	MMDDYY8.	DATE OF ADMISSION
51	AGE	Num	4	107		
4	ASDATE4	Num	8	17	MMDDYY8.	ASSESS DATE
5	ASPURP5	Num	2	25	ASPURP5F.	ASSESS PURPOSE
8	BEDSEC8	Char	1	43	$BEDSE8F.	BED SECTION
70	CATEGORY	Num	8	172	RUG2CATF.	RUG CATEGORY
16	CHEMO16	Char	1	51	$YESNOF.	CHEMOTHERAPY
21	COMA23	Char	1	56	$YESNOF.	COMATOSE
44	CTDAYS49	Num	2	93		CORRECTIVE THERAPY DAYS
61	CTHR49	Num	2	152		CT HOURS
43	CTLEV49	Num	2	91	THERLEVF.	CT LEVEL
62	CTMIN49	Num	2	154		CT MINUTES
52	CVD52	Char	1	111	$YESNOF.	CHRONIC VENT DEPENDENT
56	CVDDX56	Num	8	136	CVDDX56F.	CVD CAUSE
53	CVDTIM53	Num	8	112	CVDTI53F.	CVD TIME
20	DECUB22	Char	1	55	$DECU22F.	DECUBITUS ULCER
22	DEHY24	Char	1	57	$YESNOF.	DEHYDRATION
18	DIAL18	Char	1	53	$YESNOF.	DIALYSIS
36	DISBEH45	Num	2	77	DISBE45F.	DISRUPTIVE BEHAVIOR
49	DISTRICT	Num	2	103		
30	EAT39	Num	2	65	EAT39F.	EATING
48	ETDAYS51	Num	2	101		EDUCATION THERAPY DAYS
65	ETHR51	Num	2	160		ET HOURS
47	ETLEV51	Num	2	99	THERLEVF.	ET LEVEL
66	ETMIN51	Num	2	162		ET MINUTES
37	HALLUC46	Num	2	79	HALLU46F.	HALLUCINATES
29	HEMI34	Char	1	64	$YESNOF.	HEMIPLEGIA
23	INBLEE25	Char	1	58	$YESNOF.	INTERNAL BLEEDING
72	LOSCAT1	Char	1	188	$LOSCATF.	LOS CATEGORY FY95
73	LOSCAT2	Char	1	189	$LOSCATF.	LOS CATEGORY FY96
46	MATDAY50	Num	2	97		MANUAL ARTS THERAPY DAYS
63	MATHR50	Num	2	156		MAT HOURS
45	MATLEV50	Num	2	95	THERLEVF.	MAT LEVEL
64	MATMIN50	Num	2	158		MAT MINUTES
31	MOB40	Num	2	67	MOB40F.	MOBILITY
27	MS32	Char	1	62	$YESNOF.	MULTIPLE SCLEROSIS
42	OTDAYS48	Num	2	89		OCCUPATIONAL THERAPY DAYS
59	OTHR48	Num	2	148		OT HOURS
41	OTLEV48	Num	2	87	THERLEVF.	OT LEVEL
60	OTMIN48	Num	2	150		OT MINUTES
11	OXY11	Char	1	46	$YESNOF.	OXYGEN THER
14	PAREN14	Char	1	49	$YESNOF.	PARENTERAL FEEDING
35	PHYAGR44	Num	2	75	PHYAG44F.	PHYSICAL AGRESSION
55	PNPVC55	Num	8	128	PNPVC55F.	PNP/VC MEASURES
39	PTDAYS47	Num	2	83		PHYSICAL THERAPY DAYS
57	PTHR47	Num	2	144		PT HOURS

18

```
38    PTLEV47    Num     2     81    THERLEVF.    PT LEVEL
58    PTMIN47    Num     2    146                 PT MINUTES
26    QUAD31     Char    1     61    $YESNOF.     QUADRIPLEGIA
19    RADTH19    Char    1     54    $YESNOF.     RADIATION THERAPY
50    REGION     Num     2    105                 
12    RESP12     Char    1     47    $YESNOF.     RESPIRATORY CARE
71    RTMIN      Num     8    180                 RT MINUTES
68    RUG        Num     2    166    RUG2ADLF.    RUGII
 1    SCRSSN     Num     5      0    SSN11.       SSN
 2    SEX2       Char    1      8                 SEX
24    STASIS26   Char    1     59    $YESNOF.     STASIS ULCER
 7    STATION    Num     8     35    STATIONF.    STATION NUMBER
10    SUCT10     Char    1     45    $YESNOF.     SUCTIONING
25    TERMIL27   Char    1     60    $YESNOF.     TERMINAL ILLNESS
13    TFEED13    Char    1     48    $YESNOF.     TUBE FEEDING
33    TOIL42     Num     2     71    TOIL42F.     TOILETING
 9    TRACH9     Char    1     44    $YESNOF.     TRACHEOSTOMY CARE
32    TRANS41    Num     2     69    TRANS41F.    TRANSFER
17    TRANSF17   Char    1     52    $YESNOF.     TRANSFUSIONS
40    TROUT20    Num     2     85    TROUT20F.    TUBE FEEDING ROUTE
28    UTI33      Char    1     63    $YESNOF.     URINARY TRACT INFECTION
34    VERDIS43   Num     2     73    VERDI43F.    VERBAL DISRUPTION
54    WEAN54     Num     8    120    WEAN54F.     CVD WEAN FREQ
15    WOUND15    Char    1     50    $YESNOF.     WOUND CARE
69    WWU        Num     4    168                 WEIGHTED WORK UNITS
 3    YOB3       Num     8      9                 YEAR OF BIRTH
```

II. COMMUNITY NURSING HOME FILES

The CNH facilities file contains information regarding the facilities under contract to VA, including nursing facility name, quarter, state, county, skilled per diem rate, intermediate per diem rate, number of veterans receiving skilled care and number of veterans receiving intermediate care. Data are sent to Austin electronically.

The CNH Facility File is a flat file and is not configured in SAS. However, an input statement, available from the AAC, will allow investigators to convert these data to SAS format. The filename in Austin is:

❖ HCPDR.CNH.R200.MASTER.

Only data from the current quarter can be abstracted from Austin. The file is updated and overwritten each quarter. Therefore, all facility data prior to the current quarter is available only on microfiche.

Community Nursing Home Files	
File Format	Flat file
Unit of Analysis	Facility level
Contact	Doris Cox Medical Help Desk Austin Automation Center (512) 326-6780
Variables	19
Duration	Data available since 1985
Limits	Only current quarter data are on-line.
Source	Austin Automation Center

CONTENTS PROCEDURE

Data Set Name: CNH.R2OO.MASTER(0)   Variables: 19

-----Alphabetic List of Variables and Attributes-----

```
 #    Variable   Type   Len   Pos    Label
-----------------------------------------------------------------------
10    ACCRED     Char    1    57     NURSING HOME INSPECTED OR ACCREDITED
18    ADDRESS    Char   34    75
 4    CITYNAM    Char   15    30     NAME OF CITY NURSING HOME LOCATED
 6    COUNTYCD   Char    3    47     COUNTY WHERE NURSING HOME LOCATED
 9    INTERBD    Char    3    54     NUMBER OF INTERMEDIATE CARE BEDS
 7    LEVELCR    Char    1    50     LEVEL OF CARE
13    MEDCARE    Char    1    64     CERTIFIED FOR MEDICARE/MEDICAID
16    MONTH      Char    2    71
 3    NAME       Char   23     7     NAME OF COMMUNITY NURSING HOME
12    PDINTER    Char    3    61     PER DIEM RATE FOR INTERMEDIATE CARE
11    PDSKILL    Char    3    58     PER DIEM RATE FOR SKILLED CARE
 8    SKILLBD    Char    3    51     NUMBER OF SKILLED NURSING CARE BEDS
 5    STACD      Char    2    45     STATE CODE WHERE NURSING HOME LOCATED
 1    STA3N      Char    3     0     PARENT STATION
 2    UNKNOWN    Char    4     3
15    VETINTER   Char    3    68     NUMBER OF VETS RECEIVING INTERMEDIATE
14    VETSKILL   Char    3    65     NUMBER OF VETS RECEIVING SKILLED CARE
17    YEAR       Char    2    73
19    ZIP        Char    5   109     ZIP CODE
```

III. HOME BASED PRIMARY CARE (HBPC) FILES

The HBPC database was created in 1985 and consists of two files, the admission/discharge record, and the visit log record. The *master file* contains patient socio-demographic information including age, gender, race, marital status, living situation, admission date to the program, and last agency providing care. Clinical data include primary diagnosis (ICD-9), vision/hearing, communication, activities of daily living, behavior, mood and memory limitations, and caregiver limitations. If a patient is evaluated for HBPC but is not accepted, the reason is recorded. When a patient is discharged from HBPC, the functional assessment is repeated and the discharge status is recorded (e.g., patient died, transferred to another provider, etc.).

The *visit file* contains the provider type (e.g., nurse, physician, social worker, etc.), the date the visit was made, and the type of visit made (e.g., home visit, pre-placement visit in the hospital, post-discharge follow-up visit with ex-HBPC patient and/or caregiver such as bereavement visit, etc.).

The HBPC files are flat files and are not configured in SAS. However, an input statement, is available from the AAC. The files are:

❖ $RMTPRD.SYS.HBC.MASTER - contains admission and discharge records

❖ $RMTPRD.SYS.HBC.VISITS - contains information on visits

HBPC Files	
File Format	Flat files
Unit of Analysis	Patient level
Contact	Alice Garcia Medical Help Desk Austin Automation Center (512) 326-6780
Variables	71 in HBC.Master 8 in HBC.Visits
Duration	Data available from 1985
Limits	No IADLs, health status, environmental assessment
Source	Austin Automation Center

CONTENTS PROCEDURE

Data Set Name: HBPC.MASTER   Variables: 71

*= value label given for that variable

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
19	ACTION	Num	8	161		PATIENT ADMITTED OR NOT
38	ADAPT3	Num	8	307		ADAPTIVE TASKS ON ADMISSION*
68	ADAPT5	Num	8	534		ADAPTIVE TASKS ON DISCHARGE*
43	ADL3	Num	8	347		ADL SCORE ON ADMISSION
73	ADL5	Num	8	574		
22	ADM_DT	Num	8	8	MMDDYY8.	DATE OF ADMISSION
24	ADMX	Char	6	214		DIAGNOSIS ON ADMISSION
29	BATHING3	Num	8	235		ABILITY TO BATHE ON ADMIT*
59	BATHING5	Num	8	462		ABILITY TO BATHE AT D/C*
39	BEHAVE3	Num	8	315		BEHAVIOR PROBLEMS ON ADMIT*
66	BEHAVE5	Num	8	542		BEHAVIOR PROBLEMS ON D/C*
13	BIRTHYR	Num	8	103		PATIENT BIRTH YEAR
36	BLADDER3	Num	8	291		BLADDER CONTROL ON ADMIT*
66	BLADDER5	Num	8	518		BLADDER CONTROL AT D/C*
36	BOWEL3	Num	8	291		BOWEL CONTROL ON ADMISSION*
66	BOWEL5	Num	8	518		BOWEL CONTROL AT DISCHARGE*
42	CAREGIV3	Num	8	339		CAREGIVER IMPAIRMENT*
72	CAREGIV5	Num	8	566		
7	COUNTY	Num	8	71		COUNTY
44	DIAG3	Num	8	355		RECODE OF ADMIT DIAGNOSIS
74	DIAG5	Num	8	582		
45	DIS_DT	Num	8	363	MMDDYY8.	DATE OF DISCHARGE
52	DIS_DX	Char	4	419		DIAGNOSIS AT D/C (OLD CODE)
49	DIS_STAT	Num	8	395		
54	DISCH_DX	Char	6	424		DIAGNOSIS AT DISCHARGE
30	DRESS3	Num	8	243		
60	DRESS5	Num	8	470		ABILITY TO DRESS AT D/C*
27	E_COMM3	Num	8	219		EXPRESSIVE COMMUNI ON ADMIT*
57	E_COMM5	Num	8	446		EXPRESSIVE COMMUNI AT D/C*
33	EATING3	Num	8	267		ABILITY TO FEED SELF -ADMIT*
63	EATING5	Num	8	494		ABILITY TO FEED SELF AT D/C*
46	ELIG5	Num	8	371		ELIGIBILITY AT DISCHARGE*
10	ELIG_CD	Num	8	95		ELIGIBILITY ON ADMISSION*
5	EVAL_DT	Num	8	55	MMDDYY8.	DATE OF EVALUATION
26	HEARING3	Num	8	211		HEARING ON ADMISSION*
56	HEARING5	Num	8	438		HEARING AT DISCHARGE*
48	LIV_ARG	Num	8	387		LIVING ARRANGEMENT ON D/C*
16	LIVING	Num	8	137		LIVING ARRANGEMENT ON ADMIT*
17	LST_AGEN	Num	8	145		LAST AGENCY PROVIDE SERVICE*
47	MAR_STAT	Num	8	379		MARITAL STATUS ON D/C*
15	MARITAL	Num	8	129		MARITAL STATUS ON ADMIT*
37	MOBIL3	Num	8	299		MOBILITY ON ADMISSION*
67	MOBIL5	Num	8	526		MOBILITY AT DISCHARGE*
41	MOOD3	Num	8	331		MOOD ON ADMISSION*
71	MOOD5	Num	8	558		MOOD AT DISCHARGE*
2	MR_TYPE	Num	8	9		RECORD CODE*
4	NAME	Char	30	25		PATIENT NAME
40	ORIENT3	Num	8	323		DISORIENT/MEMORY ON ADMIT*

24

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70    ORIENT5     Num     8     550          DISORIENT/MEMORY ON D/C*
12    POS         Num     8     111          PERIOD OF MILITARY SERVICE*
20    PRI_REJ     Num     8     169          REASON FOR REJECTION*
23    PRIDX       Num     8     193          PRIMARY DIAGNOSIS- ICD9

28    R_COMM3     Num     8     227          RECEPTIVE COMMUNI ON ADMIT*
58    R_COMM5     Num     8     454          RECEPTIVE COMMUNI AT D/C*
14    RACE        Num     8     121          RACE*
21    REJECT      Num     8     177          DISPOSITION OF REJECT*
13    SEX         Num     8     113          SEX
 1    SSN         Char    9       0          SOCIAL SECURITY NUMBER
 3    STA         Num     8      17          VAMC STATION NUMBER
 6    STATE       Num     8      63          STATE
53    SURG_IND    Char    1     423          LAST THREE DIGITS OF ICD9
31    TOILET3     Num     8     251          ABILITY USE TOILET ON ADMIT*
61    TOILET5     Num     8     478          ABILITY TO USE TOILET D/C*
32    TRANS3      Num     8     259          ABILITY TO TRANSFER ADMIT*
62    TRANS5      Num     8     486          ABILITY TO TRANSPER AT D/C*
18    TYP_AGEN    Num     8     153          TYPE OF AGENCY ON ADMIT*
51    TYPE        Num     8     411          TYPE OF AGENCY ON DISHCARGE*
25    VISION3     Num     8     203          VISION ON ADMISSION*
55    VISION5     Num     8     430          VISION AT DISCHARGE*
34    WALKING3    Num     8     275          WALKING ON ADMISSION*
64    WALKING5    Num     8     502          WALKING ON DISCHARGE*
50    XFERDEST    Num     8     403          TRANSFER DESTINATION ON D/C*
 8    ZIP         Num     8      79          ZIP CODE
 9    ZIP4        Num     8      87          ZIP CODE EXTENSION
```

VARIABLE VALUE LABELS

Data Set Name: HBPC.MASTER

ADAPT3 : *ADAPTIVE TASKS ON ADMIT*
ADAPT5 : *ADAPTIVE TASKS ON D/C*
1   NO HELP
2   REQUIRES HELP
9   NOT DETERMINED

BATHING3 : *BATHING ON ADMISSION*
BATHING5 : *BATHING ON DISCHARGE*
1   NO HELP
2   RECEIVES HELP
3   NOT DONE OR DONE W/OUT PATIENT
    PARTICIPATION
9   NOT DETERMINED

BEHAVE3 : *BEHAVIOR PROBLEMS ON ADMIT*
BEHAVE5 : *BEHAVIOR PROBLEMS ON D/C*
1   DOES NOT EXHIBIT THIS
2   EXHIBITS THIS CHARACTERISTIC
9   NOT DETERMINED

BLADDER3 : *BLADDER CONTROL ON ADMIT*
BLADDER5 : *BLADDER CONTROL ON D/C*
BOWEL3 : *BOWEL CONTROL ON ADMIT*
BOWEL5 : *BOWEL CONTROL ON D/C*
1   CONTINENT OR OSTOMY/CATHETER
    SELF-CARE
2   INCONTINENT OCCASIONALLY
3   INCONTINENT OR OSTOMY/CATHETER
    NOT SELF-CARE
9   NOT DETERMINED

CAREGIV3 : *CAREGIVER LIMITATIONS*
1   MINIMAL OR NONE
2   MODERATE
3   MODERATELY SEVERE
4   NO CAREGIVER
9   NOT DETERMINED

DRESS3 : *ABILITY TO DRESS ON ADMIT*
DRESS5 : *ABILITY TO DRESS ON D/C*
1   NO HELP
2   RECEIVES HELP
3   NOT DONE OR DONE W/OUT PATIENT
    PARTICIPATION
9   NOT DETERMINED

EATING3 : *FEED SELF ON ADMIT*
EATING5 : *FEED SELF ON D/C*

1   NO HELP
2   RECEIVES HELP
3   NOT DONE OR DONE W/OUT PATIENT
    PARTICIPATION
9   NOT DETERMINED

ELIG5 : *ELIGIBILITY AT DISCHARGE*
ELIG-CO : *ELIGIBILITY ON ADMISSION*
1   SERVICE CONNECTED 50% OR MORE
2   AID AND ATTENDANCE OR HOUSEBOUND
3   SERVICE CONNECTED LESS THAN 50%
4   NON SERVICE CONNECT; VA PENSION
5   OTHER NON SERVICE CONNECTED

E_COMM3 : *EXPRESSIVE COMM ON ADMIT*
E_COMM5 : *EXPRESSIVE COMM ON D/C*
1   SPEAKS & IS USUALLY UNDERSTOOD
2   SPEAKS BUT IS UNDERSTOOD ONLY
    WITH DIFFICULTY
3   USES ONLY SIGN LANGUAGE, SYMBOL
    BOARD OR WRITING
4   USES ONLY GESTURES, GRUNTS, OR
    PRIMITIVE SYSTEM
5   DOES NOT CONVEY NEEDS
9   NOT DETERMINED

HEARING3 : *HEARING ON ADMISSION*
HEARING5 : *HEARING ON DISCHARGE*
1   NORMAL OR MINIMAL LOSS
2   MODERATE LOSS
3   SEVERE LOSS
4   TOTAL DEAFNESS
9   NOT DETERMINED

LIVING : *LIVING ARRANGE ON ADMIT*
LIV_ARG : *LIVING ARRANGE ON D/C*
1   ALONE
2   WITH SPOUSE
3   WITH RELATIVES
4   WITH NON-RELATIVES
5   GROUP QUARTERS- NOT HEALTH
    RELATED
9   NOT DETERMINED

LST_AGEN : *LAST AGENCY PROVIDING
              CARE*
1   VA PROVIDED CARE
2   NON VA CARE
3   VA FEE BASIS/CONTRACT

MARITAL : *MARITAL STATUS ON ADMIT*
MAR_STAT : *MARITAL STATUS ON D/C*
1   MARRIED
2   WIDOWED
3   SEPARATED
4   DIVORCED
5   NEVER MARRIED
9   NOT DETERMINED

MOBIL3 : *MOBILITY ON ADMISSION*
MOBIL5 : *MOBILITY ON DISCHARGE*
1   GOES OUTDOORS WITHOUT HELP
2   GOES OUTDOORS WITH HELP
3   CONFINED INDOORS, NOT BED DISABL
4   BED DISABLED
9   NOT DETERMINED

MOOD3 : *DISTURBANCE OF MOOD ON ADMIT*
MOOD5 : *DISTURBANCE OF MOOD ON D/C*
1   DOES NOT EXHIBIT THIS CHARACTER
2   EXHIBITS THIS CHARACTERISTIC
9   NOT DETERMINED

MRTYPE : *RECORD CODE*
1   ADMISSION
2   REJECTION
3   DISCHARGE

ORIENT3 : *DISORIENT/MEMORY ON ADMIT*
ORIENT5 : *DISORIENT/MEMORY ON D/C*
1   DOES NOT EXHIBIT THIS CHARACTER
2   EXHIBITS THIS CHARACTERISTIC
9   NOT DETERMINED

POS : *PERIOD OF MILITARY SERVICE*
0   KOREA
1   WORLD WAR I
2   WORLD WAR II
3   SPANISH AMERICAN
4   PRE-KOREA (PEACETIME)
5   POST-KOREA
7   VIETNAM
8   POST-VIETNAM
10 OTHER NONE
9   NOT DETERMINED

PRI_REJ : *PRIMARY REASON FOR REJECT*
1   NOT LOCATED IN SERVICE AREA
2   PROGRAM SLOT NOT AVAILABLE
3   PATIENT OR CAREGIVER REFUSED
4   SUITABLE CAREGIVER NOT AVAILABLE

5   HOME ENVIRONMENT UNSUITABLE
6   REFERRAL WITHDRAWN
10 REFERRAL WITHDRAWN DUE TO DEATH
7   PATIENT'S CONDITION NECESSITATES
    INSTITUTIONAL CARE
8   PATIENT CAN BE EFFECTIVELY
    TREATED AS OUTPATIENT
11 OTHER

RACE : *RACE/ETHNICITY*
1   WHITE
2   BLACK
3   HISPANIC ORIGIN
4   AMERICAN INDIAN/ALASKAN NATIVE
5   ASIAN/PACIFIC ISLANDER
9   NOT DETERMINED

REJECT : *DISPOSITION OF REJECT*
1   REFERRED BACK TO REFERRAL SOURCE
2   DISPOSITION MADE BY HBPC

R_COMM3 : *RECEPTIVE COMMUN ON ADMIT*
R_COMM5 : *RECEPTIVE COMMUN ON D/C*
1   USUALLY UNDERSTANDS ORAL COMMUN
2   HAS LIMITED COMPREHENSION OF
    ORAL COMMUNICATION
3   UNDERSTANDS BY DEPENDING ON LIP
    READING, WRITTEN MATERIAL, SIGN
4   UNDERSTANDS PRIMITIVE GESTURES,
    FACIAL EXPRESS, PICTOGRAMS
5   DOES NOT UNDERSTAND
9   NOT DETERMINED

TOILET3 : *USING TOILET ON ADMISSION*
TOILET5 : *USING TOILET ON DISCHARGE*
1   NO HELP
2   RECEIVES HELP
3   NOT DONE OR DONE W/OUT PATIENT
    PARTICIPATION
9   NOT DETEMINED

TP_AGEN : *TYPE OF AGENCY ON ADMIT*
1   GENERAL HOSPITAL
2   SPECIALTY HOSPITAL
3   NURSING HOME
4   RESIDENTIAL CARE FACILITY
5   HOSPICE
6   COMMUNITY BASED SERVICES
7   SELF/FAMILY- NO/REG SOURCE
9   NOT DETERMINED

TRANS3 : *TRANSFERRING ON ADMISSION*
TRANS5 : *TRANSFERRING ON DISCHARGE*

27

```
1    NO HELP
2    RECEIVES HELP
3    NOT DONE OR DONE W/OUT PATIENT
     PARTICIPATION
9    NOT DETERMINED


TYPE : TYPE OF AGENCY ON DISCHARGE
1    GENERAL HOSPITAL
2    SPECIALTY HOSPITAL
3    NURSING HOME
4    RESIDENTIAL CARE FACILITY/DOM
5    HOSPICE
6    COMMUNITY BASED SERVICE
9    NOT DETERMINED


VISION3 : VISION ON ADMISSION
VISION5 : VISION ON DISCHARGE
1    NORMAL OR MINIMAL LOSS
2    MODERATE LOSS
3    SEVERE LOSS
4    TOTAL BLINDNESS
9    NOT DETERMINED



WALKING3 : WALKING ON ADMISSION
WALKING5 : WALKING ON DISCHARGE
1    NO HELP
2    RECEIVES HELP
3    NOT DONE OR DONE W/OUT PATIENT
     PARTICIPATION
9    NOT DETERMINED


XFERDEST : TRANSFER DESTINATION
1    VA PROVIDED CARE
2    NON VA CARE
3    VA FEE BASIS/CONTRACT
```

CONTENTS PROCEDURE

Data Set Name: HBPC.VISITS   Variables: 8

```
-----Alphabetic List of Variables and Attributes-----

 #     Variable    Type    Len    Pos    Format    Label
----------------------------------------------------------------------
 2     FORM        Num      8      8
 5     NAME        Char    11     32               PATIENT NAME
 4     PROV_ID     Num      8     24               PROVIDER
 8     PROV_REC    Num      8     59
 6     REALSSN     Num      8     43               SOCIAL SECURITY NUMBER
 3     STA3N       Num      8     16               VAMC STATION NUMBER
 1     VIS_DT      Num      8      0     MMDDYY6.   DATE OF VISIT
 7     VIS_TP      Num      8     51               TYPE OF VISIT
```

IV. FEE BASIS FILES

Local hospital DHCPs have a Fee Program menu. The information is automatically transmitted from each hospital to Austin. These data may be abstracted from Austin by individuals with access to AAC. Beginning in year 1986, information regarding activity in this program was stored in the FEE Basis Files. Information collected includes CPT codes, purpose of visit, vendor ID, parent station number, and treatment date, among other data. The Veteran Master Files contain cumulative data regarding the dollar amounts spent on care throughout the year whereas the Medical Payment Files contain data regarding a specific medical treatment/visit. These files are SAS Datasets (1987 to present):

> ❖ MDPPRD.MDP.SAS.FEN.FYnn.VET- Veteran Master File (nn= year);
>
> ❖ MDPPRD.MDP.SAS.FEN.FYnn.MED- Medical Payment File.

For data in 1986 - 87 (FY 87):

> ❖ MDPPRD.MDP.SAS.FEE.FYnn.type- (type= VET or MED).

Fee Basis File	
File Format	SAS data set
Unit of Analysis	Patient level
Contact	Medical Help Desk Austin Automation Center (512) 326-6780 or: Betty Wiseman VA Headquarters (202) 565-7385/7436
Variables	35 in FEN.VET 38 in FEE.VET 48 in FEN.MED 18 in FEE.MED
Duration	Data available from FY 1987
Limits	No functional/cognitive status, limited sociodemographics
Source	Austin Automation Center

CONTENTS PROCEDURE

Data Set Name: FEN.VET   Variables: 35

```
                    -----Alphabetic List of Variables and Attributes-----

    #    Variable   Type   Len   Pos   Format       Label
    ----------------------------------------------------------------------------
   25    APRMOTR    Num     8     96   8.2          AMNT OF TREATMENT FOR APR
   29    AUGMOTR    Num     8    128   8.2          AMNT OF TREATMENT FOR AUG
   17    CNTY       Num     8     60                COUNTY CODE
   16    DEATHDT    Char    6     54                DEATH DATE
   33    DECMOTR    Num     8    160   8.2          AMNT OF TREATMENT FOR DEC
   21    DELCODE    Char    1     71                DELETE CODE
   10    DOB        Char    6     31                DATE OF BIRTH
   23    FEBMOTR    Num     8     80   8.2          AMNT OF TREATMENT FOR FEB
   12    FPOV       Char    2     39   $POVFMT.     FEE PURPOSE OF VISIT CODE
    5    HOMECNTY   Num     5     19   COUNTYL.     PATIENT COUNTY CODE
    6    HOMSTATE   Num     2     24                PATIENT STATE
   14    ISSUEDT    Char    6     42                ISSUE DATE
   22    JANMOTR    Num     8     72   8.2          AMNT OF TREATMENT FOR JAN
   28    JULMOTR    Num     8    120   8.2          AMNT OF TREATMENT FOR JUL
   27    JUNMOTR    Num     8    112   8.2          AMNT OF TREATMENT FOR JUN
   34    LASTPAY    Char    6    168                DATE LAST PAYMENT
   20    LPAYTYP    Char    1     70   $LPAYFMT.    TYPE LAST PAYMENT
   24    MARMOTR    Num     8     88   8.2          AMNT OF TREATMENT FOR MAR
   26    MAYMOTR    Num     8    104   8.2          AMNT OF TREATMENT FOR MAY
   32    NOVMOTR    Num     8    152   8.2          AMNT OF TREATMENT FOR NOV
   31    OCTMOTR    Num     8    144   8.2          AMNT OF TREATMENT FOR OCT
   19    POW        Char    1     69
    1    SCRSSN     Num     6      0   SSN11.       SCRAMBLED SSN
   30    SEPMOTR    Num     8    136   8.2          AMNT OF TREATMENT FOR SEP
   35    SEX        Char    1    174
    9    SSNSUF     Char    1     30
    7    STASUF     Char    3     26
    3    STA3N      Num     3     12   STA3NL.      PARENT STATION
    2    STA6A      Char    6      6
   13    TRETYPE    Char    1     41   $TTYPFMT.    TREATMENT CODE
    8    TYPE       Char    1     29   $TYPEFMT.    RECORD TYPE CODE
   15    VALENDY    Char    6     48                END VALIDITY DATE
   11    WARCODE    Char    2     37   $WARFMT.
   18    XSEX       Char    1     68
    4    ZIP        Num     4     15                ZIP CODE
```

CONTENTS PROCEDURE

Data Set Name: FEN.MED   Variables: 48
-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
41	ACTCODE	Char	1	211	$ACTCODE.	FMS ACTIVITY CODE
13	AMOUNT	Num	8	57	8.2	PAYMENT AMOUNT
47	CANCODE	Char	1	248	$CANCODE.	FMS CHECK CANCEL CODE
46	CANDAT	Char	6	242		FMS CHECK CANCEL DATE
48	CANRSN	Char	1	249	$CANRSN.	FMS CHK CANCEL REASON
45	CHKDAT	Char	6	236		FMS CHECK DATE
31	CLMDATE	Char	6	140	SASDATE	DATE RELEASED TO CALM
23	CNTY	Num	8	105		COUNTY CODE
25	CPT1	Char	5	121		CPT CODE
33	DHCP	Char	30	147		DHCP INTERNAL CTL NO.
42	DISAMT	Num	8	212		FMS DISBURSED AMOUNT
30	DXLSF	Char	7	133		1ST DIAGNOSTIC CODE
44	EFTNO	Char	8	228		FMS CHECK/EFT NUMBER
38	FMSTNO	Char	11	191		FMS TRANSACTION NO.
14	FPOV	Char	2	65	$POVFMT.	FEE PURPOSE OF VISIT CODE
28	HCFATYPE	Char	2	129	$HCFFMT.	HCFA TYPE OF SERVICE
5	HOMECNTY	Num	5	21	COUNTYL.	PATIENT COUNTY CODE
24	HOMEPSA	Num	8	113		PRIMARY SERVICE AREA
6	HOMSTATE	Num	2	26		
43	INTAMT	Num	8	220		FMS INTEREST AMOUNT
32	INTIND	Char	1	146	$INTFMT.	INTEREST INDICATOR
19	INVDATE	Char	6	82	SASDATE	DATE INVOICE RECEIVED
20	INVNUM	Char	9	88		INVOICE NUMBER
36	JULDAY	Char	3	187		JULIAN DAY NUMBER
39	LINENO	Char	3	202		FMS TRANS LINE NUMBER
21	OBNUM	Char	6	97		OBLIGATION NUMBER
15	PATTYPE	Char	2	67	$PATTFMT.	PATIENT TYPE CODE
37	PAYCAT	Char	1	190	$PAYCAT.	PAYMENT CATEGORY
9	PAYTYPE	Char	1	30	$PAYTFMT.	
27	PLSER	Char	2	127	$PLSFMT.	PLACE OF SERVICE
17	PROCDTE	Char	6	75		PROCESSING DATE(SASDATE)
35	RELNO	Char	4	183		RELEASE PREFIX NUMBER
1	SCRSSN	Num	6	0	SSN11.	SCRAMBLED SSN
8	SSNSUF	Char	1	29		
22	STATE	Char	2	103		
3	STA3N	Num	3	12	STA3NL.	PARENT STATION
2	STA6A	Char	6	6		
26	SUSCODE	Char	1	126	$SUSFMT.	SUSPENSE CODE
40	TRANSDAT	Char	6	205		FMS TRANSACTION DATE
16	TREATDT	Char	6	69		TREATMENT DATE(SASDATE)
18	TRETYPE	Char	1	81	$TTYPFMT.	TYPE OF TREATMENT CODE
7	TYPE	Char	1	28	$TYPEFMT.	RECORD TYPE CODE
29	VATYPE	Char	2	131		
11	VENDID	Char	9	44		
12	VENSUF	Char	4	53		
10	VEN13N	Char	13	31		VENDOR ID WITH SUFFIX
34	VINVDATE	Char	6	177		VENDOR INVOICE DATE
4	ZIP	Num	6	15		ZIP CODE

CONTENTS PROCEDURE

Data Set Name: FEE.VET   Variables: 38

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
8	ADDRESS	Char	21	24		
29	APRMOTR	Num	2	105	6.2	AMNT OF TREATMENT FOR APRIL
33	AUGMOTR	Num	2	113	6.2	AMNT OF TREATMENT FOR AUGUST
12	BORNYR	Char	2	65		YEAR OF BIRTH
9	CITY	Char	13	45		
19	DEATHDT	Char	6	84		DATE OF DEATH
37	DECMOTR	Num	2	121	6.2	AMNT OF TREATMENT FOR DEC
25	DELCODE	Char	1	98		DELETE CODE
27	FEBMOTR	Num	2	101	6.2	AMNT OF TREATMENT FOR FEB
21	HOMECNTY	Char	3	92		COUNTY CODE
20	HOMSTATE	Char	2	90		STATE CODE
17	ISSUEDT	Char	6	72		ELIGIBILITY PERIOD STRT DATE
26	JANMOTR	Num	2	99	6.2	AMNT OF TREATMENT FOR JAN
32	JULMOTR	Num	2	111	6.2	AMOUNT OF TREATMENT FOR JULY
31	JUNMOTR	Num	2	109	6.2	AMOUNT OF TREATMENT FOR JUNE
38	LASTPAY	Char	6	123		DATE OF LAST PAYMENT
24	LPAYTYP	Char	1	97		TYPE OF LAST PAYMENT
28	MARMOTR	Num	2	103	6.2	AMNT OF TREATMENT FOR MARCH
30	MAYMOTR	Num	2	107	6.2	AMOUNT OF TREATMENT FOR MAY
36	NOVMOTR	Num	2	119	6.2	AMNT OF TREATMENT FOR NOV
35	OCTMOTR	Num	2	117	6.2	AMOUNT OF TREATMENT FOR OCT
15	PATTYPE	Char	2	69		PATIENT TYPE
13	POV	Char	1	67		PURPOSE OF VISIT
23	POW	Char	1	96		PRISONER OF WAR CODE
7	PSEUDO	Char	1	23		PSEUDO SSN INDICATOR
34	SEPMOTR	Num	2	115	6.2	AMOUNT OF TREATMENT FOR SEPT
22	SEX	Char	1	95		SEX CODE
3	SSNSCR	Char	9	9		SCRAMBLED SOCIAL SECURITY NO
6	SSNSUF	Char	1	22		SCRAMBLED SSN SUFFIX
4	STASUF	Char	3	18		ADMITTING STATION # SUFFIX
10	STATEAB	Char	2	58		
2	STA3N	Num	3	6		ADMITTING STATION NUMBER
1	STA6A	Char	6	0		
18	TERMDT	Char	6	78		ELIGIBILITY PERIOD END DATE
16	TRTMTCD	Char	1	71		TREATMENT CODE
5	TYPE	Char	1	21		
14	WARCODE	Char	1	68		WAR CODE
11	ZIP	Char	5	60		ZIP CODE

CONTENTS PROCEDURE

Data Set Name: FEE.MED   Variables: 18

```
-----Alphabetic List of Variables and Attributes-----

 #     Variable    Type    Len    Pos    Format    Label
-----------------------------------------------------------------------------
10     AMOUNT      Num       2     38    6.2       MEDICAL AMOUNT
14     BORNYR      Char      2     46              YEAR OF BIRTH
 7     DOCTOR      Char     10     23              PHYSICIAN ID
18     HOMECNTY    Char      3     52
17     HOMSTATE    Char      2     50
13     PATTYPE     Char      2     44              PATIENT TYPE
16     POV         Char      1     49              PURPOSE OF VISIT
11     PROCDTE     Char      3     40              PROCESSING DATE
 6     PSEUD       Char      1     22
 3     SSNSCR      Char      9      9              SCRAMBLED SOCIAL SECURITY NO
 5     SSNSUF      Char      1     21
 4     STASUF      Char      3     18
 2     STA3N       Num       3      6
 1     STA6A       Char      6      0              ADMITTING STATION
 9     TREATDT     Char      3     35              TREATMENT DATE
12     TYPE        Char      1     43              RECORD TYPE
 8     VISITS      Char      2     33              NUMBER OF VISITS
15     WARCODE     Char      1     48              WAR CODE
```

V. COMMUNITY RESIDENTIAL CARE PROGRAM

The CRC Facilities Report, RCS 10-0173 (previously the RCS 18-8) is prepared electronically by each participating VAMC CRC program and submitted to Austin on a quarterly basis using VA Form 10-5502. This report is the only source of data regarding individual CRC homes/facilities and is used mainly by VA Headquarters. Information gathered includes facility name, city, state, and number of veterans at the facility. The AMIS data are in a flat file format under the name of Residential Home Care:

> ❖ HCPRD.RHC.R001.Master.

Only the current quarter of the master file is available on-line. Previous quarter information is microfiched. Access to this file is limited; contact VA Headquarters for further information.

Residential Home Care Files	
File Format	Flat file
Unit of Analysis	Facility level
Contact	Medical Help Desk Austin Automation Center (512) 326-6780 or: Dan Schoeps Chief, Community Care Programs VA Headquarters (202) 565-7530
Variables	? not yet determined
Duration	Data available since 1983
Limits	Only current quarter data on-line.
Source	Austin Automation Center

CONTENTS PROCEDURE

Data Set Name: RHC.MASTER   Variables: (15 ?)


```
-----Alphabetic List of Variables and Attributes-----

 #    Variable     Type    Len    Pos    Format     Label
-----------------------------------------------------------------------------
      STATION-NO
      ADD-FLD
      RES-CARE-HOME
      HOME-CTY-LOC
      STATE-ABRE
      DATE-LAST-ASSESS
      LICENSED-BY
      NO-OF-VETS
      NO-DAYS-CARE
      NO-BEDS
      HOME-VETS-ONLY
      AVG-MO-RATE
      FILLER
      REGION-NUMBER
      DISTRICT-CODE
      STATION-NAME
      STATE-ABBREVIATION
```

VI. SOCIALWORK INFORMATION MANAGEMENT SYSTEM (SWIMS)

Prior to FY 1994, data transmitted to Austin was kept in the Old Social Work Service Master Record; this is a different database than SWIMS. These historical data, available from the AAC, are flat files and are *not* configured in SAS. However, an input statement, available from the AAC, will allow you to convert these data to SAS format. Two files are available:

> ❖ HCPPRD.SWS.HISTORY.MASTER.RECORDS;
> ❖ HCPPRD.SWS.HISTORY.PURGED.RECORDS.

These data go back as far as January of 1984. The researcher should be aware that Social Work Service had their own station numbering system at that time that was different from the current SWIMS system.

Currently, data on all closed cases are transmitted electronically to Austin on a quarterly basis from all sites in two different queues. The first queue, SWIMS AMIS, is composed of AMIS data Segments 208, 209, 210, 211, and 256, and is used to write basic reports (see below). Data are available from FY 1993 (just a few stations), FY 1994, FY 1995, and FY 1996. These data are also in flat file format but only used for report generation.

The second type of transmission, SWIMS medical, is patient specific. The data from this transmission are unedited with scrambled social security numbers; they are collected and a SAS copy of each Fiscal Year is made. The data are in SAS dataset files:

> ❖ MDPPRD.MDP.SAS.FYnn.SWIMS (nn= year, FY 1993-present).

One very useful trait of the SWIMS data set is that it has been set-up so that information can be merged with the PTF for each individual patient and thereby offers a more complete picture of medical care services received and outcomes.

Old Social Work Service Master Record	
File Format	Flat file
Unit of Analysis	Facility level
Contact	Larry Hughes Medical Help Desk Austin Automation Center (512) 326-6780
Variables	
Duration	Data available since 1984
Limits	Station ID not compatible with current system
Source	Austin Automation Center

SWIMS Files	
File Format	SAS data set
Unit of Analysis	Patient level
Contact	Larry Hughes Medical Help Desk Austin Automation Center (512) 326-6780
Variables	65
Duration	Data available since FY 1993
Limits	Validation of database still in progress
Source	Austin Automation Center

CONTENTS PROCEDURE

Data Set Name: HCPPRD.SWS.HISTORY.MASTER.RECORDS   Variables:

-----List of Variables and Attributes-----

```
*****************************************************
***   SOCIAL WORK SERVICE MASTER PRIOR TO FY 1994   ***
*****************************************************
O1  SWS-MASTER-RECORD.
    05 M-STANO.
       10 M-STA-NO           PIC XXXX.
       10 M-STA-SUFF         PIC X.
    05 M-PATIENT-NAME        PIC X(14)
    O5 M-SSN.
       10 M-SSN-PART1        PIC XXX.
       10 M-SSN-PART2        PIC XX.
       10 M-SSN-PART3        PIC XXXX.
    05 M-WORKER-N0           PIC 99.
    05 M-LOCATION            PIC 99.
    05 M-OPEN-DATE.
       10 M-OPEN-YR          PIC XX.
       10 M-OPEN-MO          PIC XX
       10 M-OPEN-DY          PIC XX.
    05 M-PROBLEMS.
       10 M-COMM-ADJ         PIC X.
       10 M-COPING           PIC X.
       10 M-DISCH-PLAN       PIC X.
       10 M-EMOTION-BEHAV    PIC X.
       10 M-FAMILY           PIC X.
       10 M-FINANCIAL        PIC X.
       10 M-HLTH-CARE-PLAN   PIC X.
       10 M-VOC-ED           PIC X.
       10 M-OTHER            PIC X.
    05 M-OUTCOME-OF-PROBLEMS REDEFINES M-PROBLEMS
                            PIC X OCCURS 9 TIMES.
    05 M-PLACEMENTS          PIC X.
    05 M-PLCMENTS REDEFINES M-PLACEMENTS
                            PIC 9.
    05 M-REFERENCES.
       10 M-VA-RESOURCE      PIC 9.
       10 M-OTHER-GOV        PIC 9.
       10 M-NON-GOV          PIC 9.
    05 M-REFERRALS REDEFINES M-REFERENCES
                            PIC 9 OCCURS 3 TIMES.
    05 M-CLOSE-DATE.
       10 M-CLOSE-YR         PIC XX.
       10 M-CLOSE-MO         PIC XX.
       10 M-CLOSE-DAY        PIC XX.
    05 M-DISCHARGE           PIC X.
       88 DISCHARGED         VALUE 'X'-
    05 M-SPECIAL-DATA        PIC X(8).
    05 M-SPECIAL-ITEMS REDEFINES M-SPECIAL-DATA
                            PIC X OCCURS 8 TIMES.
    05 M-OPEN-PROCESS.
       10 M-OPEN-MM          PIC XX.
       10 M-OPEN-YY          PIC XX.
    05 M-CLSE-PROCESS.
```

```
    10 M-CLSE-MM          PIC XX.
    10 M-CLSE-YY          PIC XX.
05 FILLER                 PIC X(6).
```

CONTENTS PROCEDURE

Data Set Name: MDPPRD.MDP.SAS.FYnn.SWIMS   Variables: 65

*= value label given for that variable


```
-----Alphabetic List of Variables and Attributes-----

 #    Variable    Type   Len   Pos   Label
--------------------------------------------------------------------------------
11    C_DA        Num     8    70
 9    C_DATE      Num     8    54    DATE CLOSED
10    C_MO        Num     8    62
12    C_YR        Num     8    78
 4    CDC_LOC     Char    6    16    CDR    LOCATION CODE
28    DIR_SER1    Num     8   206      DIRECT SERVICES *
29    DIR_SER2    Num     8   214      DIRECT SERVICES
30    DIR_SER3    Num     8   222      DIRECT SERVICES
31    DIR_SER4    Num     8   230      DIRECT SERVICES
32    DIR_SER5    Num     8   238      DIRECT SERVICES
33    DIR_SER6    Num     8   246      DIRECT SERVICES
34    DIR_SER7    Num     8   254      DIRECT SERVICES
35    DIR_SER8    Num     8   262      DIRECT SERVICES
36    MAN_HRS1    Num     8   270    TIME PROVIDING SERVICE (MINUTES)
37    MAN_HRS2    Num     8   278    TIME PROVIDING SERVICE (MINUTES)
38    MAN_HRS3    Num     8   286    TIME PROVIDING SERVICE (MINUTES)
39    MAN_HRS4    Num     8   294    TIME PROVIDING SERVICE (MINUTES)
40    MAN_HRS5    Num     8   302    TIME PROVIDING SERVICE (MINUTES)
41    MAN_HRS6    Num     8   310    TIME PROVIDING SERVICE (MINUTES)
42    MAN_HRS7    Num     8   318    TIME PROVIDING SERVICE (MINUTES)
43    MAN_HRS8    Num     8   326    TIME PROVIDING SERVICE (MINUTES)
 7    O_DA        Num     8    38
 5    O_DATE      Num     8    22    DATE OPEN
 6    O_MO        Num     8    30
 8    O_YR        Num     8    46
20    OUTPROB1    Num     8   142      PSYCHO-SOC PROB OUTCOME *
21    OUTPROB2    Num     8   150      PSYCHO-SOC PROB OUTCOME
22    OUTPROB3    Num     8   158      PSYCHO-SOC PROB OUTCOME
23    OUTPROB4    Num     8   166      PSYCHO-SOC PROB OUTCOME
24    OUTPROB5    Num     8   174      PSYCHO-SOC PROB OUTCOME
25    OUTPROB6    Num     8   182      PSYCHO-SOC PROB OUTCOME
26    OUTPROB7    Num     8   190      PSYCHO-SOC PROB OUTCOME
27    OUTPROB8    Num     8   198      PSYCHO-SOC PROB OUTCOME
13    PSPROB1     Num     8    86      PSYCHO-SOC PROBLEM *
14    PSPROB3     Num     8    94      PSYCHO-SOC PROBLEM
15    PSPROB4     Num     8   102      PSYCHO-SOC PROBLEM
16    PSPROB5     Num     8   110      PSYCHO-SOC PROBLEM
17    PSPROB6     Num     8   118      PSYCHO-SOC PROBLEM
18    PSPROB7     Num     8   126      PSYCHO-SOC PROBLEM
19    PSPROB8     Num     8   134      PSYCHO-SOC PROBLEM
61    RHC_CARE    Num     8   470      RHC LEVEL OF CARE *
63    RHC_DIAG    Num     8   479      RHC DIAGNOSTIC CATEGORIES *
62    RHC_LIVE    Char    1   478      RHC PRIOR LIVING ARRANGEM NT*
52    RR_NEED1    Num     8   398      RESOURCES NEEDED *
53    RR_NEED2    Num     8   406      RESOURCES NEEDED
54    RR_NEED3    Num     8   414      RESOURCES NEEDED
55    RR_NEED4    Num     8   422      RESOURCES NEEDED
56    RR_NEED5    Num     8   430      RESOURCES NEEDED
```

57	RR_NEED6	Num	8	438	RESOURCES NEEDED
58	RR_NEED7	Num	8	446	RESOURCES NEEDED
59	RR_NEED8	Num	8	454	RESOURCES NEEDED
44	RR_USED1	Num	8	334	RESOURCES USED *
45	RR_USED2	Num	8	342	RESOURCES USED
46	RR_USED3	Num	8	350	RESOURCES USED
47	RR_USED4	Num	8	358	RESOURCES USED
48	RR_USED5	Num	8	366	RESOURCES USED
49	RR_USED6	Num	8	374	RESOURCES USED
50	RR_USED7	Num	8	382	RESOURCES USED
51	RR_USED8	Num	8	390	RESOURCES USED
64	SCRSSN	Char	9	487	SCRAMBLED SOCIAL SECURITY NUMBER
60	SPEC_POP	Num	8	462	SPECIAL PATIENT POPULATION *
2	STA3N	Char	3	5	
1	STA5A	Char	5	0	
65	VISN	Char	2	496	VISN NUMBER
3	WNUMBER	Num	8	8	SOCIAL WORKER NUMBER

VARIABLE VALUE LABELS

Data Set Name: MDPPRD.MDP.SAS.FYnn.SWIMS

DIR_SER1 - 8 : *DIRECT SERVICES*
1   SCREENING ONLY
2   PSYCHO-SOCIAL ASSESSMENT
3   INFORMATION/REFERRAL (NOT D/C)
4   PRE-ADMISSION PLANNING
5   DISCHARGE PLANNING
6   PSYCHO-SOCIAL TREATMENT
7   FINANCIAL COUNSELING
8   HEALTH EDUCATION
9   POST-DISCHARGE FOLLOW-UP
10   CONSULTATION ONLY
11   OUTPATIENT CONTINUITY OF CARE
12   FAMILY CONFERENCE
13   CASE MANAGEMENT
14   MULTIDISCIPLINARY TEAM CONFERENC
15   HOME VISIT
16   OTHER DIRECT SERVICE

OUTPROB1 - 8 : *PSY-SOC PROB OUTCOME*
1   CLINICAL DECISION NOT TO TREAT
2   PLANNED RESULTS ATTAINED
3   PART. ATTAINED-PT/FAM BARRIERS
4   PART. ATTAINED-COMM RES BARRIERS
5   PART. ATTAINED-VAMC BARRIERS
6   NOT ATTAINED-PT/FAM BARRIERS
7   NOT ATTAINED- COMM RES BARRIERS
8   NOT ATTAINED- VAMC BARRIERS

PSPROB1 - 8 : *PSYCH-SOC PROBLEMS*
1   NEED FOR NON-MEDICAL SUPPORTS
2   HOME HEALTH CARE
3   PLACEMENT OF PATIENT
4   STRUCTURED DAY ACTIVITIES
5   MANAGEMENT OF PERSON
6   OTHER NEEDS OF CARE
7   ADJUSTMENT TO ACUTE ILLNESS
8   ADJUSTMENT TO TERMINAL ILLNESS
9   ADJUSTMENT TO CHRONIC ILLNESS
10   ADJUSTMENT TO DISABILITY/DISFIG
11   ADJUSTMENT TO PLACEMENT
12   OTHER ADJUSTMENT PROBLEM
13   FINANCIAL PROBLEMS
14   HOUSING NEEDS
15   TRANSPORTATION NEEDS
16   OTHER ENVIRONMENTAL NEEDS
17   CHILD ABUSE
18   ADULT ABUSE
19   ELDER ABUSE
20   OTHER ABUSE PROBLEMS
21   MARITAL/PARTNER PROBLEMS
22   FAMILY/PARENT-CHILD RELAT PROBS

23   PEER/SOCIAL RELATIONSHIP PROBS
24   NON-EXISTENT/INADEQUATE SUPPORT
25   EXTERNAL AUTHORITY FIGURE PROBS
26   SUBSTANCE DEPENDENCY
27   AFFECTIVE DISORDERS
28   ORGANIC MENTAL DISORDERS
29   SUICIDAL/HOMICIDAL IDEATION
30   SEXUAL DYSFUNCTIONS
31   PSYCHOSIS
32   PERSONALITY DISORDERS
33   OTHER BEHAVIOR PROBLEMS
34   VOCATIONAL/WORK PROBLEMS
35   EDUCATIONAL PROBLEMS
36   GUARDIAN
37   FIDUCIARY
38   OTHER LEGAL PROBLEMS

RHC_CARE : *RCH LEVEL OF CARE*
1   LIGHT
2   MODERATE
3   HEAVY

RHC_DIAG : *RHC DIAGNOSTIC CATEGORIES*
1   MEDICAL/SURGICAL
2   PSYCHOSIS/NEUROSIS
3   ORGANIC & SENILE BRAIN DISEASE
4   SUBSTANCE ABUSE (ALCOHOL & DRUG)
5   ALL OTHER

RHC_LIVE : *RHC PRIOR LIVING ARRANGEM*
1   OWN HOME
2   VA NHCU
3   VA HOSPITAL
4   NON-VA HOSPITAL
5   VA DOMICILIARY
6   VA CNH (CONTRACT)
7   NON-VA NURSING HOME
8   NON-VA RESIDENTIAL RESOURCES
9   VA CONTRACT CARE (NOT NURSING
     HOME)
10   OTHERS

RR_NEED1 - 8 : *RESOURCES NEEDED*
1   VA NHCU
2   VA CNH
3   CNH-NON VA PAID
4   VA DOMICILIARY PROGRAM
5   STATE VETERAN'S HOME
6   HOSPICE/PALLIATIVE CARE

```
7   OTHER INSTITUTIONAL
8   VA COMM RESIDENTIAL CARE HOME
9   HALFWAY HOUSE
10  GROUP HOUSING
11  TRANSITIONAL LIVING
12  OTHER RES STRUCTURED ENVIRONMENT
13  HOME/DAY CARE
14  HOME WITHOUT SUPPORTS
15  HOME WITH SUPPORTS
16  COMMUNITY FOLLOW-UP SERVICES
17  VOCATIONAL
18  FINANCIAL
19  TRANSPORTATION
20  LEGAL


RR_USED1 - 8:  RESOURCES USED
1   VA NHCU
2   VA CNH
3   CNH-NON VA PAID
4   VA DOMICILIARY PROGRAM
5   STATE VETERAN'S HOME
6   HOSPICE/PALLIATIVE CARE
7   OTHER INSTITUTIONAL
8   VA COMM RESIDENTIAL CARE HOME
9   HALFWAY HOUSE
10  GROUP HOUSING
11  TRANSITIONAL LIVING
12  OTHER RES STRUCTURED ENVIRONMENT
13  HOME/DAY CARE
14  HOME WITHOUT SUPPORTS
15  HOME WITH SUPPORTS
16  COMMUNITY FOLLOW-UP SERVICES
17  VOCATIONAL
18  FINANCIAL
19  TRANSPORTATION
20  LEGAL


SPEC_POP : SPECIAL POPULATION
1   SPINAL CORD INJURY
2   HIV+/AIDS
3   NATIVE AMERICAN
4   HOMELESS
5   PERSIAN GULF WAR
```

VA STANDARD FORMS USED IN LONG TERM CARE

The Veterans Health Administration has standard forms that are used throughout all VA medical centers. These standardized forms are used by the same program/service at every VA medical center in the exact same capacity. Samples of these forms are provided in the following sections.

Other VA forms are used as overprints and are tailored to the specific needs of local medical centers. For example, VA Form 10-0043a Medical Record, can be overprinted and used 1) for different programs and 2) in various capacities as either an intake or discharge form depending upon the needs of a specific program or service. At the end of each program section, a listing of possible overprinted and other forms is provided.

It is also important to note that many of these forms are not computerized but kept strictly as paper records. Some programs are computerizing information but this is kept on local PCS and data are not intended for nation-wide use. Where data are kept on local DHCPs, they are often not accessible to others off-site.

I. VA Nursing Home Care Units (NHCU):

All VA nursing home care units are required to use assessment form:

❖ VA Form 10-0064a (RCS 10-0644) - Long Term Care Patient Assessment Instrument (PAI).

It has been brought to our attention that many VAMCs also use other forms to track their patients in the NHCU. These forms are used locally and if computerized, done so on a local DHCP or PC spreadsheet. Some of these other forms include:

SF 513 Consult

VAF 10-0043a Medical Record (Overprint)

VAF 10-0096 Medical Record- Nursing Documentation (Overprint)

VAF 10-0096 (R) Medical Record- Nursing Documentation (Overprint)

VAF 10-0114L-1 Medical Record Doctor's Orders--Vertical (Overprint)

VAF 10-1000

VAF 10-1204 Referral for Community Nursing Home Care

VAF 10-1349 Social Work Service- Reports and Summaries (Overprint)

VAF 10-1415 Problem List

Medical Discharge

MDS

MDS+

II. Community Nursing Home (CNH) Care Program:

The CNH program uses forms:

❖ VA Form 10-1204 - Referral For Community Nursing Home Care;

❖ VA Form 10-7400-4 (AMIS) - Community Nursing Home Care Activity.

Other forms used by VAMCs to track community nursing home care program participants include:

        VAF 10-1349 Social Work Service- Reports and Summaries (Overprint)

        VAF 10-5345 (Overprint)

        VAF 10-9034a Hospital Summary (Overprint)

        Medical Discharge

III. Home Based Primary Care (HBPC):

The HBPC programs in VA must use forms:

❖ VA Form 10-10014- Home Based Primary Care Evaluation/Admission;

❖ VA Form 10-10014A- Home Based Primary Care Discharge; and

❖ Home Based Primary Care Visit Log

Other forms used by VAMCs to track HBPC participants include:

          SF 509 Medical Records Progress Notes

          VAF 10-0043a Medical Record (Overprint)

          VAF 10-0096 Medical Record- Nursing Documentation (Overprint)

          VAF 10-1415 Problem List

          VAF 10-7108 Nursing Care Referral Form

          Nursing Assessment

IV. Skilled Community Home Health Care:

The skilled community home health care program uses form:

❖ VA Form 10-7108 - Nursing Care Referral.

Many VAMCs also use the following forms to track their community skilled home health care participants:

SF 509 Medical Records Progress Notes

VAF 10-1204 Referral for Community Nursing Home Care

Physician orders overlay

V. Adult Day Health Care (ADHC):

The ADHC program uses form:

❖ VA Form 10-7108 - Nursing Care Referral (refer to form on page 60).

Other forms used by VAMCs to track their ADHC participants include:

     SF 507 Medical Record History

     SF 513 Consult

     VAF 10-10 Application for Medical Benefits

     VAF 10-1204 Referral for Community Nursing Home Care

     VAF 10-1349 Social Work Service- Reports and Summaries (Overprint)

     VAF 10-7108 Nursing Care Referral

     VAF 10-9034 Hospital Summary (Overprint)

     Nursing Assessment

     Medical Discharge

     Medications

     OP 91B

VI. Homemaker/Home Health Aide:

The homemaker/home health aide program uses forms:

❖ VA Form 10-7108 - Nursing Care Referral (refer to form on page 60).

Other forms used include by VAMCs to track their homemaker/home health aide participants include:

      SF 509 Medical Records Progress Notes

      VAF 10-1204 Referral for Community Nursing Home Care

      VAF 10-1349 Social Work Service- Reports and Summaries (Overprint)

      VAF 119 Report of contact

      OP 91B

VII. Community Residential Care (CRC):

The CRC program uses forms:

❖ VA Form 10-2406- Recommendation for Release of Patient in Home Other Than His Own;

❖ VA Form 10-2407- Residential Care Home Program: Sponsor Application;

❖ VA Form 10-2408- Outline for Obtaining Information as to Suitability of Home Other Than   Patient's Own;

❖ VA Form 10-2409- Patient's Agreement with Hospital in Relation to a Home Other Than His   Own;

❖ VA Form 10-2410- Agreement to Provide Home Care for Patient.

Other forms used by VAMCs include:

VAF 10-1349 Social Work Service- Reports and Summaries (Overprint)

Medical Discharge

Medications