Medicare Current Beneficiary Survey

Section Specifications for HHQ R58 2010

HOME HEALTH UTILIZATION AND EVENTS

Created on 10/1/2010 4:14:12 PM

HH1 Yes/No

QUESTION TEXT

SHOW CARD HH1

(Besides what you have already mentioned,) [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] helped at home by any (other) health or medical professionals, such as those listed on this card?

[Health professionals include nurse (visiting nurse, private duty nurse, etc.), doctor, social worker, therapist, and hospice worker.]

FIELD 1: HHPRPROF

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH2 - PROVIDER_HHP
2	NO	HH18 - HHPRFRND
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	HH18 - HHPRFRND
	Refused	HH18 - HHPRFRND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.HHPRPROF	1

HH2 Roster

QUESTION TEXT

What is the name of the health professional who helped [you/(SP)] at home [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF PLACE OR ORGANIZATION.

ADD OR SELECT ONLY ONE PROVIDER.

FIELD 1: PROVIDER_HHP

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HH1AAA

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display providers in order of entry.

Display the following providers as protected rows:
1) Providers who have provided home health care during the current round.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	Provider Name	Display Provider Name, PROV.PROVNAME
2	SubProvider Name	If PROV.SUBPROV ^= empty, display SubProvider name, PROV.SUBPROV. Else do not display.

BACKGROUND VARIABLE ASSIGNMENTS

NOTE: The following database instructions will not be stored on PROV until after determining if PROVIDER works for an organization. If Provider added at HH2 works for an organization (HH4 - WORKSFOR = 1/OrganizationGiven), we do not store the HH2 Provider Name on PROV.

HH Provider Roster details will be collected on PROV:
PROV key = PROV.PROVBASE + PROV.PROVNUM
PROV.PROVNUM = Number of Provider selected at HH2.

If Provider added at Home Health Provider Roster, see HOME HEALTH PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Home Health Provider Roster Pop-Up Window:

PROV.PROVNUM   Provider number
PROV.PROVRNDC   Round number
PROV.PROVNAME   Provider name

If Provider added, set provider type as instructed below.

Variable Name	Assignment Instructions
PROVTYPE	If adding a new provider, set PROV.PROVTYPE = 6/HomeHealthProfessionals

DESIGN NOTES

Begin Loop 1: Probe for one provider, one home health visit. Collect event details for this home health provider visit.

BOX HH1AAA

BOX INSTRUCTIONS

IF (HOME HEALTH PROVIDER WAS ADDED AT HH2) OR (AN EXISTING PROVIDER WAS SELECTED AT HH2 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH3 - PROVSPEC.

ELSE GO TO BOX HH1BBB.

HH3

Code 1

QUESTION TEXT

What kind of health professional is (PROVIDER NAME)?

FIELD 1: PROVSPEC

FIELD 1 ROUTING

Value	Label	Route
1	DENTIST/DENTAL PROVIDER	HH4 - WORKSFOR
2	MEDICAL DOCTOR	HH4 - WORKSFOR
3	AUDIOLOGIST	HH4 - WORKSFOR
4	CHIROPRACTOR	HH4 - WORKSFOR
5	CLINICAL SOCIAL WORKER	HH4 - WORKSFOR
6	DIETITIAN-NUTRITIONIST	HH4 - WORKSFOR
7	HEARING THERAPIST	HH4 - WORKSFOR
8	HOME HEALTH/HEALTH AIDE	HH4 - WORKSFOR
9	HOMEMAKER	HH4 - WORKSFOR
10	HOSPICE WORKER	HH4 - WORKSFOR
11	I.V. THERAPIST	HH4 - WORKSFOR
12	NURSE (RN)	HH4 - WORKSFOR
13	NURSE PRACTITIONER	HH4 - WORKSFOR
14	NURSE'S AIDE	HH4 - WORKSFOR
15	OCCUPATIONAL THERAPIST (OT)	HH4 - WORKSFOR
16	OPTOMETRIST (OD)	HH4 - WORKSFOR
17	OSTEOPATH (DO)	HH4 - WORKSFOR
18	PARAMEDIC	HH4 - WORKSFOR

Value	Label	Route
19	PHYSICAL THERAPIST (PT)	HH4 - WORKSFOR
20	PHYSICIAN'S ASSISTANT	HH4 - WORKSFOR
21	PODIATRIST (FOOT DOCTOR)	HH4 - WORKSFOR
22	PSYCHOLOGIST	HH4 - WORKSFOR
23	RESPIRATORY THERAPIST	HH4 - WORKSFOR
24	SOCIAL/CASE WORKER	HH4 - WORKSFOR
25	SPEECH THERAPIST	HH4 - WORKSFOR
26	THERAPIST (MENTAL HEALTH)	HH4 - WORKSFOR
27	X-RAY TECHNICIAN	HH4 - WORKSFOR
28	LICENSED PRACTICAL NURSE (LPN)	HH4 - WORKSFOR
29	ACUPUNCTURIST	HH4 - WORKSFOR
30	HOMEOPATH	HH4 - WORKSFOR
31	MASSAGE THERAPIST	HH4 - WORKSFOR
32	NATUROPATH	HH4 - WORKSFOR
33	LICENSED PROFESSIONAL COUNSELOR [LPC]	HH4 - WORKSFOR
34	LAB TECHNICIAN	HH4 - WORKSFOR
91	OTHER MEDICAL PROVIDER SPECIALTY	HH3 - PROVSPOS
	Don't Know	HH4 - WORKSFOR
	Refused	HH4 - WORKSFOR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.PROVSPEC	1

FIELD 2: PROVSPOS

OTHER MEDICAL PROVIDER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HH4 - WORKSFOR

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.PROVSPOS	1

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

Called by BOX ST31A and NS31A if HP provider added in ST or NS.

HH4   Code 1

QUESTION TEXT

Who does (PROVIDER NAME) work for, that is, for what place or organization?

[PROBE: Or does (PROVIDER NAME) work for himself/herself?]

FIELD 1: WORKSFOR

FIELD 1 ROUTING

Value	Label	Route
1	NAME OF ORGANIZATION GIVEN	HH5 - PROVIDER_HHPORG
2	WORKS FOR SELF	BOX HH1AA
	Don't Know	BOX HH1AA
	Refused	BOX HH1AA

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.WORKSFOR	1

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

The purpose of HH4 is to determine if the Home Health Provider selected earlier (ex: at HH2, HH19, ST27, or NS27) works for an organization. If HH4-WORKSFOR = 1/OrganizationGiven, we will then probe for the name of the organization at the HH5 provider roster. The name of the organization selected at HH5 will then be the Provider that will get referenced in the remaining event detail questions in HH.

The response to HH4 is stored on HERO which is linked to the Home Health Event. Since the Home Health event record is generated at BOX HH1AA, the response to HH4 - WORKSFOR will need to be copied to the HERO generated at BOX HH1AA.

HH5   Roster

QUESTION TEXT

[Who does (PROVIDER NAME) work for, that is, what place or organization?]

[PROBE: Who would (you/SP) call if (PROVIDER NAME) did not show up?]

ADD OR SELECT ONLY ONE PROVIDER.

FIELD 1: PROVIDER_HHPORG

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HH1AA

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display providers in order of entry.

Display the following providers as protected rows:
1) Providers who have provided home health care during the current round.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	Provider Name	Display Provider Name, PROV.PROVNAME.

Column #	Header	Instructions
2	SubProvider Name	If PROV.SUBPROV ^=empty, display SubProvider name, PROV.SUBPROV. Else do not display.

BACKGROUND VARIABLE ASSIGNMENTS

HH Provider Roster details will be collected on PROV:
PROV key = PROV.PROVBASE + PROV.PROVNUM
PROV.PROVNUM = Number of Provider selected at HH5.

If Provider added at Home Health Provider Roster, see HOME HEALTH PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Home Health Provider Roster Pop-Up Window:

PROV.PROVNUM   Provider number
PROV.PROVRNDC   Round number
PROV.PROVNAME   Provider name

If Provider added, set provider type as instructed below.

Set who works for this provider, PROV.SUBPROV, as the name of the Provider selected prior to HH5 (ex. at HH2, HH19, ST27 or NS27).

Set provider specialty, PROV.PROVSPEC, as the specialty of the Provider selected prior to HH5 (ex. at HH2, HH19, ST27 or NS27).

If the Provider selected prior to HH5 was added as a new Provider, delete this Provider record.

See additional instructions below:

Variable Name	Assignment Instructions
PROVTYPE	If Provider added at HH5, set PROV.PROVTYPE = 6/HomeHealthProfessionals.
SUBPROV	PROV.SUBPROV = PROV.PROVNAME for Provider selected prior to HH5 (ex: HH2, HH19, ST27 or NS27).

Variable Name	Assignment Instructions
PROVSPEC	PROV.PROVSPEC = PROV.PROVSPEC for Provider selected prior to HHS (ex: HH2, HH19, ST27 or NS27).

DESIGN NOTES

At HH5, we are still asking about the Provider selected earlier (ex: at HH2, HH19, ST27, or NS27). HH5 probes for the name of the organization that the Provider works for. The name of the organization selected at HH5 will then be the Provider Name that will be displayed in the remaining event detail questions in HH.

BOX HH1AA

BOX INSTRUCTIONS

IF HH4 - WORKSFOR = 1/OrganizationGiven, SET HOME HEALTH
PROVIDER FOR THIS VISIT TO THE HOME HEALTH ORGANIZATION SELECTED AT HH5,
AND GO TO HH6 - HHPLACE.

ELSE SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE PROVIDER SELECTED AT
HH2, HH19, ST27 OR NS27, AND GO TO BOX HH1BB.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Home Health event details are stored on PROV, EVNT and HERO.

If there is an existing EVNT where EVNT.EVNTDFLG ^= 1/Yes and EVNT.EVNTTYPE = 'HP' or
'HF' and EVNT.EVNTPROV = the PROV.PROVNUM selected at HH5, current round Home
Health event details will be collected on a current round HERO linked to this existing EVNT.

However, if an existing home health EVNT does not exist for this provider, we will create a new
EVNT.

HH Provider Roster details will be collected on PROV:
PROV key = PROV.PROVBASE + PROV.PROVNUM
PROV.PROVNUM =
If HH4 - WORKSFOR = 1/OrganizationGiven, set PROV.PROVNUM = number of Provider
selected at HH5.
Else set PROV.PROVNUM = number of Provider selected at HH2, HH19, ST27, or NS27.

Event details will be collected on EVNT and HERO:
EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM
EVNT.EVNTNUM = Number of existing home health EVNT or Number of new home health
EVNT created at BOX HH1AA.

HERO key = HERO.HEROBASE + HERO.HEROEVNT + HERO.HERORND
HERO.HEROEVNT = EVNT.EVNTNUM.
HERO.HERORND = current round.

If creating a new EVNT for this Home Health visit:
BASE.LASTEVNT holds the highest EVNT.EVNTNUM prior to fielding cases. Not all
EVNT records are fielded. The first time an EVNT record is generated in the field,
BASE.LASTEVNT should be >= to the highest EVNT.EVNTNUM fielded. The new

EVNT.EVNTNUM should be calculated based on BASE.LASTEVNT + 001. Each time an EVNT record is generated in the field, BASE.LASTEVNT will be updated to match the highest EVNT.EVNTNUM in the field. Therefore, each time an EVNT record is generated in the field, the new EVNT.EVNTNUM should be calculated based on BASE.LASTEVNT + 001. See detailed instructions below.

Create a current round HERO for this HH Event.

Set variables as specified below:

Variable Name	Assignment Instructions
EVNTNUM	If adding a new EVNT, set new EVNT.EVNTNUM = BASE.LASTEVNT + 001. This assumes that BASE.LASTEVNT is incremented each time an EVNT record is generated in the field.
EVNTRNDC	If adding a new EVNT, set EVNT.EVNTRNDC = current round.
LASTEVNT	If adding a new EVNT, once new EVNT record is generated, set BASE.LASTEVNT = new EVNT.EVNTNUM.
EVNTPROV	If adding a new EVNT, if HH4 - WORKSFOR = 1/OrganizationGiven in the current round, set EVNT.EVNTPROV = PROV.PROVNUM of provider selected at HH5. Else set EVNT.EVNTPROV = PROV.PROVNUM selected at HH2, HH19, ST27 or NS27.
EVNTTYPE	If adding a new EVNT, if HH4 - WORKSFOR was asked for this Home Health visit in the current round, set EVNT.EVNTTYPE = 'HP'. Else set EVNT.EVNTTYPE = 'HF'.
STEVTYPE	If adding a new EVNT, if HH4 - WORKSFOR was asked for this Home Health visit in the current round, set EVNT.STEVTYPE = 'HP'. Else set EVNT.STEVTYPE = 'HF'.
HEROEVNT	Create a new HERO and set HERO.HEROEVNT=EVNT.EVNTNUM.
HERORND	HERO.HERORND=current round.
WORKSFOR	If HH4 - WORKSFOR is asked for this Home Health visit in the current round, copy response from HH4 - WORKSFOR to HERO.WORKSFOR.

Variable Name	Assignment Instructions
EVCHGFLG	If adding an EVNT, and if currently administering ST or NS, set EVNT.EVCHGFLG = 1/Yes.

HH6

Code 1

QUESTION TEXT

What kind of place or organization is (PROVIDER NAME)?

FIELD 1: HHPLACE

FIELD 1 ROUTING

Value	Label	Route
1	MANAGED CARE PLAN (SUCH AS HMO)	BOX HH1BB
2	MEAL PROGRAM (SUCH AS MEALS ON WHEELS)	HH7 - OTHMEALS
3	VISITING NURSE ASSOCIATION	BOX HH1BB
4	HOME HEALTH AGENCY	BOX HH1BB
5	HOSPITAL	BOX HH1BB
6	PRIVATE PHYSICIAN/GROUP PRACTICE	BOX HH1BB
7	HOSPICE	BOX HH1BB
8	REHABILITATION OR SPORTS MEDICINE THERAPY	BOX HH1BB
9	LOCAL GOVERNMENT ORGANIZATION	BOX HH1BB
10	CHURCH OR COMMUNITY ORGANIZATION	BOX HH1BB
11	ASSISTED LIVING/RETIREMENT HOME	BOX HH1BB
91	OTHER (SPECIFY)	HH6 - HHPLACOS
	Don't Know	BOX HH1BB
	Refused	BOX HH1BB

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.HHPLACE	1

FIELD 2: HHPLACOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HH1BB

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.HHPLACOS	1

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

PROV.HHPLACE may have already been asked prior to HH6. If PROV.HHPLACE was previously set to 91/Other, and has been changed and the current round response to PROV.HHPLACE ^= 91/Other, PROV.HHPLACOS needs to be reset to EMPTY. See additional instructions below.

Variable Name	Assignment Instructions
HHPLACOS	If current response to HH6 - PROV.HHPLACE ^= 91/Other, then HH6 - PROV.HHPLACOS should be set to empty.

HH7

Yes/No

QUESTION TEXT

[Between (REFERENCE DATE) and (today/DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], did (PROVIDER NAME) provide any services to [you/(SP)] other than delivering meals?

FIELD 1: OTHMEALS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HH1BB
2	NO	BOX HH1BB
	Don't Know	BOX HH1BB
	Refused	BOX HH1BB

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.OTHMEALS	1

BOX HH1BBB

BOX INSTRUCTIONS

SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE PROVIDER SELECTED AT HH2
OR HH19, AND GO TO BOX HH1BB.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Home Health event details are stored on PROV, EVNT and HERO.

If a provider is selected at HH2 or HH19 that is associated with an exising home health event,
HH routes to BOX HH1BBB where a new HERO is created and linked to the existing home
health EVNT.

HH Provider Roster details will be collected on PROV:
PROV key = PROV.PROVBASE + PROV.PROVNUM
PROV.PROVNUM = Number of Provider selected at HH2 or HH19.

Event details will be collected on EVNT and HERO:
EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM
EVNT.EVNTNUM = Number of existing home health EVNT where EVNT.EVNTPROV= HH2 or
HH19 PROV.PROVNUM & (EVNT.EVNTTYPE = 'HP' or 'HF') & EVNT.EVNTDFLG ^= 1/Yes.

HERO key = HERO.HEROBASE + HERO.HEROEVNT + HERO.HERORND
HERO.HEROEVNT = EVNT.EVNTNUM
HERO.HERORND = current round.

Create a current round HERO for this HH Event.

Set variables as specified below:

Variable Name	Assignment Instructions
HEROEVNT	Create a new HERO and set HERO.HEROEVNT = EVNT EVNT.EVNTNUM where (EVNT.EVNTPROV = HH2 or HH19 PROV.PROVNUM and (EVNT.EVNTTYPE = 'HP' or 'HF') and EVNT.EVNTDFLG ^= 1/Yes).
HERORND	HERO.HERORND=current round.

BOX HH1BB

BOX INSTRUCTIONS

IF TYPE OF HOME HEALTH PROVIDER IS A MEAL PROGRAM THAT DID NOT PROVIDE ANY OTHER SERVICES BESIDES MEALS, GO TO BOX HH3.

ELSE IF (HOME HEALTH PROVIDER IS A FRIEND OR RELATIVE) OR (TYPE OF HOME HEALTH PROVIDER IS A LOCAL GOVERNMENT, CHURCH OR COMMUNITY ORGANIZATION), GO TO HH11 - HELPUNIT.

ELSE GO TO BOX HH1.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

BOX HH1BB is called from HHS if the SP reports that a Home Health provider from the previous round is still providing home health care in the current round.

BOX HH1

BOX INSTRUCTIONS

IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO HH8 - VAPLACE.

ELSE GO TO BOX HH1A.

HH8

Yes/No

QUESTION TEXT

Is [(PROVIDER NAME) associated with/(PROVIDER NAME)] a Department of Veterans Affairs, or V.A., facility?

FIELD 1: VAPLACE

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HH1A
2	NO	BOX HH1A
	Don't Know	BOX HH1A
	Refused	BOX HH1A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.VAPLACE	1

BOX HH1A

BOX INSTRUCTIONS

IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO HH10A - HMOASSOC.

ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO HH10B - HMOREFER.

ELSE GO TO HH11 - HELPUNIT.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If the SP belongs to a managed care plan (HMO), we ask each provider selected/added if the provider is associated with an HMO. This question, which is asked throughout utilization and cost series, is only asked once in the study for each provider. The response is never updated. (this design may change in the future).

If the SP belongs to an HMO, and we have not asked this question for this provider, HMOASSOC=empty, you are routed to HMOASSOC. If we have already asked this question about this provider, and the provider responded to HMOASSOC=No, DK or RF, you are routed to HMOREFER, skipping HMOASSOC, to determine if the SP was referred to this provider by their HMO.

If SP does not belong to an HMO or this provider already reported being associated with the HMO, you skip HMOASSOC and HMOREFER.

HH10A   Yes/No

QUESTION TEXT

Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

FIELD 1: HMOASSOC

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH11 - HELPUNIT
2	NO	HH10B - HMOREFER
	Don't Know	HH10B - HMOREFER
	Refused	HH10B - HMOREFER

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.HMOASSOC	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.
Display managed care plan name(s) below question text.
Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".
Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".
Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

HH10B   Yes/No

QUESTION TEXT

[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?

FIELD 1: HMOREFER

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH11 - HELPUNIT
2	NO	HH10D - NOGOHMO
	Don't Know	HH11 - HELPUNIT
	Refused	HH11 - HELPUNIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.HMOREFER	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.
Display managed care plan name(s) below question text.
Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".
Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".
Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

HH10D

Code 1

QUESTION TEXT

What is the most important reason [you/(SP)] did not see a home health provider associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a home health provider that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?

SCROLL DOWN TO SEE RESPONSE CATEGORIES.

FIELD 1: NOGOHMO

FIELD 1 ROUTING

Value	Label	Route
1	PLAN DOES NOT COVER THE SERVICE SP WANTED	HH11 - HELPUNIT
2	DIFFICULTY OR DELAY IN GETTING SERVICES	HH11 - HELPUNIT
3	SP PROVIDER PREFERENCE	HH11 - HELPUNIT
4	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	HH11 - HELPUNIT
5	NOT IN A MANAGED CARE PLAN AT TIME OF EVENT	HH11 - HELPUNIT
6	NO CHOICE - MEDICAL EMERGENCY OR OUT OF SERVICE AREA	HH11 - HELPUNIT
91	OTHER	HH10D - NOGOHMOS
	Don't Know	HH11 - HELPUNIT
	Refused	HH11 - HELPUNIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.NOGOHMO	1

FIELD 2: NOGOHMOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HH11 - HELPUNIT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.NOGOHMOS	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.
Display managed care plan name(s) below question text.
Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".
Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".
Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

HH11   Quantity Unit

QUESTION TEXT

[Between (REFERENCE DATE) and (today/DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], how many times (has/did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] come to the home to help [you/(SP)]? [Remember to include all home health providers from (PROVIDER NAME).]

FIELD 1: HELPUNIT

FIELD 1 ROUTING

Value	Label	Route
1	TOTAL NUMBER OF TIMES	HH11 - HELPNUM
2	NUMBER OF TIMES PER DAY	HH11 - HELPNUM
3	NUMBER OF TIMES PER WEEK	HH11 - HELPNUM
4	NUMBER OF TIMES PER MONTH	HH11 - HELPNUM
	Don't Know	HH12 - STAYUNIT
	Refused	HH12 - STAYUNIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.HELPUNIT	1

FIELD 2: HELPNUM

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HH12 - STAYUNIT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.HELPNUM	1

HH12

Quantity Unit

QUESTION TEXT

(Generally speaking, how long did/Generally speaking, how long does/How long did)[PROVIDER NAME)/someone from (PROVIDER NAME)] stay with [you/(SP)]? [INCLUDE TIME SPENT SHOPPING OR RUNNING ERRANDS.]

[PROBE: We just need to know in general.]

FIELD 1: STAYUNIT

FIELD 1 ROUTING

Value	Label	Route
1	HOURS ONLY	HH12 - STAYHOUR
2	MINUTES ONLY	HH12 - STAYMIN
3	HOURS AND MINUTES	HH12 - STAYHOUR
	Don't Know	HH13 - NEEDNURS
	Refused	HH13 - NEEDNURS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.STAYUNIT	1

FIELD 2: STAYHOUR

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	If HH12 - STAYUNIT = 1/HoursOnly, go to HH13 - NEEDNURS. Else go to HH12 - STAYMIN.

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.STAYHOUR	1

FIELD 3: STAYMIN

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	HH13 - NEEDNURS

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.STAYMIN	1

HH13

Yes/No

QUESTION TEXT

SHOW CARD HH2

(Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help [you/(SP)] by giving any medical or nursing treatment, such as the things shown on this card? ["MEDICAL OR NURSING TREATMENT" MEANS SUCH THINGS AS APPLYING STERILE BANDAGES OR DRESSINGS, GIVING MEDICATIONS, TAKING BLOOD PRESSURE, GIVING SHOTS OR INJECTIONS.]

[PROBE: We just need to know in general.]

FIELD 1: NEEDNURS

FIELD 1 ROUTING

Value	Label	Route
1	YES, AT LEAST ONE	HH14 - NEEDMEAL
2	NO	HH14 - NEEDMEAL
	Don't Know	HH14 - NEEDMEAL
	Refused	HH14 - NEEDMEAL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.NEEDNURS	1

HH14

Yes/No

QUESTION TEXT

SHOW CARD HH3

(Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help with [your/(SP's)] daily needs by doing things, such as the ones shown on this card? [HELP WITH DAILY NEEDS MEANS HELP IN USING THE TELEPHONE, DOING HOUSEWORK, PREPARING MEALS.]

[PROBE: We just need to know in general.]

FIELD 1: NEEDMEAL

FIELD 1 ROUTING

Value	Label	Route
1	YES, AT LEAST ONE	HH15 - NEEDCARE
2	NO	HH15 - NEEDCARE
	Don't Know	HH15 - NEEDCARE
	Refused	HH15 - NEEDCARE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.NEEDMEAL	1

HH15

Yes/No

QUESTION TEXT

SHOW CARD HH4

(Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help with [your/(SP's)] personal care by doing things such as those shown on this card? [HELP WITH PERSONAL CARE MEANS HELP WITH BATHING, SHOWERING, DRESSING, EATING, WALKING, USING THE TOILET.]

[PROBE: We just need to know in general.]

FIELD 1: NEEDCARE

FIELD 1 ROUTING

Value	Label	Route
1	YES, AT LEAST ONE	BOX HH3
2	NO	BOX HH3
	Don't Know	BOX HH3
	Refused	BOX HH3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HERO.NEEDCARE	1

BOX HH3

BOX INSTRUCTIONS

IF CURRENTLY ADMINISTERING ST, GO TO BOX ST31B.

ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS31B.

ELSE IF CURRENTLY ADMINISTERING HHS, GO TO BOX HHS5.

ELSE IF CURRENTLY ASKING ABOUT HOME HEALTH FRIENDS OR FAMILY, GO TO BOX HH6.

ELSE IF HOME HEALTH PROVIDER WORKED FOR SELF, GO TO HH16 - HHPMORE.

ELSE GO TO HH17 - HHPOMORE.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If currently administering ST or NS, return to BOX ST31B or BOX NS31B.

HH16   Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] helped at home by any other health professionals?

FIELD 1: HHPMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH2 - PROVIDER_HHP
2	NO	HH18 - HHPRFRND
	Don't Know	HH18 - HHPRFRND
	Refused	HH18 - HHPRFRND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all Providers who have provided home health care during the current round.

Display Report below Question Text.

Display providers in order of entry.

Column 1, header = PROVIDER NAME
Column 1, display = Display Provider Name, (PROVIDER NAME).

Column 2, header = SUBPROVIDER
Colunn 2, display = If PROV.SUBPROV ^= empty, display SubProvider name,

PROV.SUBPROV.
Else do not display.

DESIGN NOTES

End Loop 1: Probe for additional home health professionals.

NOTE: HH16 and HH17 are both End Loop probes, only one is asked based on whether or not the last provider worked for self.

HH17　　　　Yes/No

QUESTION TEXT

Other than the persons who (have) visited [you/(SP)] from (PROVIDER NAME) [or from the other(s) we've talked about], [have you been/has (SP) been/was (SP)] helped at home by any other health professionals [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/ AGENCY LISTED BELOW]

FIELD 1: HHPOMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH2 - PROVIDER_HHP
2	NO	HH18 - HHPRFRND
	Don't Know	HH18 - HHPRFRND
	Refused	HH18 - HHPRFRND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all Providers who have provided home health care during the current round.

Display Report below Question Text.

Display providers in order of entry.

Column 1, header = PROVIDER NAME
Column 1, display = Display Provider Name, (PROVIDER NAME).

Column 2, header = SUBPROVIDER
Colunn 2, display = If PROV.SUBPROV ^= empty, display SubProvider name,
PROV.SUBPROV.
Else do not display.

DESIGN NOTES

End Loop 1: Probe for additional home health professionals.

NOTE: HH16 and HH17 are both End Loop probes, only one is asked based on whether or not
the last provider worked for self.

HH18   Yes/No

QUESTION TEXT

SHOW CARD HH5

(Besides what you have already talked about, [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], because of health problems [have you/has (SP)/did (SP)] (received/receive) any personal care or help at home with daily needs from (any other) persons who (do/did) not live with (you/him/her), including home health aides, homemakers, friends, neighbors, or relatives?

FIELD 1: HHPRFRND

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH19 - PROVIDER_HHF
2	NO	BOX HH7
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	BOX HH7
	Refused	BOX HH7

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.HHPRFRND	1

HH19 Roster

QUESTION TEXT

Who helped [you/(SP)]? What is the name of the person who helped (you/him/her)?

ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF THE PLACE OR ORGANIZATION.

SELECT OR ADD ONLY ONE PERSON. DO NOT ENTER A PERSON WHO LIVES WITH THE SP.

FIELD 1: PROVIDER_HHF

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HH3AA

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display providers in order of entry.

Display the following providers as protected rows:
1) Providers who have provided home health care during the current round.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	Provider Name	Display Provider Name, PROV.PROVNAME
2	SubProvider Name	If PROV.SUBPROV ^= empty, display SubProvider name, PROV.SUBPROV. Else do not display.

BACKGROUND VARIABLE ASSIGNMENTS

HH Provider Roster details will be collected on PROV:
PROV key = PROV.PROVBASE + PROV.PROVNUM
PROV.PROVNUM = Number of Provider selected at HH19.

If Provider added at Home Health Provider Roster, see HOME HEALTH PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Home Health Provider Roster Pop-Up Window:

PROV.PROVNUM   Provider number
PROV.PROVRNDC   Round number
PROV.PROVNAME   Provider name

If Provider added, set provider type as instructed below.

Variable Name	Assignment Instructions
PROVTYPE	If adding a new provider, set PROV.PROVTYPE = 7/HomeHealthNotHHMembers.

DESIGN NOTES

Begin Loop 2: Probe for one provider, one home health visit. Collect event details for this home health provider visit.

BOX HH3AA

BOX INSTRUCTIONS

IF (HOME HEALTH PROVIDER WAS ADDED AT HH19) OR (AN EXISTING PROVIDER WAS SELECTED AT HH19 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH20 - HHFTYPE.

ELSE GO TO BOX HH1BBB.

HH20　　　　Code 1

QUESTION TEXT

Is (PROVIDER NAME) a friend or neighbor, a relative, or some other type of home health provider?

FIELD 1: HHFTYPE

FIELD 1 ROUTING

Value	Label	Route
1	FRIEND OR NEIGHBOR	BOX HH3A
2	RELATIVE	HH21 - HHFRELAT
3	OTHER TYPE OF HOME HEALTH PROVIDER	BOX HH3A
	Don't Know	BOX HH3A
	Refused	BOX HH3A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.HHFTYPE	1

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

Called by BOX ST31B or BOX NS31A if HF Provider added in ST or NS.

HH21 Code 1

QUESTION TEXT

How is (PROVIDER NAME) related to [you/(SP)]?

FIELD 1: HHFRELAT

FIELD 1 ROUTING

Value	Label	Route
1	SAMPLE PERSON	BOX HH3A
2	SPOUSE	BOX HH3A
3	SON	BOX HH3A
4	DAUGHTER	BOX HH3A
5	BROTHER	BOX HH3A
6	SISTER	BOX HH3A
7	FATHER	BOX HH3A
8	MOTHER	BOX HH3A
9	SON-IN-LAW	BOX HH3A
10	DAUGHTER-IN-LAW	BOX HH3A
11	GRANDSON	BOX HH3A
12	GRANDDAUGHTER	BOX HH3A
13	NEPHEW	BOX HH3A
14	NIECE	BOX HH3A
50	PARTNER/ROOMMATE	BOX HH3A
51	FRIEND/NEIGHBOR	BOX HH3A
52	BOARDER	BOX HH3A
53	NURSE/NURSE'S AIDE	BOX HH3A

Value	Label	Route
54	LEGAL/FINANCIAL OFFICER	BOX HH3A
55	GUARDIAN	BOX HH3A
91	OTHER RELATIVE	HH21 - HHFRELOS
92	OTHER NON-RELATIVE	HH21 - HHFRELOS
	Don't Know	BOX HH3A
	Refused	BOX HH3A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.HHFRELAT	1

FIELD 2: HHFRELOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HH3A

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.HHFRELOS	1

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

PROV.HHRELAT may have already been asked prior to HH21. If PROV.HHRELAT was previously set to 91/OtherRelative or 92/OtherNonRelative, and has been changed and current

round response to PROV.HHRELAT ^= 91/OtherRelative and ^= 92/OtherNonRelative, PROV.HHFRELOS needs to be reset to EMPTY. See additional instructions below.

Variable Name	Assignment Instructions
HHFRELOS	If current response to HH21 - PROV.HHFRELAT ^= 91/OtherRelative and ^= 92/OtherNonRelative, then HH21 - PROV.HHFRELOS should be set to empty.

BOX HH3A

BOX INSTRUCTIONS

IF HH20 - HHFTYPE = 3/Other, DK, OR RF, GO TO HH3 - PROVSPEC.

ELSE GO TO BOX HH1AA.

BOX HH6

BOX INSTRUCTIONS

IF (HOME HEALTH PROVIDER IS A FRIEND OR RELATIVE) OR (HOME HEALTH PROVIDER WORKS FOR SELF), GO TO HH28 - HHFMORE.

ELSE GO TO HH29 - HHFOMORE.

HH28   Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)?

FIELD 1: HHFMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH19 - PROVIDER_HHF
2	NO	BOX HH7
	Don't Know	BOX HH7
	Refused	BOX HH7

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all Providers who have provided home health care during the current round.

Display Report below Question Text.

Display providers in order of entry.

Column 1, header = PROVIDER NAME
Column 1, display = Display Provider Name, (PROVIDER NAME).

Column 2, header = SUBPROVIDER
Colunn 2, display = If PROV.SUBPROV ^= empty, display SubProvider name,

PROV.SUBPROV.
Else do not display.

DESIGN NOTES

End Loop 2: Probe for additional persons who provided home health care.

NOTE: HH28 and HH29 are both End Loop probes, only one is asked based on whether or not the last provider was a friend or relative or worked for self.

HH29   Yes/No

QUESTION TEXT

Other than the persons who have visited [you/(SP)] from (PROVIDER NAME) [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/AGENCY LISTED BELOW.]

FIELD 1: HHFOMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HH19 - PROVIDER_HHF
2	NO	BOX HH7
	Don't Know	BOX HH7
	Refused	BOX HH7

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all Providers who have provided home health care during the current round.

Display Report below Question Text.

Display providers in order of entry.

Column 1, header = PROVIDER NAME
Column 1, display = Display Provider Name, (PROVIDER NAME).

Column 2, header = SUBPROVIDER
Colunn 2, display = If PROV.SUBPROV ^= empty, display SubProvider name,
PROV.SUBPROV.
Else do not display.

DESIGN NOTES

End Loop 2: Probe for additional persons who provided home health care.

NOTE: HH28 and HH29 are both End Loop probes, only one is asked based on whether or not
the last provider was a friend or relative or worked for self.

BOX HH7

BOX INSTRUCTIONS

GO TO NEXT SECTION