Home Health (HH) Section

BOX_00
======

----------------------------------------------------
| IF EVENT MONTH IS INTERVIEW MONTH, GO TO BOX_05 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_01                   |
----------------------------------------------------

BOX_01
======

----------------------------------------------------
| IF PROVIDER IS FLAGGED AS 'AGENCY', CONTINUE WITH |
| HH01                                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HH03                             |
----------------------------------------------------
SHOW CARD HH-1.

Please look at this card. During (VISIT MONTH), what types of health care workers from (PROVIDER) provided home care services for (PERSON)?

CODE ALL THAT APPLY.

CERTIFIED NURSING ASSISTANT (CNA) ...... 1
COMPANION .................................. 2
DIETICIAN/NUTRITIONIST ....................... 3
HOME HEALTH/HOME CARE AIDE .................. 4
HOSPICE WORKER ............................... 5
HOMEMAKER .................................... 6
I.V. OR INFUSION THERAPIST ....................... 7
MEDICAL DOCTOR ............................... 8
NURSE/NURSE PRACTITIONER ..................... 9
NURSE’S AIDE .................................. 10
OCCUPATIONAL THERAPIST ....................... 11
PERSONAL CARE ATTENDANT ...................... 12
PHYSICAL THERAPIST ............................ 13
RESPIRATORY THERAPIST ......................... 14
SOCIAL WORKER ................................ 15
SPEECH THERAPIST .............................. 16
SOME OTHER TYPE OF HEALTH CARE WORKER .. 91
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]
<p>| IF CODED '91' (ALONE OR IN COMBINATION WITH ANY |</p>
<table>
<thead>
<tr>
<th>OTHER CODE), CONTINUE WITH HH02</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)</td>
</tr>
<tr>
<td>ALONE, GO TO HH03</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO HH03</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
What type of health care worker was it?

CODE ALL THAT APPLY.

Nonskilled Worker (any type of worker who provides home care services which generally fall into companion, homemaker, personal care categories. These workers may also perform minor health care activities such as administering medications) ............ 1

Skilled Worker (trained, certified, or licensed medical personnel who perform services or other medical procedures including: nurse/nurse practitioner, any type of therapist, hospice worker, medical doctor, dietician/nutritionist, and social worker) ......................... 2

Other Type of Health Care Worker ....... 91

REF .................................... -7

DK ..................................... -8

[Code All That Apply]
| IF NOT CODED '2' BUT CODED '91' (ALONE OR IN COMBINATION WITH ANY CODE EXCEPT '2'), GO TO HH02OV2 |

HH02OV1
=======

SPECIFY TYPE OF SKILLED WORKER:

[Enter Other Specify].................
REF.................................... -7
DK..................................... -8

HH02OV2
=======

SPECIFY OTHER TYPE OF HEALTH CARE WORKER:

[Enter Other Specify].................
REF.................................... -7
DK..................................... -8
Thinking about the home care services (PERSON) (have/has) received from {someone from} (PROVIDER) during (VISIT MONTH), were any of these home care services because of a hospitalization, either before or after (PERSON’S STR-DT)?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HOSPITALIZATION.

[Code One]
Thinking about all of the home care services (PERSON) (have/has) received from {someone from} (PROVIDER) during (VISIT MONTH), were any of these home care services related to any specific health problem?

IF OLD AGE MENTIONED, CODE 1 FOR YES AND ENTER 'OLD AGE' AS CONDITION.

YES .................................... 1
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK ................................. -8 {BOX_02}

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

What health condition led (PERSON) to receive home health care services from {someone from} (PROVIDER) during (VISIT MONTH)?

PROBE: Any other health condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'

4. ANY CONDITION ADDED TO THE CONDITION ROSTER SHOULD BE FLAGGED AS 'CREATED' THIS ROUND (WITH THE ROUND STATUS). ANY CONDITION SELECTED AT THE CONDITION ROSTER SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND (WITH THE ROUND STATUS). THIS FLAGGING SHOULD OCCUR, AT ALL CONDITION ROSTERS THROUGHOUT THE INSTRUMENT, THE FIRST TIME THE CONDITION IS ADDED OR SELECTED DURING THE ROUND. FOR EXAMPLE, IF IT IS ROUND 1, ALL CONDITIONS ON THE ROSTER WOULD HAVE THE FLAG 'CREATED - ROUND 1'. IF A CONDITION IS CREATED IN CE, BUT SELECTED IN MV, ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG 'CREATED - ROUND 1'. THUS, FOR ANY ONE ROUND, A CONDITION CAN ONLY BE FLAGGED AS 'CREATED' OR 'SELECTED'. IF IT IS ROUND 2 AND A CONDITION THAT WAS CREATED IN ROUND 1 IS SELECTED, IT SHOULD BE FLAGGED AS 'SELECTED - ROUND 2'. THIS FLAG IS IN ADDITION TO THE ORIGINAL 'CREATED - ROUND 1' FLAG.
<table>
<thead>
<tr>
<th>IF PROVIDER FLAGGED AS ‘INFORMAL’, GO TO HH08</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH HH06</td>
</tr>
</tbody>
</table>

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

SHOW CARD HH-2.

Please look at the top of this card.

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) by providing medical treatments or any type of therapy?

PROBE: Medical treatments include things like changing bandages, wound care, giving medication, taking blood pressure, or giving shots or injections. Therapy includes physical, occupational, and speech therapy.

YES, AT LEAST ONCE 1
NO 2
REF -7
DK -8

[Code One]

PRESS F1 FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS |
| ‘AGENCY’.                                       |

17-10
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

SHOW CARD HH-2.

Now look at the gray area in the middle of the card.

During (VISIT MONTH), did {someone from} (PROVIDER) provide or teach (PERSON) or a friend or relative how to use any medical equipment or assistive device, such as the items listed on this card?

PROBE: For example, an oxygen tank, a wheelchair, a walker, a hospital bed, a tub seat, or a special railing or commode.

   YES, AT LEAST ONCE ..................... 1
   NO ..................................... 2
   REF ................................... -7
   DK .................................... -8

   [Code One]

   ----------------------------------------------------
   | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
   | 'AGENCY'.                                         |
   ----------------------------------------------------
During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) with daily activities or personal care tasks, such as those listed on this card?

PROBE: For example, using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking or eating.

YES, AT LEAST ONCE ..................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]
HH09

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

During (VISIT MONTH), did {someone from} (PROVIDER) provide companionship or company for (PERSON)?

PROBE: For example, reading, watching T.V., playing games, going for a walk or to a restaurant, or just being together.

YES, AT LEAST ONCE ..................... 1
NO ..................................... 2
REF .................................... -7
DK ...................................... -8

[Code One]

HH10

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

Did {someone from} (PROVIDER) provide (PERSON) with any other home care services we have not yet talked about?

YES, AT LEAST ONCE ..................... 1
NO ..................................... 2 {HH11}
REF .................................... -7 {HH11}
DK ...................................... -8 {HH11}

[Code One]

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

17-13
What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B TO HH06 TO BE
SURE CODE 1 IS ENTERED.
IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, CTRL/B TO HH07
TO BE SURE CODE 1 IS ENTERED.}
IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, CTRL/B TO
HH08 TO BE SURE CODE 1 IS ENTERED.
IF COMPANIONSHIP MENTIONED, CTRL/B TO HH09 TO BE SURE CODE 1 IS
ENTERED.

[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8

HH11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

Generally speaking, during (VISIT MONTH), did {someone from}
(PROVIDER) come to the home to help (PERSON) every week or only
during some weeks?

EVERY WEEK ............................. 1
SOME WEEKS ............................. 2 {HH13}
ONLY CAME ONCE ........................ 3 {HH16}
REF ............................. -7 {BOX_03}
DK ............................. -8 {BOX_03}

[Code One]
HH12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......} (EVN-MO)

During (VISIT MONTH), about how many days per week did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

[Enter Number of Days Per Week] .......  (HH14)
REF .................................................. -7 {BOX_03}
DK .................................................. -8 {BOX_03}

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'.
|----------------------------------------------------

<table>
<thead>
<tr>
<th>RANGE CHECK: 1-7 FOR NUMBER OF DAYS.</th>
</tr>
</thead>
</table>

HH13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......} (EVN-MO)

About how many days during (VISIT MONTH) did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

[Enter Number of Days Per Month] .......
REF .................................................. -7 {BOX_03}
DK .................................................. -8 {BOX_03}

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'.
|----------------------------------------------------
During (VISIT MONTH), did {someone from} (PROVIDER) come once per day or more than once per day?

PROBE: We just need to know in general.

ONCE PER DAY ......................... 1 [HH16]
MORE THAN ONCE PER DAY ............. 2
24 HOURS PER DAY ..................... 3 [BOX_03]
REF ..................................... -7 [BOX_03]
DK ..................................... -8 [BOX_03]

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

During (VISIT MONTH), how many times per day did {someone from} (PROVIDER) come to the home to help (PERSON)?

PROBE: We just need to know in general.

[Enter Number of Times Per Day] .......
REF ........................................... -7 (BOX_03)
DK ........................................... -8 (BOX_03)

----------------------------------------------------
| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’. |
----------------------------------------------------

----------------------------------------------------
| RANGE CHECK: 2-6 FOR NUMBER OF TIMES. |
----------------------------------------------------
HH16
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

How long did [each visit usually/the visit] last?

PROBE: We just need to know in general.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER ‘0’ FOR HOURS.

HH16_01
========

HOURS:

[Enter Hours] .....................
REF ................................. -7 {BOX_03}
DK ................................. -8 {BOX_03}

----------------------------------------------------
| IF 24 ENTERED FOR HOURS AT HH16_01, GO TO BOX_03 |
----------------------------------------------------

HH16_02
========

MINUTES:

[Enter Minutes] .....................
REF ................................. -7
DK ................................. -8

----------------------------------------------------
| DISPLAY ‘each visit usually’ IF HH11 IS NOT CODED |
| ‘3’ (ONLY CAME ONCE). DISPLAY ‘the visit’ IF HH11 |
| IS CODED ‘3’ (ONLY CAME ONCE).                    |
----------------------------------------------------

----------------------------------------------------
| RANGE CHECK:  0-24 IF NUMBER OF HOURS.            |
| 0-59 IF NUMBER OF MINUTES.                        |
----------------------------------------------------

----------------------------------------------------
| EDIT CHECK: IF '0' ENTERED IN BOTH HH16_01 AND    |
| HH16_02 DISPLAY MESSAGE: NUMBER MUST BE ENTERED   |
| IN EITHER HOURS OR MINUTES.                       |
----------------------------------------------------
BOX_03

----------------------------------------------------
| IF 2 OR MORE MONTHS, EXCLUDING INTERVIEW MONTH,    |
| FOR THIS PROVIDER FOR THIS PERSON HAVE NOT         |
| COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION |
| AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, |
| CONTINUE WITH HH17                                 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_04                           |
----------------------------------------------------

HH17

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

I have recorded that (PERSON) received services from (PROVIDER) during other months. Were the services received from (PROVIDER) during the other months similar to the services received during (VISIT MONTH). That is, in the other months, did (PROVIDER) visit {the same number of times/(READ FREQUENCY BELOW)} and provide {the same services/(READ SERVICES BELOW)}?

FREQUENCY

SERVICES

{FREQUENCY OF SERVICES...} {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

YES ........................................... 1
NO ............................................ 2 {BOX_04}
REF .......................................... -7 {BOX_04}
DK .......................................... -8 {BOX_04}

[Code One]
DISPLAY ‘the same number of times’ IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). OTHERWISE, DISPLAY ‘(READ FREQUENCY BELOW)’.

IF HH06 - HH10 ARE ALL CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY ‘the same services’. OTHERWISE, DISPLAY ‘(READ SERVICES BELOW)’.

FREQUENCY =
DISPLAY NUMBER AND ‘DAYS PER WEEK’ IF A RESPONSE WAS RECORDED AT HH12.
DISPLAY NUMBER AND ‘DAYS PER MONTH’ IF A RESPONSE WAS RECORDED AT HH13.
DISPLAY ‘THE SAME NUMBER OF TIMES’ IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW).

SERVICES =
FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR ‘DESCRIPTION OF SERVICE’:

IF HH06 = 1, DISPLAY ‘MEDICAL TREATMENT OR THERAPY’
IF HH07 = 1, DISPLAY ‘MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.’
IF HH08 = 1, DISPLAY ‘HELP WITH DAILY ACTIVITIES OR PERSONAL CARE’
IF HH09 = 1, DISPLAY ‘COMPANIONSHIP’
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH100V
IF HH06 - HH10 ARE ALL CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY ‘THE SAME SERVICES’.
During which of the following months did (PROVIDER) visit \{the same number of times/(READ FREQUENCY BELOW)\} and provide \{the same services/(READ SERVICES BELOW)\}?

PROBE: Any other months with the same number of visits and the same services?

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{FREQUENCY OF SERVICES...}</td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
</tbody>
</table>

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Month, Year-4]
[2. Month, Year-4]
[3. Month, Year-4]
**FREQUENCY**

- Display number and 'days per week' if a response was recorded at HH12.
- Display number and 'days per month' if a response was recorded at HH13.
- Display 'the same number of times' if HH12 and HH13 were not asked or were coded '-7' (refused) or '-8' (don't know).

**SERVICES**

- For each code 1 recorded at HH06, HH07, HH08, HH09, and HH10, display the following service abbreviations for 'description of service':
  - If HH06 = 1, display 'medical treatment or therapy'.
  - If HH07 = 1, display 'medical equipment or assistive device instruction'.
  - If HH08 = 1, display 'help with daily activities or personal care'.
  - If HH09 = 1, display 'companionship'.
  - If HH10 = 1, display text entered at HH10.
  - If HH06 - HH10 are all coded '2' (no), '-7' (refused), or '-8' (don't know), or any combination of only these codes, display 'the same services'.

Flag each month selected at HH18 as a repeat visit related to the event being asked about. Flag the charge payment (CP) status of each repeat visit as 'processed'.

Link frequency and service(s) associated with the event being asked about with each repeat visit. Flag event as processed so that the event driver will not serve these repeat visits for the HH section.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS SELECTED IN PREVIOUS QUESTION.

[Enter Repeat Month Group]

BOX_04

<table>
<thead>
<tr>
<th>IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH BOX_05</th>
</tr>
</thead>
</table>

BOX_05

<table>
<thead>
<tr>
<th>GO TO THE EVENT DRIVER (ED) SECTION</th>
</tr>
</thead>
</table>

17-23