MCBS MAIN STUDY - ROUND 28, FALL 2000

COMMUNITY COMPONENT

HHS. HOME HEALTH UTILIZATION SUMMARY

NOTE: All changes made to Home Health during Round 11 that were related to the Home Care Client supplement and the telephone home health provider survey have been removed.

The HHS Section immediately precedes HH1.

HHS1 will be asked for each home health provider of Type 8 reported as having provided services at home to the SP in the previous round's reference period.

BOX HHS1	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO *BOX MP1A*. IF ANY HOME HEALTH UTILIZATION REPORTED AT HH1, HH17, HHS1, ST10 (TYPE 8), NS7 (TYPE 8) OR UTS FOR PREVIOUS ROUND, GO TO HHS1. OTHERWISE, SKIP TO *BOX HHS2*.

HHS1.   We recorded that (you/SP) had been helped at home by (someone from) [READ PROVIDER BELOW] between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND END DATE). Has (anyone from) [READ PROVIDER BELOW] helped (you/SP) **at home** (since CURRENT ROUND REFERENCE DATE/between CURRENT ROUND REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?

[HH5/ST9 PROVIDER (HH2/ST9 PROVIDER)]
[HH2/ST9 PROVIDER]

PROFPROB

YES	....	1	*BOX HHS3*
NO	....	2	*BOX HHS5*
HOME HEALTH ENTERED IN ERROR			
IN PREVIOUS ROUND	....	3	*BOX HHS5*
REFUSED	....	-7	*BOX HHS5*
DON'T KNOW	....	-8	*BOX HHS5*

BOX HHS2	IF ANY HOME HEALTH UTILIZATION REPORTED AT HH18, HH29, HHS2, ST10 (TYPE 9), NS7 (TYPE 9) OR UTS FOR PREVIOUS ROUND, GO TO HHS2. OTHERWISE, SKIP TO HH1.

HHS2 will be asked for each home health provider of Type 9 reported as having provided services at home to the SP in the previous round's reference period.

HHS2.   We recorded that (you/SP) had received personal care or help with daily needs at home from (someone from) [READ PROVIDER BELOW] between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND END DATE). (Have you/Has SP) received personal care or help with daily needs at home from (anyone from) [READ PROVIDER BELOW] (since CURRENT ROUND REFERENCE DATE/between CURRENT ROUND REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?

[HH24/ST9 PROVIDER (HH19/ST9 PROVIDER)]
[HH19/ST9 PROVIDER]

FRNDPROB			
	YES	1	*BOX HHS3*
	NO	2	*BOX HHS5*
	HOME HEALTH ENTERED IN ERROR		
	IN PREVIOUS ROUND	3	*BOX HHS5*
	REFUSED	-7	*BOX HHS5*
	DON'T KNOW	-8	*BOX HHS5*

BOX HHS3	IF HH6/HH25 = 2 FOR THE PROVIDER, ASK HHS3. OTHERWISE, SKIP TO *BOX HHS4*.

BOX HHS3A OMITTED.

HHS3.   Since (CURRENT ROUND REFERENCE DATE), has (PROVIDER) provided any services to (you/SP) other than delivering meals?

OTHMEALS			
	YES	1	*BOX HHS4*
	NO	2	*BOX HHS5*
	REFUSED	-7	*BOX HHS5*
	DON'T KNOW	-8	*BOX HHS5*

BOX HHS4	IF HH6/HH25 = 9 OR 10 OR HH20 = 1 FOR THE PROVIDER, GO TO HH11 - HH15 FOR CURRENT ROUND REFERENCE PERIOD, THEN GO TO *BOX HHS5*. OTHERWISE, GO TO *BOX HH1* FOR CURRENT ROUND REFERENCE PERIOD.

BOX HHS5	IF COMING FROM HHS1: RETURN TO HHS1 FOR NEXT ELIGIBLE HOME HEALTH PROVIDER, ELSE GO TO *BOX HHS2*. IF COMING FROM HHS2: RETURN TO HHS2 FOR NEXT ELIGIBLE HOME HEALTH PROVIDER, ELSE GO TO HH1.