



Biennial Overview variable crosswalk

2020 National Post-acute and Long-term Care Study

This crosswalk defines the variables that appear in the 2020 National Post-acute and Long-term Care Study (NPALS) data dashboard available from:

<https://wcms-wp.cdc.gov/nchs/npals/web-tables.htm>.

Each variable is listed and defined per setting, grouped by content type: geographical and organizational characteristics, staffing, services provision, and services users. The settings include adult day services centers (ADSCs) and residential care communities (RCC) from National Center for Health Statistics surveys and hospice, home health, nursing homes, inpatient rehabilitation facility, and long-term care facilities from Centers for Medicare and Medicaid Services (CMS) data sources.

Additional information about NPALS is available from:

<https://www.cdc.gov/nchs/npals/questionnaires.htm#npals2020>.

Previous versions of the crosswalk appear in the 2012, 2014, 2016, and 2018 Vital Health and Statistics Series 3 Reports available from: <https://www.cdc.gov/nchs/npals/reports.htm>.

Note: In addition to definitions from the survey data, this crosswalk contains definitions for variables from CMS data sources. Data from CMS sources do not currently appear in the NPALS data dashboard but will be used in future updates and technical documentation.

Biennial overview variable crosswalk

Geographic and organizational characteristics, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Number of providers	Number of paid, regulated long-term and post-acute care services providers.	Number of ADSCs based on 2020 National Post-acute and Long-term Care Study (NPALS)	Number of assisted living and similar RCCs based on 2020 NPALS	Number of HHAs certified to provide services under Medicare, Medicaid, or both in third quarter 2020	Number of hospices certified to provide services under Medicare, Medicaid, or both in third quarter 2020	Number of IRFs certified to provide services under Medicare, Medicaid, or both in third quarter 2020	Number of LTCHs certified to provide services under Medicare, Medicaid, or both in third quarter 2020	Number of NHs certified to provide services under Medicare, Medicaid, or both in third quarter 2020
Region	Grouping of states into geographic areas corresponding to groups used by the U.S. Census Bureau.	Four census regions based on state: 1=Northeast 2=Midwest 3=South 4=West	Four census regions based on state: 1=Northeast 2=Midwest 3=South 4=West	Derived from: [STATE_CD]: 1=Northeast 2=Midwest 3=South 4=West	Derived from: [STATE_CD]: 1=Northeast 2=Midwest 3=South 4=West	Derived from: [STATE_CD]: 1=Northeast 2=Midwest 3=South 4=West	Derived from: [STATE_CD]: 1=Northeast 2=Midwest 3=South 4=West	Derived from: [STATE_CD]: 1=Northeast 2=Midwest 3=South 4=West
Metropolitan statistical area (MSA) status	Geographic entities defined by 2013 Office of Management and Budget standards for delineating MSAs. A metropolitan area contains a core urban area of 50,000 or more population, and a micropolitan area contains an urban core of at least 10,000 (but less than 50,000) population.	Based on zip codes: Metropolitan statistical area status: 1=Metropolitan 2=Micropolitan 3=Neither	Based on zip codes: Metropolitan statistical area status: 1=Metropolitan 2=Micropolitan 3=Neither	Derived from: [ZIP_CD]: 1=Metropolitan 2=Micropolitan 3=Neither	Derived from: [ZIP_CD]: 1=Metropolitan 2=Micropolitan 3=Neither	Derived from: [ZIP_CD]: 1=Metropolitan 2=Micropolitan 3=Neither	Derived from: [ZIP_CD]: 1=Metropolitan 2=Micropolitan 3=Neither	Derived from: [ZIP_CD]: 1=Metropolitan 2=Micropolitan 3=Neither
Capacity	The number of beds or maximum allowable spaces available to the community.	Q11. What is the maximum number of participants allowed at this adult day services center at this location? This may be called the allowable daily capacity and is usually determined by law or by fire code, but may also be a program decision.	Q3. At this residential care community, what is the number of licensed, registered, or certified residential care beds? Include both occupied and unoccupied beds.	...	...	Derived from: [CRTFD_BED_CNT] Number of beds in Medicare- or Medicaid-certified areas within a facility	Derived from: [CRTFD_BED_CNT] Number of beds in Medicare- or Medicaid-certified areas within a facility	Derived from: [CRTFD_BED_CNT] Number of beds in Medicare- or Medicaid-certified areas within a facility
Ownership	Classified into three categories: for profit, nonprofit, and government and other.	Derived from: [OWNERSHP]: 1=For profit; 2=Nonprofit; Government and other Q2. What is the type of ownership of this adult day services center? 1=Private, nonprofit 2=Private, for profit 3=Publicly traded company or limited liability company (LLC) 4=Government— federal, state, county, local If OWNERSHP=1 then OWN=2; if OWNERSHP=2 or 3 then OWN=1; if OWNERSHP=4 then OWN=3.	3= Derived from: [OWNERSHP]: 1=For profit; 2=Nonprofit; Government and other Q2. What is the type of ownership of this adult day services center? 1=Private, nonprofit 2=Private, for profit 3=Publicly traded company or limited liability company (LLC) 4=Government— federal, state, county, local If OWNERSHP=1 then OWN=2; if OWNERSHP=2 or 3 then OWN=1; if OWNERSHP=4 then OWN=3.	3= Derived from: [GNRL_CNTL_TYPE_CD]: 1=For profit; 2=Nonprofit; Government and other 01=Voluntary NP, religious affiliation 02=Voluntary NP, private 03=Voluntary NP, other 04=Proprietary 05=Government, state or county 06=Government, combination government and voluntary 07=Government, local If GNRL_CNTL_TYPE_CD='01', '02', or '03' then OWN=2; if GNRL_CNTL_TYPE_CD='04'; then OWN=1; if GNRL_CNTL_TYPE_CD='05', '06', or '07' then OWN=3	3= Derived from: [GNRL_CNTL_TYPE_CD]: 1=For profit; 2=Nonprofit; Government and other 01=Nonprofit, church 02=Nonprofit, private 03=Nonprofit, other 04=Proprietary, individual 05=Proprietary, partnership 06=Proprietary, corporation 07=Proprietary, other 08=Government, state 09=Government, county 10=Government, city 11=Government, city or county 12=Combination government and NP 13=Other If GNRL_CNTL_TYPE_CD='01', '02', or '03' then OWN=2; if GNRL_CNTL_TYPE_CD='04', '05', '06', '07', '08', '09', or '10' then OWN=3	3= Derived from: [GNRL_CNTL_TYPE_CD]: 1=For profit; 2=Nonprofit; Government and other 01=Church 02=Private (not for profit) 03=Other 04=Private (for profit) 05=Federal or local 06=State 07=Federal or local 08=Hospital district or authority 09=Physician ownership 10=Tribal If GNRL_CNTL_TYPE_CD='01' or '02' then OWN=2; if GNRL_CNTL_TYPE_CD='04' then OWN=1; if GNRL_CNTL_TYPE_CD='03', '05', '06', '07', '08', '09', or '10' then OWN=3	3= Derived from: [GNRL_CNTL_TYPE_CD]: 1=For profit; 2=Nonprofit; Government and other 01=Church 02=Private (not for profit) 03=Other 04=Private (for profit) 05=Federal or local 06=State 07=Federal or local 08=Hospital district or authority 09=Physician ownership 10=Tribal If GNRL_CNTL_TYPE_CD='01' or '02' then OWN=2; if GNRL_CNTL_TYPE_CD='04' then OWN=1; if GNRL_CNTL_TYPE_CD='03', '05', '06', '07', '08', '09', or '10' then OWN=3	3= Derived from: [GNRL_CNTL_TYPE_CD]: 1=For profit; 2=Nonprofit; 3=Government and other 01=For profit, individual 02=For profit, partnership 03=For profit, corporation 04=Nonprofit, church related 05=Nonprofit, corporation 06=Nonprofit, other 07=Government, state 08=Government, county 09=Government, city 10=Government, city or county 11=Government, hospital district 12=Government, federal 13=Limited liability company If GNRL_CNTL_TYPE_CD='01', '02', '03', or '13' then OWN=1; if GNRL_CNTL_TYPE_CD='04', '05', or '06' then OWN=2; if GNRL_CNTL_TYPE_CD='07', '08', '09', '10', '11', or '12', then OWN=3
Number of people served categories	Three categories based on the number of current participants or residents in 2020 or the number of patients that received or ended care at any time in calendar year 2020.	Derived from: [AVGPART]: 1=1–25; 2=26–100; 3=101 or more Q6. Based on a typical week, what is the approximate average number of participants this adult day services center serves daily, either at this physical location, at the participant's residence, or virtually (on-line or by telephone)? If your center is temporarily closed due to COVID-19 and not serving participants at their residences or virtually, please report the average daily number you typically serve when you are open.	Derived from: [TOTRES]: 1=1–25; 2=26–100; 3=101 or more Q7. What is the total number of residents currently living at this residential care community? Please include residents for whom a bed is being held while in the hospital. If you have respite care residents, please include them.	Derived from IPBS data: [BENE_CNT]: 1=1–100; 2=101–300; 3=301 or more Number of patients with a Medicare claim for provider at any time in CY 2020	Derived from IPBS data: [BENE_CNT]: 1=1–100; 2=101–300; 3=301 or more Number of patients with a Medicare claim for provider at any time in CY 2020	Derived from IPBS data: [BENE_CNT]: 1=1–100; 2=101–300; 3=301 or more Number of patients with a Medicare claim for provider at any time in CY 2020	Derived from IPBS data: [BENE_CNT]: 1=1–100; 2=101–300; 3=301 or more Number of patients with a Medicare claim for provider at any time in CY 2020	Derived from: [CNSUS_RSDNT_CNT]: 1=1–25 ; 2=26–100; 3=101 or more Number of current residents reported in Certification and Survey Provider Enhanced Reports (CASPER), defined as those in certified beds regardless of payer source
Medicare certification	Certified to receive Medicare reimbursements.	...	...	Derived from: [PGM_PRTCPTN_CD]: 1=Certified 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid If PGM_PRTCPTN_CD=1 or 3, then MEDICARE=1	All hospices included in CASPER are assumed to be Medicare-certified.	Derived from: [PGM_PRTCPTN_CD]: 1=Certified 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid If PGM_PRTCPTN_CD=1 or 3, then MEDICARE=1	Derived from: [PGM_PRTCPTN_CD]: 1=Certified 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid If PGM_PRTCPTN_CD=1 or 3, then MEDICARE=1	Derived from: [PGM_PRTCPTN_CD]: 1=Certified 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid If PGM_PRTCPTN_CD=1 or 3, then MEDICARE=1

Geographic and organizational characteristics, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Medicaid certification	Certified to receive Medicaid reimbursements.	Q3. Is this adult services center authorized or otherwise set up to participate in Medicaid (Medicaid state plan, Medicaid waiver, or Medicaid managed care) or part of a Program of All-inclusive Care for the Elderly (PACE)? 1=Certified; 2=Not certified	Q11. Is this residential care community authorized or otherwise set up to participate in Medicaid? 1=Certified; 2=Not certified	Derived from: [PGM_PRTCPTN_CD]: 1=Certified; 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid. If PGM_PRTCPTN_CD=2 or 3, then MEDICAID=1	---	Derived from: [PGM_PRTCPTN_CD]: 1=Certified; 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid. If PGM_PRTCPTN_CD=2 or 3, then MEDICAID=1	Derived from: [PGM_PRTCPTN_CD]: 1=Certified; 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid. If PGM_PRTCPTN_CD=2 or 3, then MEDICAID=1	Derived from: [PGM_PRTCPTN_CD]: 1=Certified; 2=Not certified Indicates if the provider participates in Medicare, Medicaid, or both programs. 1=Medicare only; 2=Medicaid only; 3=Medicare and Medicaid. If PGM_PRTCPTN_CD=2 or 3, then MEDICAID=1
Chain affiliation	Indicates whether a provider is part of a chain/ organization that owns or manages two or more providers.	Q7. Is this center owned by a person, group, or organization that owns or manages two or more adult day services centers? This may include a corporate chain. 1=Yes; 2=No	Q10. Is this residential care community owned by a person, group, or organization that owns or manages two or more residential care communities? This may include a corporate chain. 1=Yes; 2=No	---	---	---	---	Derived from: [MLT_OWND_FAC_ORG_SW]: Owned or leased by multifacility organization. Check "yes" if the facility is owned or leased by a multifacility organization, otherwise check "no." A multifacility organization is an organization that owns two or more long-term care facilities. The owner may be an individual or a corporation. Leasing of facilities by corporate chains is included in this definition.

Staffing characteristics, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Registered nurse	Number of full-time equivalent (FTE) registered nurse (RN) employees (based on a 35-hour workweek). Outliers are defined as cases with FTEs that are two standard deviations above or below the mean for a given size category and recoded as the size-specific mean FTE for the given staff type.	Derived RNCFTE1 from: [RNFT1, RNPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q31a. RNs: number of full-time employees; number of part-time employees	Derived RNCFTE1 from: [RNFT1, RNPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q34a. RNs: number of full-time employees; number of part-time employees	Derived from: [RN_CNT] Number of FTE registered professional nurses employed by a provider	Derived from: [RN_CNT] Number of FTE registered professional nurses employed by a provider	Derived from: [RN_CNT] Number of FTE registered professional nurses employed by a provider	Derived from: [RN_CNT] Number of FTE registered professional nurses employed by a provider	Derived from: [RN_FLTM_CNT, RN_PRTM_CNT] Number of FTE registered nurses employed by a facility on a full-time basis; number of FTE registered nurses employed by a facility on a part-time basis. Number of hours based on the Payroll Based Journal and CMS converts the number of hours into FTEs (based on a 35-hour workweek)
Licensed practical nurse (LPN) or licensed vocational nurse (LVN)	Number of FTE licensed practical nurse or licensed vocational nurse (LPN/LVN) employees (based on a 35-hour workweek). Outliers are defined as cases with FTEs that are two standard deviations above or below the mean for a given size category and recoded as the size-specific mean FTE for the given staff type.	Derived LPNFTE1 from: [LPNFT1, LPNPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q31b. LPNs/LVNs: number of full-time employees; number of part-time employees	Derived LPNFTE1 from: [LPNFT1, LPNPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q34b. LPNs/LVNs: number of full-time employees; number of part-time employees	Derived from: [LPN_LVN_CNT] Number of FTE licensed practical or vocational nurses employed by a provider	Derived from: [LPN_LVN_CNT] Number of FTE licensed practical or vocational nurses employed by a provider	Derived from: [LPN_LVN_CNT] Number of FTE licensed practical or vocational nurses employed by a provider	Derived from: [LPN_LVN_CNT] Number of FTE licensed practical or vocational nurses employed by a provider	Derived from: [LPN_LVN_FLTM_CNT, LPN_LVN_PRTM_CNT] Number of FTE licensed practical or vocational nurses employed by a facility on a full-time basis; part-time basis. Number of hours based on the Payroll Based Journal and CMS converts the number of hours into FTEs (based on a 35-hour workweek)
Aide	Number of FTE aide employees (based on a 35-hour workweek). Aides refer to paid staff providing direct care and assistance to residents, participants, or patients with a broad range of activities. Outliers are defined as cases with FTEs that are two standard deviations above or below the mean for a given size category and recoded as the size-specific mean FTE for the given staff type.	Derived AIDEFTE1 from: [AIDEFT1, AIDEPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q31c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides: number of full-time employees; number of part-time employees	Derived AIDEFTE1 from: [AIDEFT1, AIDEPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q34c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides: number of full-time employees; number of part-time employees	Derived from: [HH_AIDE_CNT] Number of FTE home health aides employed by a provider	Derived from: [HH_AIDE_EMPLER_CNT] Number of FTE home health aides employed by a provider	---	---	Derived from: [NRS_AIDE_FLTM_CNT, NRS_AIDE_PRTM_CNT, MDCTN_AIDE_FLTM_CNT, MDCTN_AIDE_PRTM_CNT] Number of FTE certified nurse aides or medication aides or technicians employed by a facility on a full-time basis; part-time basis. Number of hours based on the Payroll Based Journal and CMS converts the number of hours into FTEs (based on a 35-hour workweek)
Social worker	Number of FTE social worker employees (based on a 35-hour workweek). Outliers are defined as cases with FTEs that are two standard deviations above or below the mean for a given size category and recoded as the size-specific mean FTE for the given staff type.	Derived SOCWFTE1 from: [SOCWFT1, SOCWPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q31d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work: number of full-time employees; number of part-time employees	Derived SOCWFTE1 from: [SOCWFT1, SOCWPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q34d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work: number of full-time employees; number of part-time employees	Derived from: [SCL_WORKR_CNT] Number of FTE social workers employed by a provider	Derived from: [MDCL_SCL_WORKR_CNT] Number of FTE social workers employed by a provider	---	---	Derived from: [SCL_WORKR_FLTM_CNT, SCL_WORKR_PRTM_CNT] Number of FTE social workers employed by a facility on a full-time basis; part-time basis. Number of hours based on the Payroll Based Journal and CMS converts the number of hours into FTEs (based on a 35-hour workweek)
Activities directors or activities staff	Number of FTE activities directors or activities staff employees (based on a 35-hour workweek). Outliers are defined as cases with FTEs that are two standard deviations above or below the mean for a given size category and recoded as the size-specific mean FTE for the given staff type.	Derived ACTFTE1 from: [ACTFT1, ACTPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q31e. Activities directors or activities staff: number of full-time employees; number of part-time employees	Derived ACTFTE1 from: [ACTFT1, ACTPT1]: Converted to 1.0 FTE for full-time and part time is 0.5 FTE. Q34e. Activities directors or activities staff: number of full-time employees; number of part-time employees	---	---	---	---	Derived from: [ACTVTY_PROFNL_FLTM_CNT, ACTVTY_PROFNL_PRTM_CNT, ACTVTY_STF_OTHR_FLTM_CNT, ACTVTY_STF_OTHR_PRTM_CNT] Number of FTE activity professionals employed full-time by a facility; employed part-time by a facility; number of FTE other activities staff providing therapeutic services employed full-time by a facility; part-time basis. Number of hours based on the Payroll Based Journal and CMS converts the number of hours into FTEs (based on a 35-hour workweek)

Staffing characteristics, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Total FTE Staff	Total number of nursing and social worker FTE staff.	Derived: TOTFTE=RNFE1 + LPNFTE + AIDEFTE1 + SOCWFTE1	Derived: TOTFTE=RNFE1 + LPNFTE + AIDEFTE1 + SOCWFTE1	Derived: TOTFTE=RNFE1 + LPNFTE + AIDEFTE1 + SOCWFTE1	Derived: TOTFTE=RNFE1 + LPNFTE + AIDEFTE1 + SOCWFTE1	Derived: TOTFTE=RNFE1 + LPNFTE + AIDEFTE1 + SOCWFTE1	Derived: TOTFTE=RNFE1 + LPNFTE + AIDEFTE1 + SOCWFTE1	Derived: TOTFTE=RNFE1 + LPNFTE + AIDEFTE1 + SOCWFTE1
Ratio nursing or social worker FTE	Ratio derived from the number of each nursing and social worker FTE type over the total FTE staff.	Derived: RNFE1 / TOTFTE*100; LPNFTE1 / TOTFTE*100; AIDEFTE1 / TOTFTE*100; SOCWFTE1 / TOTFTE*100	Derived: RNFE1 / TOTFTE*100; LPNFTE1 / TOTFTE*100; AIDEFTE1 / TOTFTE*100; SOCWFTE1 / TOTFTE*100	Derived: RNFE1 / TOTFTE*100; LPNFTE1 / TOTFTE*100; AIDEFTE1 / TOTFTE*100; SOCWFTE1 / TOTFTE*100	Derived: RNFE1 / TOTFTE*100; LPNFTE1 / TOTFTE*100; AIDEFTE1 / TOTFTE*100; SOCWFTE1 / TOTFTE*100	Derived: RNFE1 / TOTFTE*100; LPNFTE1 / TOTFTE*100;	Derived: RNFE1 / TOTFTE*100; LPNFTE1 / TOTFTE*100;	Derived: RNFE1 / TOTFTE*100; LPNFTE1 / TOTFTE*100; AIDEFTE1 / TOTFTE*100; SOCWFTE1 / TOTFTE*100
Hours per resident or participant per day (HPRD or HPPD)	Number of hours providing care for one resident or participant per day for a given staff type. For ADSCs, HPPD was computed by multiplying the number of FTEs by 35 hours, and dividing the total number of hours by the number of current enrolled participants and by 5 days. For RCCs and NHs, HPRD was computed by multiplying the number of FTEs by 35 hours and dividing by the number of current residents in the facility, and by 7 days.	Derived: RNHPPD1=(RNFE1* 35) / TOTPART / 5; LPNHPPD1=(LPNFTE1 * 35)/ TOTPART / 5; AIDEHPPD1=(AIDEFTE1 * 35) / TOTPART / 5; SOCWHPPD1=(SOCWFTE1*35) /TOTPART/5; ACTHPPD1=(ACTFTE1 * 35) /TOTPART / 5	Derived: RNHPPD1=(RNFE1* 35) / TOTRES/7; LPNHPPD1=(LPNFTE1 * 35)/ TOTRES /7; AIDEHPPD1=(AIDEFTE1 * 35)/TOTRES/7; SOCWHPPD1=(SOCWFTE1 * 35)/TOTRES/7; ACTHPPD1=(ACTFTE1 * 35)/TOTRES/7	---	---	---	---	Derived: RNHPPD1=(RNFE1* 35)/TOTRES/7; LPNHPPD1=(LPNFTE1 * 35)/TOTRES/7; AIDEHPPD1=(AIDEFTE1 * 35)/TOTRES/7; SOCWHPPD1=(SOCWFTE1 * 35)/TOTRES/7; ACTHPPD1=(ACTFTE1 * 35)/TOTRES/7

Services provision, by setting		Survey data settings		Administrative data settings				
Characteristic	Definition	Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Social work services	In survey data, refers to services provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, and referral services. In administrative data, refers to qualified social workers services in nursing homes, and medical social services in home health agencies and hospices.	Derived from: [SERVSOCW1, SERVSOCW2, SERVSOCW3, SERVSOCW4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide) Q18b. Social work services—provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, and referral services: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service	Derived from: [SERVSOCW1, SERVSOCW2, SERVSOCW3, SERVSOCW4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide) Q22b. Social work services—provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service	Derived from: [MDCL_SCL_SRVC_CD]: 1=Provided; 2=Not provided Indicates how medical social services are provided: 0=Not provided; 1=Provided by staff; 2=Provided under arrangement; 3=Combination If MDCL_SCL_SRVC_CD=0, then SERVSOCW=2; if MDCL_SCL_SRVC_CD > 0, then SERVSOCW=1	Derived from: [MDCL_SCL_SRVC_CD]: 1=Provided; 2=Not provided Indicates how medical social services are provided: 0=Not provided; 1=Provided by staff; 2=Provided under arrangement; 3=Combination If MDCL_SCL_SRVC_CD=0, then SERVSOCW=2; if MDCL_SCL_SRVC_CD > 0, then SERVSOCW=1	Derived from: [MDCL_SCL_SRVC_CD]: 1=Provided; 2=Not provided Services: Social CD: 1=Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement If SCL_SRVC_CD=1, then SERVSOCW=2; if SCL_SRVC_CD=2, 3, or 4, then SERVSOCW=1	Derived from: [MDCL_SCL_SRVC_CD]: 1=Provided; 2=Not provided Services: Social CD: 1=Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement If SCL_SRVC_CD=1, then SERVSOCW=2; if SCL_SRVC_CD=2, 3, or 4, then SERVSOCW=1	Derived from: [SCL_WORK_SRVC_ONST_RSDNT_SW, SCL_WORK_SRVC_ONST_NRSNT_SW, SCL_WORK_SRVC_OFSITE_RSDNT_SW]: 1=Provided; 2=Not provided Qualified social worker services: 1=Services provided onsite to residents, either by employees or contractors; 2=Services provided onsite to non-residents; 3=Services provided to residents offsite or not routinely provided onsite If "no" to 1, 2, and 3, then SERVSOCW=2; if "yes" to any, then SERVSOCW=1
Mental health or counseling services	In survey data, refers to services that target a person's mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions. For hospices, counseling services are provided to the patient and family to assist them in "minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process" (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf).	Derived from: [SERVMH1, SERVMH2, SERVMH3, SERVMH4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide) Q18cd. Mental or behavioral health services—target participants' mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service	Derived from: [SERVMH1, SERVMH2, SERVMH3, SERVMH4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide) Q22c. Mental or behavioral health services—target residents' mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service	---	---	---	---	Derived from: [MENTL_HLTH_ONST_RSDNT_SW, MENTL_HLTH_ONST_NRSNT_SW, MENTL_HLTH_OFSITE_RSDNT_SW]: 1=Provided; 2=Not provided Mental health services: 1=Services provided onsite to residents, either by employees or contractors; 2=Services provided onsite to non-residents; 3=Services provided to residents offsite or not routinely provided onsite If "no" to 1, 2, and 3, SERVMH=2; if "yes" to any, then SERVMH=1
Therapeutic services	Refers to providing any of the three therapeutic services: physical therapy, occupational therapy, or speech therapy or pathology.	Derived from: [SERVTX1, SERVTX2, SERVTX3, SERVTX4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide) Q18de. Therapy services—physical, occupational, or speech: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service	Derived from: [SERVTX1, SERVTX2, SERVTX3, SERVTX4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide) Q22d. Therapy services—physical, occupational, or speech: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service	Derived from: [PT_SRVC_CD, OT_SRVC_CD, SPCH_THRPY_SRVC_CD]: 1=Provided; 2=Not provided Physical therapy, occupational therapy, or speech therapy: 0=Not provided; 1=Provided by staff; 2=Provided under arrangement; 3=Combination If PT_SRVC_CD=0 and OT_SRVC_CD=0 and SPCH_THRPY_SRVC_CD=0, SERVTX=2; else SERVTX=1	Derived from: [PT_SRVC_CD, OT_SRVC_CD, SPCH_PTHLGY_SRVC_CD]: 1=Provided; 2=Not provided Physical therapy, occupational therapy, or speech therapy: 0=Not provided; 1=Provided by staff; 2=Provided under arrangement; 3=Combination If PT_SRVC_CD=0 and OT_SRVC_CD=0 and SPCH_PTHLGY_SRVC_CD=0, SERVTX=2; else SERVTX=1	Derived from: [PT_SRVC_CD, OT_SRVC_CD, SPCH_PTHLGY_SRVC_CD]: 1=Provided; 2=Not provided Physical therapy, occupational therapy, or speech therapy: 1=Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement If PT_SRVC_CD=1 and OT_SRVC_CD=1 and SPCH_PTHLGY_SRVC_CD=1, then SERVTX=2; if any 2, 3, or 4, then SERVTX=1	Derived from: [PT_SRVC_CD, OT_SRVC_CD, SPCH_PTHLGY_SRVC_CD]: 1=Provided; 2=Not provided Physical therapy, occupational therapy, or speech therapy: 1=Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement If PT_SRVC_CD=1 and OT_SRVC_CD=1 and SPCH_PTHLGY_SRVC_CD=1, then SERVTX=2; if any 2, 3, or 4, then SERVTX=1	Derived from: [PT_ONST_RSDNT_SW, PT_ONST_NRSNT_SW, PT_OFSITE_RSDNT_SW, OT_SRVC_ONST_NRSNT_SW, OT_SRVC_OFSITE_RSDNT_SW, SPCH_PTHLGY_ONST_RSDNT_SW, SPCH_PTHLGY_ONST_NRSNT_SW, SPCH_PTHLGY_OFSITE_RSDNT_SW]: 1=Provided; 2=Not provided Physical therapist services, occupational therapist services, or speech or language pathologists: 1=Services provided onsite to residents, either by employees or contractors; 2=Services provided onsite to non-residents; 3=Services provided to residents offsite or not routinely provided onsite If "no" to all nine variables, then SERVTX=2; if "yes" to any, then SERVTX=1

Services provision, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Pharmacy services	Refers to services including filling of or delivery of prescriptions	<p>Derived from: [SERVRX1, SERVRX2, SERVRX3, SERVRX4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q18e. Pharmacy services—including filling of or delivery of prescriptions: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	<p>Derived from: [SERVRX1, SERVRX2, SERVRX3, SERVRX4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q22e. Pharmacy services—including filling of or delivery of prescriptions: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	<p>Derived from: [PHRMCY_SRVC_CD]: 1=Provided; 2=Not provided</p> <p>Pharmaceutical services: 0=Not provided; 1=Provided by staff; 2=Provided under arrangement; 3=Combination</p> <p>If PHRMCY_SRVC_CD=0, then SERVRX=2; if PHRMCY_SRVC_CD > 0, then SERVRX=1</p>	---	<p>Derived from: [PHRMCY_SRVC_CD]: 1=Provided; 2=Not provided</p> <p>Services: Pharmacy code: 1 =Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement</p> <p>If PHRMCY_SRVC_CD=1, then SERVRX=2; if PHRMCY_SRVC_CD=2, 3, or 4, then SERVRX=1</p>	<p>Derived from: [PHRMCY_SRVC_CD]: 1=Provided; 2=Not provided</p> <p>Services: Pharmacy code: 1 =Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement</p> <p>If PHRMCY_SRVC_CD=1, then SERVRX=2; if PHRMCY_SRVC_CD=2, 3, or 4, then SERVRX=1</p>	<p>Derived from: [PHRMCY_SRVC_ONST_RSDNT_SW, PHRMCY_SRVC_ONST_NRSNT_SW, PHRMCY_SRVC_OFSITE_RSDNT_SW]: 1=Provided; 2=Not provided</p> <p>Pharmacist services: 1= Services provided onsite to residents, either by employees or contractors; 2=Services provided onsite to non- residents; 3=Services provided to residents offsite or not routinely provided onsite</p> <p>If "no" to 1, 2, and 3 then SERVRX=2; if "yes" to any then SERVRX=1</p>
Skilled nursing services	For HHA, the definition for nursing services is not provided in CMS' "State Operations Manual." For HOS, nursing services are "routinely available on a 24-hour basis, 7 days a week," and hospices must "provide nursing care and services by or under the supervision of a registered nurse" (available from: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf). For NHs, nursing services refer to "coordination, implementation, monitoring and management of resident care plans. Includes provision of personal care services, monitoring resident responsiveness to environment, range-of-motion exercises, application of sterile dressings, skin care, naso-gastric tubes, intravenous fluids, catheterization, administration of medications, etc." (CMS form 671)	<p>Derived from: [SERVNURS1, SERVNURS2, SERVNURS3, SERVNURS4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q18g. Skilled nursing services— must be performed by an RN, LPN, or LVN and are medical in nature: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	<p>Derived from: [SERVNURS1, SERVNURS2, SERVNURS3, SERVNURS4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q22g. Skilled nursing services— must be performed by an RN, LPN, or LVN and are medical in nature: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	<p>Derived from: [NRSNG_SRVC_CD]: 1=Provided; 2=Not provided</p> <p>Nursing care: 0=Not provided; 1=Provided by staff; 2=Provided under arrangement; 3=Combination</p> <p>If NRSNG_SRVC_CD=0, then SERVNURS=2; if NRSNG_SRVC_CD > 0 then, SERVNURS</p>	<p>Derived from: [NRSNG_SRVC_CD]: 1=Provided; 2=Not provided</p> <p>Nursing care: 0=Not provided; 1=Provided by staff; 2=Provided under arrangement; 3=Combination</p> <p>If NRSNG_SRVC_CD=0, then SERVNURS=2; if NRSNG_SRVC_CD > 0 then, SERVNURS</p>	---	---	<p>Derived from: [NRSNG_SRVC_ONST_RSDNT_SW, NRSNG_SRVC_ONST_NRSNT_SW, NRSNG_SRVC_OFSITE_RSDNT_SW]: 1=Provided; 2=Not provided</p> <p>Nursing services: 1= Services provided onsite to residents, either by employees or contractors; 2=Services provided onsite to non- residents; 3=Services provided to residents offsite or not routinely provided onsite</p> <p>If "no" to 1, 2, and 3, then SERVNURS= 2; if "yes" to any, then SERVNURS=1</p>
Hospice services	For HHAs, the agency was coded as providing hospice services if the agency also participates in the Medicare program as a hospice. If NHs were coded as providing hospice services if at least one bed identified and dedicated for residents needing hospice services or have one or more residents receiving hospice care benefits.	<p>Derived from: [SERVHOS1, SERVHOS2, SERVHOS3, SERVHOS4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q18a. Hospice services: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	<p>Derived from: [SERVHOS1, SERVHOS2, SERVHOS3, SERVHOS4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q22a. Hospice services: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	<p>Derived from: [MDCR_HOSPC_SW]: 1=Provided; 2=Not provided</p> <p>Indicates if the agency also participates in the Medicare program as a hospice provider</p> <p>If MDCR_HOSPC_SW='Y', then SERVHOS=1; if MDCR_HOSPC_SW= 'N', then SERVHOS= 2</p>	---	---	---	<p>Derived from: [HOSPC_BED_CNT, CNSUS_HOSPC_CARE_CNT]: 1=Provided; 2=Not provided</p> <p>1) Number of beds in a unit identified and dedicated by a facility for residents needing hospice services 2) Number of residents receiving hospice care benefit</p> <p>If HOSPC_BED_CNT > 0 or CNSUS_HOSPC_CARE_CNT > 0, then SERVHOS=1; if HOSPC_BED_CNT=0 and CNSUS_HOSPC_CARE_CNT=0, then SERVHOS=2</p>

Services provision, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Dietary and nutritional services	Refers to providing dietary and nutritional services.	<p>Derived from: [SERVDIET1, SERVDIET2, SERVDIET3, SERVDIET4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q18f. Dietary and nutritional services—including meal pickup or delivery: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	<p>Derived from: [SERVDIET1, SERVDIET2, SERVDIET3, SERVDIET4]: Based on 5 "mark all that apply" categories: 1=Provided by employee or arrangement; 2=Not provided (includes referral only and temporarily does not provide)</p> <p>Q22f. Dietary and nutritional services—including meal pickup or delivery: 1=Provides the service by paid center employees; 2=Arranges for the service to be provided by outside service providers; 3=Refers participants or family to outside service providers; 4=Temporarily does not provide, arrange, or refer for this service; 5=Does not provide, arrange, or refer for this service</p>	---	---	<p>Derived from: [DTRY_SRVC_CD]: 1=Provided; 2=Not provided</p> <p>Services: Dietary code: 1 =Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement</p> <p>If DTRY_SRVC_CD=1, then SERVDIET =2; if DTRY_SRVC_CD= 2, 3, or 4, then SERVDIET=1</p>	<p>Derived from: [DTRY_SRVC_CD]: 1=Provided; 2=Not provided</p> <p>Services: Dietary code: 1 =Not provided; 2=Provided by staff; 3=Provided by staff and under arrangement; 4=Provided under arrangement</p> <p>If DTRY_SRVC_CD=1, then SERVDIET =2; if DTRY_SRVC_CD= 2, 3, or 4, then SERVDIET=1</p>	<p>Derived from: [DTRY_ONST_RSDNT_SW, DTRY_ONST_NRSNT_SW, DTRY_OFSITE_RSDNT_SW]: 1=Provided; 2=Not provided</p> <p>Dietary services: 1= Services provided onsite to residents, either by employees or contractors; 2=Services provided onsite to non-residents; 3=Services provided to residents offsite or not routinely provided onsite</p> <p>If "no" to 1, 2, and 3, then SERVDIET=2; if "yes" to any, then SERVDIET=1</p>
Dementia care	Refers to providing dementia care either by 1) specializing in dementia care or having a dementia care floor/unit/ or wing or 2) Specializing in dementia care and only serving users with dementia.	<p>Derived from: [CONDALZRC, DXALZRC, TOTPART]: 1=Specializes and only serves participants with Alzheimer or other dementia diagnosis; 2=Specializes in Alzheimer disease and dementias</p> <p>Q10a. In which of the following diagnoses, conditions, or disabilities does this center specialize? a. Alzheimer disease or other dementias</p> <p>Q22a. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? a. Alzheimer disease or other dementias</p>	<p>Derived from: [ONLYDEM, DEMWING]: 1=Serves only residents with dementia; 2=Provides dementia care units within larger community</p> <p>Q13. Does this residential care community only serve adults with dementia or Alzheimer's disease?</p> <p>Q14. [If no to Q13] Does this residential care community have a distinct unit, wing, or floor that is designated as a dementia or Alzheimer's care unit?</p>	---	---	---	---	<p>Derived from: [CRTFD_BED_CNT, ALZHRM_BED_CNT]: 1=Serves only residents with dementia; 2=Provides dementia care beds/units within larger facility</p> <p>Number of certified beds; number of beds in a unit identified and dedicated by the facility for residents with Alzheimer's disease</p>

Services users characteristics, by setting		Survey data settings		Administrative data settings				
Characteristic	Definition	Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Number of services users	Number of services users	<p>Q5. What is the total number of participants currently enrolled at this adult day services center? Include all participants on this center's roster, no matter how frequently they attend, if they are receiving services at their residence or virtually (on-line or by telephone), if they share an enrollment spot, or if the center has temporarily closed or suspended services due to COVID-19.</p> <p>TOTPART was also used as the denominator when computing percentages for all aggregate participant characteristics.</p>	<p>Q7. What is the total number of residents currently living at this residential care community? Include residents for whom a bed is being held while in the hospital. If you have respite care residents, please include them.</p> <p>TOTRES was also used to create categories of number of people served and used as the denominator when computing percentages for all aggregate resident characteristics.</p>	<p>Derived from: [BENE_CNT from Institutional Provider and Beneficiary Summary (IPBS) data]: Number of patients for whom a Medicare claim was submitted at any time in CY 2020</p> <p>BENE_CNT was used to create categories of number of people served and used as the denominator when computing percentages for all aggregate patient characteristics, except for ADLs. Number of discharged home health patients used as denominator for ADLs was derived from OASIS.</p>	<p>Derived from: [BENE_CNT from Institutional Provider and Beneficiary Summary (IPBS) data]: Number of patients for whom a Medicare claim was submitted at any time in CY 2020</p> <p>BENE_CNT was used to create categories of number of people served and used as the denominator when computing percentages for all aggregate patient characteristics.</p>	<p>Derived from: [BENE_CNT from Institutional Provider and Beneficiary Summary (IPBS) data]: Number of patients for whom a Medicare claim was submitted at any time in CY 2020</p> <p>BENE_CNT was used to create categories of number of people served and used as the denominator when computing percentages, except for ADLs. Inpatient Rehabilitation Facility-Patient Assessment Inventory (IRF-PAI) was used to derive ADLs.</p>	<p>Derived from: [BENE_CNT from Institutional Provider and Beneficiary Summary (IPBS) data]: Number of patients for whom a Medicare claim was submitted at any time in CY 2020</p> <p>BENE_CNT was used to create categories of number of people served and used as the denominator when computing percentages for all aggregate patient characteristics.</p>	<p>Derived from: [CNSUS_RSDNT_CNT]: Number of current residents in 2020</p> <p>CNSUS_RSDNT_CNT was used to create categories of number of people served and used as the denominator when computing percentages of ADLS. MDS Active Resident Table (MARET) data was used for all aggregate resident characteristics.</p>
Age	Number of services users under age 65, between 65 and 74, between 75 and 84, and 85 and over, divided by the total number of users. For ADSC and RCCs, missing data were imputed.	<p>Q26. Of the residents currently living in this residential care community, what is the age breakdown? a. Under 65 years; b. 65-74 years; c. 75-84 years; d. 85 years or older</p>	<p>Q26. Of the residents currently living in this residential care community, what is the age breakdown? a. Under 65 years; b. 65-74 years; c. 75-84 years; d. 85 years or older</p>	<p>Derived from: [AGE_LESS_65, AGE_65_69, AGE_70_74, AGE_OVER_84/ BENE_CNT from IPBS]: Number of beneficiaries in each age category</p>	<p>Derived from: [AGE_LESS_65, AGE_65_69, AGE_70_74, AGE_OVER_84/ BENE_CNT from IPBS]: Number of beneficiaries in each age category</p>	<p>Derived from: [AGE_LESS_65, AGE_65_69, AGE_70_74, AGE_OVER_84/ BENE_CNT from IPBS]: Number of beneficiaries in each age category</p>	<p>Derived from: [AGE_LESS_65, AGE_65_69, AGE_70_74, AGE_OVER_84/ BENE_CNT from IPBS]: Number of beneficiaries in each age category</p>	<p>Derived from MARET data: [C_RSDNT_AGE_NUM]: Calculated age at the time of nursing home assessment</p>
Race and Hispanic origin	Number of services users of Hispanic or Latino origin; non-Hispanic Black, non-Hispanic AIAN, non-Hispanic Asian, non-Hispanic White, and non-Hispanic NHOPI, or non-Hispanic of another race, divided by total number of users. For ADSCs and RCCs, missing data were imputed.	<p>Q21. Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the "Two or more races" category. a. Hispanic or Latino, of any race; b. Two or more races, not Hispanic or Latino; c. American Indian or Alaska Native, not Hispanic or Latino; d. Asian, not Hispanic or Latino; e. Black, not Hispanic or Latino; f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino; g. White, not Hispanic or Latino; h. Some other category reported in this center's system; i. Not reported (race and ethnicity unknown).</p> <p>Non-Hispanic of another race includes: b. Two or more races, not Hispanic or Latino; c. American Indian or Alaska Native, not Hispanic or Latino; d. Asian, not Hispanic or Latino; f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino; h. Some other category reported in this center's system; i. Not reported (race and ethnicity unknown)</p>	<p>Q27. Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category. a. Hispanic or Latino, of any race; b. Two or more races, not Hispanic or Latino; c. American Indian or Alaska Native, not Hispanic or Latino; d. Asian, not Hispanic or Latino; e. Black, not Hispanic or Latino; f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino; g. White, not Hispanic or Latino; h. Some other category reported in this center's system; i. Not reported (race and ethnicity unknown).</p> <p>Non-Hispanic of another race includes: b. Two or more races, not Hispanic or Latino; c. American Indian or Alaska Native, not Hispanic or Latino; d. Asian, not Hispanic or Latino; f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino; h. Some other category reported in this center's system; i. Not reported (race and ethnicity unknown)</p>	<p>Derived from IPBS data: [RACE_HISPAN, RACE_WHITE, RACE_BLACK, RACE_NATIND, RACE_API, RACE_OTHER / BENE_CNT]: Number of beneficiaries in each ethnicity and race category</p> <p>Non-Hispanic of another race includes: RACE_NATIND, RACE_API, RACE_OTHER</p>	<p>Derived from IPBS data: [RACE_HISPAN, RACE_WHITE, RACE_BLACK, RACE_NATIND, RACE_API, RACE_OTHER / BENE_CNT]: Number of beneficiaries in each ethnicity and race category</p> <p>Non-Hispanic of another race includes: RACE_NATIND, RACE_API, RACE_OTHER</p>	<p>Derived from IPBS data: [RACE_HISPAN, RACE_WHITE, RACE_BLACK, RACE_NATIND, RACE_API, RACE_OTHER / BENE_CNT]: Number of beneficiaries in each ethnicity and race category</p> <p>Non-Hispanic of another race includes: RACE_NATIND, RACE_API, RACE_OTHER</p>	<p>Derived from IPBS data: [RACE_HISPAN, RACE_WHITE, RACE_BLACK, RACE_NATIND, RACE_API, RACE_OTHER / BENE_CNT]: Number of beneficiaries in each ethnicity and race category</p> <p>Non-Hispanic of another race includes: RACE_NATIND, RACE_API, RACE_OTHER</p>	<p>Derived from MARET data: [A1000D_HSPNC_CD, A1000F_WHT_CD, A1000C_AFRCN_AMRCN_CD, A1000A_AMRCN_INDN_AK_NTV_CD, A1000B_ASN_CD, A1000E_NTV_HI_PCF_C_ISLNDR_CD / TOTRES]: Indicates ethnicity or race of resident</p> <p>Non-Hispanic of another race includes: A1000A_AMRCN_INDN_AK_NTV_CD, A1000B_ASN_CD, A1000E_NTV_HI_PCF_C_ISLNDR_CD</p>
Sex	Number of services users who are male or female, divided by total number of users. For ADSCs and RCCs, missing data were imputed.	<p>Q19. Of the participants currently enrolled at this center, what is the sex breakdown? a. Male; b. Female</p>	<p>Q25. Of the residents currently living in this residential care community, what is the sex breakdown? a. Male; b. Female</p>	<p>Derived from IPBS data: [MALE; FEMALE/ BENE_CNT]: Number of beneficiaries in each sex category</p>	<p>Derived from IPBS data: [MALE; FEMALE/ BENE_CNT]: Number of beneficiaries in each sex category</p>	<p>Derived from IPBS data: [MALE; FEMALE/ BENE_CNT]: Number of beneficiaries in each sex category</p>	<p>Derived from IPBS data: [MALE; FEMALE/ BENE_CNT]: Number of beneficiaries in each sex category</p>	<p>Derived from MARET data: [A0800_GNDR_CD]: Identifies the resident's sex: 1=Male; 2=Female</p>
Medicaid as payer source	Number of users with Medicaid paying for any services received, divided by the total number of users.	<p>Q26. During the last 30 days, for how many of the participants currently enrolled at this adult day services center did Medicaid pay for some or all of their services received at this center? Include any participants that received funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center.</p>	<p>Q12. During the last 30 days, for how many of the residents currently living in this residential care community did Medicaid pay for some or all of their services received at this community?</p>	---	---	---	---	---

Services users characteristics, by setting		Survey data settings		Administrative data settings				
Characteristic	Definition	Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Diagnosed with Alzheimer disease or dementia	Number of services users diagnosed with Alzheimer disease or dementia, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? a. Alzheimer's disease or other dementia	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? a. Alzheimer's disease or other dementia	Derived from IPBS data: [ALZRDS_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for Alzheimer's broad classification, including dementia and utilizing the provider (Alzheimer's disease and related disorders or senile dementia)	Derived from IPBS data: [ALZRDS_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for Alzheimer's broad classification, including dementia and utilizing the provider (Alzheimer's disease and related disorders or senile dementia)	Derived from IPBS data: [ALZRDS_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for Alzheimer's broad classification, including dementia and utilizing the provider (Alzheimer's disease and related disorders or senile dementia)	Derived from IPBS data: [ALZRDS_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for Alzheimer's broad classification, including dementia and utilizing the provider (Alzheimer's disease and related disorders or senile dementia)	Derived from MARET data: [I4200_ALZHM_CD, I4800_DMNT_CD] Indicates whether the resident had an active diagnosis of Alzheimer's disease in the last 7 days or indicates whether the resident had an active diagnosis of non-Alzheimer's dementia, such as vascular or multi-infarct dementia; mixed dementia; or frontotemporal dementia, such as Pick's disease and dementia related to stroke, Parkinson's disease, or Creutzfeldt-Jakob disease in the last 7 days
Diagnosed with depression	Number of services users diagnosed with depression, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? f. Depression	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? f. Depression	Derived from IPBS data: [DEPR_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for depression utilizing the provider	Derived from IPBS data: [DEPR_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for depression utilizing the provider	Derived from IPBS data: [DEPR_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for depression utilizing the provider	Derived from IPBS data: [DEPR_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for depression utilizing the provider	Derived from MARET data: [I5800_DPRSN_CD] Indicates if the resident had an active diagnosis of depression (other than bipolar) in the last 7 days
Diagnosed with diabetes	Number of services users diagnosed with diabetes, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? g. Diabetes	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? g. Diabetes	Derived from IPBS data: [DIAB_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for diabetes utilizing the provider	Derived from IPBS data: [DIAB_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for diabetes utilizing the provider	Derived from IPBS data: [DIAB_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for diabetes utilizing the provider	Derived from IPBS data: [DIAB_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for diabetes utilizing the provider	Derived from MARET data: [I2900_DM_CD] Indicates whether the resident had an active diagnosis of diabetes mellitus (diabetic retinopathy or neuropathy) in the last 7 days
Diagnosed with arthritis	Number of services users diagnosed with arthritis, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? b. Arthritis	Q28. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? b. Arthritis	Derived from: [RAOA_BENE_CNT/ BENE_CNT from IPBS data] Number of beneficiaries meeting the chronic condition algorithm for rheumatoid or osteoarthritis and utilizing the provider	Derived from: [RAOA_BENE_CNT/ BENE_CNT from IPBS data] Number of beneficiaries meeting the chronic condition algorithm for rheumatoid or osteoarthritis and utilizing the provider	Derived from: [RAOA_BENE_CNT/ BENE_CNT from IPBS data] Number of beneficiaries meeting the chronic condition algorithm for rheumatoid or osteoarthritis and utilizing the provider	Derived from: [RAOA_BENE_CNT/ BENE_CNT from IPBS data] Number of beneficiaries meeting the chronic condition algorithm for rheumatoid or osteoarthritis and utilizing the provider	Derived from MARET data: [I3700_ARTHTS_CD] Indicates whether the resident had an active diagnosis of arthritis in the last 7 days
Diagnosed with asthma	Number of services users diagnosed with asthma, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? c. Asthma	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? c. Asthma	Derived from IPBS data: [ASTHMA_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for asthma and utilizing the provider	Derived from IPBS data: [ASTHMA_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for asthma and utilizing the provider	Derived from IPBS data: [ASTHMA_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for asthma and utilizing the provider	Derived from IPBS data: [ASTHMA_BENE_CNT/ BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for asthma and utilizing the provider	---
Diagnosed with chronic kidney disease	Number of services users diagnosed with kidney disease or chronic kidney disease, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? d. Chronic kidney disease	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? d. Chronic kidney disease	Derived from IPBS data: [CKD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for chronic kidney disease and utilizing the provider	Derived from IPBS data: [CKD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for chronic kidney disease and utilizing the provider	Derived from IPBS data: [CKD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for chronic kidney disease and utilizing the provider	Derived from IPBS data: [CKD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for chronic kidney disease and utilizing the provider	---
Diagnosed with chronic obstructive pulmonary disease (COPD)	Number of services users diagnosed with COPD, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? COPD (chronic bronchitis or emphysema)	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? 9. COPD (chronic bronchitis or emphysema)	Derived from IPBS data: [COPD_BENE_CNT /BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for COPD and utilizing the provider	Derived from IPBS data: [COPD_BENE_CNT /BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for COPD and utilizing the provider	Derived from IPBS data: [COPD_BENE_CNT /BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for COPD and utilizing the provider	Derived from IPBS data: [COPD_BENE_CNT /BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for COPD and utilizing the provider	---

Biennial overview variable crosswalk

Services users characteristics, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Diagnosed with heart disease	Number of services users diagnosed with heart disease, divided by the total number of users.	Q28. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? h. Heart disease (congestive heart failure, coronary or ischemic heart disease, heart attack, stroke)	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? h. Heart disease (congestive heart failure, coronary or ischemic heart disease, heart attack, stroke)	Derived from IPBS data: [IHD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for ischemic heart disease and utilizing the provider	Derived from IPBS data: [IHD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for ischemic heart disease and utilizing the provider	Derived from IPBS data: [IHD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for ischemic heart disease and utilizing the provider	Derived from IPBS data: [IHD_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for ischemic heart disease and utilizing the provider	Derived from MARET data: [I0400_CAD_CD, I0600_HRT_FAILR_CD, I4500_STRK_CD] Indicates whether the resident had an active diagnosis of coronary artery disease, congestive heart failure, or stroke (CVA or TIA or Stroke) in the last 7 days
Diagnosed with high blood pressure or hypertension	Number of services users diagnosed with high blood pressure or hypertension, divided by the total number of users.	Q22. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? i. High blood pressure or hypertension	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? i. High blood pressure or hypertension	Derived from IPBS data: [HYPERT_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for hypertension and utilizing the provider	Derived from IPBS data: [HYPERT_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for hypertension and utilizing the provider	Derived from IPBS data: [HYPERT_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for hypertension and utilizing the provider	Derived from IPBS data: [HYPERT_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for hypertension and utilizing the provider	Derived from MARET data: [I0700_HYPRTNSN_CD] Indicates whether the resident had an active diagnosis of hypertension in the last 7 days
Diagnosed with osteoporosis	Number of services users diagnosed with osteoporosis, divided by the total number of users.	Q28. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? k. Osteoporosis	Q28. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? k. Osteoporosis	Derived from IPBS data: [OST_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for osteoporosis and utilizing the provider	Derived from IPBS data: [OST_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for osteoporosis and utilizing the provider	Derived from IPBS data: [OST_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for osteoporosis and utilizing the provider	Derived from IPBS data: [OST_BENE_CNT / BENE_CNT] Number of beneficiaries meeting the chronic condition algorithm for osteoporosis and utilizing the provider	Derived from MARET data: [I3800_OSTPRS_CD] Indicates whether the resident had an active diagnosis of osteoporosis in the last 7 days
Need assistance with eating	Number of services users needing any assistance with eating, divided by the total number of users. Assistance refers to needing any help or supervision from another person or use of assistive devices.	27. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? b. With eating, like cutting up food	30. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? b. With eating, like cutting up food	Derived from OASIS data: [gg0130a1_eatg_self_admsn_cd] Number of patients needing assistance at start of care assessment, coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from IRF-PAI data: [GG0130A1_EATG_ABILITY_STRT_CD] Number of patients needing assistance coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from: [CNSUS_EATG_ASTD_CNT, CNSUS_EATG_DPNDRNT_CNT / CNSUS_RSDNT_CNT] Number of residents coded as needing any assistance with eating if they require supervision, limited or extensive assistance from staff, or full staff performance every time during entire 7-day period. If the facility routinely provides "setup" activities (e.g., opening containers, buttering bread, and organizing the tray) and if this is the extent of assistance provided for the resident, the resident was coded as not needing any assistance with eating
Need assistance with dressing	Number of services users needing any assistance with dressing, divided by the total number of users. Assistance refers to needing any help or supervision from another person or use of assistive devices.	27. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? c. With dressing	30. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? c. With dressing	Derived from OASIS data: [gg0130f1_upr_drsg_admsn_cd and gg0130g1_lwr_drsg_admsn_cd] Number of patients needing assistance at start of care assessment, coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from IRF-PAI data: [GG0130F1_UPR_DRSG_STRT_CD, GG0130G1_LWR_DRSG_STRT_CD] Number of patients needing assistance coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from: [CNSUS_DRG_ASTD_CNT, CNSUS_DRG_DPNDRNT_CNT / CNSUS_RSDNT_CNT] Number of residents coded as needing any assistance with dressing if they require supervision, limited or extensive assistance from staff, or full staff performance every time during entire 7-day period. If the facility routinely set out clothes for all residents, and this is the only assistance the resident receives, the resident was coded as not needing any assistance with dressing

Services users characteristics, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Need assistance with toileting	Number of services users needing any assistance with using bathroom, divided by the total number of users. Assistance refers to needing any help or supervision from another person or use of assistive devices.	27. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? e. With using the bathroom (toileting)	30. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? e. With using the bathroom (toileting)	Derived from OASIS data: [gg0130c1_toilt_hygne_admsn_cd] Number of patients needing assistance at start of care assessment, coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from IRF-PAI data: [GG0130C1_TOILT_ABILITY_STRT_CD] Number of patients needing assistance coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from: [CNSUS_TOILT_ASTD_CNT, CNSUS_TOILT_DPNNT_CNT / CNSUS_RSDNT_CNT] Number of residents coded as needing any assistance with toileting if they require supervision, limited or extensive assistance from staff, or full staff performance every time during entire 7-day period If all that is done for the resident is to open a package (e.g., a clean sanitary pad), the resident was coded as not needing any assistance with toileting
Need assistance with bathing	Ratio of services users needing any assistance with bathing or showering, divided by the total number of users. Assistance refers to needing any help or supervision from another person or use of assistive devices.	27. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? d. With bathing or showering	30. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? d. With bathing or showering	Derived from OASIS data: [gg0130e1_shwr_admsn_cd] Number of patients needing assistance at start of care assessment, coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from IRF-PAI data: [GG0130E1_BTHE_SELF_STRT_CD] Number of patients needing assistance coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from: [CNSUS_BATHG_ASTD_CNT, CNSUS_BATHG_DPNNT_CNT / CNSUS_RSDNT_CNT] Number of residents coded as needing any assistance with bathing if they require supervision, physical help limited to transfer only or in part of bathing activity, or full staff performance every time during entire 7-day period If the facility provides setup assistance to all residents, such as drawing water for a tub bath or laying out bathing materials, and the resident requires no other assistance, the resident was coded as not needing any assistance with bathing.
Need assistance with walking or locomotion	Number of services users needing any assistance with walking or locomotion, divided by the total number of users. Assistance refers to needing any help or supervision from another person or use of assistive devices.	27. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? f. With locomotion or walking – this includes using a cane, walker, or wheelchair and/or help from another person	30. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? f. With locomotion or walking – this includes using a cane, walker, or wheelchair and/or help from another person	---	---	---	---	Derived from: [CNSUS_INDPNDNT_MBLTY_CNT / CNSUS_RSDNT_CNT] Number of residents who require no help or oversight, or help or oversight was provided only one or two times during the past 7 days. Do not include residents who use a cane, walker, or crutch Subtracted from CNSUS_RSDNT_CNT

Services users characteristics, by setting								
Characteristic	Definition	Survey data settings		Administrative data settings				
		Adult day services center (ADSC)	Residential care community (RCC)	Home health agency (HHA)	Hospice (HOS)	Inpatient rehabilitation facility (IRF)	Long-term care hospital (LTCH)	Nursing home (NH)
Need assistance with transferring	Number of services users needing any assistance with transferring, divided by the total number of users. Assistance refers to needing any help or supervision from another person or use of assistive devices.	27. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? a. With transferring in and out of a chair	30. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? a. With transferring in and out of a bed or chair	Derived from OASIS data: [gg0170e1_chr_trnsf_admsn_cd] Number of patients needing assistance at start of care assessment, coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from IRF-PAI data: [GG0170E1_TRNSFR_STRT_CD] Number of patients needing assistance coded as: 1=Dependent; 2=Substantial/maximal assistance; 3=Partial/moderate assistance; 4=Supervision or touching assistance; 5=Setup or clean-up assistance. Patients were not counted if coded as 6=Independent; 7=Patient refused; 9=Not applicable; 10=Not attempted due to environmental limitations; 88=Not attempted due to medical condition or safety concerns	---	Derived from: [CNSUS_TRNSFR_ASTD_CNT, CNSUS_TRNSFR_DPNDRNT_CNT / CNSUS_RSDNT_CNT] Number of residents who require help moving between surfaces, including, to or from bed, chair, wheelchair, or standing positions Excludes transfers to or from the bath or toilet. If the facility routinely provides "setup" assistance to all residents, such as handing the equipment (e.g., sliding board) to the resident, and this is the only assistance required, the resident was coded as not needing assistance with transferring.
Overnight hospital stay	Number of services users who were discharged from an overnight hospital stay, divided by total number of users.	29. As best you know, of the participants currently enrolled at this center, about how many were discharged from an overnight hospital stay in the last 90 days? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay.	32. As best you know, of the residents currently living in this residential care community, about how many were discharged from an overnight hospital stay in the last 90 days? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay.	---	---	---	---	Derived from MARET and MedPAR: Number of residents in 2020 MARET data file, with an overnight hospital stay. Coded as MARET residents with at least one inpatient hospitalization claim in the 2020 Medicare Provider Analysis and Review data, where the inpatient hospitalization discharge occurred after the nursing home admission date and during the 2020 calendar year
Emergency department visits	Number of services users who had emergency department visits, divided by total number of users.	28. As best you know, of the participants currently enrolled at this center, about how many were treated in a hospital emergency department in the last 90 days?	31. As best you know, of the residents currently living in this residential care community, about how many were treated in a hospital emergency department in the last 90 days?	---	---	---	---	---
Fall	Number of services users who had falls, divided by total number of users.	30. As best you know, about how many of your current participants had a fall in the last 90 days? Include falls that occurred in your center or off-site, whether or not the participant was injured, and whether or not anyone saw the participant fall or caught them. Please just count one fall per participant who fell, even if the participant fell more than one time. If one of your participants fell during the last 90 days, but is currently in the hospital or rehabilitation facility, please include that person in your count.	33. As best you know, about how many of your current residents had a fall in the last 90 days?	---	---	---	---	Derived from MARET data: [J1800_FALL_LAST_ASMT_CD]: Has the resident had any falls since admission or the prior assessment, whichever is more recent?

... Category not applicable.

--- Data not available.

NOTES: For survey data (ADSC and RCC), question numbers refer to the order in National Post-acute and Long-term Care Study (NPALS) services user questionnaires. For administrative data (HHA, HOS, IRF, LTCH, and NH), when the data source is not specified, the source is Centers for Medicare and Medicaid Services Certification and Survey Provider Enhanced Reports (CASPER).