

**DATA LAYOUTS FOR HOME CARE 1.00 SUBMISSION FILE
(VERSION 1.00)**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Lansing, MI**

Last Modified on April 13, 2005

G:\dvlpapps\Long Term Care\Home Care\Docs\Home Care File Layouts.doc

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List of Updates to Manual:

DATE OF CHANGE	PERSON WHO UPDATED MANUAL	UPDATE DESCRIPTION
03-05-2003	Andree Almer	Remove edits in Consistency column for index 168 – 214 in Assessment/Reassessment Data Record Layout. Removed edit stating “Value must be blank, if AR_I8, Index 227 = 1 (i.e. “infections: None of the Above “ box is checked) 2. See Index 227 consistency note #2”
03-07-2003	Andree Almer	Remove edit indicating that Index 25 (Has SSN been verified) in Screen is a required field. Space will be allowed. The TO_DATE (Index 10 in Client Status, Case setting, MOU and Index 11 in Waiver) edits will be changed to allow space or valid full date.
03-11-2003	Andree Almer	In the Assessment/Reassessment record, the Index 397 (Walking) range was changed to 0 – 5 from 0 - 4. The value 5 was accidentally left out.
05-05-2003	Andree Almer	In the Assessment/Reassessment record, Remove the edit “Value must be blank in the HOME CARE record, if AR_C6 (Index 62) = 2)” for index 76 – 81.
05-20-2003	Andree Almer	In the facesheet if the Medicaid id (index 80) is filled in it would be validated against the beneficiary file.
06/04/2003	Andree Almer	In the facesheet a note has been added that there is no way to validate a Medicare ID (index 72). Also, explanation note is added to the Medicare id (index 72) indicating that even if the Client has Medicare field (index 71) option is YES that no Medicare Id will be required in the Medicare ID field (index 72) because this will cause too many records not to be loaded. Not all programs are collecting the Medicare Id regularly.
7/7/2003	Andree Almer	Added a clarification in the creation date Item description for all

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		record types explaining that the creation date is the date the record is established in the agency database and not the date the record was sent to the warehouse database. The creation date is define this way because sometimes it is difficult to determine when the record is sent to the warehouse.
7/16/2003	Andree Almer	Updated EDI Batch Identifier Comment on Header Record to indicate that duplications are not checked by DIT DEG receiving process.
03/28/2005	Julie Donall	Replaced every instance of MDS with HOME CARE. Home Care is not from the MDS database the information originates from the MI Choice program's assessment forms.
03/28/2005	Julie Donall	Changed the description, range, and consistency of all REC_CREATION_DATE field in each record type. REC_CREATION_DATE is no longer required. It remains for the agents use.
03/28/2005	Julie Donall	Changed the range, range values, and format of all Social Security Number fields in all record types.
04/01/2005	Julie Donall	Removed the range comment for Client State field. There is no State Code Table.
04/01/2005	Julie Donall	Changed the range comment to refer to the table CommonRef.zip in all of the records that have a zip code.
04/01/2005	Julie Donall	Removed the range comment for Screen Client Zip. There is no table State Codes.
04/08/2005	Julie Donall	Added columns DATA_END, CRG_RTN, and LN_FD to the Trailer record layout. Index 15, 16, and 17.

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HEADER RECORD LAYOUT									
DE#	Data Element Name	Type	Size	Columns		Value	Comments	Format Info	Consistency
				From	To				
1	EDI TYPE	TEXT	4	1	4	HDDR		*MUST be in upper case.	*1. Required Field. Cannot be blank.
2	EDI APP	TEXT	2	5	6	MA	Application identifier.	*MUST be in upper case.	*1. Required Field. Cannot be blank.
3	EDI USER	GRP LABEL					User Identifier		
4	EDI USER - prefix	TEXT	5	7	11	DCH00		*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
5	EDI USER	TEXT	2	12	13		Service Bureau Claim ID	*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
6	EDI USER - suffix	TEXT	1	14	14		Space character		
7	EDI CREATION DATE	TEXT	8	15	22		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for Trailer's EDI Creation date (index 7).
8	EDI TRANSFER DATE (OR USE CREATION DATE)	TEXT	8	23	30		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for Trailer's EDI Transfer date (index 8).
9	EDI TRANSFER TIME (OR USE CREATION TIME)	TEXT	4	31	34		HHMM		*1. Required Field. Cannot be blank. Must be the same value used for Trailer's EDI Transfer time (index 9).
10	EDI FILE NUMBER	TEXT	4	35	38	4933	File Identifier.		*1. Required Field. Cannot be blank.
11	EDI RUN TYPE	TEXT	1	39	39	P or T	' P ' for production or ' T ' for Test	*MUST be in upper case.	*1. Required Field. Cannot be blank.
12	EDI BATCH IDENTIFIER	TEXT	3	40	42		The value for this batch identifier is assigned by the agent sending the file to the	*Left justified,Any letters must be in upper case.	*1. Required Field. Cannot be blank. Must be the same value used for Trailer's EDI Batch Identifier (index 12).

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							<p>warehouse. Duplication of the batch identifier is not checked by Michigan DIT DEG receiving process. But, it would be helpful to make this identifier unique to distinguish between different files in case there is a processing problem.</p> <p>For your information, this batch identifier will be used by the warehouse program for the batch identifier on the error file that is associated with this input Home Care file. This is to help corralate error files with input Home Care files.</p>		
13	FILLER	TEXT	1058	43	1100		Pad with space characters		

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DATA LAYOUTS

For Submission From the Home Care Agency to the State

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SCREEN DATA RECORD LAYOUT

Ind	Form Location	Item Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
				1	REC_ID	RECORD ID	1	1	1	* A,M,D	A-Add, M-Modify, D-Delete
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* S	S-Screen	X	CODE	Uppercase	*1. Required Field. Cannot be blank.
3	REC_CREATION_DATE	Record Creation Date – This is the date when the screening record was established on the agency’s data base and not the date the screening record was sent to the warehouse data base. It is for the agent’s use only. Not stored.	8	3	10	Full date.		MMDDYY YY	DATE		No longer used by the State.
4	VCODE	HOME CARE Version Code	4	11	14	1.00		X(4)	CODE	Left Justified;	

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Ind	Form Location	Item Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
5	SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	15	25			X(11)	TEXT	Left justified embedded dashes(-) ARE allowed but only 2 dashes. The format is 999-99-9999.	*1. Required field. Cannot be blank.
6	AGENT_CODE	Unique Agent Code	6	26	31	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.
7	CLIENT_LAST_NAME	Client Last Name	20	32	51	* Text		X(20)	TEXT	Left justified, any letters must be upper case.	*1. Required field. Cannot be blank
8	CLIENT_FIRST_NAME	Client First Name	20	52	71	* Text		X(20)	TEXT	Left justified, any letters must be upper case	*1. Required field. Cannot be blank.
9	CLIENT_MIDDLE_INITIAL	Client Middle Initials	1	72	72	* Text, space		X	TEXT	Any letter must be upper case	

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
10	CLIENT_DATE_OF_BIRTH	Client Birthdate	8	73	80	* Valid full date, space(8)		MMDDYY YY	DATE		*1. This date must be PRIOR to the SCREENING_DATE Index 21, CREATION_DATE Index 3 and the current date.
11	CLIENT_GENDER	Client Gender	1	81	81	* 0,1,space	0 - Male, 1 - Female	X	CODE		
12	CLIENT_MARITAL_STATUS	Client Marital Status	1	82	82	* 0,1,2,3,4,5,space	0 - Single/NM, 1 - Married, 2-Widowed, 3-Separated, 4 - Divorced, 5 - Other	X	CODE		
13	CLIENT_ADDRESS	Client Address	35	83	117	* Text,space (35)		X(35)	TEXT	Left justified, any letters must be upper case	
14	CLIENT_CITY	Client City	20	118	137	* Text,space (20)		X(20)	TEXT	Left justified, any letters must be upper case	
15	CLIENT_STATE	Client State	2	138	139	* Valid code,space (2)		X(2)	TEXT	Left justified, any letters must be upper case	
16	CLIENT_ZIP	Clients Zip	5	140	144	* Valid zip code,space (5)	For valid range of zip codes Refer to the table CommonRef.zip	X(5)	TEXT	Left justified. No embedded dashes or spaces allowed.	

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
17	CLIENT_Z IP_PLUS_ 4	Zip plus 4	4	145	148	* Code, space(4)		X(4)	TEXT	Left justified	
18	CLIENT_C OUNTY	Clients County	2	149	150	* Valid Code,space (2)	For valid Codes Refer to the document Home Care Code Tables.doc	X(2)	CODE		
19	CLIENT_A REA_COD E	Client Phone Area Code	3	151	153	* Area code,space (3)		X(3)	TEXT		
20	CLIENT_P HONE	Clients Phone Number	8	154	161	* Phone number, or space(8)	If present, No embedded spaces. Only one Dash(-) allowed. Format is 999- 9999	X(8)	TEXT	If present, any embedded spaces are not allowed; Only one dash is allowed. Format is 999-9999.	
21	SCREENIN G_DATE	Client Screening Date	8	162	169	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS the CREATION_DATE Index 3.
22		IDENTIFYING INFORMATION							GRP_L ABEL		
23	SC_4	Screen Source	3	170	172	* Valid Code, space(3).	For Screen Source Valid Codes Refer to the document Home Care Code Tables.doc	X(3)	CODE	Left justified	
24	SC_5	Assigned Office Code	2	173	174	* Code, space(2)		X(2)	TEXT	Left justified	

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
25	SC_8	Has SSN been verified	1	175	175	* 0,1	0 or Space = No, 1 = Yes	X	CODE		
26	SC_A	SECTION A							GRP_L ABEL		
27	SC_A1	Housework: In the last 7 days, did the person have any difficulty doing ordinary work around the house; such as dishes, dusting or laundry?	1	176	176	* 0,1,space	0 = No difficulty was not experienced, 1=Yes- Some or great difficulty was experienced	X	CODE		
28	SC_A2	Stamina/Physical Activity: In the last 7 days, has the person engaged in or more hours of physical activity; such as walking cleaning the house	1	177	177	* 0,1,space	0 = NO-Physical Activities were not performed, 1 = YES- Physical activities were performed or performed 2 or more hours	X	CODE		
29	SC_A3	Bathing: In the last 7 days, has the person bathed in a tub, showered, or bathed with a sponge without help or oversight	1	178	178	* 0,1,space	0 = NO - Help or supervision occurred, 1=YES- Client bathed on own without help or supervision	X	CODE		
30	SC_A4	Skin Problems: Has the person experienced any troubling skin conditions or changes like burns, bruises, rashes or itching in the last 30 days	1	179	179	* 0,1,space	0 = NO, 1 = YES	X	CODE		

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
31	SC_A5	Cognitive Skills for Decision Making: In the last 7 days, was the person able to make decisions that are reasonable, without difficulty	1	180	180	* 0,1,space	0 = NO-Client Experienced difficulty making decisions, 1=YES - Client made decisions that were consistently reliable without difficulty	X	CODE		
32	SC_A6	Person met conditions for Section A (Section A - Housework, Stamina/Physical Activity, Bathing, Skin Problems, Cognitive Skills for Decision Making)	1	181	181	* 0,1,space	0 = NO, 1 = YES	X	CODE		
33	SC_B	SECTION B							GRP_L ABEL		
34	SC_B1a	IADLs : Has the person had any difficulty in performing the following activities within the last 7 days : Preparing Meals	1	182	182	* 0,1,space	0 = NO, 1 = YES	X	CODE		
35	SC_B1b	IADLs : Has the person had any difficulty in performing the following activities within the last 7 days : Ordinary Housework	1	183	183	* 0,1,space	0 = NO, 1 = YES	X	CODE		*1.This field SC_B1b Index 35 = SC_A1 Index 27
36	SC_B1c	IADLs : Has the person had any difficulty in performing the following activities within the last 7 days Managing Medications	1	184	184	* 0,1,space	0 = NO, 1 = YES	X	CODE		

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
37	SC_B1d	IADLs : Has the person had any difficulty in performing the following activities within the last 7 days Shopping	1	185	185	* 0,1,space	0 = NO, 1 = YES	X	CODE		
38	SC_B1e	IADLs : Has the person had any difficulty in performing the following activities within the last 7 days : Transportation - getting to places beyond walking distance	1	186	186	* 0,1,space	0 = NO, 1 = YES	X	CODE		
39	SC_B1f	IADLs : Has the person had any difficulty in performing the following activities within the last 7 days : Required physical assistance with bathing Or bathing did not occur	1	187	187	* 0,1,space	0 = NO, 1 = YES	X	CODE		
40	SC_B2.1a	Has the person received help from any of the following providers within the last 14 days: Home Health Aide	1	188	188	* 0,1,space	0 = NO, 1 = YES	X	CODE		
41	SC_B2.1b	Has the person received help from any of the following providers within the last 14 days: Physical Therapist	1	189	189	* 0,1,space	0 = NO, 1 = YES	X	CODE		
42	SC_B2.1c	Has the person received help from any of the following providers within the last 14 days: Social worker in home only	1	190	190	* 0,1,space	0 = NO, 1 = YES	X	CODE		

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
43	SC_B2.2	Does either the person or primary caregiver believe that the person would be better off in another living environment	1	191	191	* 0,1,space	0 = NO, 1 = YES	X	CODE		
44	SC_B2.3	Any Hazards that make it difficult to enter or leave the home	1	192	192	* 0,1,space	0 = NO, 1 = YES	X	CODE		
45	SC_B3	Person met conditions for either IADLs or Home Care and Living Environment	1	193	193	* 0,1,space	0 = NO, 1 = YES	X	CODE		
46	SC_C	SECTION C							GRP_L ABEL		
47	SC_C1	RN treatment or care to the person during last month or RN to provide	1	194	194	* 0,1,space	0 = NO, 1 = YES	X	CODE		
48	SC_C2a	Meal Preparation: In the last 7 days, has the persons conditions required meals be prepared fully by others OR meal prep did not occur	1	195	195	* 0,1,space	0 = NO, 1 = YES	X	CODE		
49	SC_C2b	He/she required help to move around the home or moving around in home did not occur	1	196	196	* 0,1,space	0 = NO, 1 = YES	X	CODE		
50	SC_C3	Person met conditions for RN Monitoring or Meal Preparation ?	1	197	197	* 0,1,space	0 = NO, 1 = YES	X	CODE		
51	SC_D	SECTION D							GRP_L ABEL		

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Ind	Form Location	Item Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
52	SC_D1	Physical Functioning : Bathing, including showering, a full tub bath, or sponge bath	1	198	198	* 0,1,space	0 = NO - Required help including oversight or did not do, 1 = YES - Did on own	X	CODE		*1. SC_D1 Index 52 should be blank if SC_A3 Index 29 is blank
53	SC_D2	Physical Functioning : Dressing, including laying out clothes, putting them on, and taking them off	1	199	199	* 0,1,space	0 = NO - Required help including oversight or did not do, 1 = YES - Did on own	X	CODE		
54	SC_D3	Physical Functioning : Moving in bed, including turning side to side	1	200	200	* 0,1,space	0 = NO - Required help including oversight or did not do, 1 = YES - Did on own	X	CODE		
55	SC_D4	Physical Functioning : Moved around indoors	1	201	201	* 0,1,space	0 = NO - Did not occur or client used a wheel chair to perform activity, 1 = YES - Occurred even with a cane/walker/scooter	X	CODE		
56	SC_D5	Isolation : In the last 7 days, has the person been left alone in the mornings or afternoons	1	202	202	* 0,1,space	0 = NO - Client is never or hardly ever left alone, 1 = YES - Client is left alone, even if for about an hour	X	CODE		
57	SC_D6	Health Status : In the last 7 days, person experienced a flare up or a chronic health problems	1	203	203	* 0,1,space	0 = NO, 1 = YES	X	CODE		
58	SC_D7	Wound/Ulcer Prevention and Care: In the last 7 days, has the person received either dietary treatments or moving/turning treatments	1	204	204	* 0,1,space	0 = NO - No Help by others, 1 = YES - Partially or fully performed by others	X	CODE		

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
59	SC_D8	Peripheral IV : Wighting the past 14 days, has the person received or been scheduled for IV medication	1	205	205	* 0,1,space	0 = NO - Not Applicable, 1 = YES	X	CODE		
60	SC_D9	Cognitive Skills for Daily Decision making: In the last 7 days, was the person able to make any decisions about organizing the day	1	206	206	* 0,1,space	0 = NO - Person never or rarely made decisions, 1 = YES - Person made decisions, even with difficulty or decisions were poor, or supervision was required	X	CODE		
61	SC_D10	Agitated/Disoriented: In the last 90 dyas, has the person become agitated or disoriented?	1	207	207	* 0,1,space	0 = NO - Not agitated/disoriented, or if so safety not endangered, 1 = YES - Agitated/disoriented and safety endangered	X	CODE		
62	SC_D11	Making Self Understood: In the last 7 days, has the person usually been able to make himself understood	1	208	208	* 0,1,space	0 = NO - Client Expression of info is never understood or he/she is limited in making concrete requests , 1 = YES - Client expression of info is understood, even if he.she has difficulty finding words or finishing thoughts	X	CODE		
63	SC_D12	Verbally Abusive Behavioral Symptoms : In the last 7 days, has the person threatened, screamed at, or cursed at others	1	209	209	* 0,1,space	0 = NO - Did not occur , 1 = YES -Did occur	X	CODE		

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				From	To	Range	Range Values	Pic	Type	Format	Consistency
64	SC_D13	Living Arrangements - Has the person moved in with others or have others moved in with the person for the past 90 days	1	210	210	* 0,1,space	0 = NO , 1 = YES	X	CODE		
65	SC_D14	Person met conditions for Section D - Physical Functioning	1	211	211	* 0,1,space	0 = NO , 1 = YES	X	CODE		
66	SC_E	SECTION E							GRP_LABEL		
67	SC_E	Person did not score medically eligible for Sec A, B,C or D, thus person met conditions for Sec E	1	212	212	* 0,1,space	0 = NO, 1 = YES	X	CODE		
68	SC_E	Does the person score eligible for a MI Choice assessment	1	213	213	* 0,1,2, space	0 = NO, 1 = YES, 2 = Unable to determine by phone	X	CODE		
69	SC_E	At time of screening, person is in	1	214	214	* 0,1, space	0 = Home setting, 1 = Institutional setting	X	CODE		
70	FILLER	BLANK FILLER	883	215	1097	* Always Inactive		X(883)	FILLER		
71	DATA_END	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
72	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE		
73	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE		

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FACESHEET DATA RECORD LAYOUT											
Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
1	REC_ID	RECORD ID	1	1	1	* A,M,D		X	CODE	Upper case A, or Upper case M, or Upper case D	*1. Required Field. Cannot be blank. *2. Permissible values for HOME CARE data records are a) 'A' for a new data record being submitted to the State database b) 'M' for a request to modify a record previously accepted into the State database. c) 'D' for a request to delete a record previously accepted into the State database.
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* F	F-Facesheet	X	CODE	Upper case F;	*1. Required field. Cannot be blank.
3	REC_INDICATOR	RECORD MAPPING INDICATOR	1	3	3	* A,R	A-Assessment, R-Reassessment	X	CODE		*1. Required field. Cannot be blank. *2. If REC_INDICATOR = 'A', it implies that this Facesheet Data is for Assessment. If REC_INDICATOR = 'R', it implies that this Facesheet Data is for Reassessment
4	REC_CREATION_DATE	Record Creation Date – This is the date when the facesheet record was established on the agency's data base and not the date the facesheet record was sent to the warehouse data base. For agents use only. Not stored.	8	4	11	Full date.		MMDYY YYY	DATE		No longer used by the State.
5	VCODE	HOME CARE Version Code	4	12	15	1.00		X(4)	CODE	Left Justified;	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
6	SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	16	26		Nine digits.	X(11)	TEXT	Embedded dashes(-) ARE allowed but only 2 dashes. The format is 999-99-9999.	*1. Required field. Cannot be blank.
7	AGENT_CODE	Unique Agent Code	6	27	32	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.
8	FS_A1	Client Last Name	20	33	52	* Text		X(20)	TEXT	Left justified, any letters must be upper case.	*1. Required field. Cannot be blank
9	FS_A1	Client First Name	20	53	72	* Text		X(20)	TEXT	Left justified, any letters must be upper case	*1. Required field. Cannot be blank.
10	FS_A1	Client Middle Initials	1	73	73	* Text, space		X	TEXT	Left justified, any letters must be upper case	
11	FS_A2	Client Birth Date	8	74	81	* Valid full date, space(8)		MMDYY YYY	DATE		*1. This date must be PRIOR to the SCREENING_DATE Index 24.

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FACESHEET DATA RECORD LAYOUT

Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
12	FS_A3	Client Gender	1	82	82	* 0,1,space	0 - Male, 1 - Female	X	CODE		
13	FS_A4	Client Marital Status	1	83	83	* 0,1,2,3,4,5 ,space	0 - Single/NM, 1 - Married, 2 -Widowed, 3 - Separated, 4 - Divorced, 5 - Other	X	CODE		
14	FS_A8	Client Address 1	30	84	113	* Text, space(30)		X(30)	TEXT	Left justified, any letters must be upper case	
15	FS_A8	Client Address 2	30	114	143	* Text, space(30)		X(30)	TEXT	Left justified, any letters must be upper case	
16	FS_A9	Client City	20	144	163	* Text, space(20)		X(20)	TEXT	Left justified, any letters must be upper case	
17	FS_A9	Client State	2	164	165	* Valid code, space(2)	For valid Codes Refer to the document Home Care Code Tables.doc	X(2)	TEXT	1. Left justified, any letters must be upper case	
18	FSA9	Clients Zip	5	166	170	* Valid zip code, space(5)	For valid range of zip codes Refer to the document Home Care Code Tables.doc	X(5)	TEXT	Left justified. No embedded dashes or spaces allowed.	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
19	FS_A9	Zip plus 4	4	171	174	* Code, space(4)		X(4)	TEXT	Left justified	
20	FS_A8	Clients County	2	175	176	* Valid Code, space(2)	For valid Codes Refer to the document Home Care Code Tables.doc	X(2)	CODE		
21	FS_A8	Client Township	3	177	179	* Valid Code, space(3)	For valid range of Codes Refer to the document Home Care Code Tabled.doc	X(3)	CODE		
22	FS_A10	Client Phone Area Code	3	180	182	* Area code, space(3)		X(3)	TEXT		
23	FS_A10	Clients Phone Number	8	183	190	* Phone number, space(8)		X(8)	TEXT	If present, any embedded spaces are not allowed; Only one dash allowed. Format is 999-9999.	
24	SCREENING_DATE	Client Screening Date	8	191	198	* Valid full date		MMDDY YYY	DATE		*1. Required Field. Cannot be blank. *2. Should have a valid date. *3. For both RECORD_MAPPING_INDICATOR A,R : This date must match the screen date in the corresponding Screen record. *4 For both RECORD_MAPPING_INDICATOR A,R : This date must be PRIOR TO OR SAME AS Facesheet Date Index 27.

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
25	FACESHEET INFORMATION									GRP LABEL	
26	FS_ASSIGNED_OFFICE_CODE	Office Code	2	199	200	* Code, space(2)		X(2)	CODE	Left Justified. Any letters must be upper case.	
27	FS_FACESHEET_DATE	Facesheet Date	8	201	208	* Valid Date		MMDDYY	DATE	If active, must not be blank.	*1. Required Field. Cannot be blank. *2. Should have a valid date. *3. For both RECORD_MAPPING_INDICATOR A,R.
28		SECTION A : IDENTIFYING INFORMATION							GRP LABEL		
29	FS_A5	Spouse Last Name	20	209	228	* Text, space(20)		X(20)	TEXT	Upper case, Left Justified	
30	FS_A5	Spouse First Name	20	229	248	* Text, space(20)		X(20)	TEXT	Upper case, Left Justified	
31	FS_A5	Spouse Middle Initials	1	249	249	* Text, space		X	TEXT	Upper case	
32	FS_A6	Spouse Date of Birth	8	250	257	* Valid full date, space(8)		MMDDYY	DATE		*1. If not blank, Should have a valid date. *3. If not blank, For both RECORD_MAPPING_INDICATOR A,R : This date must be PRIOR TO Clients Screening Date Index 24

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
33	FS_A7a	Client's Race	1	258	258	* Valid code,space	For Race Valid Codes Refer to the document Home Care Code Tables.doc	X	CODE	Any letters must be upper case	
34	FS_A7b	Is Client Hispanic	1	259	259	* 0,1,space	0 = NO, 1 = YES	X	CODE		
35	FS_A7c	Is Client Multiracial	1	260	260	* 0,1,space	0 = NO, 1 = YES	X	CODE		
36	FS_A7d	If Client Multiracial - Client is White	1	261	261	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
37	FS_A7d	If Client Multiracial - Client is Black	1	262	262	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
38	FS_A7d	If Client Multiracial - Client is Asian/Pacific Islander	1	263	263	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
39	FS_A7d	If Client Multiracial - Client is American Indian/Eskimo/Aleut	1	264	264	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
40	FS_A11	Verification of SSN	1	265	265	* 0,1	0 = NO, 1 = YES	X	CODE		*1. Required Field. Cannot be blank.
41	FS_A12	Client's Primary Language	1	266	266	* 0,1,2,3,space	0 = ENGLISH, 1=SPANISH, 2=FRENCH, 3=OTHER	X	CODE		
42	FS_A13	Clients Education (Highest Level Completed)	1	267	267	* 0,1,2,3,4,5,6,7,space	0 = NO SCHOOLING, 1 = 8TH GRADE/LESS, 2 = 9-11 GRADE, 3 = HIGH SCHOOL, 4 = TECH OR TRADE SCHOOL, 5 = SOME COLLEGE, 6 = BACHELOR'S DEGREE, 7 = GRADUATE DEGREE	X	CODE		
43	FS_A15	Cultural issues that pertain to care plan	1	268	268	* 0,1,space	0 = NO, 1 = YES	X	CODE		
44	FS_A16	Client Rights and responsibilities explained	1	269	269	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
45	FS_A17	Reason for Referral	1	270	270	* 0,1,2,3,4,5 ,space	0 = Post hospital care, 1 = Community chronic care, 2=Home placement, 3=Eligibility for home care, 4=Day Care, 5 = Other	X	CODE		
46	FS_A18	Where lived at time of referral	1	271	271	* 0,1,2,3,4,5 space	0 = Private home/apt w/no home care services, 1 = Private home/apt w/home care services, 2 = Board and care/assisted living/group home, 3=Nursing Home, 4 = Other	X	CODE		
47	FS_A19	Who lived with at referral	1	272	272	* 0,1,2,3,4,5 space	0 = Alone, 1 = w/Spouse only, w/Spouse and other(s), 3=w/Child (not spouse), 4 = w/Other(s) (Not spouse/child), 5 = w/non-relatives in group setting.	X	CODE		
48	FS_A20	Referral Name	20	273	292	* Text, space(20)		X(20)	TEXT	Upper Case, Left justified	
49	FS_A21	Referral Date	8	293	300	* Valid date, space(8)		MMDDY YYY	DATE		*1. If not blank, Should have a valid date. *2. If not blank, For both RECORD_MAPPING_INDICATOR A,R : This date must be PRIOR TO OR SAME AS Clients Facesheet Date Index 27.
50	FS_A22	Referral Agency Code	10	301	310	* Text,space (10)		X(10)	CODE	Left justified, any letters must be upper case.	

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FACESHEET DATA RECORD LAYOUT

Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
51	FS_A23	Referral Agency Name	40	311	350	* Text,space (40)		X(40)	TEXT	Upper Case, Left justified	
52	FS_A24	Referral Type	2	351	352	* Text,space (2)		X(2)	TEXT	Left justified, any letters must be upper case	
53	FS_A25	Family Contact Name	20	353	372	* Text,space(20)		X(20)	TEXT	Upper case, Left justified	
54	FS_A26	Family Area code Contact Phone	3	373	375	* Valid Code,space(2)		X(3)	TEXT		
55	FS_A26	Family Contact Phone	8	376	383	* Valid Code,space(8)		X(8)	TEXT	If present, any embedded spaces are not allowed; Only one dash is allowed. Format is 999-9999.	
56	FS_A27	Residential History and Services prior to Referral : Lived in Nursing Home	1	384	384	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
57	FS_A27	Residential History and Services prior to Referral : Lived for a Protracted period of time in hospital sett	1	385	385	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
58	FS_A27	Residential History and Services prior to Referral : Lived in Mental Health/psychiatric setting	1	386	386	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
59	FS_A27	Residential History and Services prior to Referral : Lived in Mental retardation or development disability setting	1	387	387	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
60	FS_A27	Residential History and Services prior to Referral : Lived in Assisted living or congregate apt.	1	388	388	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
61	FS_A27	Residential History : Home care client prior to this episode	1	389	389	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
62	FS_A27	Residential History : Recipient of rehabilitative services prior to this episode	1	390	390	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
63	FS_A27	Residential History : None of the above	1	391	391	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
64	FS_A28	Surrogate Decision Maker : Client has legal Guardian	1	392	392	* 0,1,2,space	0 = NO, 1 = YES, 2 = PENDING	X	CODE		
65	FS_A28	Surrogate Decision Maker : DPOA	1	393	393	* 0,1,2,space	0 = NO, 1 = YES, 2 = PENDING	X	CODE		
66	FS_A28	Surrogate Decision Maker : Conservator	1	394	394	* 0,1,2,space	0 = NO, 1 = YES, 2 = PENDING	X	CODE		
67	FS_A28	Surrogate Decision Maker : Rep Payee	1	395	395	* 0,1,2,space	0 = NO, 1 = YES, 2 = PENDING	X	CODE		
68		SECTION B : BENEFITS AND INSURANCE							GRP_LABEL		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
69	FS_B1	Client has Advance Medical Directives in place	1	396	396	* 0,1,space	0 = NO, 1 = YES, 2 = PENDING	X	CODE		
70	FS_B2	Benefits & Insurance : Living Will	1	397	397	* 0,1,space	0 = NO, 1 = YES, 2 = PENDING	X	CODE		
71	FS_B3	Client has Medicare	1	398	398	* 0,1,space	0 = NO, 1 = YES	X	CODE		
72	FS_B3	Medicare ID	12	399	410	* Text, space		X(12)	CODE		Although the customer is asked to enter a valid Medicare Id there is no way we can programmatically validate the Medicare ID. Also, the customer has requested that even if "Client has Medicare" (index 71) as the value "YES" that there will not be edit to check if Medicare Id (index 72) is filled in because there are too many situations where the Medicare Id will not be available and the customer still wants the facesheet record loaded to the warehouse.
73	FS_B3	Medicare Part A Effective	8	411	418	* Valid Date, space(8)		MMDDY YYY	DATE		
74	FS_B3	Medicare Part B Effective	8	419	426	* Valid Date, space(8)		MMDDY YYY	DATE		
75	FS_B4	Medicaid Status	1	427	427	* 0,1,2,3,space	0 = NON MA, 1 = MA ACTIVE, 2 = MA PENDING, 3 = MA SPEND DOWN	X	CODE		
76	FS_B4	MA Effective from	8	428	435	* Valid Date, space(8)		MMDDY YYY	DATE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
77	FS_B4	MA Effective To	8	436	443	* Valid Date, space(8)		MMDYY YYY	DATE		
78	FS_B4	MA Spend Down Amount	12	444	455	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right justified and leading zero filled number or blank.	
79	FS_B5	QMB	1	456	456	* 0,1,space	0 = NO, 1 = YES	X	CODE		
80	FS_B6	Medicaid ID	12	457	468	* Valid code, space(12)		X(12)	TEXT	Left justified, any letters must be upper case	If the Medicaid Id (index 80) is filled in (not spaces) then the Medicaid Id will be validated against the beneficiary file on the Warehouse.
81	FS_B9	Patient Pay Amt	12	469	480	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right justified and leading zero filled number or blank. 2 decimal places	
82	FS_B10	Veterans ID	11	481	491	* Text, space(11)		X(11)	TEXT	Left justified, any letters must be upper case	
83	FS_B10	Veteran	1	492	492	* 0,1,2,3,space	0 = CLIENT, 1 = SPOUSE, 2 = CHILD, 3 = OTHER	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
84	FS_B10	Benefits Received	1	493	493	* 0,1,space	0 = NO, 1 = YES	X	CODE		
85	FS_B11	Insurance Resource	1	494	494	* 0,1,space	0 = NO OTHER INSURANCE, 1 = WORKERS DISABILITY COMPENSATION, 2 = PRIVATE INSURANCE, 3 = ELIGIBLE FOR MEDICARE, 4 = BLUE CROSS/BLUE SHIELD, 5 = EMPLOYER/UNION, 6 = OTHER	X	CODE		
86	FS_B12	Health Insurance(Client) : Company Name	30	495	524	* Text, space(30)		X(30)	TEXT	Left justified, any letters must be upper case	
87	FS_B12	Health Insurance(Client) : Phone - area code	3	525	527	* Valid area code, space(3)		X(3)	TEXT		
88	FS_B12	Health Insurance(Client) : Phone	8	528	535	* Valid phone no, space(8)		X(8)	TEXT	If present, any embedded spaces are not allowed; Only one dash is allowed. Format is 999-9999.	
89	FS_B12	Health Insurance(Client) : Address	40	536	575	* Text, space(40)		X(40)	TEXT	Upper Case, Left justified	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
90	FS_B12	Health Insurance(Client) : Contract	20	576	595	* Text, space(20)		X(20)	TEXT	Left justified, any letters must be upper case	
91	FS_B12	Health Insurance(Client) : Plan Code	15	596	610	* Text, space(15)		X(15)	TEXT	Left justified, any letters must be upper case	
92	FS_B12	Health Insurance(Client) : Group #	20	611	630	* Text, space(20)		X(20)	TEXT	Left justified, any letters must be upper case	
93	FS_B12	Health Insurance(Client) : Service Code	15	631	645	* Text, space(15)		X(15)	TEXT	Left justified, any letters must be upper case	
94	FS_B13	Health Insurance (Spouse) : Company Name	30	646	675	* Text, space(30)		X(30)	TEXT	Upper Case, Left justified	
95	FS_B13	Health Insurance (Spouse) :Area Code	3	676	678	* Valid area code, space(3)		X(3)	TEXT	Left justified, any letters must be upper case	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
96	FS_B13	Health Insurance (Spouse) :Phone	8	679	686	* Valid phone no, space(8)		X(8)	TEXT	If present, any embedded spaces are not allowed; Only one dash is allowed. Format is 999-9999.	
97	FS_B13	Health Insurance (Spouse) :Address	40	687	726	* Text, space(40)		X(40)	TEXT	Upper Case, Left justified	
98	FS_B13	Health Insurance (Spouse) :Contract #	20	727	746	* Text, space(20)		X(20)	TEXT	Left justified, any letters must be upper case	
99	FS_B13	Health Insurance (Spouse) :Plan Code	15	747	761	* Text, space(15)		X(15)	TEXT	Left justified, any letters must be upper case	
100	FS_B13	Health Insurance (Spouse) :Group #	20	762	781	* Text, space(20)		X(20)	TEXT	Left justified, any letters must be upper case	
101	FS_B13	Health Insurance (Spouse) :Service Code	15	782	796	* Text, space(15)		X(15)	TEXT	Left justified, any letters must be upper case	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
102	FS_B14	(14.) Life Insurance(Client) : Term	1	797	797	* 0,1,space	0 = NO, 1 = YES	X	CODE		
103	FS_B14	(14.) Life Insurance(Client) : Whole Life	1	798	798	* 0,1,space	0 = NO, 1 = YES	X	CODE		
104	FS_B14	(14.) Life Insurance(Client) : Endowment	1	799	799	* 0,1,space	0 = NO, 1 = YES	X	CODE		
105	FS_B15	(15.) Life Insurance(Client) : Term	1	800	800	* 0,1,space	0 = NO, 1 = YES	X	CODE		
106	FS_B15	(15.) Life Insurance(Client) : Whole Life	1	801	801	* 0,1,space	0 = NO, 1 = YES	X	CODE		
107	FS_B15	(15.) Life Insurance(Client) : Endowment	1	802	802	* 0,1,space	0 = NO, 1 = YES	X	CODE		
108	FS_B16	(16.) Life Insurance(Spouse) : Term	1	803	803	* 0,1,space	0 = NO, 1 = YES	X	CODE		
109	FS_B16	(16.) Life Insurance(Spouse) : Whole Life	1	804	804	* 0,1,space	0 = NO, 1 = YES	X	CODE		
110	FS_B16	(16.) Life Insurance(Spouse) : Endowment	1	805	805	* 0,1,space	0 = NO, 1 = YES	X	CODE		
111	FS_B17	Client or representative can describe health benefits correctly	1	806	806	* 0,1,space	0 = NO, 1 = YES	X	CODE		
112	FS_B18	Client or representative can interpret explanation of benefits correctly	1	806	807	* 0,1,space	0 = NO, 1 = YES	X	CODE		
113		SECTION C : FINANCIAL INFORMATION							GRP_L ABEL		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
114	FS_C1	Gross Monthly : Total Household Income	12	808	819	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right Justified and leading zero filled number or blank. Can contain 2 decimal places.	
115	FS_C1	Client is at or less than the special income limit	1	820	820	* 0,1,space	0 = NO, 1 = YES	X	CODE		
116	FS_C1	Client or representative is effectively managing financial affairs	1	821	821	* 0,1,space	0 = NO, 1 = YES	X	CODE		
117	FS_C2	Assets : Client Assets Subtotal	12	822	833	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right Justified and leading zero filled number or blank. 2 decimal places	
118	FS_C2	Assets : Spouse Assets Subtotal	12	834	845	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right Justified and leading zero filled number or blank. 2 decimal places	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
119	FS_C2	Assets : Joint Assets Subtotal	12	846	857	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right Justified and leading zero filled number or blank. 2 decimal places	
120	FS_C2	Assets : Total Countable Assets	12	858	869	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right Justified and leading zero filled number or blank. 2 decimal places	
121	FS_C2	Total Assets are at or below the limit for an individual or for a client with a community spouse	1	870	870	* 0,1,space	0 = NO, 1 = YES	X	CODE		
122	FS_C3	Current Monthly Household Expenses : Household Total	12	871	882	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right Justified and leading zero filled number or blank. 2 decimal places.	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
123	FS_C4	Current Monthly Medical Expenses : Total Monthly Expenses	12	883	894	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT	*Right Justified and leading zero filled number or blank. 2 decimal places.	
124	FS_C4	Current Monthly Medical Expenses :Variance	12	895	906	* Signed field. The left most character will always be + or -. This is not a floating sign field. S0000000 0.00 thru S9999999 9.99 Or space (12).		SX(8).X(2)	COUNT	*Right Justified , signed field on the left (position 895) and leading zero filled number or blank. Two decimal places.	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
125	FS_C4	Income is adequate to meet expenses and needed purchases	1	907	907	* 0,1,space	0 = NO, 1 = YES	X	CODE		
126	FS_C4	Client has excessive expenses	1	908	908	* 0,1,space	0 = NO, 1 = YES	X	CODE		
127	FS_C4	Client has unaddressed debt	1	909	909	* 0,1,space	0 = NO, 1 = YES	X	CODE		
128	FS_C5A	Protected Spousal Amount : Initial Assessment amt /2	12	910	921	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT		*Right Justified and leading zero filled number or blank. 2 decimal places.
129	FS_C5B	Protected Spousal Amount : Enter the lowest Amount	12	923	933	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT		*Right Justified and leading zero filled number or blank. 2 decimal places.
130	FS_C5C	Protected Spousal Amount : Add Individual asset limit to B	12	934	945	* 000000000 .00 thru 999999999 .99, space(12)		X(9).X(2)	COUNT		*Right Justified and leading zero filled number or blank. 2 decimal places.
131	FILLER	BLANK FILLER	152	946	1097	* Always Inactive		X(152)	FILLER		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates a Fatal Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
132	DATA_EN D	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
133	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE		
134	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
1	REC_ID	RECORD ID	1	1	1	* A,M,D		X	CODE	Upper case A, or Upper case M, or Upper case D	*1. Required Field. Cannot be blank. *2. Permissible values for HOME CARE data records are a) 'A' for a new data record being submitted to the State database b) 'M' for a request to modify a record previously accepted into the State database. c) 'D' for a request to delete a record previously accepted into the State database.
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* A,R	A-Assessment, R-Reassessment	X	CODE	Uppercase;	*1. Required Field. Cannot be blank.
3	REC_CREATION_DATE	Record Creation Date – This is the date when the facesheet record was established on the agency's data base and not the date the facesheet record was sent to the warehouse data base. For agents use only. Not stored.	8	3	10	Full date		MMDYY YYY	DATE		No longer used by the State.
4	VCODE	HOME CARE Version Code	4	11	14	1.00		X(4)	CODE		
5	SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	15	25		Nine digits	X(11)	TEXT	Left justified; embedded spaces are not allowed.	*1. Required field. Cannot be blank.

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				From	To	Range	Range Values	Picture	Type	Format	Consistency	
											Embedde d dashes(-) ARE allowed but only 2 dashes. The format is 999-99- 9999.	
6	AGENT_COD E	Unique Agent Code	6	26	31	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.	
7	AR_A	SECTION A : IDENTIFYING INFORMATION							GRP_LA BEL			
8	AR_A1	Screening Date	8	32	39	* Valid full date		MMDDY YYY	DATE		*1. Required Field. Cannot be blank. *2. Should have a valid date. *3. For both RECTYPE A,R : This date must match the screen date in the corresponding Screen record. *4 a. If RECTYPE = A, This date must be PRIOR TO OR SAME AS Date of Assessment Index 9. b. If RECTYPE = R, This date must be PRIOR TO Date of Reassessment Index 9.	
9	AR_A2	Date of Assessment/Reassessm	8	40	47	* Valid full date		MMDDY YYY	DATE		*1. Required Field. Cannot be blank.	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)						
				From	To	Range	Range Values	Picture	Type	Format	Consistency	
		ent										*2. Should have a valid date.
10	AR_A3	Place of Assessment	1	48	48	* 0,1,2,3,space	0 = HOME, 1 = HOSPITAL, 2 = NH/INSTITUTION, 3 = OTHER	X	CODE			
11	AR_A4	Assessment Reason	1	49	49	* 0 thru 6,space:	1. For RECTYPE="A" THE VALUES ARE 0 = INITIAL ASSESS/APPROPRIATE PLACEMENT, 1 = 45 DAY FOLLOW UP, 2 = 90 DAY FOLLOW UP, 3 = 180 DAY FOLLOW-UP, 4 = DISCHARGE, 5 = DEATH, 6 = OTHER. 2. For RECTYPE="R" THE VALUES ARE 0 = 45 DAY FOLLOW UP, 1 = 90 DAY FOLLOW UP, 2 = 180 DAY FOLLOW-UP, 3 = DISCHARGE, 4 = DEATH, 5 = OTHER.	X	CODE			*1. When RECTYPE=A; Valid values are 0,1,2,3,4,5,6,space. When RECTYPE=R, Valid values are 0,1,2,3,4,5, space.
12	AR_A7	Date Case Opened / Reopened	8	50	57	* Valid full date, space(8)		MMDDY YYY	DATE			*1. If not blank, Should have a valid date.
13	AR_B	SECTION B : SOCIAL FUNCTIONING							GRP_LABEL			
14	AR_B1a	Involvement: Client is at ease interacting with others	1	58	58	* 0,1,space	0 = Not at ease, 1 = At ease	X	CODE			
15	AR_B1b	Involvement: Openly expressess conflict with family/friends	1	59	59	* 0,1,space	0 = NO, 1 = YES	X	CODE			

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
16	AR_B2	Change in Social Activities	1	60	60	* 0,1,2,space	0 = No decline, 1=Decline, not distressed, 2 = Decline, distressed	X	CODE		
17	AR_B3a	Isolation:Length of time client is alone during the day	1	61	61	* 0,1,2,3,space	0 = NEVER, 1 = 1 HOUR, 2 = LONG PERIODS, 3 = ALL OF THE TIME	X	CHECKLIST		
18	AR_B3b	Isolation:Client says or indicated that he/she feels lonely	1	62	62	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
19	AR_C	SECTION C : INFORMAL SUPPORT SERVICES							GRP_LABEL		
20	AR_C1	Primary Helper : Last Name	15	63	77	* Text, space(15)		X(15)	TEXT	Upper case, Left justified	
21	AR_C1	Primary Helper : First Name	15	78	92	* Text, space(15)		X(15)	TEXT	Upper case, Left justified	
22	AR_C1	Primary Helper : Relationship	1	93	93	* 0,1,2,3,space	0 = CHILD OR CHILD-IN-LAW, 1 = SPOUSE, 2 = OTHER RELATIVE, 3 = FRIEND OR NEIGHBOR	X	CHECKLIST		
23	AR_C1	Primary Helper Tasks, Cont : 1 - Shopping	1	94	94	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
24	AR_C1	Primary Helper Tasks, Cont : 2 - Transportation	1	95	95	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
25	AR_C1	Primary Helper Tasks, Cont : 3 - Meals	1	96	96	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
26	AR_C1	Primary Helper Tasks, Cont : 4 - Housekeeping	1	97	97	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
27	AR_C1	Primary Helper Tasks, Cont : 5 - Personal Care	1	98	98	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
28	AR_C1	Primary Helper Tasks, Cont : 6 - Money Management	1	99	99	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
29	AR_C1	Primary Helper Tasks, Cont : 7 - Medication Preparation	1	100	100	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
30	AR_C1	Primary Helper Tasks, Cont : 8 - Other	1	101	101	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
31	AR_C1	Primary Helper Tasks, Cont : 9 - Other	1	102	102	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
32	AR_C1	Primary Helper Tasks, Added : 1 - Shopping	1	103	103	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
33	AR_C1	Primary Helper Tasks, Added : 2 - Transportation	1	104	104	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
34	AR_C1	Primary Helper Tasks, Added : 3 - Meals	1	105	105	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
35	AR_C1	Primary Helper Tasks, Added : 4 - Housekeeping	1	106	106	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
36	AR_C1	Primary Helper Tasks, Added : 5 - Personal Care	1	107	107	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
37	AR_C1	Primary Helper Tasks, Added : 6 - Money Management	1	108	108	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
38	AR_C1	Primary Helper Tasks, Added : 7 - Medication Preparation	1	109	109	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
39	AR_C1	Primary Helper Tasks, Added : 8 - Other	1	110	110	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
40	AR_C1	Primary Helper Tasks, Added : 9 - Other	1	111	111	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
41	AR_C2	Secondary Helper : Last Name	15	112	126	* Text, space(15)		X(15)	TEXT	Upper case, Left justified	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
42	AR_C2	Secondary Helper : First Name	15	127	141	* Text, space(15)		X(15)	TEXT	Upper case, Left justified	
43	AR_C2	Secondary Helper :Relationship	1	142	142	* 0,1,2,3,sp ace	0 = CHILD OR CHILD-IN- LAW, 1 = SPOUSE, 2 = OTHER RELATIVE, 3 = FRIEND OR NEIGHBOR	X	CHECKLI ST		
44	AR_C2	Secondary Helper Tasks, Cont : 1 - Shopping	1	143	143	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
45	AR_C2	Secondary Helper Tasks, Cont : 2 - Transportation	1	144	144	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
46	AR_C2	Secondary Helper Tasks, Cont : 3 - Meals	1	145	145	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
47	AR_C2	Secondary Helper Tasks, Cont : 4 - Housekeeping	1	146	146	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
48	AR_C2	Secondary Helper Tasks, Cont : 5 - Personal Care	1	147	147	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
49	AR_C2	Secondary Helper Tasks, Cont : 6 - Money Management	1	148	148	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
50	AR_C2	Secondary Helper Tasks, Cont : 7 - Medication Preparation	1	149	149	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
51	AR_C2	Secondary Helper Tasks, Cont : 8 - Other	1	150	150	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
52	AR_C2	Secondary Helper Tasks, Cont : 9 - Other	1	151	151	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
53	AR_C2	Secondary Helper Tasks, Added : 1 - Shopping	1	152	152	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
54	AR_C2	Secondary Helper Tasks, Added : 2 - Transportation	1	153	153	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
55	AR_C2	Secondary Helper Tasks, Added : 3 - Meals	1	154	154	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
56	AR_C2	Secondary Helper Tasks, Added : 4 - Housekeeping	1	155	155	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
57	AR_C2	Secondary Helper Tasks, Added : 5 - Personal Care	1	156	156	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
58	AR_C2	Secondary Helper Tasks, Added : 6 - Money Management	1	157	157	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
59	AR_C2	Secondary Helper Tasks, Added : 7 - Medication Preparation	1	158	158	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
60	AR_C2	Secondary Helper Tasks, Added : 8 - Other	1	159	159	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
61	AR_C2	Secondary Helper Tasks, Added : 9 - Other	1	160	160	* 0,1,space	0 = NO (NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
62	AR_C6	Helper only , Primary : Lives with Client	1	161	161	* 0,1,2,space;	0 = NO, 1 = YES, 2 = NO SUCH HELPER	X	CODE		*1. if AR_C6=2 Index 62, then items AR_C7, AR_C8 Index 64 thru Index 75 are skipped; meaning they MUST be blank in the HOME CARE record.
63	AR_C6	Helper only, Secondary : Lives with Client	1	162	162	* 0,1,2,space	0 = NO, 1 = YES, 2 = NO SUCH HELPER	X	CODE		
64	AR_C7a	Areas of Help, Primary : Advice or emotional support	1	163	163	* 0,1,space	0 = NO , 1 = YES	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
65	AR_C7a	Areas of Help, Secondary: Advice or emotional support	1	164	164	* 0,1,space	0 = NO , 1 = YES	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
66	AR_C7b	Areas of Help, Primary : IADL Care	1	165	165	* 0,1,space	0 = NO , 1 = YES	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
67	AR_C7b	Areas of Help, Secondary : IIADL Care	1	166	166	* 0,1,space	0 = NO , 1 = YES	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
68	AR_C7c	Areas of Help, Primary : ADL Care	1	167	167	* 0,1,space	0 = NO , 1 = YES	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
69	AR_C7c	Areas of Help, Secondary : ADL Care	1	168	168	* 0,1,space	0 = NO , 1 = YES	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
70	AR_C8a	Willingness, Primary : Advice or emotional spprt	1	169	169	* 0,1,2,space	0 = NO, 1 = 1-2 hours/day, 2 = More than 2 hours	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
71	AR_C8a	Willingness, Secondary :Advice or emotional spprt	1	170	170	* 0,1,2,space	0 = NO, 1 = 1-2 hours/day, 2 = More than 2 hours	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
72	AR_C8b	Willingness, Primary :IADL Care	1	171	171	* 0,1,2,space	0 = NO, 1 = 1-2 hours/day, 2 = More than 2 hours	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
73	AR_C8b	Willingness, Secondary : IADL Care	1	172	172	* 0,1,2,space	0 = NO, 1 = 1-2 hours/day, 2 = More than 2 hours	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
74	AR_C8c	Willingness, Primary : ADL Care	1	173	173	* 0,1,2,space	0 = NO, 1 = 1-2 hours/day, 2 = More than 2 hours	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
75	AR_C8c	Willingness, Secondary : ADL Care	1	174	174	* 0,1,2,space	0 = NO, 1 = 1-2 hours/day, 2 = More than 2 hours	X	CODE		*1. Value must be blank in the HOME CARE record, if AR_C6 (Index 62) =2.
76	AR_C9	Caregiver Status:is unable to continue in caring activities	1	175	175	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
77	AR_C9	Caregiver Status:is not satisfied with support	1	176	176	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
78	AR_C9	Caregiver Status:primary caregiver expresses feelings of anger	1	177	177	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
79	AR_C9	Caregiver Status:none of the above	1	178	178	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
80	AR_C10a	Extent of Help : Sum of time across five weekdays	3	179	181	* Text,space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
81	AR_C10b	Extent of Help : Sum of time across two weekend days	3	182	184	* Text,space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
82	AR_D	SECTION D : ENVIRONMENTAL ASSESSMENT							GRP_LABEL		
83	AR_D1	Home Environment : Lighting in evening	1	185	185	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
84	AR_D1	Home Environment : Flooring and Carpeting	1	186	186	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
85	AR_D1	Home Environment :Bathroom and toilet	1	187	187	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
86	AR_D1	Home Environment : Kitchen	1	188	188	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
87	AR_D1	Home Environment : Heating and cooling	1	189	189	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
88	AR_D1	Home Environment : Personal Safety	1	190	190	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
89	AR_D1	Home Environment : Access to home	1	191	191	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
90	AR_D1	Home Environment : Access to rooms in house	1	192	192	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
91	AR_D1	Home Environment : None of above	1	193	193	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLI ST		
92	AR_D2a	Compared to 90 days ago, client lives with other persons (e.g. moved in with another person, other moved in with client)	1	194	194	* 0,1,space	0 = NO, 1 = YES	X	CODE		
93	AR_D2b	Feels that client be better off in another living environment	1	195	195	* 0,1,2,3,sp ace	0 = NO, 1 = CLIENT ONLY, 2 = CAREGIVER ONLY, 3 = CLIENT AND CAREGIVER	X	CODE		
94	AR_D3	Housing Assessment : Client lives in	1	196	196	* 0,1,2,3,sp ace	0 = HOUSE, 1 = APT, 2 = RESIDENTIAL GROUP HOME, 3 =OTHER	X	CODE		
95	AR_D3	Housing Assessment : Client : owns, rents, other	1	197	197	* 0,1,2,spac e	0 = OWNS, 1 = RENTS, 2 = OTHER	X	CODE		
96	AR_D4	Neighborhood Unsafe	1	198	198	* 0,1,space	0 = NO, 1 = YES	X	CODE		
97	AR_D5	Cooking facilities and refrigerator on premises	1	199	199	* 0,1,space	0 = NO, 1 = YES	X	CODE		
98	AR_D6	Microwave on premises	1	200	200	* 0,1,space	0 = NO, 1 = YES	X	CODE		
99	AR_D7	Telephone accessible and usable	1	201	201	* 0,1,space	0 = NO, 1 = YES	X	CODE		
100	AR_D7	Telephone : Private Line	1	202	202	* 0,1,space	0 = NO, 1 = YES	X	CODE		
101	AR_D7	Telephone : Modular Jack	1	203	203	* 0,1,space	0 = NO, 1 = YES	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
102	AR_D7	Telephone : Touch tone service	1	204	204	* 0,1,space	0 = NO, 1 = YES	X	CODE		
103	AR_D8	Home requires modifications	1	205	205	* 0,1,space	0 = NO, 1 = YES	X	CODE		
104	AR_D9	Tub/shower/hot water accessible	1	206	206	* 0,1,space	0 = NO, 1 = YES	X	CODE		
105	AR_D10	Pets	1	207	207	* 0,1,space	0 = NO, 1 = YES	X	CODE		
106	AR_D11	Smoke Detector	1	208	208	* 0,1,space	0 = NO, 1 = YES	X	CODE		
107	AR_D12	Waher/dryer accessible	1	209	209	* 0,1,space	0 = NO, 1 = YES	X	CODE		
108	AR_D13	Emergency plan in place	1	210	210	* 0,1,space	0 = NO, 1 = YES	X	CODE		
109	AR_E	SECTION E : COGNITIVE PATTERNS							GRP_LA BEL		
110	AR_E1a	Short term memory ok - appears to recall after 5 minutes	1	211	211	* 0,1,space	0 = MEMORY OK, 1=MEMORY PROBLEM	X	CODE		
111	AR_E1b	Short term memory ok - appears to recall long past	1	212	212	* 0,1,space	0 = MEMORY OK, 1=MEMORY PROBLEM	X	CODE		
112	AR_E2	Cognitive skills:decisions about organizing the day	1	213	213	* 0,1,2,3,space	0 = INDEPENDENT, 1 = MODIFIED INDEPENDENCE, 2 = MODERATELY IMPAIRED, 3 = SEVERELY IMPAIRED	X	CODE		
113	AR_E3a	Delirium : Sudden or new onset/change in mental function	1	214	214	* 0,1,space	0 = NO, 1 = YES	X	CODE		
114	AR_E3b	Delirium : Last 90 days, client has become agitated or disoriented	1	215	215	* 0,1,space	0 = NO, 1 = YES	X	CODE		
115	AR_F	SECTION F : COMMUNICATION / HEARING PATTERNS							GRP_LA BEL		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
116	AR_F1	Hearing	1	216	216	* 0,1,2,3,space	0 = HEARS ADEQUATELY, 1 = MINIMAL DIFFICULTY, 2 =SPECIAL SITUATIONS ONLY, 3 = HIGHLY IMPAIRED	X	CODE		
117	AR_F2	Making self understood	1	217	217	* 0,1,2,3,space	0 = UNDERSTOOD, 1 = USUALLY UNDERSTOOD, 2 =SOMETIMES UNDERSTOOD, 3 = RARELY/NEVER UNDERSTOOD	X	CODE		
118	AR_F3	Ability to understand others	1	218	218	* 0,1,2,3,space	0 = UNDERSTANDS, 1 = USUALLY UNDERSTANDS, 2 =SOMETIMES UNDERSTANDS, 3 = RARELY/NEVER UNDERSTANDS	X	CODE		
119	AR_F4	Hearing aid	1	219	219	* 0,1,2,3,space	0 = USES RELIABLY, 1 = DOES NOT USE RELIABLY, 2 =NEEDED BUT NOT AVAILABLE, 3 = DOES NOT NEED/WANT	X	CODE		
120	AR_G	SECTION G : MOOD AND BEHAVIOR PATTERNS							GRP_LA BEL		
121	AR_G1a	In the last 90 days, Client felt the need or was told to cut drinking	1	220	220	* 0,1,space	0 = NO, 1 = YES	X	CODE		
122	AR_G1b	In the last 90 days, client had to have a drink first thing in the morning to steady nerves	1	221	221	* 0,1,space	0 = NO, 1 = YES	X	CODE		
123	AR_G1c	Smoked or chewed tobacco daily	1	222	222	* 0,1,space	0 = NO, 1 = YES	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
124	AR_G1d	Over a typical week in the last month, Number of days client had one or more drinks	1	223	223	* 0 thru 7,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
125	AR_G1e	On days, client had a drink, Number of drinks usually consumed	1	224	224	* 0 thru 9,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7, 8 = 8, 9 = 9+	X	CODE		
126	AR_G2a	Indicators of Depression, Anxiety, Sad Mood : A Feeling of sadness or being depressed	1	225	225	* 0,1,2,space	0 = NOT EXHIBITED IN LAST 30 DAYS, 1 = EXHIBITED UP TO 5 DAYS/WK, 2 = EXHIBITED DAILY OR ALMOST DAILY	X	CODE		
127	AR_G2b	Indicators of Depression, Anxiety, Sad Mood : Persistant anger with self or others	1	226	226	* 0,1,2,space	0 = NOT EXHIBITED IN LAST 30 DAYS, 1 = EXHIBITED UP TO 5 DAYS/WK, 2 = EXHIBITED DAILY OR ALMOST DAILY	X	CODE		
128	AR_G2c	Indicators of Depression, Anxiety, Sad Mood : Repetitive anxious complaints, concerns	1	227	227	* 0,1,2,space	0 = NOT EXHIBITED IN LAST 30 DAYS, 1 = EXHIBITED UP TO 5 DAYS/WK, 2 = EXHIBITED DAILY OR ALMOST DAILY	X	CODE		
129	AR_G2d	Indicators of Depression, Anxiety, Sad Mood : Sad, pained worried facial expressions	1	228	228	* 0,1,2,space	0 = NOT EXHIBITED IN LAST 30 DAYS, 1 = EXHIBITED UP TO 5 DAYS/WK, 2 = EXHIBITED DAILY OR ALMOST DAILY	X	CODE		
130	AR_G2e	Indicators of Depression, Anxiety, Sad Mood : Recurrent crying, tearfulness	1	229	229	* 0,1,2,space	0 = NOT EXHIBITED IN LAST 30 DAYS, 1 = EXHIBITED UP TO 5 DAYS/WK, 2 = EXHIBITED DAILY OR ALMOST DAILY	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
131	AR_G2f	Indicators of Depression, Anxiety, Sad Mood : Withdrawal from activities of interest	1	230	230	* 0,1,2,space	0 = NOT EXHIBITED IN LAST 30 DAYS, 1 = EXHIBITED UP TO 5 DAYS/WK, 2 = EXHIBITED DAILY OR ALMOST DAILY	X	CODE		
132	AR_G3a	Behavioral Symptoms : Wandering	1	231	231	* 0,1,2,space	0 = DID NOT OCCUR IN LAST 7 DAYS, 1 = OCCURRED - EASILY ALTERED, 2 = OCCURRED - NOT EASILY ALTERED	X	CODE		
133	AR_G3b	Verbally abusive behavioral symptoms	1	232	232	* 0,1,2,space	0 = DID NOT OCCUR IN LAST 7 DAYS, 1 = OCCURRED - EASILY ALTERED, 2 = OCCURRED - NOT EASILY ALTERED	X	CODE		
134	AR_G3c	Physically abusive behavioral symptoms	1	233	233	* 0,1,2,space	0 = DID NOT OCCUR IN LAST 7 DAYS, 1 = OCCURRED - EASILY ALTERED, 2 = OCCURRED - NOT EASILY ALTERED	X	CODE		
135	AR_G3d	Socially inappropriate/disruptive behavioral symptoms	1	234	234	* 0,1,2,space	0 = DID NOT OCCUR IN LAST 7 DAYS, 1 = OCCURRED - EASILY ALTERED, 2 = OCCURRED - NOT EASILY ALTERED	X	CODE		
136	AR_G3e	Aggressive resistance of care	1	235	235	* 0,1,2,space	0 = DID NOT OCCUR IN LAST 7 DAYS, 1 = OCCURRED - EASILY ALTERED, 2 = OCCURRED - NOT EASILY ALTERED	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
137	AR_G4	Changes in Behavioral Symptoms - Behavioral symptoms have become worse or are less well tolerated by family as compared to 30 days ago	1	236	236	* 0,1,space	0 = NO, 1 = YES	X	CODE		
138	AR_G5	Mental Health - Problem conditions in last week : Delusions	1	237	237	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
139	AR_G5	Mental Health - Problem conditions in last week : Hallucinations	1	238	238	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
140	AR_G5	Mental Health - Problem conditions in last week : None	1	239	239	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
141	AR_G6	Number of prior lifetime mental health admissions	1	240	240	* 0,1,2,3,space	0 = NONE, 1 = 1-3, 2 = 4-6, 3 = 7+	X	CODE		
142	AR_G7a	Self Injury : Self injurious attempt	1	241	241	* 0,1,2,space	0 = NONE, 1 = MORE THAN 12 MONTHS AGO, 2 = ATTEMPT IN LAST 12 MONTHS	X	CODE		
143	AR_G7b	Self Injury :Intent of any self injurious attempt was to kill him/herself	1	242	242	* 0,1,space	0 = NO, 1 = YES	X	CODE		*1. Value must be blank in HOME CARE record, if AR_G7a = 0 (index 142).
144	AR_G7c	Self Injury : Considered self-injurious behavior in last 30 days	1	243	243	* 0,1,space	0 = NO, 1 = YES	X	CODE		
145	AR_G7d	Self Injury : Family/caregiver/friend /staff express concern that patient is at risk	1	244	244	* 0,1,space	0 = NO, 1 = YES	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
146	AR_G8a	Violence : History of violence to others	1	245	245	* 0,1,2,space	0 = NEVER, 1 = HISTORY PRIOR TO LAST 7 DAYS, 2 = LAST 7 DAYS	X	CODE		
147	AR_G8b	Violence : Intimidation of others or threatened violence	1	246	246	* 0,1,2,space	0 = NEVER, 1 = HISTORY PRIOR TO LAST 7 DAYS, 2 = LAST 7 DAYS	X	CODE		
148	AR_G8c	Violence : Violent ideation	1	247	247	* 0,1,2,space	0 = NEVER, 1 = HISTORY PRIOR TO LAST 7 DAYS, 2 = LAST 7 DAYS	X	CODE		
149	AR_G8d	Violence : Police intervention for violent behavior	1	248	248	* 0,1,2,space	0 = NEVER, 1 = HISTORY PRIOR TO LAST 7 DAYS, 2 = LAST 7 DAYS	X	CODE		
150	AR_G8e	Violence : Sexual Violence	1	249	249	* 0,1,2,space	0 = NEVER, 1 = HISTORY PRIOR TO LAST 7 DAYS, 2 = LAST 7 DAYS	X	CODE		
151	AR_G10	Mental Retardation	1	250	250	* 0,1,space	0 = NO, 1=YES	X	CODE		
152	AR_G10	Mental Retardation : Diagnosis	1	251	251	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		*1. Must be blank if AR_G10 index 151 is space or 0
153	AR_G10	Mental Retardation : History	1	252	252	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		*1. Must be blank if AR_G10 index 151 is space or 0
154	AR_G10	Mental Retardation : Observed	1	253	253	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		*1. Must be blank if AR_G10 index 151 is space or 0
155	AR_G11	Developmental Disability	1	254	254	* 0,1,space	0 = NO, 1 = YES	X	CODE		
156	AR_G11	Developmental Disability :Diagnosis	1	255	255	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		*1. Must be blank if AR_G11 index 155 is space or 0
157	AR_G11	Developmental Disability : History	1	256	256	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		*1. Must be blank if AR_G11 index 155 is space or 0
158	AR_G11	Developmental Disability : Observed	1	257	257	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		*1. Must be blank if AR_G11 index 155 is space or 0
159	AR_G12	Significant Life Changes within the last six months : Death of loved one	1	258	258	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
160	AR_G12	Significant Life Changes within the last six months: Functional status change	1	259	259	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
161	AR_G12	Significant Life Changes within the last six months: Divorce	1	260	260	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
162	AR_G12	Significant Life Changes within the last six months :Other	1	261	261	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
163	AR_G12	Significant Life Changes within the last six months:None	1	262	262	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES(CHECKED)	X	CHECKLIST		
164	AR_I	SECTION I : DISEASE DIAGNOSIS, DISABILITIES							GRP_LABEL		
165	AR_I6a	Most Recent : Hospialization Admission Date	8	263	270	* Valid date,space(8)		MMDDY YYY	DATE		
166	AR_I6a	Most Recent : Discharge Date	8	271	278	* Valid date,space(8)		MMDDY YYY	DATE		
167	AR_I6b	Emergency Room date of visit	8	279	286	* Valid date,space(8)		MMDDY YYY	DATE		
168	AR_I7	ENDOCRINE/METABOLIC/NUTRITIONAL : Diabetes Mellitus	1	287	287	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
169	AR_I7	ENDOCRINE/METABOLIC/NUTRITIONAL : Hyperthyroidism	1	288	288	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
170	AR_I7	ENDOCRINE/METABOLIC/NUTRITIONAL : Hypothyroidism	1	289	289	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
171	AR_I7	HEART /CIRCULATION : Arteriosclerotic heart disease (ASHD)	1	290	290	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
172	AR_I7	HEART /CIRCULATION : Cardiac dysrhythmias	1	291	291	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
173	AR_I7	HEART /CIRCULATION : Congestive heart failure	1	292	292	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
174	AR_I7	HEART /CIRCULATION : Coronary artery disease	1	293	293	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
175	AR_I7	HEART /CIRCULATION : Deep vein thrombosis	1	294	294	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
176	AR_I7	HEART /CIRCULATION : Hypertension	1	295	295	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
177	AR_I7	HEART /CIRCULATION : Hypotension	1	296	296	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
178	AR_I7	HEART /CIRCULATION : Peripheral vascular disease	1	297	297	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
179	AR_I7	HEART /CIRCULATION : Other cardiovascular disease	1	298	298	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
180	AR_I7	MUSCULOSKELETAL : Arthritis	1	299	299	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
181	AR_I7	MUSCULOSKELETAL : Hip fracture	1	300	300	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
182	AR_I7	MUSCULOSKELETAL : Missing limb	1	301	301	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
183	AR_I7	MUSCULOSKELETAL : Osteoporosis	1	302	302	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
184	AR_I7	MUSCULOSKELETAL : Pathological bone fracture	1	303	303	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
185	AR_I7	MUSCULOSKELETAL :Other Fractures	1	304	304	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
186	AR_I7	NEUROLOGICAL : Alzheimer's disease	1	305	305	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
187	AR_I7	NEUROLOGICAL : Aphasia	1	306	306	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
188	AR_I7	NEUROLOGICAL : Cerebral palsy	1	307	307	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
189	AR_I7	NEUROLOGICAL : Cerebrovascular accident (stroke)	1	308	308	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
190	AR_I7	NEUROLOGICAL : Dementia other than Alzheimer's	1	309	309	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
191	AR_I7	NEUROLOGICAL : Hemiplegia/hemiparesis	1	310	310	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
192	AR_I7	NEUROLOGICAL : Multiple sclerosis	1	311	311	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
193	AR_I7	NEUROLOGICAL : Paraplegia	1	312	312	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
194	AR_I7	NEUROLOGICAL : Parkinson's disease	1	313	313	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
195	AR_I7	NEUROLOGICAL : Quadriplegia	1	314	314	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
196	AR_I7	NEUROLOGICAL : Seizure disorder	1	315	315	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
197	AR_I7	NEUROLOGICAL : Transient ischemic attack (TIA)	1	316	316	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
198	AR_I7	NEUROLOGICAL : Traumatic brain injury	1	317	317	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
199	AR_I7	PSYCHIATRIC / MOOD : Anxiety disorder	1	318	318	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
200	AR_I7	PSYCHIATRIC / MOOD : Depression	1	319	319	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
201	AR_I7	PSYCHIATRIC / MOOD : Manic depressive (bipolar disease)	1	320	320	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
202	AR_I7	PSYCHIATRIC / MOOD : Schizophrenia	1	321	321	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
203	AR_I7	PSYCHIATRIC / MOOD : Other psychiatric diagnosis	1	322	322	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
204	AR_I7	PULMONARY : Asthma	1	323	323	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
205	AR_I7	PULMONARY : Emphysema/COPD	1	324	324	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
206	AR_I7	SENSORY :Cataracts	1	325	325	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
207	AR_I7	SENSORY :Diabetic retinopathy	1	326	326	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
208	AR_I7	SENSORY :Glaucoma	1	327	327	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
209	AR_I7	SENSORY :Macular degeneration	1	328	328	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
210	AR_I7	OTHER -Allergies	1	329	329	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
211	AR_I7	OTHER -Anemia	1	330	330	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
212	AR_I7	OTHER -Renal Failure	1	331	331	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
213	AR_I7	OTHER -Cancer	1	332	332	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		
214	AR_I7	DISEASES :None of the above	1	333	333	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES (CHECKED)	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
215	AR_I8	Infections : Antibiotic resistant infection	1	334	334	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
216	AR_I8	Infections : Clostridium difficile (c. diff.)	1	335	335	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
217	AR_I8	Infections : Conjunctivitis	1	336	336	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
218	AR_I8	Infections : HIV infection	1	337	337	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
219	AR_I8	Infections : Pneumonia	1	338	338	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
220	AR_I8	Infections : Respiratory infection	1	339	339	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
221	AR_I8	Infections : Septicemia	1	340	340	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
222	AR_I8	Infections : Sexually transmitted diseases	1	341	341	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
223	AR_I8	Infections : Tuberculosis	1	342	342	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
224	AR_I8	Infections : Urinary tract infection in last 30 days	1	343	343	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
225	AR_I8	Infections : Viral hepatitis	1	344	344	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.
226	AR_I8	Infections : Wound infection	1	345	345	* 0,1,2,space	0 = NOT PRESENT, 1 = PRESENT - NOT SUBJECT TO TREATMENT, 2 = PRESENT - MONITORED	X	CODE		*1. Value must be blank, if AR_I8 , INDEX 227 = 1 (ie "Infections : None of the Above" box is checked) 2. See Index 227 consistency note #2.

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
227	AR_I8	Infections: NONE OF THE ABOVE	1	346	346	* 0,1,space	0 = NO(NOT CHECKED), 1 = YES (CHECKED)	X	CHECKLIST		1. If AR_I8=1(ie "None of the Above" box is checked), all Item I7 [DISEASES] and Item I8 [INFECTIONS] ie INDEX from 168-226 values should be space. 2. NOTE that this field [INFECTIONS : NONE OF THE ABOVE] applies to both ITEM I7 as well as ITEM I8 (including all sub items). This is because field [DISEASES:NONE OF THE ABOVE] exists in the database but is not included in the MICIS ASSESSMENT/REASSESSMENT screen.
228	AR_I9a	a. ICD - 9 Code	5	347	351	* Valid code,space(5)	For valid range of ICD-9 codes Refer to Encounter Diagnosis References Table	X(5)	CODE	Left Justified. Leading spaces zero filled.	
229	AR_I9b	b. ICD - 9 Code	5	352	356	* Valid code,space(5)	For valid range of ICD-9 codes Refer to Encounter Diagnosis References Table	X(5)	CODE	Left Justified. Leading spaces zero filled.	
230	AR_I9c	c. ICD - 9 Code	5	357	361	* Valid code,space(5)	For valid range of ICD-9 codes Refer to Encounter Diagnosis References Table	X(5)	CODE	Left Justified. Leading spaces zero filled.	

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
231	AR_I9d	d. ICD - 9 Code	5	362	366	* Valid code,space(5)	For valid range of ICD-9 codes Refer to Encounter Diagnosis References Table	X(5)	CODE	Left Justified. Leading spaces zero filled.	
232	AR_I11	Aware of Diagnosis : Client	1	367	367	* 0,1,space	0 = NO, 1 = YES	X	CODE		
233	AR_I11	Aware of Diagnosis : Family	1	368	368	* 0,1,space	0 = NO, 1 = YES	X	CODE		
234	AR_J	SECTION J : HEALTH CONDITIONS AND PREVENTIVE HEALTH MEASURES							GRP_LABEL		
235	AR_J1	Preventive Health : Blood Pressure measured	1	369	369	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
236	AR_J1	Received influenza vaccination	1	370	370	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
237	AR_J1	Preventive Health : Health assessment and physical exam by health care provider in the last 90 days	1	371	371	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
238	AR_J1a	Male : Prostrate Exam	1	372	372	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
239	AR_J1a	Male : Testicular exam (self or health provider)	1	373	373	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
240	AR_J1a	Male : PSA blood test (Prostate-specific antigen)	1	374	374	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
241	AR_J1b	Female : Pap smear	1	375	375	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
242	AR_J1b	Female : Breast examination or mammography	1	376	376	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
243	AR_J1	Preventive Health : None of the above	1	377	377	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
244	AR_J2	Client needs medication to control pain	1	378	378	* 0,1,space	0 = NO, 1 = YES	X	CODE		
245	AR_J3	Falls frequency : in last 180 days or since last assessment	1	379	379	* 0 thru 9,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7, 8 = 8, 9 = 9+	X	CODE		
246	AR_J4	Danger of Fall :Unsteady Gait	1	380	380	* 0,1,space	0 = NO, 1 = YES	X	CODE		
247	AR_J4	Danger of Fall : Client limits going outdoors due to fear of falling (e.g. stopped using bus, goes out only with others)	1	381	381	* 0,1,space	0 = NO, 1 = YES	X	CODE		
248	AR_J5	Problem Conditions Present on 2 or more days : Diarrhea	1	382	382	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
249	AR_J5	Problem Conditions Present on 2 or more days Difficulty urinating or urinating 3 or more times at night	1	383	383	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
250	AR_J5	Problem Conditions Present on 2 or more days Fever	1	384	384	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
251	AR_J5	Problem Conditions Present on 2 or more days Loss of appetite	1	385	385	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
252	AR_J5	Problem Conditions Present on 2 or more days Vomiting	1	386	386	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
253	AR_J5	Problem Conditions Present on 2 or more days None of the above	1	387	387	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
254	AR_J6	Problem Conditions in last week : Change in sputum production	1	388	388	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
255	AR_J6	Problem Conditions in last week : Chest pain at exertion or chest pain/pressure at rest	1	389	389	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
256	AR_J6	Problem Conditions in last week : Constipation in 4 of last 7 days	1	390	390	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
257	AR_J6	Problem Conditions in last week : Dizziness or light-headedness	1	391	391	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
258	AR_J6	Problem Conditions in last week : Edema	1	392	392	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
259	AR_J6	Problem Conditions in last week : Shortness of breath	1	393	393	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
260	AR_J6	Problem Conditions in last week : None of the above	1	394	394	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
261	AR_J7	Health Status indicators : Client feels he/she has poor health	1	395	395	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
262	AR_J7	Health Status indicators : Has conditions or diseases that make cognition, ADL, mood unstable	1	396	396	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
263	AR_J7	Health Status indicators : Experiencing a flare-up of a recurrent or chronic problem	1	397	397	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
264	AR_J7	Health Status indicators : Treatments changed in last 30 days because of a new acute episode or c	1	398	398	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
265	AR_J7	Health Status indicators : Prognosis of less than six months to live	1	399	399	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
266	AR_J7	Health Status indicators : None of the above	1	400	400	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
267	AR_J8a	Pain : Frequently complains or shows evidence of pain	1	401	401	* 0,1,2,space	0 = NO PAIN, 1 = PAIN LESS THAN DAILY, 2 = PAIN DAILY	X	CODE		
268	AR_J8b	Pain is unusually intense	1	402	402	* 0,1,space	0 = NO, 1 = YES	X	CODE		
269	AR_J8c	Pain is intensity disrupts usual activities	1	403	403	* 0,1,space	0 = NO, 1 = YES	X	CODE		
270	AR_J8d	Character of pain	1	404	404	* 0,1,2,space	0 = NO PAIN, 1 = LOCALIZED, 2 = MULTIPLE SITES	X	CODE		
271	AR_J8e	Pain controlled by medication	1	405	405	* 0,1,2,space	0 = NO PAIN, 1 = MEDICATION OFFERED NO CONTROL. 2 =PAIN PARTIALLY/FULLY CONTROLLED BY MEDICATION	X	CODE		
272	AR_J9	Other Status Indicators : Fearful of a family member or caregiver	1	406	406	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
273	AR_J9	Other Status Indicators :Unusually poor hygiene	1	407	407	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
274	AR_J9	Other Status Indicators :Unexplained injuries, broken bones, or burns	1	408	408	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
275	AR_J9	Other Status Indicators :Neglected, abused, mistreated	1	409	409	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
276	AR_J9	Other Status Indicators :Physically restrained	1	410	410	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
277	AR_J9	Other Status Indicators :None of the above	1	411	411	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
278	AR_K	SECTION K : NUTRITIONAL / HYDRATION STATUS							GRP_LABEL		
279	AR_K1a	Weight Change : Unintended weight loss of 5% or more in last 30 days or 10% or more in last 180 days	1	412	412	* 0,1,space	0 = NO, 1 = YES	X	CODE		
280	AR_K1b	Weight Change : Unintended weight gain of 5% or more in last 30 days or 10% or more in last 180 days	1	413	413	* 0,1,space	0 = NO, 1 = YES	X	CODE		
281	AR_K2a	In at least 4 of the last 7 days, client ate one or fewer meals a day	1	414	414	* 0,1,space	0 = NO, 1 = YES	X	CODE		
282	AR_K2b	In the last 3 days, noticeable decrease in the in amount of food consumed	1	415	415	* 0,1,space	0 = NO, 1 = YES	X	CODE		
283	AR_K2c	Insufficient fluid - client did not consume all/almost all fluids during last 3 days	1	416	416	* 0,1,space	0 = NO, 1 = YES	X	CODE		
284	AR_K2d	Nutritional approaches (last 7 days): Parenteral IV	1	417	417	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
285	AR_K2d	Nutritional approaches (last 7 days): Feeding Tube	1	418	418	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
286	AR_K2d	Nutritional approaches(last 7 days) : Mechanically altered diet	1	419	419	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
287	AR_K2d	Nutritional approaches(last 7 days) : Syringe oral feeding	1	420	420	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
288	AR_K2d	Nutritional approaches (last 7 days): Therapeutic diet	1	421	421	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
289	AR_K2d	Nutritional approaches : Dietary supplement between meals	1	422	422	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
290	AR_K2d	Nutritional approaches (last 7 days): Plate guard, stabilized built-up utensil, etc	1	423	423	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
291	AR_K2d	Nutritional approaches (last 7 days): On a well planned weight change program	1	424	424	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
292	AR_K2d	Nutritional approaches (last 7 days): None of the above	1	425	425	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
293	AR_K2e	Consumption : Well balanced meals per setting	1	426	426	* 0,1,space	0 = NO, 1 = YES	X	CODE		
294	AR_K3a	Type of Diet : Regular	1	427	427	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
295	AR_K3b	Type of Diet : Sodium Restricted	1	428	428	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
296	AR_K3c	Type of Diet : Fat controlled	1	429	429	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
297	AR_K3d	Type of Diet : Diabetic	1	430	430	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
298	AR_K3e	Type of Diet : Mechanical soft	1	431	431	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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299	AR_K3f	Type of Diet : Bland low residue	1	432	432	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
300	AR_K3g	Type of Diet : Calorie restricted	1	433	433	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
301	AR_K3h	Type of Diet : Other	1	434	434	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
302	AR_K4a	Intravenous or infusion : Management	1	435	435	* 0 thru 3, space	0 = NOT USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
303	AR_K4a	Intravenous or infusion : Number of Days	1	436	436	* 0 thru 7,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
304	AR_K4b	Fluids by mouth : Management	1	437	437	* 0 thru 3, space	0 = NOT USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
305	AR_K4b	Fluids by mouth : Number of Days	1	438	438	* 0 thru 7,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
306	AR_K4c	Parenteral nutrition : Management	1	439	439	* 0 thru 3, space	0 = NOT USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
307	AR_K4c	Parenteral nutrition : Number of Days	1	440	440	* 0 thru 7,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
308	AR_K4d	Enteral - tube feeding : Management	1	441	441	* 0 thru 3, space	0 = NOT USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
309	AR_K4d	Enteral - tube feeding : Number of Days	1	442	442	* 0 thru 7,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5,6 = 6, 7 = 7	X	CODE		
310	AR_K5a	Physically, capable to purchase or attain ample food/fluids to meet dietary needs	1	443	443	* 0,1,space	0 = NO, 1 = YES	X	CODE		
311	AR_K5b	Able to chew, swallow foods	1	444	444	* 0,1,space	0 = NO, 1 = YES	X	CODE		
312	AR_L	SECTION L : DENTAL STATUS (ORAL HEALTH)							GRP_LA BEL		
313	AR_L1	Oral Status : Problem chewing/swallowing	1	445	445	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
314	AR_L1	Oral Status : Mouth is dry when eating	1	446	446	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
315	AR_L1	Oral Status : Problem brushing teeth or dentures	1	447	447	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
316	AR_L1	Oral Status : None of the above	1	448	448	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
317	AR_L2a	Dental Care: Client needs dental care	1	449	449	* 0,1,space	0 = NO, 1 = YES	X	CODE		
318	AR_L2b	Dental Care: Client has dentures	1	450	450	* 0,1,space	0 = NO, 1 = YES	X	CODE		
319	AR_L2c	If has dentures, uses reliably	1	451	451	* 0,1,space	0 = NO, 1 = YES	X	CODE		*1. Blank if AR_L2b Index 318 is 0 or space.
320		SECTION M : VISION PATTERNS							GRP_LA BEL		
321	AR_M1	Vision Patterns : Vision	1	452	452	* 0 thru 4,space	0 = ADEQUATE, 1 = IMPAIRED, 2 = MODERATELY IMPAIRED, 3 = HIGHLY IMPAIRED, 4 = SEVERELY IMPAIRED	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
322	AR_M2	Visual Limitation/Difficulties - Saw halos or rings around lights, curtains over eyes, or flashes of lights	1	453	453	* 0,1,space	0 = NO, 1 = YES	X	CODE		
323	AR_M3	Vision decline, Worsening of vision as compared 90 days ago	1	454	454	* 0,1,space	0 = NO, 1 = YES	X	CODE		
324	AR_N	SECTION qN : SKIN CONDITION							GRP_LABEL		
325	AR_N1	Skin Condition : Skin Problems	1	455	455	* 0,1,space	0 = NO, 1 = YES	X	CODE		
326	AR_N2a	Ulcers : Pressure ulcer	1	456	456	* 0 thru 4,space	0 = NO ULCER, 1 = STAGE 1, 2 = STAGE 2, 3 = STAGE 3, 4 =STAGE 4	X	CODE		
327	AR_N2b	Ulcers : Stasis Ulcer - open lesion caused by poor circulation in the lower extremities	1	457	457	* 0 thru 4,space	0 = NO ULCER, 1 = STAGE 1, 2 = STAGE 2, 3 = STAGE 3, 4 =STAGE 4	X	CODE		
328	AR_N3	Other Skin Problems : Burns(second or third degree)	1	458	458	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
329	AR_N3	Other Skin Problems :Open lesions other than ulcers, rashes, cuts	1	459	459	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
330	AR_N3	Other Skin Problems :Skin tears or cuts	1	460	460	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
331	AR_N3	Other Skin Problems :None of the above	1	461	461	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
332	AR_N4	Surgical Wound Sites : Thorax	1	462	462	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
333	AR_N4	Surgical Wound Sites : Abdomen	1	463	463	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
334	AR_N4	Surgical Wound Sites : Extremities	1	464	464	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
335	AR_N4	Surgical Wound Sites : Other	1	465	465	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
336	AR_N4	Surgical Wound Sites : None of the above	1	466	466	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
337	AR_N5	History of Resolved Pressure Ulcers	1	467	467	* 0,1,space	0 = NO, 1 = YES	X	CODE		
338	AR_N6	Antibiotics, systemic or topical : Management	1	468	468	* 0,1,2,3,sp ace	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
339	AR_N6	Antibiotics, systemic or topical : No of days	1	469	469	* 0 thru 7,space	0 = 0. 1 = 1 , 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
340	AR_N6	Wound/Ulcer Care Dressings : Management	1	470	470	* 0,1,2,3,sp ace	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
341	AR_N6	Wound/Ulcer Care Dressings : Number of Days	1	471	471	* 0 thru 7,space	0 = 0. 1 = 1 , 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
342	AR_N6	Hyperbaric oxygen:Management	1	472	472	* 0,1,2,3,sp ace	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
343	AR_N6	Hyperbaric oxygen:Number of Days	1	473	473	* 0 thru 7,space	0 = 0. 1 = 1 , 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
344	AR_N6	Pressure reduction/relieving devices:Management	1	474	474	* 0,1,2,3,sp ace	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
345	AR_N6	Pressure reduction/relieving devices: Number of Days	1	475	475	* 0 thru 7,space	0 = 0. 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
346	AR_N6	Nutrition or hydration: Management	1	476	476	* 0,1,2,3,space	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
347	AR_N6	Nutrition or hydration: Number of days	1	477	477	* 0 thru 7,space	0 = 0. 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
348	AR_N6	Turning/repositioning: Management	1	478	478	* 0,1,2,3,space	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
349	AR_N6	Turning/repositioning: Number of days	1	479	479	* 0 thru 7,space	0 = 0. 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
350	AR_N6	Debridement: Management	1	480	480	* 0,1,2,3,space	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
351	AR_N6	Debridement: Number of days	1	481	481	* 0 thru 7,space	0 = 0. 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		
352	AR_N6	Surgical wound care: Management	1	482	482	* 0,1,2,3,space	0 = NO USED, 1 = ON OWN, 2 = PARTIALLY PERFORMED BY OTHERS, 3 = FULLY PERFORMED BY OTHERS	X	CODE		
353	AR_N6	Surgical wound care: Number of days	1	483	483	* 0 thru 7,space	0 = 0. 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
354	AR_N7	Foot Problems :Corns, calluses, structural problems	1	484	484	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
355	AR_N7	Foot Problems :Open lesions on the foot	1	485	485	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
356	AR_N7	Foot Problems :Foot not inspected int eh last 90 days	1	486	486	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
357	AR_N7	Foot Problems :None of the above	1	487	487	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
358	AR_O	SECTION O : CONTINENCE IN LAST 14 DAYS							GRP_LABEL		
359	AR_O1	Bladder continence - In the last 14 days, control of urinary bladder function (with appliances such as catheters or incontinence program employed)	1	488	488	* 0,1,2,3,4,space	0 = CONTINENT, 1 = USUALLY CONTINENT, 2 = OCCASIONALLY INCONTINENT, 3 = FREQUENTLY INCONTINENT, 4 = INCONTINENT	X	CODE		
360	AR_O2	Bladder Devices (in last 14 days)	1	489	489	* 0 thru 7, space	0 = EXTERNAL DEVICE(SELF CARE), 1 = INDWELLING URINARY CATHETER(SELF), 2 = OSTOMY (SELF), 3 = EXTERNAL DEVICE (NOT SELF), 4 = INDWELLING URINARY CATHETER(NOT SELF), 5 = OSTOMY(NOT SELF), 6 = USE OF PADS, 7 = NONE	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
361	AR_O4	Bowel Continence in last 14 days, control of bowel movement (with appliance or bowel continence program if employed)	1	490	490	* 0,1,2,3,4, space	0 = CONTINENT, 1 = USUALLY CONTINENT, 2 = OCCASIONALLY INCONTINENT, 3 = FREQUENTLY INCONTINENT, 4 = INCONTINENT	X	CODE		
362	AR_O5	Bowel Function	1	491	491	* 0,1,2,space	0 = OSTOMY(SELF), 1 = OSTOMY(NOT SELF), 2 = NONE	X	CODE		
363	AR_O6	Type of Ostomy	1	492	492	* 0,1,2,space	0 = COLOSTOMY, 1 = ILEOSTOMY, 2 = NONE	X	CODE		
364	AR_P	SECTION P : PHYSICAL FUNCTIONING (SELF PERFORMANCE OF INSTRUMENTAL(IADL) AND PERSONAL (ADL) ACTIVITIES OF DAILY LIVING)							GRP_LABEL		
365	AR_P1a	Meal preparation - How meals are prepared : Performance	1	493	493	* 0,1,2,3,4, space	0 = INDEPENDENT, 1 = SOME HELP, 2 = FULL HELP, 3 = BY OTHERS, 4 = ACTIVITY DID NOT OCCUR	X	CODE		
366	AR_P1a	Meal Preparation - How meals are prepared : Difficulty	1	494	494	* 0,1,2,space	0 = NO DIFFICULTY, 1 = SOME DIFFICULTY, 2 = GREAT DIFFICULTY	X	CODE		
367	AR_P1b	Ordinary House Work How ordinary work around the house is performed : Performance	1	495	495	* 0,1,2,3,4, space	0 = INDEPENDENT, 1 = SOME HELP, 2 = FULL HELP, 3 = BY OTHERS, 4 = ACTIVITY DID NOT OCCUR	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
368	AR_P1b	Ordinary House Work How ordinary work around the house is performed: Difficulty	1	496	496	* 0,1,2,space	0 = NO DIFFICULTY, 1 = SOME DIFFICULTY, 2 = GREAT DIFFICULTY	X	CODE		
369	AR_P1c	Managing Finances - How bills are paid checkbook is balanced, household expenses are balanced : Performance	1	497	497	* 0,1,2,3,4,space	0 = INDEPENDENT, 1 = SOME HELP, 2 = FULL HELP, 3 = BY OTHERS, 4 = ACTIVITY DID NOT OCCUR	X	CODE		
370	AR_P1c	Managing Finances - How bills are paid checkbook is balanced, household expenses are balanced :Difficulty	1	498	498	* 0,1,2,space	0 = NO DIFFICULTY, 1 = SOME DIFFICULTY, 2 = GREAT DIFFICULTY	X	CODE		
371	AR_P1d	Managing Medications - How medications are managed : Performance	1	499	499	* 0,1,2,3,4,space	0 = INDEPENDENT, 1 = SOME HELP, 2 = FULL HELP, 3 = BY OTHERS, 4 = ACTIVITY DID NOT OCCUR	X	CODE		
372	AR_P1d	Managing Medications - How medications are managed Difficulty	1	500	500	* 0,1,2,space	0 = NO DIFFICULTY, 1 = SOME DIFFICULTY, 2 = GREAT DIFFICULTY	X	CODE		
373	AR_P1e	Phone Use- How telephone calls are made /or received : Performance	1	501	501	* 0,1,2,3,4,space	0 = INDEPENDENT, 1 = SOME HELP, 2 = FULL HELP, 3 = BY OTHERS, 4 = ACTIVITY DID NOT OCCUR	X	CODE		
374	AR_P1e	Phone Use- How telephone calls are made /or received : Difficulty	1	502	502	* 0,1,2,space	0 = NO DIFFICULTY, 1 = SOME DIFFICULTY, 2 = GREAT DIFFICULTY	X	CODE		
375	AR_P1f	Shopping - How shopping is performed for food and household items : Performance	1	503	503	* 0,1,2,3,4,space	0 = INDEPENDENT, 1 = SOME HELP, 2 = FULL HELP, 3 = BY OTHERS, 4 = ACTIVITY DID NOT OCCUR	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
376	AR_P1f	Shopping - How shopping is performed for food and household items : Difficulty	1	504	504	* 0,1,2,space	0 = NO DIFFICULTY, 1 = SOME DIFFICULTY, 2 = GREAT DIFFICULTY	X	CODE		
377	AR_P1g	Transportation - How client travels by vehicle : Performance	1	505	505	* 0,1,2,3,4,space	0 = INDEPENDENT, 1 = SOME HELP, 2 = FULL HELP, 3 = BY OTHERS, 4 = ACTIVITY DID NOT OCCUR	X	CODE		
378	AR_P1g	Transportation - How client travels by vehicle : Difficulty	1	506	506	* 0,1,2,space	0 = NO DIFFICULTY, 1 = SOME DIFFICULTY, 2 = GREAT DIFFICULTY	X	CODE		
379	AR_P2a	ADL Self-Performance : Mobility in bed - including moving to and from lying position, turning side to side and positioning body while in bed : Requires	1	507	507	* 0,1,2,3,4,space	0 = NO HELP, 1 = MH ONLY, 2 = HH ONLY, 3 = MH AND HH, 4 =TURN/REPOSITION	X	CODE		
380	AR_P2a	ADL Self-Performance : Mobility in bed - including moving to and from lying position, turning side to side and positioning body while in bed: Performance	1	508	508	* 0,1,2,3,4,5,space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = LIMITED ASSISTANCE, 3 = EXTENSIVE ASSISTANCE, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		
381	AR_P2b	ADL Self-Performance : Transferring including moving to and between surfaces -to/from bed, chair, wheel chair, standing position : Requires	1	509	509	* 0,1,2,3,4,space	0 = NO HELP, 1 = MH ONLY, 2 = HH ONLY, 3 = MH AND HH, 4 =IS NOT TRANSFERRED	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
382	AR_P2b	ADL Self-Performance : Transferring including moving to and between surfaces -to/from bed, chair, wheel chair, standing position : Performance	1	510	510	* 0,1,2,3,4,5, space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = LIMITED ASSISTANCE, 3 = EXTENSIVE ASSISTANCE, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		
383	AR_P2c	ADL Self-Performance : Locomotion in home : Requires	1	511	511	* 0,1,2,3,4,space	0 = NO HELP, 1 = MH ONLY, 2 = HH ONLY, 3 = MH AND HH, 4 =N/A	X	CODE		
384	AR_P2c	ADL Self-Performance : Locomotion in home : Performance	1	512	512	* 0,1,2,3,4,5,space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = LIMITED ASSISTANCE, 3 = EXTENSIVE ASSISTANCE, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		
385	AR_P2d	ADL Self-Performance : Dressing -including laying out clothes, retrieving clothes from closet, putting clothes on and taking clothes off : Requires	1	513	513	* 0,1,2,3,4,space	0 = NO HELP, 1 = MH ONLY, 2 = HH ONLY, 3 = MH AND HH, 4 = IS NOT DRESSED	X	CODE		
386	AR_P2d	ADL Self-Performance : Dressing -including laying out clothes, retrieving clothes from closet, putting clothes on and taking clothes off : Performance	1	514	514	* 0,1,2,3,4,5,space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = LIMITED ASSISTANCE, 3 = EXTENSIVE ASSISTANCE, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
387	AR_P2e	ADL Self-Performance : Eating-including taking in food by any method, including tube feedings : Requires	1	515	515	* 0,1,2,3,4, space	0 = NO HELP, 1 = MH ONLY, 2 = HH INTERMITTENT, 3 = MH AND HH, 4 = HH CONTINUOUS	X	CODE		
388	AR_P2e	ADL Self-Performance : Eating-including taking in food by any method, including tube feedings : Performance	1	516	516	* 0,1,2,3,4, 5,space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = LIMITED ASSISTANCE, 3 = EXTENSIVE ASSISTANCE, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		
389	AR_P2f	ADL Self-Performance : Toilet use : Requires	1	517	517	* 0,1,2,3,4, 5,space	0 = NO HELP DAY & NIGHT, 1 = MH ONLY, 2 = HH INTERMITTENT, 3 = HH CONTINUOUS, 4 = MH AND HH, 5 = DOES NOT USE TOILET ROOM	X	CODE		
390	AR_P2f	ADL Self-Performance : Toilet use : Performance	1	518	518	* 0,1,2,3,4, 5,space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = LIMITED ASSISTANCE, 3 = EXTENSIVE ASSISTANCE, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		
391	AR_P2g	ADL Self-Performance : Personal hygiene-including combing hair, brushing teeth, shaving applying makeup, washing/drying face and hands, and perineum : Requires	1	519	519	* 0,1,2,3,4, space	0 = NO HELP, 1 = MH ONLY, 2 = HH INTERMITTENT, 3 = HH CONTINUOUS, 4 = MH AND HH	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
392	AR_P2g	ADL Self-Performance : Personal hygiene- including combing hair, brushing teeth, shaving applying makeup, washing/drying face and hands, and perineum : Performance	1	520	520	* 0,1,2,3,4, 5,space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = LIMITED ASSISTANCE, 3 = EXTENSIVE ASSISTANCE, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		
393	AR_P3	Bathing - in the last 7 dys (include shower, full tub or sponge bath;exclude washing back or hair)	1	521	521	* 0,1,2,3,4, 5,space	0 = INDEPENDENT, 1 = SUPERVISION, 2 = RECEIVED ASSISTANCE IN TRANSFER ONLY, 3 = RECEIVED ASSISTANCE IN PART OF BATHING ACTIVITY, 4 = TOTAL DEPENDENCE, 5 = ACTIVITY DID NOT OCCUR	X	CODE		
394	AR_P4	Primary modes of locomotion : Indoors	1	522	522	* 0,1,2,3,4, 5,space	0 = NO ASSISTIVE DEVICE, 1 = CANE, 2 = WALKER/CRUTCH, 3 = SCOOTER, 4 = WHEELCHAIR, 5 = ACTIVITY DOES NOT OCCUR	X	CODE		
395	AR_P4	Primary modes of locomotion : Outdoors	1	523	523	* 0,1,2,3,4, 5,space	0 = NO ASSISTIVE DEVICE, 1 = CANE, 2 = WALKER/CRUTCH, 3 = SCOOTER, 4 = WHEELCHAIR, 5 = ACTIVITY DOES NOT OCCUR	X	CODE		
396	AR_P5	Wheeling	1	524	524	* 0,1,2,3,4, space	0 = WALKS, 1 = W/O HELP, 2 = MH ONLY, 3 = MH AND HH, 4 =N/A	X	CODE		

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397	AR_P6	Walking	1	525	525	* 0,1,2,3,4, 5 space	0 = W/O HELP, 1 = MH ONLY, 2 = HH INTERMITTENT, 3 = HH CONTINUOUS, 4 = MH AND HH, 5 = DOES NOT WALK	X	CODE		
398	AR_P7	Stair Climbing - In the last 7 days, how client went up and down stairs	1	526	526	* 0, 1, 2,3,4,5 space	0 = UP/DOWN STAIRS W/O HELP, 1 = UP/DOWN STAIRS W/HELP, 2 = DOES NOT GO UP/DOWN STAIRS - COULD W/O HELP, 3 = DOES NOT GO UP/DOWN STAIRS - COULD DO W/HELP, 4 = DOES NOT GO UP/DOWN STAIRS - NO CAPACITY, 5 = UNKNOWN	X	CODE		
399	AR_P8a	Stamina: In a typical week, during the last 30 dyas, code the no of days the client usually went out of the house	1	527	527	* 0,1,2,3, space	0 = EVERYDAY, 1 = 2-6 DAYS, 2 = 1 DAY, 3 = NO DAYS	X	CODE		
400	AR_P8b	Stamina:Hours of Physical activities in the last 7 days.	1	528	528	* 0,1,space	0 = 2 + HOURS, 1 = LESS THAN 2 HOURS	X	CODE		
401	AR_P9	Functional Potential : Client believes he/she capable of increased functional independence.	1	529	529	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		
402	AR_P9	Functional Potential : Caregivers believe client is capable of increased functional. Independence.	1	530	530	* 0,1,space	0 = NO, 1 = YES	X	CHECKLIST		

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403	AR_P9	Functional Potential : Good prospects of recovery from current disease.	1	531	531	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
404	AR_P9	Functional Potential : None of the above	1	532	532	* 0,1,space	0 = NO, 1 = YES	X	CHECKLI ST		
405	AR_Q	SECTION Q : SERVICE UTILIZATION							GRP_LA BEL		
406	AR_Q1	Recent/Impending Surgery	1	533	533	* 0,1,space	0 = NO, 1 = YES	X	CODE		
407	AR_Q2a	Formal Care, Home Health aides, #Days	2	534	535	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
408	AR_Q2a	Home Health Aides, Hours	3	536	538	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
409	AR_Q2a	Home Health Aides, Minutes	2	539	540	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
410	AR_Q2b	Visiting Nurses, #Days	2	541	542	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
411	AR_Q2b	Visiting Nurses, Hours	3	543	545	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
412	AR_Q2b	Visiting Nurses, Minutes	2	546	547	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
413	AR_Q2c	Homemaking services, #Days	2	548	549	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
414	AR_Q2c	Homemaking services, Hours	3	550	552	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
415	AR_Q2c	Homemaking services, Minutes	2	553	554	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
416	AR_Q2d	Meals, #Days	2	555	556	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
417	AR_Q2d	Meals, Hours	3	557	559	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
418	AR_Q2d	Meals, Minutes	2	560	561	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
419	AR_Q2e	Volunteer services, #Days	2	562	563	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
420	AR_Q2e	Volunteer services, Hours	3	564	566	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
421	AR_Q2e	Volunteer services, Minutes	2	567	568	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
422	AR_Q2f	Physical Therapy, #Days	2	569	570	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
423	AR_Q2f	Physical Therapy, Hours	3	571	573	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
424	AR_Q2f	Physical Therapy, Minutes	2	574	575	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
425	AR_Q2g	Occupational Therapy, #Days	2	576	577	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
426	AR_Q2g	Occupational Therapy, Hours	3	578	580	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
427	AR_Q2g	Occupational Therapy, Minutes	2	581	582	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
428	AR_Q2h	Speech Therapy, #Days	2	583	584	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
429	AR_Q2h	Speech Therapy, Hours	3	585	587	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
430	AR_Q2h	Speech Therapy, Minutes	2	588	589	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
431	AR_Q2i	Day care/hospital, #Days	2	590	591	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
432	AR_Q2i	Day care/hospital, Hours	3	592	594	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
433	AR_Q2i	Day care/hospital, Minutes	2	595	596	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
434	AR_Q2j	Social Worker in home, #Days	2	597	598	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
435	AR_Q2j	Social Worker in home, Hours	3	599	601	* Freeform, space(3)		XXX	TEXT	Left Justified, any letters must be in upper case	
436	AR_Q2j	Social Worker in home, Minutes	2	602	603	* Freeform, space		XX	TEXT	Left Justified, any letters must be in upper case	
437	AR_Q3a	TREATMENTS : Alcohol/drug treatment program : Adherence	1	604	604	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
438	AR_Q3a	TREATMENTS Alcohol/drug treatment program : Location	1	605	605	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
439	AR_Q3b	TREATMENTS Blood transfusions: Adherence	1	606	606	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
440	AR_Q3b	TREATMENTS Blood transfusions:Location	1	607	607	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
441	AR_Q3c	TREATMENTS Chemotherapy:Adherence	1	608	608	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
442	AR_Q3c	TREATMENTS Chemotherapy:Location	1	609	609	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
443	AR_Q3d	TREATMENTS Cardiac rehabilitation:Adherence	1	610	610	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
444	AR_Q3d	TREATMENTS Cardiac rehabilitation:Location	1	611	611	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
445	AR_Q3e	TREATMENTS Continuous positive airway pressure: Adherence	1	612	612	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
446	AR_Q3e	TREATMENTS Continuous positive airway pressure: Location	1	613	613	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
447	AR_Q3f	TREATMENTS Dialysis peritoneal: Adherence	1	614	614	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
448	AR_Q3f	TREATMENTS Dialysis peritoneal: Location	1	615	615	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
449	AR_Q3g	TREATMENTS Dialysis renal: Adherence	1	616	616	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
450	AR_Q3g	TREATMENTS Dialysis renal: Location	1	617	617	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
451	AR_Q3h	TREATMENTS Holter monitor: Adherence	1	618	618	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
452	AR_Q3h	TREATMENTS Holter monitor: Location	1	619	619	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
453	AR_Q3i	TREATMENTS IV Infusion central : Adherence	1	620	620	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
454	AR_Q3i	TREATMENTS IV infusion central : Location	1	621	621	* 0,1,2,3,4, 5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
455	AR_Q3j	TREATMENTS IV infusion peripheral: Adherence	1	622	622	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
456	AR_Q3j	TREATMENTS IV infusion peripheral:Location	1	623	623	* 0,1,2,3,4, 5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
457	AR_Q3k	TREATMENTS Medication by injection:Adherence	1	624	624	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
458	AR_Q3k	TREATMENTS Medication by injection:Location	1	625	625	* 0,1,2,3,4, 5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
459	AR_Q3l	TREATMENTS Ostomy care :Adherence	1	626	626	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
460	AR_Q3l	TREATMENTS Ostomy care:Location	1	627	627	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
461	AR_Q3m	TREATMENTS Oxygen intermittent : Adherence	1	628	628	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
462	AR_Q3m	TREATMENTS Oxygen intermittent : Location	1	629	629	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
463	AR_Q3n	TREATMENTS Oxygen therapy continous concentrator : Adherence	1	630	630	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
464	AR_Q3n	TREATMENTS Oxygen therapy continous concentrator :Location	1	631	631	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
465	AR_Q3o	TREATMENTS Oxygen therapy continous other :Adherence	1	632	632	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
466	AR_Q3o	TREATMENTS Oxygen therapy continous other :Location	1	633	633	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
467	AR_Q3p	TREATMENTS Radiation therapy:Adherence	1	634	634	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
468	AR_Q3p	TREATMENTS Radiation Therapy:Location	1	635	635	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
469	AR_Q3q	TREATMENTS Tracheostomy care : Adherence	1	636	636	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
470	AR_Q3q	TREATMENTS Tracheostomy care : Location	1	637	637	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
471	AR_Q3r	TREATMENTS Ventilator: Adherence	1	638	638	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
472	AR_Q3r	TREATMENTS Ventilator:Location	1	639	639	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
473	AR_Q3s	THERAPY Exercise therapy : Adherence	1	640	640	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
474	AR_Q3s	THERAPY Exercise therapy :Location	1	641	641	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
475	AR_Q3t	THERAPY Occupational therapy : Adherence	1	642	642	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
476	AR_Q3t	THERAPY Occupational therapy : Location	1	643	643	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
477	AR_Q3u	THERAPY Physical therapy:Adherence	1	644	644	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
478	AR_Q3u	THERAPY Physical therapy:Location	1	645	645	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
479	AR_Q3v	THERAPY Respiratory therapy:Adherence	1	646	646	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
480	AR_Q3v	THERAPY Respiratory therapy:Location	1	647	647	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
481	AR_Q3w	PROGRAMS Day care : Adherence	1	648	648	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
482	AR_Q3w	PROGRAMS Day care : Location	1	649	649	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
483	AR_Q3x	PROGRAMS Day hospital: Adherence	1	650	650	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
484	AR_Q3x	PROGRAMS Day hospital: Location	1	651	651	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
485	AR_Q3y	PROGRAMS Hospice care: Adherence	1	652	652	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
486	AR_Q3y	PROGRAMS Hospice care: Location	1	653	653	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
487	AR_Q3z	PROGRAMS Physician or clinic visit : Adherence	1	654	654	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
488	AR_Q3z	PROGRAMS Physician or clinic visit: Location	1	655	655	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
489	AR_Q3aa	PROGRAMS Respite care : Adherence	1	656	656	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
490	AR_Q3aa	PROGRAMS Respite care: Location	1	657	657	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
491	AR_Q3bb	SPECIAL PROCEDURES DONE IN HOME : Daily nurse monitoring: Adherence	1	658	658	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
492	AR_Q3bb	SPECIAL PROCEDURES DONE IN HOME : Daily nurse monitorin:Location	1	659	659	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
493	AR_Q3cc	SPECIAL PROCEDURES DONE IN HOME :Nurse monitoring less than daily:Adherence	1	660	660	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
494	AR_Q3cc	SPECIAL PROCEDURES DONE IN HOME : Nurse monitoring less than daily:Location	1	661	661	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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				From	To	Range	Range Values	Picture	Type	Format	Consistency
495	AR_Q3dd	SPECIAL PROCEDURES DONE IN HOME :Medical alert bracelet :Adherence	1	662	662	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
496	AR_Q3dd	SPECIAL PROCEDURES DONE IN HOME : Medical alert bracelet :Location	1	663	663	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
497	AR_Q3ee	SPECIAL PROCEDURES DONE IN HOME :Skin treatment : Adherence	1	664	664	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
498	AR_Q3ee	SPECIAL PROCEDURES DONE IN HOME :Skin treatment : Location	1	665	665	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
499	AR_Q3ff	SPECIAL PROCEDURES DONE IN HOME : Special diet: Adherence	1	666	666	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
500	AR_Q3ff	SPECIAL PROCEDURES DONE IN HOME : Special diet:Location	1	667	667	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		

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ASSESSMENT / REASSESSMENT DATA RECORD LAYOUT

Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
501	AR_Q3gg	SPECIAL PROCEDURES DONE IN HOME : Other :Adherence	1	668	668	* 0,1,2,3,space	0 = N/A, 1 = SCHEDULED, FULL ADHERENCE AS PRESCRIBED, 2 = SCHEDULED, PARTIAL ADHERENCE, 3 = SCHEDULED, NOT RECEIVED	X	CODE		
502	AR_Q3gg	SPECIAL PROCEDURES DONE IN HOME : Other:Location	1	669	669	* 0,1,2,3,4,5,space	0 = N/A, 1 = HOME, 2 = N.F., 3 = HOSPITAL, 4 = OUTPATIENT, 5 = OTHER	X	CODE		
503	AR_Q4a	Management of Equipment (in last 14 days) : Oxygen	1	670	670	* 0,1,2,3,4,space	0 = NOT USED, 1 = MANAGED ON OWN, 2 = MANAGED ON OWN IF LAID OUT OR WITH VERBAL REMINDERS, 3 = PARTIALLY PERFORMED BY OTHERS, 4 = FULLY PERFORMED BY OTHERS	X	CODE		
504	AR_Q4b	Management of Equipment (in last 14 days) : IV	1	671	671	* 0,1,2,3,4,space	0 = NOT USED, 1 = MANAGED ON OWN, 2 = MANAGED ON OWN IF LAID OUT OR WITH VERBAL REMINDERS, 3 = PARTIALLY PERFORMED BY OTHERS, 4 = FULLY PERFORMED BY OTHERS	X	CODE		
505	AR_Q4c	Management of Equipment (in last 14 days) : Catheter	1	672	672	* 0,1,2,3,4,space	0 = NOT USED, 1 = MANAGED ON OWN, 2 = MANAGED ON OWN IF LAID OUT OR WITH VERBAL REMINDERS, 3 = PARTIALLY PERFORMED BY OTHERS, 4 = FULLY PERFORMED BY OTHERS	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
506	AR_Q4d	Management of Equipment (in last 14 days) : Other	1	673	673	* 0,1,2,3,4, space	0 = NOT USED, 1 = MANAGED ON OWN, 2 = MANAGED ON OWN IF LAID OUT OR WITH VERBAL REMINDERS, 3 = PARTIALLY PERFORMED BY OTHERS, 4 = FULLY PERFORMED BY OTHERS	X	CODE		
507	AR_Q5	Visits in last 90 dyas or since last assessment : Number of times admitted to hospital since with an overnight stay	1	674	674	* 0 thru 9, space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7, 8 = 8, 9 = 9+	X	CODE		
508	AR_Q5	Visits in last 90 dyas or since last assessment : Emergent Care- including unscheduled nursing, physician, or therapeutic visits to office or home	1	675	675	* 0 thru 9, space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7, 8 = 8, 9 = 9+	X	CODE		
509	AR_Q5	Visits in last 90 dyas or since last assessment : Number of times visited ER without an overnight stay	1	676	676	* 0 thru 9, space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7, 8 = 8, 9 = 9+	X	CODE		
510	AR_Q6	Treatment Goals : Any treatment goals been met in last 90 days	1	677	677	* 0,1,space	0 = NO, 1 = YES	X	CODE		
511	AR_Q8	Overall change in care needs - Overall self sufficiency has changed significantly as compared to status as of 90 days ago	1	678	678	* 0,1,2,space	0 = NO CHANGE, 1 = IMPROVED, 2 = DETERIORATED	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
512	AR_Q9	Trade offs-Because of limited funds, during the last month client made trade-offs among purchasing prescribed medications sufficient home heat, physician care home care.	1	679	679	* 0,1,space	0 = NO, 1 = YES	X	CODE		
513	AR_R	SECTION R : MEDICATIONS							GRP_LA BEL		
514	AR_R1	Number of Medications : Record the number of different medicines, taken regularly or on an occasional basis in the last 7 days	1	680	680	* 0 thru 9,space	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5, 6 = 6, 7 = 7, 8 = 8, 9 = 9+	X	CODE		
515	AR_R2	Receipt of Psychotropic Medication : Antipsychotic	1	681	681	* 0,1,space	0 = NO, 1 = YES	X	CODE		
516	AR_R2	Receipt of Psychotropic Medication :Antianxiety	1	682	682	* 0,1,space	0 = NO, 1 = YES	X	CODE		
517	AR_R2	Receipt of Psychotropic Medication :Antidepressants	1	683	683	* 0,1,space	0 = NO, 1 = YES	X	CODE		
518	AR_R2	Receipt of Psychotropic Medication :Hypnotic	1	684	684	* 0,1,space	0 = NO, 1 = YES	X	CODE		
519	AR_R3	Medical Oversight (Physician reviewed client's medications as a whole in the last 180 days)	1	685	685	* 0,1,space	0 = DISCUSSED WITH AT LEAST 1 PHYSICIAN, 1 = NO SINGLE PHYSICIAN REVIEWED ALL MEDICATIONS	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
520	AR_R4	Compliance Adherence with medications - Compliant all or most of time with medications prescribed by physician (both during and between therapy visits)	1	686	686	* 0,1,2,3,space	0 = ALWAYS COMPLIANT, 1 = COMPLIANT 80% OR MORE, 2 = COMPLIANT LESS THAN 80%, 3 = NO MEDICATIONS PRESCRIBED	X	CODE		
521	AR_R5	Client needs reminding several times a day to take medications	1	687	687	* 0,1,space	0 = NO, 1 = YES	X	CODE		
522	AR_R6	Preparation of medications needed	1	688	688	* 0,1,space	0 = NO, 1 = YES	X	CODE		
523	AR_R7	Medications must be administered to client	1	689	689	* 0,1,space	0 = NO, 1 = YES	X	CODE		
604	AR_S	SECTION S : VITAL SIGNS AND SYSTEMS							GRP_LABEL		
605	AR_S1	VITAL SIGNS : BP (sitting) Left	7	690	696	* Text, space(7)		X(7)	TEXT	Left justified, Format is XXX/XXX	
606	AR_S1	VITAL SIGNS : BP (sitting) Right	7	697	703	* Text, space(7)		X(7)	TEXT	Left justified, Format is XXX/XXX	
607	AR_S1	VITAL SIGNS : Temperature	5	704	708	* Text, space(5)		X(5)	TEXT	Left justified, Format is XXX.X	
608	AR_S1	VITAL SIGNS : BP (stand) Left	7	709	715	* Text, space(7)		X(7)	TEXT	Left justified, Format is XXX/XXX	
609	AR_S1	VITAL SIGNS : BP (stand) Right	7	716	722	* Text, space(7)		X(7)	TEXT	Left justified, Format is XXX/XXX	

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ASSESSMENT / REASSESSMENT DATA RECORD LAYOUT

Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
610	AR_S1	VITAL SIGNS : Respiration	3	723	725	* Text, space(3)		X(3)	TEXT	Left justified	
611	AR_S1	VITAL SIGNS : Pulse Apical	3	726	728	* Text, space(3)		X(3)	TEXT	Left justified	
612	AR_S1	VITAL SIGNS : Pulse Radial	3	729	731	* Text, space(3)		X(3)	TEXT	Left justified	
613	AR_S2a	Height : feet	2	732	733	* Number, space(2)		9(2)	COUNT		
614	AR_S2a	Height : inches	2	734	735	* Text, space(2)		XX	TEXT	Left justified	
615	AR_S2b	Weight : lbs	3	736	738	* Text, space(3)		XXX	TEXT	Left justified	
616	AR_S3	Grips (hands)	1	739	739	* 0,1,space	0 = EQUAL, 1 = UNEQUAL	X	CODE		
617	AR_S4	Cold hands/feet	1	740	740	* 0,1,space	0 = NO, 1 = YES	X	CODE		
618	AR_S5	Sleeping problems that occurred within the last 7 days reported by client	1	741	741	* 0,1,space	0 = NO, 1 = YES	X	CODE		
619	AR_S6	Numbness/Tingling that occurred within the last 7 days reported by client	1	742	742	* 0,1,space	0 = NO, 1 = YES	X	CODE		
620	AR_S7a	Functional Limitation in Range of Motion : Neck : Range (0,1,2)	1	743	743	* 0,1,2,space	0 = NO LIMITATION, 1 = LIMITATION ON 1 SIDE, 2 = LIMITATION ON BOTH SIDES	X	CODE		
621	AR_S7a	Functional Limitation in Range of Motion : Neck : Voluntary (0,1,2)	1	744	744	* 0,1,2,space	0 = NO LOSS, 1 = PARTIAL LOSS, 2 = FULL LOSS	X	CODE		
622	AR_S7b	Functional Limitation in Range of Motion : Arm - including shoulder or elbow : Range (0,1,2)	1	745	745	* 0,1,2,space	0 = NO LIMITATION, 1 = LIMITATION ON 1 SIDE, 2 = LIMITATION ON BOTH SIDES	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
623	AR_S7b	Functional Limitation in Range of Motion : Arm - including shoulder or elbow: Voluntary (0,1,2)	1	746	746	* 0,1,2,space	0 = NO LOSS, 1 = PARTIAL LOSS, 2 = FULL LOSS	X	CODE		
624	AR_S7c	Functional Limitation in Range of Motion : Hand - including wrist or fingers : Range (0,1,2)	1	747	747	* 0,1,2,space	0 = NO LIMITATION, 1 = LIMITATION ON 1 SIDE, 2 = LIMITATION ON BOTH SIDES	X	CODE		
625	AR_S7c	Functional Limitation in Range of Motion : Hand - including wrist or fingers : Voluntary (0,1,2)	1	748	748	* 0,1,2,space	0 = NO LOSS, 1 = PARTIAL LOSS, 2 = FULL LOSS	X	CODE		
626	AR_S7d	Functional Limitation in Range of Motion : Leg - including hip or knee : Range (0,1,2)	1	749	749	* 0,1,2,space	0 = NO LIMITATION, 1 = LIMITATION ON 1 SIDE, 2 = LIMITATION ON BOTH SIDES	X	CODE		
627	AR_S7d	Functional Limitation in Range of Motion : Leg - including hip or knee: Voluntary (0,1,2)	1	750	750	* 0,1,2,space	0 = NO LOSS, 1 = PARTIAL LOSS, 2 = FULL LOSS	X	CODE		
628	AR_S7e	Functional Limitation in Range of Motion : Foot - including ankle or toes : Range (0,1,2)	1	751	751	* 0,1,2,space	0 = NO LIMITATION, 1 = LIMITATION ON 1 SIDE, 2 = LIMITATION ON BOTH SIDES	X	CODE		
629	AR_S7e	Functional Limitation in Range of Motion : Foot - including ankle or toes : Voluntary (0,1,2)	1	752	752	* 0,1,2,space	0 = NO LOSS, 1 = PARTIAL LOSS, 2 = FULL LOSS	X	CODE		
630	AR_S7f	Functional Limitation in Range of Motion : Other limitation or loss : Range (0,1,2)	1	753	753	* 0,1,2,space	0 = NO LIMITATION, 1 = LIMITATION ON 1 SIDE, 2 = LIMITATION ON BOTH SIDES	X	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
631	AR_S7f	Functional Limitation in Range of Motion : Other limitation or loss : Voluntary (0,1,2)	1	754	754	* 0,1,2,space	0 = NO LOSS, 1 = PARTIAL LOSS, 2 = FULL LOSS	X	CODE		
632	AR_U	SECTION U : CLIENT LOCATION RECOMMENDATION							GRP_LABEL		
633	AR_U1a	Client Location Recommendation : CM recommends	1	755	755	* 0,1,space	0 = COMMUNITY BASED CARE, 1 = INSTITUTIONAL CARE	X	CODE		
634	AR_U1b	Client choice	1	756	756	* 0,1,space	0 = COMMUNITY BASED CARE, 1 = INSTITUTIONAL CARE	X	CODE		
635	AR_U2	Confirm client medically eligible for MI Choice	1	757	757	* 0,1,space	0 = NO, 1 = YES	X	CODE		
636	AR_U3	Care Manager 1 Initials	3	758	760	* Text, space(3)		XXX	TEXT	Left justified, any letters must be upper case	
637	AR_U4	Care Manager 2 Initials	3	761	763	* Text, space(3)		XXX	TEXT	Left justified, any letters must be upper case	
638	AR_Z	SECTION Z : APPROPRIATE PLACEMENT (MICHIGAN)							GRP_LABEL		1. The Items AR_Z1 thru AR_Z4, to be answered on INITIAL ASSESSMENT (OTHERWISE BLANK)

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
639	AR_Z1	Primary Reason for Seeking Services, RANK : PRIMARY	2	764	765	* 0 thru 16,space	0 = POST ACUTE HOME HEALTH SERVICE CARE, 1 = CHRONIC HOME HEALTH SERVICES CARE, 2 = SOCIAL, 3 = THERAPEUTIC, 4 = MENTAL HEALTH, 5 = PERSONAL CARE, 6 = HOMEMAKING, 7 = TERM ILLNESS, 8 = RESPITE CARE, 9 = DAY CARE, 10 = CARE MANAGEMENT, 11 = INFOR AND EDUCATION MATERIALS, 12 = HOUSING, 13 = FINANCIAL, 14 = EQUIPMENT ONLY, 15,16=OTHER	XX	CODE		
640	AR_Z1	Primary Reason for Seeking Services, RANK : SECONDARY	2	766	767	* 0 thru 16,space	0 = POST ACUTE HOME HEALTH SERVICE CARE, 1 = CHRONIC HOME HEALTH SERVICES CARE, 2 = SOCIAL, 3 = THERAPEUTIC, 4 = MENTAL HEALTH, 5 = PERSONAL CARE, 6 = HOMEMAKING, 7 = TERM ILLNESS, 8 = RESPITE CARE, 9 = DAY CARE, 10 = CARE MANAGEMENT, 11 = INFOR AND EDUCATION MATERIALS, 12 = HOUSING, 13 = FINANCIAL, 14 = EQUIPMENT ONLY, 15,16=OTHER	XX	CODE		
641	AR_Z1	Primary Reason for Seeking Services, RANK	2	768	769	* 0 thru 16,space	0 = POST ACUTE HOME HEALTH SERVICE CARE, 1	XX	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
		: TERTIARY					= CHRONIC HOME HEALTH SERVICES CARE, 2 = SOCIAL, 3 = THERAPEUTIC, 4 = MENTAL HEALTH, 5 = PERSONAL CARE, 6 = HOMEMAKING, 7 = TERM ILLNESS, 8 = RESPITE CARE, 9 = DAY CARE, 10 = CARE MANAGEMENT, 11 = INFOR AND EDUCATION MATERIALS, 12 = HOUSING, 13 = FINANCIAL, 14 = EQUIPMENT ONLY, 15,16=OTHER				
642	AR_Z2b	Appropriate Placement with Informal Care	2	770	771	* 0 thru 13, space	0 = HOSPITAL, 1 = NURSING, 2 = HC - INTENSIVE SKILLED NURSING CARE, 3 =HC MINIMAL SKILLED NURSING CARE, 4 = HC - INTENSIVE PERSONAL CARE, 5 = HC MIN PERS CARE, 6 = HC HOMEMAKER SERVICES, 7 = ALT BOARD, 8 = ALT CONGREGATE, 9 = ALT NO SERVICES, 10 = INFORMATION AND REFERRAL ONLY-REMAIN IN CURRENT SETTING WITH NO FORMAL SERVICES, 11 = REMAIN IN PRIOR SETTING, 12 = RESPITE/ADULT DAY CARE, 13 = OTHER	XX	CODE		
643	AR_Z2c	Appropriate Placement	2	772	773	* 0 thru	0 = HOSPITAL, 1 =	XX	CODE		

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)						
				From	To	Range	Range Values	Picture	Type	Format	Consistency	
		without Informal Care				13, space	NURSING, 2 = HC - INTENSIVE SKILLED NURSING CARE, 3 =HC MINIMAL SKILLED NURSING CARE, 4 = HC - INTENSIVE PERSONAL CARE, 5 = HC MIN PERS CARE, 6 = HC HOMEMAKER SERVICES, 7 = ALT BOARD, 8 = ALT CONGREGATE, 9 = ALT NO SERVICES, 10 = INFORMATION AND REFERRAL ONLY-REMAIN IN CURRENT SETTING WITH NO FORMAL SERVICES, 11 = REMAIN IN PRIOR SETTING, 12 = RESPITE/ADULT DAY CARE, 13 = OTHER					
644	AR_Z3	Agency Placement	2	774	775	* 0 thru 13, space	0 = HOSPITAL, 1 = NURSING, 2 = HC - INTENSIVE SKILLED NURSING CARE, 3 =HC MINIMAL SKILLED NURSING CARE, 4 = HC - INTENSIVE PERSONAL CARE, 5 = HC MIN PERS CARE, 6 = HC HOMEMAKER SERVICES, 7 = ALT BOARD, 8 = ALT CONGREGATE, 9 = ALT NO SERVICES, 10 = INFORMATION AND REFERRAL ONLY-REMAIN IN CURRENT SETTING WITH NO FORMAL SERVICES, 11 = REMAIN	XX	CODE			

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Ind	Form Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range Values	Picture	Type	Format	Consistency
							IN PRIOR SETTING, 12 = RESPITE/ADULT DAY CARE, 13 = OTHER				
645	AR_Z4	Reason for Difference (No diff or As stated below)	1	776	776	* 0,1,space	0 = NO - NO DIFFERENCE, 1 = YES - AS STATED	X	CODE		
646	AR_Z4	REASON : Client has changed between time of Agency assess and now	1	777	777	* 0,1,space	0 = NO, 1 = YES	X	CODE		
647	AR_Z4	REASON : Client refused Agency recommendation	1	778	778	* 0,1,space	0 = NO, 1 = YES	X	CODE		
648	AR_Z4	REASON : Client could not afford agency recommendation	1	779	779	* 0,1,space	0 = NO, 1 = YES	X	CODE		
649	AR_Z4	REASON : Appropriate services not available	1	780	780	* 0,1,space	0 = NO, 1 = YES	X	CODE		
650	AR_Z4	REASON : You disagree with Agency placement	1	781	781	* 0,1,space	0 = NO, 1 = YES	X	CODE		
651	AR_Z4	REASON : Other	1	782	782	* 0,1,space	0 = NO, 1 = YES	X	CODE		
652	FILLER	BLANK FILLER	315	783	1097	* Always Inactive		X(315)	FILLER		
653	DATA_END	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
654	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE		
655	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE		

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MEDICATION DATA RECORD LAYOUT											
Ind	Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range_Values	Pic	Type	Format	Consistency
1	REC_ID	RECORD ID	1	1	1	* A,M,D		X	CODE	Upper case A, or Upper case M, or Upper case D	*1. Required Field. Cannot be blank. *2. Permissible values for HOME CARE data records are a) 'A' for a new data record being submitted to the State database b) 'M' for a request to modify a record previously accepted into the State database. c) 'D' for a request to delete a record previously accepted into the State database.
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* M	M-Medication	X	CODE	Uppercase	*1.Required field. Cannot be blank.
3	REC_INDICATOR	RECORD MAPPING INDICATOR	1	3	3	* A, R	A-Assessment, R-Reassessment	X	CODE		*1. Required field. Cannot be blank. *2. If REC_INDICATOR = 'A', it implies that this Client Medication Data is for Assessment. If REC_INDICATOR = 'R', it implies that this Client Medication Data is for Reassessment
4	REC_CREATION_DATE	Medication Record Creation Date- This is the date when the medication data was established on the agency's data base and not the date the medication data was sent to the warehouse data	8	4	11	Full date		MMDDY YYY	DATE		No longer used by the State.

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MEDICATION DATA RECORD LAYOUT											
Ind	Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range_Values	Pic	Type	Format	Consistency
		base. Not stored.									
5	VCODE	HOME CARE-HC Version Code	4	12	15	1.00		X(4)	CODE		
6	AR_SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	16	26		Nine digits	X(11)	TEXT	Embedded dashes(-) ARE allowed but only 2 dashes. The format is 999-99-9999.	*1. Required field. Cannot be blank.
7	AR_AGENT_CODE	Unique Agent Code	6	27	32	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.
8	AR_A2	Date of Assessment/ Reassessment	8	33	40	* Valid full date		MMDYY YYY	DATE		*1. Required Field. Cannot be blank. *2. Should have a valid date. *3. a. If RECORD_MAPPING_INDICATOR = A : This date must match the Assessment Date in the corresponding Assessment Record. b. If RECORD_MAPPING_INDICATOR = R : This date must match the Reassessment Date in the corresponding Reassessment Record.

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Ind	Location	Description	Len	Columns		Specifications (* Indicates Fatal Error)					
				From	To	Range	Range_Values	Pic	Type	Format	Consistency
9	SEQ_NUM	Sequence Number of the Medication for Assessment / Reassessment	4	41	44	* 0000 thru 9999		9999	COUNT		*1. Required Field. Cannot be blank
10	AR_R9_NS	Name / Strength (NS)	20	45	64	* Text, space(20)		X(20)	TEXT	Upper case, Left Justified	*1. Required Field. Cannot be blank
11	AR_R9_FR	Frequency (Freq)	20	65	84	* Text, space(20)		X(20)	TEXT	Upper case, Left Justified	
12	AR_R9_PB	Prescribed By: Self or Dr's Name (PB)	20	85	104	* Text, space(20)		X(20)	TEXT	Upper case, Left Justified	
13	AR_R9_CO	Compliance (Comp)	1	105	105	* 0,1,2, space	0 - Always compliant, 1 - Compliant 80% of the time or more, 2 - Compliant less than 80% of the time	X(1)	CODE		
14	FILLER	BLANK FILLER	992	106	1097	* Always Inactive		X(992)	FILLER		
15	DATA_END	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
16	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE		
17	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE		

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CLIENT STATUS RECORD LAYOUT												
Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)						
				From	To	Range	Range Values	Pic	Type	Format	Consistency	
1	REC_ID	RECORD ID	1	1	1	* A,M,D			X	CODE	Upper case A, or Upper case M, or Upper case D	*1. Required Field. Cannot be blank. *2. Permissible values for Client Status data records are a) 'A' for a new data record being submitted to the State database b) 'M' for a request to modify a record previously accepted into the State database. c) 'D' for a request to delete a record previously accepted into the State database.

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CLIENT STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* C	C - Client Status	X	CODE	Uppercase ;	*1. Required Field. Cannot be blank.
3	REC_CREATION_DATE	Record Creation Date – This is the date when the client status record was established on the agency’s data base and not the date the client status record was sent to the warehouse data base. Not stored.	8	3	10	Full date		MMDDYY YY	DATE		No longer used by the State.
4	VCODE	HOME CARE Version Code	4	11	14	1.00		X(4)	CODE	Left Justified;	
5	AGENT_CODE	Unique Agent Code	6	15	20	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.
6	SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	21	31		Nine digits	X(11)	TEXT	Embedded dashes(-) ARE allowed but only 2 dashes. The format is 999-99-9999.	*1. Required field. Cannot be blank.

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CLIENT STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
7	SCREENIN G_DATE	Client Screening Date	8	32	39	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS FROM_DATE Index 9.
8	CASE_STA TUS	Case Status	2	40	41	* Valid Code	For a list of valid codes refer to the document STATUS CODE TABLE.doc	X(2)	CODE	Left justified, *Any letters MUST be in upper case	*1. Required Field. Cannot be blank.
9	FROM_DA TE	Date case status started	8	42	49	* Valid full date		MMDDYY YY	DATE		*1. Required Field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS the REC_CREATION_DATE Index 3, TO_DATE Index 10 (If not blank)
10	TO_DATE	Date case status ended	8	50	57	Valid full date Or Space		MMDDYY YY	DATE		
11	COD_COD E	Cause of Death Code	7	58	64			X(7)	CODE	Left justified	
12	CLOSE_RE ASON	Close Reason	2	65	66	* Valid Code	For a list of valid codes refer to the document STATUS CODE TABLE.doc	X(2)	CODE	Left Justified	
13	MEMO_TE XT	Memo of the Clients Status.	1000	67	1066			X(1000)	TEXT	Left Justified	

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CLIENT STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
14	FILLER	BLANK FILLER	31	1067	1097	* Always Inactive		X(31)	FILLER		
15	DATA_EN D	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
16	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(0 13)		X	CODE		
17	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(0 10)		X	CODE		

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CARE SETTING STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
1	REC_ID	RECORD ID	1	1	1	* A,M,D		X	CODE	Upper case A, or Upper case M, or Upper case D	*1. Required Field. Cannot be blank. *2. Permissible values for Care Setting Status data records are a) 'A' for a new data record being submitted to the State database b) 'M' for a request to modify a record previously accepted into the State database. c) 'D' for a request to delete a record previously accepted into the State database.
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* B	B - Care Setting Status	X	CODE	Uppercase ;	*1. Required Field. Cannot be blank.
3	REC_CREATION_DATE	Record Creation Date – This is the date when the care setting record was established on the agency's data base and not the date the care setting record was sent to the warehouse data base. Not stored.	8	3	10	Full date		MMDDYY YY	DATE		No longer used by the State.

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CARE SETTING STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
4	VCODE	HOME CARE-HC Version Code	4	11	14	1.00		X(4)	CODE	Left Justified;	
5	AGENT_CODE	Unique Agent Code	6	15	20	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.
6	SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	21	31		Nine digits	X(11)	TEXT	Left justified, any embedded spaces are not allowed; embedded dashes(-) ARE allowed but only 2 dashes. Format is 999-99-9999.	*1. Required field. Cannot be blank.
7	SCREENING_DATE	Client Screening Date	8	32	39	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS the FROM_DATE Index 9.
8	CARE_SETTING	Type of Care Setting	1	40	40	* Valid Code	For a list of valid codes refer to the document STATUS CODE TABLE.doc	X(1)	CODE		*1. Required Field. Cannot be blank.

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CARE SETTING STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
9	FROM_DATE	Date care setting starts	8	41	48	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS the REC_CREATION_DATE Index 3, TO_DATE Index 10 (If not blank)
10	TO_DATE	Date care setting ends	8	49	56	*Space or Valid full date		MMDDYY YY	DATE		
11	MEMO_TEXT	Memo of Clients Care Setting Status	1000	57	1056			X(1000)	TEXT	Left Justified	
12	FILLER	BLANK FILLER	41	1057	1097	* Always Inactive		X(41)	FILLER		
13	DATA_END	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
14	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE		
15	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE		

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MEMO OF UNDERSTANDING (MOU) STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
1	REC_ID	RECORD ID	1	1	1	* A,M,D		X	CODE	Upper case A, or Upper case M, or Upper case D	*1. Required Field. Cannot be blank. *2. Permissible values for MOU Status data records are a) 'A' for a new data record being submitted to the State database b) 'M' for a request to modify a record previously accepted into the State database. c) 'D' for a request to delete a record previously accepted into the State database.
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* D	D - MOU Status	X	CODE	Uppercase ;	*1. Required Field. Cannot be blank.
3	REC_CREATION_DATE	Record Creation Date- This is the date when the MOU record was established on the agency's data base and not the date the MOU record was sent to the warehouse data base. Not stored.	8	3	10	Full date		MMDDYY YY	DATE		No longer used by the State.
4	VCODE	HOME CARE Version Code	4	11	12	1.00		X(4)	CODE	Left Justified;	

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MEMO OF UNDERSTANDING (MOU) STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
5	AGENT_CODE	Unique Agent Code	6	13	20	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.
6	SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	21	31		Nine digits	X(11)	TEXT	Left justified, any embedded spaces are not allowed; embedded dashes(-) ARE allowed but only 2 dashes. Format is 999-99-9999.	*1. Required field. Cannot be blank.
7	SCREENING_DATE	Client Screening Date	8	32	39	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS FROM_DATE Index 9.
8	MOU_STATUS_CODE	MOU Status Code	1	40	40	* Valid Code	For a list of valid codes refer to the document STATUS CODE TABLE.doc	X	CODE	* MUST be in upper case.	*1. Required Field. Cannot be blank.

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MEMO OF UNDERSTANDING (MOU) STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
9	FROM_DATE	Start date of MOU Status	8	41	48	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS the REC_CREATION_DATE Index 3, TO_DATE Index 10(If not blank).
10	TO_DATE	End Date of MOU	8	49	56	Space or Valid full date		MMDDYY YY	DATE		
11	FILLER	BLANK FILLER	1041	57	1097	* Always Inactive		X(1041)	FILLER		
12	DATA_END	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
13	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE		
14	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE		

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WAIVER STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
1	REC_ID	RECORD ID	1	1	1	* A,M,D		X	CODE	Upper case A, or Upper case M, or Upper case D	*1. Required Field. Cannot be blank. *2. Permissible values for Waiver Status data records are a) 'A' for a new data record being submitted to the State database b) 'M' for a request to modify a record previously accepted into the State database. c) 'D' for a request to delete a record previously accepted into the State database.
2	REC_TYPE	RECORD TYPE CODE	1	2	2	* W	W – Waiver Status	X	CODE	Uppercase ;	*1. Required Field. Cannot be blank.
3	REC_CREATION_DATE	Record Creation Date – This is the date when the waiver status record was established on the agency's data base and not the date the waiver status record was sent to the warehouse data base. Not stored.	8	3	10	Full date		MMDDYY YY	DATE		No longer used by the State.
4	VCODE	HOME CARE Version Code	4	11	14	1.00		X(4)	CODE	Left Justified;	

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WAIVER STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
5	AGENT_CODE	Unique Agent Code	6	15	20	* Valid Code	For valid Codes Refer to the document Home Care Code Tables.doc	X(6)	CODE	Left Justified, any letters must be upper case.	*1. Required field. Cannot be blank.
6	SOCIAL_SECURITY_NUMBER	Unique Client Social Security Number	11	21	31		Nine digits	X(11)	TEXT	Left justified, any embedded spaces are not allowed; embedded dashes(-) ARE allowed but only 2 dashes. Format is 999-99-9999.	*1. Required field. Cannot be blank.
7	SCREENING_DATE	Client Screening Date	8	32	39	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS the FROM_DATE Index 10.
8	CLIENT_TYPE	Client Type	7	40	46	* Valid Code	For a list of valid codes refer to the document STATUS CODE TABLE.doc	X(7)	CODE	Left justified. * Any letters MUST be in Upper Case.	*1. Required Field. Cannot be blank.

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WAIVER STATUS RECORD LAYOUT

Ind	Field	Field Description	Len	Columns		Specification (* Indicates FATAL Error)					
				From	To	Range	Range Values	Pic	Type	Format	Consistency
9	WAIVER_ELIGIBILITY	Client's Waiver eligibility Status	1	47	47		For a list of valid codes refer to the document STATUS CODE TABLE.doc	X	CODE	* MUST be in Upper Case.	*1. Required Field. Cannot be blank.
10	FROM_DATE	Start date of clients eligibility status	8	48	55	* Valid full date		MMDDYY YY	DATE		*1. Required field. Cannot be blank. *2. This date must be PRIOR TO OR SAME AS the REC_CREATION_DATE Index 3, TO_DATE Index 11 (If not blank)
11	TO_DATE	End date of clients eligibility status	8	56	63	* Space or Valid full date		MMDDYY YY	DATE		
12	MEMO_TEXT	Memo of Clients Waiver Status	1000	64	1063			X(1000)	TEXT	Left Justified	
13	FILLER	BLANK FILLER	34	1064	1097	* Always Inactive		X(34)	FILLER	Filled with space characters	
14	DATA_END	End of Data Terminator Code	1	1098	1098	* %		X	CODE		
15	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE		
16	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE		

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TRAILER RECORD LAYOUT

DE#	Data Element	Type	Size	Columns		Value	Comments	Format Info	Consistency
				From	To				
1	EDI TYPE	TEXT	4	1	4	TRLR		* MUST be in upper case.	*1. Required Field. Cannot be blank.
2	EDI APP	TEXT	2	5	6	MA	Application identifier.	* MUST be in upper case.	*1. Required Field. Cannot be blank.
3	EDI USER	GRP LABEL					User Identifier		
4	EDI USER - prefix	TEXT	5	7	11	DCH00		*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
5	EDI USER	TEXT	2	12	13		Service Bureau Claim ID	*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
6	EDI USER - suffix	TEXT	1	14	14		Space character		
7	EDI CREATION DATE	TEXT	8	15	22		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for the Header's EDI Creation date (index 7).
8	EDI TRANSFER DATE (OR USE CREATION DATE)	TEXT	8	23	30		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for the Header's EDI Transfer date (index 8).
9	EDI TRANSFER TIME (OR USE CREATION TIME)	TEXT	4	31	34		HHMM		*1. Required Field. Cannot be blank. Must be the same value used for the Header's EDI Transfer time (index 9).
10	EDI FILE NUMBER	TEXT	4	35	38	4933	File Identifier.		*1. Required Field. Cannot be blank.
11	EDI RUN TYPE	TEXT	1	39	39	P or T	' P ' for production or ' T ' for Test	*MUST be in upper case.	*1. Required Field. Cannot be blank.
12	EDI BATCH IDENTIFIER	TEXT	3	40	42			*LeftJustified, any letters must be in upper case.	*1. Required Field. Cannot be blank. Must be the same value used for the Header's EDI batch identifier (index 12).

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TRAILER RECORD LAYOUT

DE#	Data Element	Type	Size	Columns		Value	Comments	Format Info	Consistency
				From	To				
13	EDI RECORD COUNT	Number	10	43	52		Total number of records including Header[HDDR] and Trailer [TRLR]	*Right justified and leading zero filled number or blank.	*1. Required Field. Cannot be blank.
14	FILLER	TEXT	1145	53	1197		Pad with space characters		*1. Required Field. Cannot be blank.
15	DATA_END	End of Data Terminator Code	1	1098	1098	* %		X	CODE
16	CRG_RTN	Carriage Return (ASCII 013) - moves the cursor to the beginning of the current line on the ASCII file.	1	1099	1099	* ASCII(013)		X	CODE
17	LN_FD	Line Feed (ASCII 010) - moves the cursor down to the same column on the next line of the ASCII text file.	1	1100	1100	* ASCII(010)		X	CODE

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