

**LTC-FS Data Export for Long Term Care Programs
Data Dictionary**

Column	Column Description	Valid Values	Values Description
Assigned_Prov_ID	Base provider ID of the provider	-	6900xx
Applicant ID	Applicant ID		
Screen Order	Screen Number		
Version Order	Version Number		
Screening Agency	The name of the agency which performed the screen.	-	
Screening County	The 3-digit county of the agency which performed the screen.	000-083	See county codes on page 2
Screeener First Name	First name of the screener.		
Screeener Middle Initial	Middle Initial of the screener.		
Screeener Last Name	Last name of the screener.		
Referral Date	The referral date on the screen.		
Screen Type	Value indicating type of screen.	001 002 003	Initial Screen Annual Screen Screen due to change in condition or situation
Functional Screen Referral Question	If response to question: "Was this person offered this functional screen in response to a referral from a nursing home, CBRF, RCAC, or AFH to a Family Care resource center (PAC)?" was checked then 1, else 0.	0 1	"Was this person offered this functional screen in response to a referral from a nursing home, CBRF, RCAC, or AFH to a Family Care resource center (PAC)?" not checked "Was this person offered this functional screen in response to a referral from a nursing home, CBRF, RCAC, or AFH to a Family Care resource center (PAC)?" checked
Screen Entered Date	The system date the screen was physically entered into the LTCFS application.		
Applicant First Name	First name of the applicant.		
Applicant Middle Initial	Middle Initial of the applicant.		
Applicant Last Name	Last name of the applicant.		
Applicant Gender	The applicant's gender.	F M U	Female Male Unknown
Applicant Social Security Number	The applicant's social security number.		
Applicant Date of Birth	The applicant's date of birth.		
Applicant Address Line 1	First address line of the applicant.		

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Column	Column Description	Valid Values	Values Description
Applicant Address Line 2	Second address line of the applicant.		
Applicant City	City of the applicant.		
Applicant State	State 2-digit abbreviation of the applicant.		
Applicant ZIP Code	ZIP Code of the applicant.		
Applicant Home Phone Number	Home phone number of the applicant.		
Applicant Work Phone Number	Work phone number of the applicant.		
Applicant Mobile Phone Number	Mobile phone number of the applicant.		
Applicant Comment/Directions	Comments and/or driving directions of/to the applicant.		
Primary Residence County Code	The three-digit number assigned to an area that distinguishes what county the applicant primarily resides in.	001 ADAMS 002 ASHLAND 003 BARRON	031 KEWAUNEE 032 LACROSSE 033 LAFAYETTE
Secondary Residence County Code	The three-digit number assigned to an area that distinguishes what county the applicant secondarily resides in.	004 BAYFIELD 005 BROWN 006 BUFFALO	034 LANGLADE 035 LINCOLN 036 MANITOWOC
Primary Residence County Code	The three-digit number assigned to an area that distinguishes what county has primary responsibility for the applicant.	007 BURNETT 008 CALUMET 009 CHIPPEWA 010 CLARK	037 MARATHON 038 MARINETTE 039 MARQUETTE 040 MILWAUKEE
Secondary Residence County Code	The three-digit number assigned to an area that distinguishes what county has secondary responsibility for the applicant.	011 COLUMBIA 012 CRAWFORD 013 DANE 014 DODGE 015 DOOR 016 DOUGLAS 017 DUNN 018 EAU CLAIRE 019 FLORENCE 020 FOND DU LAC 021 FOREST 022 GRANT 023 GREEN 024 GREEN LAKE 025 IOWA 026 IRON 027 JACKSON 028 JEFFERSON 029 JUNEAU 030 KENOSHA	041 MONROE 042 OCONTO 043 ONEIDA 044 OUTAGAMIE 045 OZAUKEE 046 PEPIN 047 PIERCE 048 POLK 049 PORTAGE 050 PRICE 051 RACINE 052 RICHLAND 053 ROCK 054 RUSK 055 ST. CROIX 056 SAUK 057 SAWYER 058 SHAWANO 059 SHEBOYGAN 060 TAYLOR
			061 TREMPEALEAU 062 VERNON 063 VILAS 064 WALWORTH 065 WASHBURN 066 WASHINGTON 067 WAUKESHA 068 WAUPACA 069 WAUSHARA 070 WINNEBAGO 071 WOOD 072 MENOMINEE 073 LAC COURTE (RNIP) 074 ST. CROIX (RNIP) 075 BAD RIVER (RNIP) 076 POTAWATOMI (RNIP) 077 SOKAOGON (RNIP) 078 LAC DU FLAMBEAU (RNIP) 079 RED CLIFF (RNIP) 080 ONEIDA (RNIP) 081 MENOMINEE (RNIP) 082 STOCKBRIDGE (RNIP) 083 CDS

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Column	Column Description	Valid Values	Values Description
Referral Source Code	The originator of the recommendation that the applicant to be screened.	001 002 003 004 005 006 007 008 009 010 011 012 013 014 015 016 017 018 019 020 021 022 023 024 025 026 027 028 029 030 031 032 033 OTH	Self Family/Significant Other Friend/Neighbor/Advocate Physician/Clinic Hospital Discharge Staff Nursing Home CBRF (Group Home) AFH (Adult Family Home) RCAC (Residential Care Apartment Complex) ICF-MR/FDD State Center Home Health Agency Community Agency Parent(s) Other Relative Guardian Audiologist Birth-to-3 Program Child Care Provider Child Protective Services Children with Special Health Care Needs Family Support Program Foster Care Hospital or Clinic Out-of-Home Setting Psychiatrist Psychologist Public Health School Social Worker Special Needs Adoption Therapist - Physical, Occupational, or Speech Annual Recertification or Change in Condition Other
Referral Source Other Text	The originator of the recommendation that the applicant to be screened when the source is 'Other'.		

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Column	Column Description	Valid Values	Values Description
Primary Screen Source Code	The numeric code indicating the primary source for screen information.	001 002 003 004 005 006 007 008 009 010 011 012 013 014 018 019 020 OTH	Individual Guardian Family Member Spouse/Significant Other Parent Child Advocate Case Manager Hospital Staff Nursing Home Staff ICF-MR / State DD Center Staff CBRF Staff Residential Provider (e.q. group home, AFH) Home Health, Personal Care, or Supportive Home Staff Individual Probation / Parole Officer Other Family Member Other
Referral Source Other Name	The name indicating the primary source for screen information when the source is 'Other'.		
Referral Source Other Text	The title indicating the primary source for screen information when the source is 'Other'.		
Screen Location Code	The physical location where the screen evaluation took place.	001 002 003 004 005 OTH	Person's current residence Temporary Residence (Non-Institutional) Nursing Home Hospital Agency Office, Resource Center Other
Screen Location Other Text	The physical location where the screen evaluation took place when 'Other' is selected.		
Target Group – Infirmities of Aging Flag	If Target Group "Infirmities of Aging" was checked then 1, else 0.	001 002 003	Target Group "Developmental Disability per FEDERAL definition" was checked Target Group "Developmental Disability per STATE but not FEDERAL definition" was checked Both 001 and 003 were checked
Target Group – Physical Disability Flag	If Target Group "Physical Disability" was checked then 1, else 0.	0 1	Target Group "Physical Disability" not checked Target Group "Physical Disability" checked

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Column	Column Description	Valid Values	Values Description
Target Group – Development Disability Flag	If Target Group “Developmental Disability per FEDERAL definition” was checked then 001, If Target Group “Developmental Disability per STATE but not FEDERAL definition” was checked then 002, if both are checked then 003, if neither is checked then Null.	001 002 003	Target Group “Developmental Disability per FEDERAL definition” Target Group “Developmental Disability per STATE but not FEDERAL definition” Both
Target Group – Alzheimer’s/ Dementia	If Target Group “Alzheimer’s or other irreversible dementia” was checked then 1, else 0.	0 1	Target Group “Alzheimer’s or other irreversible dementia” not checked Target Group “Alzheimer’s or other irreversible dementia” checked
Target Group – Terminal	If Target Group “A terminal condition with death expected within one year from the date of this screening” was checked then 1, else 0.	0 1	Target Group “A terminal condition with death expected within one year from the date of this screening” not checked Target Group “A terminal condition with death expected within one year from the date of this screening” checked
Target Group – Severe Mental Illness	If Target Group “Severe and persistent mental illness” was checked then 1, else 0.	0 1	Target Group “Severe and persistent mental illness” not checked Target Group “Severe and persistent mental illness” checked
Target Group – None	If Target Group “None of the Above” is checked then 1, else 0.	0 1	Target Group “None of the Above” not checked Target Group “None of the Above” checked
Medicare Number	The Medicare number of the consumer who is being screened.		
Medicare Part A Indicator	The indicator whether the consumer being screened has taken any Medicare Part A.	0 1	Medicare Part A Indicator not checked Medicare Part A Indicator checked
Medicare Part A Effective Date	The date when the applicant’s Part A Medicare became/becomes active. Null if N/A		
Medicare Part B Indicator	The indicator whether the consumer being screened has taken any Medicare Part B.	0 1	Medicare Part B Indicator not checked Medicare Part B Indicator checked
Medicare Part B Effective Date	The date when the applicant’s Part B Medicare became/becomes active.		

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Medicare Managed Care Indicator	The indicator whether the consumer being screened has taken any Medicare Managed Care.	0 1	Medicare Managed Care Indicator not checked Medicare Managed Care Indicator checked
Medicaid ID	The 10 digit Medical Assistance number of the consumer who is being screened. This is a user-entered field.		
Private Insurance 1 Indicator	The indicator whether the consumer being screened has primary private insurance.	0 1	Private Insurance 1 Indicator not checked Private Insurance 1 Indicator checked
Private Insurance 1 Co Name	The name of the consumer's primary private insurance company.		
Private Insurance 1 Individual ID	The number that identifies the applicant to the consumer's primary private insurance company.		
Private Insurance 1 Policy ID	The number that identifies the consumer's primary private insurance policy.		
Private Insurance 2 Indicator	If the consumer being screened has secondary private insurance then 1, else 0.	0 1	Private Insurance 2 Indicator not checked Private Insurance 2 Indicator checked
Private Insurance 2 Co Name	The name of the consumer's secondary private insurance company.		
Private Insurance 2 Individual ID	The number that identifies the applicant to the consumer's secondary private insurance company. Null if N/A		
Private Insurance 2 Policy ID	The number that identifies the consumer's secondary private insurance policy.		
Private Long Term Care Insurance Indicator	If the consumer being screened has any private long term care insurance then 1, else 0.	0 1	Private Long Term Care Insurance Indicator not checked Private Long Term Care Insurance Indicator checked
Primary Care Physician Indicator	If the applicant has a primary care physician then 1, else 0.	0 1	Primary Care Physician Indicator not checked Primary Care Physician Indicator checked

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Primary Care Physician Type Code	The indicator of the type of physician the applicant has as his/her primary care physician.	001 002 003 004 005 006 007 OTH	Pediatrician Family Practice Physician General Practice Physician Pediatric Specialist Adult Physician (Internist, Gynecologist, Adult Specialist) Nurse Practitioner Physicians Assistant Other Type of Physician
Primary Care Physician Other Text	The field for entering a description when 'Other' is selected from the dropdown.		
Railroad Retirement Number	The Railroad Retirement number of the person being screened.		
Alien Registration Number	The registration number assigned the applicant by the Immigration & Naturalization Services.		
Other Insurance Indicator	If the consumer being screened has any other insurance then 1, else 0.	0 1	Other Insurance Indicator not checked Other Insurance Indicator checked
Other Insurance Text	Provides the details on the other insurance that the applicant may have.		
No Medical Insurance Indicator	If the consumer being screened has no insurance then 1, else 0.	0 1	No Medical Insurance Indicator not checked No Medical Insurance Indicator checked
American Indian – Native Alaskan Race Ethnicity Indicator	If the consumer being screen checked American Indian – Native Alaskan race ethnicity then 1, else 0.	0 1	American Indian – Native Alaskan Race Indicator not checked American Indian – Native Alaskan Race Indicator checked
Asian Race Ethnicity Indicator	If the consumer being screen checked Asian race ethnicity then 1, else 0.	0 1	Asian Race Indicator not checked Asian Race Indicator checked
Black Race Ethnicity Indicator	If the consumer being screen checked Black race ethnicity then 1, else 0.	0 1	Black Race Indicator not checked Black Race Indicator checked
Hispanic Race Ethnicity Indicator	If the consumer being screen checked Hispanic race ethnicity then 1, else 0.	0 1	Hispanic Race Indicator not checked Hispanic Race Indicator checked
Caucasian Race Ethnicity Indicator	If the consumer being screen checked Caucasian race ethnicity then 1, else 0.	0 1	Caucasian Race Indicator not checked Caucasian Race Indicator checked
Other Race Ethnicity Indicator	If the consumer being screen checked Other race ethnicity then 1, else 0.	0 1	Other Race Indicator not checked Other Race Indicator checked

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Column	Column Description	Valid Values	Values Description
Race Ethnicity Other Text	Other value for race/ethnicity.		
Interpreter Language Code	The language of the interpreter of the consumer who is being screened.	001 002 003 004 005 006 007 OTH	American Sign Language Spanish Vietnamese Hmong Russian A Native American Language Cambodian Other
Interpreter Language Other Text	The language of the interpreter of the consumer who is being screened when 'Other' is selected. Null if N/A		
Guardian First Name	First name of the guardian.		
Guardian Middle Initial	Middle Initial of the guardian.		
Guardian Last Name	Last name of the guardian.		
Guardian Address 1	First address line of the guardian.		
Guardian Address 2	Second address line of the guardian.		
Guardian City	City of the guardian.		
Guardian State	State 2-digit abbreviation of the guardian.		
Guardian ZIP Code	ZIP Code of the guardian.		
Guardian Home Phone Number	Home phone number of the guardian.		
Guardian Work Phone Number	Work phone number of the guardian.		
Guardian Mobile Phone Number	Mobile phone number of the guardian.		
Guardian Comments/Directions	Comments and/or driving directions of/to the guardian.		
Health Care POA First Name	First name of the health care power of attorney.		
Health Care POA Middle Initial	Middle Initial of the health care power of attorney.		
Health Care POA Last Name	Last name of the health care power of attorney.		
Health Care POA Address 1	First address line of the health care power of attorney.		
Health Care POA Address 2	Second address line of the health care power of attorney.		
Health Care POA City	City of the health care power of attorney.		

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Column	Column Description	Valid Values	Values Description
Health Care POA State	State 2-digit abbreviation of the health care power of attorney.		
Health Care POA ZIP Code	ZIP Code of the health care power of attorney.		
Health Care POA Home Phone Number	Home phone number of the health care power of attorney.		
Health Care POA Work Phone Number	Work phone number of the health care power of attorney.		
Health Care POA Mobile Phone	Mobile phone number of the health care power of attorney.		
Health Care POA Comments/ Directions	Comments and/or driving directions of/to the health care power of attorney.		
Current Residence Code	Numerical value representing applicants current residence location for adult screens.	001 002 003 004 005 006 007 008 009 010 011 012 013 014 015 016 017 018 019 020 OTH	Alone (includes person who receives in-home services) With Spouse/Partner/Family With Non-relatives/Roommates With live-in paid caregivers (in exchange for room & board) Family Non-relative Paid caregivers home (1-2 bed adult home/child foster care) Home/Apartment, lease is held by support services provider Residential Care Apartment Complex Independent Apartment Community-Based Residential Facility Licensed Adult Family Home (3-4 bed AFH) CBRF Children's Group Home Nursing Home ICF-MR/FDD DD Center/State institution for developmental disabilities Mental Health Institute/State psychiatric institution Other IMD Child Caring Institution No permanent residence (e.g., is in homeless shelter) Other (includes jail)
Current Residence Other Text	The description of the applicant's residence when 'Other' was selected for current residence on adult screens.		

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Column	Column Description	Valid Values	Values Description
Preferred Residence Code	The value representing applicants preferred residence location on adult screens.	001 002 003 004 005 006 007 008 009 010 011 012 013 014 015 016 017 018 019 020 021	Alone (includes person who receives in-home services) With Spouse/Partner/Family With Non-relatives/Roommates With live-in paid caregivers (in exchange for room & board) Family Non-Relative Paid caregivers home (1-2 bed adult home/child foster care) Home/Apartment, lease is held by support services provider Residential Care Apartment Complex Independent Apartment Community-Based Residential Facility Licensed Adult Family Home (3-4 bed AFH) CBRF Children's Group Home Nursing Home ICF-MR/FDD DD Center/State institution for developmental disabilities Mental Health Institute/State psychiatric institution Other IMD Child Caring Institution No permanent residence (e.g., is in homeless shelter) Unable to determine
Family Preferred Residence Code	Numerical value representing family's/guardian's preferred residence location on adult screens.	000 001 002 003 004 005 006 007	Not applicable Stay at current residence Move to own home/apartment Move to an apartment with onsite services Move to a group residential care setting Move to a nursing home or other health care facility Unsure or unable to determine No consensus among multiple parties
NH Level of Care Code	Nursing home level of care.	ICF ISN NNH SNF	Intermediate Care Facility Intensive Skilled Nursing No Nursing Home Level of Care Skilled Nursing Facility
DD Level of Care Code	Developmental disability level of care.	D1A D1B DD2 DD3 NDD	Developmental Disability 1A Developmental Disability 1B Developmental Disability 2 Developmental Disability 3 No Developmental Disability
Partnership Eligibility Code	The code that identifies an applicant's eligibility for the Partnership program.	ELG IEL	Eligible Not Eligible

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Column	Column Description	Valid Values	Values Description
Waiver Eligibility Code	The code which identifies an applicant's eligibility for Home and Community Based Waivers.	ELG IEL	Eligible Not Eligible
Bathing Level of Help Code	Indicator showing the specific Bathing level of help needed.	000 001 002	Independent Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task. Help is needed to complete task safely and helper DOES need to be present throughout the task
Bathing Help Unpaid Flag	If current unpaid caregiver will continue for Bathing then 1, else 0.	0 1	Bathing Help Unpaid not checked Bathing Help Unpaid checked
Bathing Help Privately Paid Flag	If current Privately Paid caregiver will continue for Bathing then 1, else 0.	0 1	Bathing Help Privately Paid not checked Bathing Help Privately Paid checked
Bathing Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Bathing then 1, else 0.	0 1	Bathing Help Publicly Funded not checked Bathing Help Publicly Funded checked
Bathing Need New Help Flag	If need to find a new or additional caregiver for Bathing then 1, else 0.	0 1	Bathing Need New Help not checked Bathing Need New Help checked
Bathing Adaptive Equipment Flag	If applicant uses shower chair, tub bench, or grab bars then 1, else 0.	0 1	Uses shower chair, tub bench, grab bars, or mechanical lift not checked Uses shower chair, tub bench, grab bars, or mechanical lift checked
Dressing Level of Help Code	Indicator showing the specific Dressing level of help needed.	000 001 002	Independent Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task. Help is needed to complete task safely and helper DOES need to be present throughout the task
Dressing Help Unpaid Flag	If current unpaid caregiver will continue for Dressing then 1, else 0.	0 1	Dressing Help Unpaid not checked Dressing Help Unpaid checked
Dressing Help Privately Paid Flag	If current Privately Paid caregiver will continue for Dressing then 1, else 0.	0 1	Dressing Help Privately Paid not checked Dressing Help Privately Paid checked
Dressing Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Dressing then 1, else 0.	0 1	Dressing Help Publicly Funded not checked Dressing Help Publicly Funded checked
Dressing Need New Help Flag	If need to find a new or additional caregiver for Dressing then 1, else 0.	0 1	Dressing Need New Help not checked Dressing Need New Help checked
Eating Level of Help Code	Indicator showing the specific Eating level of help needed.	000 001 002	Independent Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task. Help is needed to complete task safely and helper DOES need to be present throughout the task
Eating Help Unpaid Flag	If current Unpaid caregiver will continue for Eating then 1, else 0.	0 1	Eating Help Unpaid not checked Eating Help Unpaid checked
Eating Help Privately Paid Flag	If current Privately Paid caregiver will continue for Eating then 1, else 0.	0 1	Eating Help Privately Paid not checked Eating Help Privately Paid checked

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Column	Column Description	Valid Values	Values Description
Eating Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Eating then 1, else 0.	0 1	Eating Help Publicly Funded not checked Eating Help Publicly Funded checked
Eating Need New Help Flag	If need to find a new or additional caregiver for Eating then 1, else 0.	0 1	Eating Need New Help not checked Eating Need New Help checked
Mobility Level of Help Code	Indicator showing the specific Mobility level of help needed.	000 001 002	Independent Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task. Help is needed to complete task safely and helper DOES need to be present throughout the task
Mobility Help Unpaid Flag	If current Unpaid caregiver will continue for Mobility then 1, else 0.	0 1	Mobility Help Unpaid not checked Mobility Help Unpaid checked
Mobility Help Privately Paid Flag	If current Privately Paid caregiver will continue for Mobility then 1, else 0.	0 1	Mobility Help Privately Paid not checked Mobility Help Privately Paid checked
Mobility Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Mobility then 1, else 0.	0 1	Mobility Help Publicly Funded not checked Mobility Help Publicly Funded checked
Mobility Need New Help Flag	If need to find a new or additional caregiver for Mobility then 1, else 0.	0 1	Mobility Need New Help not checked Mobility Need New Help checked
Walker/Cane/Crutch Adaptive Equipment Flag	If applicant uses walker, quad-cane, or crutches in home then 1, else 0.	0 1	Uses walker, quad-cane, or crutches in home not checked Uses walker, quad-cane, or crutches in home checked
Wheelchair/Scooter AE Flag	If applicant uses wheelchair or scooter in home then 1, else 0.	0 1	Uses wheelchair or scooter in home not checked Uses wheelchair or scooter in home checked
Prosthesis Adaptive Equipment Flag	If applicant has prosthesis then 1, else 0.	0 1	Has prosthesis not checked Has prosthesis checked
Toileting Level of Help Code	Indicator showing the specific Toileting level of help needed.	000 001 002	Independent Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task. Help is needed to complete task safely and helper DOES need to be present throughout the task
Toileting Help Unpaid Flag	If current unpaid caregiver will continue for Toileting then 1, else 0.	0 1	Toileting Help Unpaid not checked Toileting Help Unpaid checked
Toileting Help Privately Paid Flag	If current Privately Paid caregiver will continue for Toileting then 1, else 0.	0 1	Toileting Help Privately Paid not checked Toileting Help Privately Paid checked
Toileting Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Toileting then 1, else 0.	0 1	Toileting Help Publicly Funded not checked Toileting Help Publicly Funded checked
Toileting Need New Help Flag	If need to find a new or additional caregiver for Toileting then 1, else 0.	0 1	Toileting Need New Help not checked Toileting Need New Help checked
Commode Adaptive Equipment Flag	If applicant uses a commode then 1, else 0.	0 1	Uses commode not checked Uses commode checked
Ostomy Adaptive Equipment Flag	If applicant has ostomy then 1, else 0.	0 1	Has ostomy not checked Has ostomy checked

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Catheter Adaptive Equipment Flag	If applicant uses a urinary catheter then 1, else 0.	0 1	Uses urinary catheter not checked Uses urinary catheter checked
Bowel Program Adaptive Equipment Flag	If applicant receives regular bowel program then 1, else 0.	0 1	Receives regular bowel program not checked Receives regular bowel program checked
No Incontinence Flag	If applicant does not have incontinence then 1, else 0.	0 1	Applicant does not have incontinence not checked Applicant does not have incontinence checked
Incontinence Daily Flag	If applicant has incontinence daily then 1, else 0.	0 1	Has incontinence daily not checked Has incontinence daily checked
Incontinence Less Daily Flag	If applicant has incontinence less than daily but at least once per week then 1, else 0.	0 1	Has incontinence less than daily but at least once per week not checked Has incontinence less than daily but at least once per week checked
Transferring Level of Help Code	Indicator showing the specific Transferring level of help needed.	000 001 002	Independent Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task. Help is needed to complete task safely and helper DOES need to be present throughout the task
Transferring Help Unpaid Flag	If current unpaid caregiver will continue for Transferring then 1, else 0.	0 1	Transferring Help Unpaid not checked Transferring Help Unpaid checked
Transferring Help Privately Paid Flag	If current Privately Paid caregiver will continue for Transferring then 1, else 0.	0 1	Transferring Help Privately Paid not checked Transferring Help Privately Paid checked
Transferring Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Transferring then 1, else 0.	0 1	Transferring Help Publicly Funded not checked Transferring Help Publicly Funded checked
Transferring Need New Help Flag	If need to find a new or additional caregiver for Transferring then 1, else 0.	0 1	Transferring Need New Help not checked Transferring Need New Help checked
Mechanical Lift Adaptive Equipment Flag	If applicant uses mechanical lift (not a lift chair) then 1, else 0.	0 1	Uses mechanical lift (not a lift chair) not checked Uses mechanical lift (not a lift chair) checked
Transfer Board/Trapeze Adaptive Equipment Flag	If applicant uses a transfer board or trapeze then 1, else 0.	0 1	Uses transfer board or trapeze not checked Uses transfer board or trapeze checked
Meal Preparation Level of Help Code	Indicator showing the specific level of help needed for Meal Preparation.	000 001 002 003	Independent Needs help from another person weekly or less often Needs help 2 to 7 times a week - to prepare or help with meal preparation or provide meals) Needs help with every meal (to provide, prepare or help prepare)
Meal Preparation Unpaid Flag	If current unpaid caregiver will continue for Meal Preparation then 1, else 0.	0 1	Meal Preparation Help Unpaid not checked Meal Preparation Help Unpaid checked

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Meal Preparation Privately Paid Flag	If current Privately Paid caregiver will continue for Meal Preparation then 1, else 0.	0 1	Meal Preparation Help Privately Paid not checked Meal Preparation Help Privately Paid checked
Meal Preparation Publicly Funded Flag	If current Publicly Funded caregiver will continue for Meal Preparation then 1, else 0.	0 1	Meal Preparation Help Publicly Funded not checked Meal Preparation Help Publicly Funded checked
Meal Preparation Need New Help Flag	If need to find a new or additional caregiver for Meal Preparation then 1, else 0.	0 1	Meal Preparation Need New Help not checked Meal Preparation Need New Help checked
Medication Management Level of Help Code	Indicator showing the specific level of help needed for Medication Management.	001 002 003 005 006 007	Has no medications Independent Needs help 1 to 2 days a week or less. Includes having someone set up meds or prefilling syringes, or administration of medicine weekly or less. Needs help 3 to 7 days a week or more often-- CAN direct the task and can make decisions regarding each medication. Needs help approximately Daily or more often -- CANNOT direct the task: is cognitively unable to follow through without another person to administer each medication. Both 005 and 006 were checked on screen.
Medication Management Help Unpaid Flag	If current unpaid caregiver will continue for Medication Management then 1, else 0.	0 1	Medication Management Help Unpaid not checked Medication Management Help Unpaid checked
Medication Management Help Privately Paid Flag	If current Privately Paid caregiver will continue for Medication Management then 1, else 0.	0 1	Medication Management Help Privately Paid not checked Medication Management Help Privately Paid checked
Medication Management Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Medication Management then 1, else 0.	0 1	Medication Management Help Publicly Funded not checked Medication Management Help Publicly Funded checked
Medication Management Need New Help Flag	If need to find a new or additional caregiver for Medication Management then 1, else 0.	0 1	Medication Management Need New Help not checked Medication Management Need New Help checked
Money Management Level of Help Code	Indicator showing the specific level of help needed for Money Management.	000 001 002	Independent Needs help from another person weekly or less Needs help from another person daily or more often (e.g. with every transaction)
Money Management Help Unpaid Flag	If current Unpaid caregiver will continue for Money Management then 1, else 0.	0 1	Money Management Help Unpaid not checked Money Management Help Unpaid checked
Money Management Privately Paid Flag	If current Privately Paid caregiver will continue for Money Management then 1, else 0.	0 1	Money Management Help Privately Paid not checked Money Management Help Privately Paid checked

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Column	Column Description	Valid Values	Values Description
Money Management Publicly Funded Flag	If current Publicly Funded caregiver will continue for Money Management then 1, else 0.	0 1	E Money Management Help Publicly Funded not checked Money Management Help Publicly Funded checked
Money Management Need New Help Flag	If need to find a new or additional caregiver for Money Management then 1, else 0.	0 1	Money Management Need New Help not checked Money Management Need New Help checked
Laundry Level of Help Code	Indicator showing the specific level of help needed for Laundry help.	000 001 002	Independent Needs help from another person weekly or less often Needs help more than once a week
Laundry Help Unpaid Flag	If current Unpaid caregiver will continue for Laundry help then 1, else 0.	0 1	Laundry Help Unpaid not checked Laundry Help Unpaid checked
Laundry Help Privately Paid Flag	If current Privately Paid caregiver will continue for Laundry help then 1, else 0.	0 1	Laundry Help Privately Paid not checked Laundry Help Privately Paid checked
Laundry Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Laundry help then 1, else 0.	0 1	Laundry Help Publicly Funded not checked Laundry Help Publicly Funded checked
Laundry Need New Help Flag	If need to find a new or additional caregiver for Laundry help then 1, else 0.	0 1	Laundry Need New Help not checked Laundry Need New Help checked
Telephone Use Ability Code	Identifies whether or not the consumer being screened has cognitive and physical abilities to use the phone independently.	001 002 003	Independent Lacks ability to use phone Both of the above are checked
Telephone Access Code	Identifies whether or not the consumer being screened currently has access to a working telephone.	001 002	Has access to phone No phone or Access
Transportation/Driving Code	Value indicating the status of the applicant's Transportation IADL.	001 002 003 004 005 006	Person drives regular vehicle Person drives adapted vehicle Person drives regular vehicle but there are serious safety concerns Person drives adapted vehicle but there are serious safety concerns Cannot drive due to physical/cognitive impairment (Includes no drivers license due to medical problems). Does not drive due to other reasons (not due to physical or cognitive impairment).
Overnight Care/Supervision Code	Value indicating the response to the question 'Does the person require overnight care or supervision'?	000 001 002	No Yes; caregiver can get at least 6 hours of uninterrupted sleep per night. Yes; caregiver cannot get at least 6 hours of uninterrupted sleep per night.

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Column	Column Description	Valid Values	Values Description
Employment Status Code	Value indicating the employment status.	001 002 003 004 005 006 007	Retired Not Employed Employed Full Time Employed Part Time Employed Not employed or under-employed and interested in a new job Retired, or not employed and not interested in a new job
Employment Interest Code	Value which indicates/identifies the applicant's interest in new job.	001 002	Interested in a new job. Not interested in a new job.
Vocational Employment Flag	If applicant attends a pre-vocational day activity/work activity program then 1, else 0.	0 1	Attends pre-vocational day activity/work activity program not checked Attends pre-vocational day activity/work activity program checked
Workshop Employment Flag	If the applicant attends a sheltered workshop then 1, else 0.	0 1	Attends sheltered workshop not checked Attends sheltered workshop checked
Community Employment Flag	If the applicant has a paid job in the community then 1, else 0.	0 1	Has a paid job in the community not checked Has a paid job in the community checked
Home Employment Flag	If the applicant works from home then 1, else 0.	0 1	Works at home not checked Works at home checked
Employment Assistance Code	Value which indicates the help level need for assistance to work for an applicant.	000 001 002 003	Independent (with assistive devices if uses them) Needs help weekly or less (e.g., if problems arise) Needs help every day, no need continuous presence of another. Needs the continuous presence of another person.
Diagnosis Mental Retardation Flag	If indicator that Mental Retardation was checked then 1, else 0.	0 1	Mental Retardation not checked Mental Retardation checked
Diagnosis Autism Flag	If indicator that Autism was checked then 1, else 0.	0 1	Autism not checked Autism checked
Diagnosis Brain Injury Onset Age 22 Flag	If indicator that Brain Injury with onset before age 22 was checked then 1, else 0.	0 1	Brain Injury with onset before age 22 not checked Brain Injury with onset before age 22 checked
Diagnosis Cerebral Palsy Flag	If indicator that Cerebral Palsy was checked.	0 1	Cerebral Palsy not checked Cerebral Palsy checked
Diagnosis Prader-Willi Syndrome Flag	Indicator that Prader-Willi Syndrome was checked then 1, else 0.	0 1	Prader-Willi Syndrome not checked Prader-Willi Syndrome checked
Diagnosis Seizure Disorder Onset Age 22 Flag	If indicator that Seizure Disorder with onset before age 22 was checked then 1, else 0.	0 1	Seizure Disorder with onset before age 22 not checked Seizure Disorder with onset before age 22 checked
Diagnosis Otherwise Meets State/Federal DD Flag	If indicator that Otherwise meets state or Fed definitions of DD was checked then 1, else 0.	0 1	Otherwise meets state or Fed definitions of DD not checked Otherwise meets state or Fed definitions of DD checked
Diagnosis Diabetes Mellitus Flag	If indicator that Diabetes Mellitus was checked then 1, else 0.	0 1	Diabetes Mellitus not checked Diabetes Mellitus checked

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Column	Column Description	Valid Values	Values Description
Diagnosis Hypo/Hyper Thyroidism flag	If indicator that Hypothyroidism/Hyperthyroidism was checked then 1, else 0.	0 1	Hypothyroidism/Hyperthyroidism not checked Hypothyroidism/Hyperthyroidism checked
Diagnosis Dehydration/Fluid Imbalance V3 Flag	If indicator that Dehydration/fluid & electrolyte imbalance was checked for V3 screens then 1, else 0.	0 1	Dehydration/fluid and electrolyte imbalances not checked Dehydration/fluid and electrolyte imbalances checked
Diagnosis Liver Disease Flag	If indicator that Liver Disease was checked then 1, else 0.	0 1	Liver Disease (hepatic failure, cirrhosis) not checked Liver Disease (hepatic failure, cirrhosis) checked
Diagnosis Other Digestive Disorders Flag	If indicator that Other disorders of the digestive system was checked then 1, else 0.	0 1	Other disorders of digestive system not checked Other disorders of digestive system checked
Diagnosis Nutritional Imbalances V3 Flag	If indicator that Nutritional Imbalances was checked for V3 screens then 1, else 0.	0 1	Nutritional imbalances not checked Nutritional imbalances checked
Diagnosis Other Hormonal/Metabolic Disorder Flag	If indicator that Other disorders of the hormonal or metabolic system was checked then 1, else 0.	0 1	Other disorders of hormonal or metabolic system not checked Other disorders of hormonal or metabolic system checked
Diagnosis Anemia/Coagulation Defects Flag	If indicator that Anemia/Coagulation Defects/Other Blood Diseases was checked then 1, else 0.	0 1	Anemia/Coagulation Defects/Other blood diseases not checked Anemia/Coagulation Defects/Other blood diseases checked
Diagnosis Angina/Coronary Artery Disease Flag	If indicator that Angina/Coronary Artery Disease/Myocardial Infarction was checked then 1, else 0.	0 1	Angina/Coronary Artery Disease/Myocardial Infarction (MI) not checked Angina/Coronary Artery Disease/Myocardial Infarction (MI) checked
Diagnosis Heart Rate Disorders Flag	If indicator that Disorders of Heart Rate or Rhythm was checked then 1, else 0.	0 1	Disorders of heart rate or rhythm not checked Disorders of heart rate or rhythm checked
Diagnosis Congestive Heart Failure Flag	If indicator that Congestive Heart Failure was checked then 1, else 0.	0 1	Congestive Heart Failure (CHF) not checked Congestive Heart Failure (CHF) checked
Diagnosis Blood/Lymph Disorders Flag	If indicator that Disorders of Blood Vessels or Lymphatic System was checked then 1, else 0.	0 1	Disorders of blood vessels or lymphatic system not checked Disorders of blood vessels or lymphatic system checked
Diagnosis Hypertension Flag	If indicator that Hypertension was checked then 1, else 0.	0 1	Hypertension (HTN) (high blood pressure) not checked Hypertension (HTN) (high blood pressure) checked
Diagnosis Hypotension Flag	If indicator that Hypotension was checked then 1, else 0.	0 1	Hypotension (low blood pressure) not checked Hypotension (low blood pressure) checked
Diagnosis Other Heart Conditions Flag	If indicator that other heart conditions was checked then 1, else 0.	0 1	Other heart conditions (including valve disorders) not checked Other heart conditions (including valve disorders) checked
Diagnosis Amputation Flag	If indicator that Amputation was checked then 1, else 0.	0 1	Amputation not checked Amputation checked
Diagnosis Arthritis Flag	If indicator that Arthritis was checked then 1, else 0.	0 1	Arthritis (e.g. Osteoarthritis, Rheumatoid Arthritis) not checked Arthritis (e.g. Osteoarthritis, Rheumatoid Arthritis) checked

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Column	Column Description	Valid Values	Values Description
Diagnosis Hip Fracture/Replacement Flag	If indicator that Hip Fracture/ Replacement was checked then 1, else 0.	0 1	Hip fracture/replacement not checked Hip fracture/replacement checked
Diagnosis Other Fracture V3 Flag	If indicator that Other fracture/ Joint disorders/ Scoliosis/ Kyphosis was checked for V3 screens then 1, else 0.	0 1	Other fracture/joint disorders/Scoliosis/Kyphosis not checked Other fracture/joint disorders/Scoliosis/Kyphosis checked
Diagnosis Osteoporosis V3 Flag	If indicator that Osteoporosis/ Other bone disease was checked for V3 screens then 1, else 0.	0 1	Osteoporosis/Other bone disease not checked Osteoporosis/Other bone disease checked
Diagnosis Contractures/Connective Tissue Flag	If indicator that Contractures/ Connective Tissue Disorders was checked then 1, else 0.	0 1	Contractures/Connective Tissue Disorders not checked Contractures/Connective Tissue Disorders checked
Diagnosis Multiple Sclerosis/ALS Flag	If indicator that Multiple Sclerosis/ ALS was checked then 1, else 0.	0 1	Multiple Sclerosis/ALS not checked Multiple Sclerosis/ALS checked
Diagnosis Muscular Dystrophy Flag	If indicator that Muscular Dystrophy was checked then 1, else 0.	0 1	Muscular Dystrophy not checked Muscular Dystrophy checked
Diagnosis Spinal Cord Injury Flag	If indicator that Spinal Cord Injury was checked then 1, else 0.	0 1	Spinal Cord Injury not checked Spinal cord Injury checked
Diagnosis Paralysis Other than Spinal Flag	If indicator that Paralysis Other than Spinal Cord injury was checked then 1, else 0.	0 1	Paralysis Other than Spinal Cord Injury not checked Paralysis Other than Spinal Cord Injury checked
Diagnosis Spina Bifida Flag	If indicator that Spina Bifida was checked then 1, else 0.	0 1	Spina Bifida not checked Spina Bifida not checked
Diagnosis Chronic Pain/Fatigue V3 Flag	If indicator that other chronic pain or fatigue was checked for V3 screens then 1, else 0.	0 1	Other chronic pain or fatigue (e.g. Fibromyalgia, Migraines, headaches, back pain [including discs], CFS) not checked Other chronic pain or fatigue (e.g. Fibromyalgia, Migraines, headaches, back pain [including discs], CFS) checked
Diagnosis Other Nerve Disorders V3 Flag	If indicator that Other Musculoskeletal Neuromuscular or Peripheral Nerve Disorder was checked for V3 screens then 1, else 0.	0 1	Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders not checked Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders checked
Diagnosis Alzheimer's Disease Flag	If indicator that Alzheimer's Disease was checked then 1, else 0.	0 1	Alzheimer's Disease not checked Alzheimer's Disease checked
Diagnosis Other Irreversible Dementia Flag	If indicator that Other Irreversible Dementia was checked then 1, else 0.	0 1	Other Irreversible Dementia not checked Other Irreversible Dementia checked
Diagnosis Cerebral Vascular Accident Flag	If indicator that Cerebral Vascular Accident was checked then 1, else 0.	0 1	Cerebral Vascular Accident (CVA, stroke) not checked Cerebral Vascular Accident (CVA, stroke) checked
Diagnosis Brain Injury After Age 22 Flag	If indicator that Traumatic Brain Injury after age 22 was checked then 1, else 0.	0 1	Traumatic Brain Injury after age 22 not checked Traumatic Brain Injury after age 22 checked

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Column	Column Description	Valid Values	Values Description
Diagnosis Seizure Disorder After Age 22 Flag	If indicator that Seizure Disorder with onset after age 22 was checked then 1, else 0.	0 1	Seizure Disorder with onset after age 22 not checked Seizure Disorder with onset after age 22 checked
Diagnosis Other Brain Disorder V3 Flag	If indicator that Other brain disorders was checked for V3 screens then 1, else 0.	0 1	Other brain disorders not checked Other brain disorders checked
Diagnosis Asthma Flag	If indicator that Asthma/ Chronic Obstructive Pulmonary Disease/ Emphysema/ Chronic Bronchitis was checked then 1, else 0.	0 1	Asthma/Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis not checked Asthma/Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis checked
Diagnosis Pneumonia/Bronchitis/Flu Flag	If indicator that Pneumonia/ Acute Bronchitis/ Influenza was checked then 1, else 0.	0 1	Pneumonia/Acute Bronchitis/Influenza not checked Pneumonia/Acute Bronchitis/Influenza checked
Diagnosis Tracheostomy Flag	If indicator that Tracheostomy was checked then 1, else 0.	0 1	Tracheostomy not checked Tracheostomy checked
Diagnosis Ventilator Dependent Flag	If indicator that Ventilator Dependent was checked then 1, else 0.	0 1	Ventilator Dependent not checked Ventilator dependent checked
Diagnosis Other Respiratory Condition Flag	If indicator that Other Respiratory Condition was checked then 1, else 0.	0 1	Other respiratory condition not checked Other respiratory condition checked
Diagnosis Renal Failure/Kidney Disease Flag	If Indicator that Renal Failure, other kidney disease was checked then 1, else 0.	0 1	Renal Failure, other kidney disease not checked Renal Failure, other kidney disease checked
Diagnosis Urinary Tract Infection Flag	If indicator that Urinary Tract Infection was checked for V3 screens then 1, else 0.	0 1	Urinary Tract Infection, current or recently recurrent not checked Urinary Tract Infection, current or recently recurrent checked
Diagnosis Other Disorders GU System V3 Flag	If indicator that Other Disorders of GU system was checked for V3 screens then 1, else 0.	0 1	Other disorders of GU system (bladder, urethra) not checked Other disorders of GU system (bladder, urethra) checked
Diagnosis Reproductive System Disorders Flag	If indicator that Disorders of the Reproductive System was checked then 1, else 0.	0 1	Disorders of reproductive system not checked Disorders of reproductive system checked
Diagnosis Anxiety Disorder Flag	If indicator that Anxiety Disorder was checked then 1, else 0.	0 1	Anxiety Disorder (e.g. phobias, post-traumatic stress disorders, Obsessive-Compulsive Disorder) not checked Anxiety Disorder (e.g. phobias, post-traumatic stress disorders, Obsessive-Compulsive Disorder) checked
Diagnosis Bipolar/Manic-Depressive Flag	If indicator that Bipolar/Manic Depressive was checked.	0 1	Bipolar/Manic-Depressive not checked Bipolar/Manic-Depressive checked
Diagnosis Depression Flag	If indicator that Depression was checked then 1, else 0.	0 1	Depression not checked Depression checked
Diagnosis Schizophrenia Flag	If indicator that Schizophrenia was checked then 1, else 0.	0 1	Schizophrenia not checked Schizophrenia checked

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Column	Column Description	Valid Values	Values Description
Diagnosis Other Mental Illness Flag	If indicator that Other Mental Illness/ Psychiatric Disorder/ Personality Disorder was checked then 1, else 0.	0 1	Other Mental Illness Diagnosis (e.g. Personality Disorder) not checked Other Mental Illness Diagnosis (e.g. Personality Disorder) checked
Diagnosis Blind Flag	If indicator that Blind was checked then 1, else 0.	0 1	Blind not checked Blind checked
Diagnosis Visual Impairment V3 Flag	If indicator that Visual Impairment was checked for V3 screens then 1, else 0.	0 1	Visual impairment (e.g. cataracts, retinopathy, glaucoma, macular degeneration) not checked Visual impairment (e.g. cataracts, retinopathy, glaucoma, macular degeneration) checked
Diagnosis Deaf Flag	If indicator that Deaf was checked then 1, else 0.	0 1	Deaf not checked Deaf checked
Diagnosis Other Sensory Disorders V3 Flag	If indicator that Other Sensory Disorders was checked for V3 screens then 1, else 0.	0 1	Other sensory disorders not checked Other sensory disorders checked
Diagnosis Allergies Flag	If indicator that Allergies was checked then 1, else 0.	0 1	Allergies not checked Allergies checked
Diagnosis Cancer Flag	If indicator that Cancer was checked then 1, else 0.	0 1	Cancer in past 5 years not checked Cancer in past 5 years checked
Diagnosis Skin Diseases Flag	If indicator that Diseases of skin was checked then 1, else 0.	0 1	Diseases of skin not checked Diseases of skin checked
Diagnosis HIV-Positive Flag	If indicator that HIV-Positive was checked then 1, else 0.	0 1	HIV Positive not checked HIV Positive checked
Diagnosis AIDS Flag	If indicator that AIDS diagnosed was checked then 1, else 0.	0 1	AIDS (diagnosed) not checked AIDS (diagnosed) checked
Diagnosis Other Infectious Diseases Flag	If indicator that Other infections disease was checked then 1, else 0.	0 1	Other infectious disease not checked Other infectious disease checked
Diagnosis Auto-Immune Disease Flag	If indicator that Auto-Immune Disease was checked then 1, else 0.	0 1	Auto-Immune Disease (other than rheumatism) not checked Auto-Immune Disease (other than rheumatism) checked
Diagnosis Alcohol or Drug Abuse Flag	If indicator that Alcohol or Drug Abuse was checked then 1, else 0.	0 1	Alcohol or Drug Abuse not checked Alcohol or Drug Abuse checked
Behavioral Diagnosis Flag	If indicator that Behavioral Diagnoses was checked then 1, else 0.	0 1	Behavioral diagnoses (not found in Part H above) not checked Behavioral diagnoses (not found in Part H above) checked
Diagnosis Terminal Illness Flag	If indicator that Terminal Illness was checked then 1, else 0.	0 1	Terminal Illness (prognoses <= 12 months) not checked Terminal Illness (prognoses <= 12 months) checked
Diagnosis Wound/Burn/Bedsore/ Ulcer Flag	If indicator that Wound, Burn, Bedsore, Pressure Ulcer was checked then 1, else 0.	0 1	Wound, Burn, Bedsore, Pressure Ulcer not checked Wound, Burn, Bedsore, Pressure Ulcer checked
Other Diagnosis Flag	If indicator that Other was checked then 1, else 0.	0 1	Other, be sure to review "Cue Sheet" not checked Other, be sure to review "Cue Sheet" checked

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Column	Column Description	Valid Values	Values Description
Health Related Services Behavior Intervention Code	Frequency of "interventions related to behaviors".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Nursing Assessment Code	Frequency of "Condition – Requires nursing assessment ..." or	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Exercise/Range of Motion Code	Frequency of "Exercises/Range of motion".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services IV	Frequency of "IV Chemotherapy, Fluids, Medications, Line Flushes".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Medication Administration Code	Frequency of "Medication administration (not IV) ...".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day

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Column	Column Description	Valid Values	Values Description
Health Related Services Medication/ Pain Management Code	Frequency of "Medication management, Pain management".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Ostomy Code	Frequency of "Ostomy – related skilled services".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Repositioning In Bed/Chair Code	Frequency of "Positioning in bed or chair every 2-3 hours".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Oxygen/ Respiratory Code	Frequency of "Respiratory treatment, Oxygen, Suctioning, Chest PT".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services In-Home Dialysis Code	Frequency of "In-home dialysis".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day

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Column	Column Description	Valid Values	Values Description
Health Related Services Total Parenteral Nutrition Code	Frequency of "TPN (Total parenteral nutrition)".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Transfusions Code	Frequency of "Transfusions".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Tracheostomy Care Code	Frequency of "Tracheostomy care".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Tube Feedings Code	Frequency of "Tube feedings".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Ulcer Stage 2 Code	Frequency of "Ulcer – Stage 2".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day

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Column	Column Description	Valid Values	Values Description
Health Related Services Ulcer Stage 3 or 4 Code	Frequency of "Ulcer – Stage 3 or 4".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Urinary Catheter Code	Frequency of "Urinary catheter – related skilled tasks ...".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Other Wound Care Code	Frequency of "Other wound cares (not cath sites...".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Ventilator Intervention Code	Frequency of "Ventilator – Related interventions".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day
Health Related Services Other Service Code	Frequency of "Other".	000 001 002 003 004 005 006	Person is independent 1 to 3 times per month Weekly 2 to 6 times per week 1 to 2 times per day 3 to 4 times per day Over 4 times per day

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Column	Column Description	Valid Values	Values Description
Health Related Services Other Service Text	Value of Other Health Related Services.		
Health Related Services Skilled Therapy Code	Frequency of "Skilled Therapies – PT, OT, ST".	001 002	1 to 4 days per week 5 or more days per week
Health Related Services Help Unpaid Flag	If current Unpaid caregiver will continue for Health Related Needs then 1, else 0.	0 1	Current unpaid caregiver will continue not checked Current unpaid caregiver will continue checked
Health Related Services Help Privately Paid Flag	If current Privately Paid caregiver will continue for Health Related Needs then 1, else 0.	0 1	Current privately paid caregiver will continue not checked Current privately paid caregiver will continue checked
Health Related Services Help Publicly Funded Flag	If current Publicly Funded caregiver will continue for Health Related Needs then 1, else 0.	0 1	Current publicly funded paid caregiver will continue not checked Current publicly funded paid caregiver will continue checked
Health Related Services Need New Help Flag	If need to find a new or additional caregiver for Health Related Needs then 1, else 0.	0 1	Need to find new (or additional) caregiver not checked Need to find new (or additional) caregiver checked
Ability to Communicate Code	Indicates the response to Communication: Includes the ability to express oneself in one's own language.	000 001 002 003	Can fully communicate with no impairment or only minor impairment. Can fully communicate with the use of assistive devices Can communicate only basic needs to others No effective communication
No Memory Impairment Flag	If "No memory impairments evident during screening process" was checked then 1, else 0.	0 1	No memory impairment evident during screening process not checked No memory impairment evident during screening process checked
Short Term Memory Loss Flag	If "Short Term Memory Loss" was checked then 1, else 0.	0 1	Short Term Memory Loss (seems unable to recall things a few minutes later) not checked Short Term Memory Loss (seems unable to recall things a few minutes later) checked
Unable to Remember Flag	If "Unable to remember things over several days or weeks" was checked then 1, else 0.	0 1	Unable to remember things over several days or weeks not checked Unable to remember things over several days or weeks checked
Long Term Memory Loss Flag LONG_TERM_MEM_ADT	If "Long Term Memory Loss" was checked then 1, else 0.	0 1	Long Term Memory Loss (seems unable to recall distant past) not checked Long Term Memory Loss (seems unable to recall distant past) checked
Cognition for Decision Making Code	Indicates the response to Cognition for Daily Decision Making.	000 001 002 003 004 005 006	Independent Person can make safe decisions in familiar /routine situations, but needs some help with decision making when faced with new tasks or situations. Person needs help with reminding, planning, or adjusting routine, even with familiar routine. Person needs help from another person most or all of the time. Both 000 and 001 were checked on screen Both 001 and 003 were checked on screen Both 002 and 003 were checked on screen

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Data Dictionary**

Column	Column Description	Valid Values	Values Description
Physically Resistive to Care Code	Indicates the response to Physically Resistive to Care.	000 001 002 003	No Yes, person is physically resistive to care due to a cognitive impairment. Unknown Both 000 and 002 were checked on screen.
Wandering Detail Code	Indicates the response to Wandering.	000 001 002 003	Does not wander Daytime wandering but sleeps nights Wanders at night or day and night Both 0 and 2 above were selected
Self-Injurious Behaviors Code	Indicates the response to Self-Injurious Behaviors.	000 001 002 003 004	No injurious behaviors demonstrated. Some Self injurious or violent behaviors require occasional interventions weekly or less. Self injurious or violent behaviors require interventions every day, but not always one-on-one. Self injurious or violent behaviors require intensive one-on-one interventions most awake hours. Both 0 and 1 above were selected.
Offensive/Violent Behavior Code	Indicates the response to Offensive or Violent Behavior to Others.	000 001 002 003 004	No offensive or violent behaviors demonstrated. Some offensive or violent behaviors require occasional interventions weekly or less Offensive or violent behaviors require interventions every day, but not always one-on-one Offensive or violent behaviors require intensive one-on-one interventions most awake hours. Both 0 and 1 above were selected
Mental Health Detail Code	Indicates the response to Mental Health Needs.	000 001 002 003 004 005	No mental health problems or needs evident Person may be at risk and in need if some mental health services Is currently stable (with or without medications) Is currently not stable Both 0 and 2 above were selected Both 1 and 2 above were selected
No Substance Abuse Flag	If indicator that no active substance abuse problems evident at this time was checked then 1, else 0.	0 1	No active substance abuse problems evident at this time not checked No active substance abuse problems evident at this time checked

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**LTC-FS Data Export for Long Term Care Programs
Data Dictionary**

Column	Column Description	Valid Values	Values Description
Current Substance Abuse Flag	If person or others indicate a current problem or evidence suggests possibility of a current problem or high likelihood of recurrence without significant ongoing support or interventions then 1, else 0.	0 1	Person or others indicate(s) a current problem, or evidence suggest possibility of a current problem or high likelihood of recurrence without significant ongoing support or interventions not checked. Person or others indicate(s) a current problem, or evidence suggest possibility of a current problem or high likelihood of recurrence without significant ongoing support or interventions checked.
Past Year Substance Abuse Flag	If in the past year, the person has had significant problems due to substance abuse then 1, else 0.	0 1	In the past year, the person has had significant problems due to substance abuse not checked. In the past year, the person has had significant problems due to substance abuse checked.
Risk Adult Protective Services Flag	If an applicant is known to be a client of the APS system then 1, else 0.	0 1	Person is known to be a current client of Adult Protective Services (APS) not checked. Person is known to be a current client of Adult Protective Services (APS) checked
Risk Elder Abuse Neglect Agency Flag	If the applicant is currently being served by the lead Elder Abuse Neglect Agency then 1, else 0.	0 1	Person is currently being serviced by the lead Elder Abuse and Neglect (EAN) agency not checked. Person is currently being serviced by the lead Elder Abuse and Neglect (EAN) agency checked
No Risk Factors Flag	If there are no risk factors or evidence of abuse or neglect apparent at this time then 1, else 0.	0 1	No risk factors or evidence of abuse or neglect apparent at this time not checked No risk factors or evidence of abuse or neglect apparent at this time checked
High Risk Failing Flag	If the applicant is currently failing or is at high risk of failing to obtain nutrition, self-care, or safety adequate to avoid significant negative health outcomes then 1, else 0.	0 1	The individual is currently failing or is at high risk of failing to obtain nutrition, self-care, or safety adequate to avoid significant negative health outcomes not checked The individual is currently failing or is at high risk of failing to obtain nutrition, self-care, or safety adequate to avoid significant negative health outcomes checked
Imminent Risk Institution Flag	If the applicant is at imminent risk of institutionalization if s/he does not receive needed assistance then 1, else 0.	0 1	The person is at imminent risk of institutionalization in a nursing home or ICF-MR if s/he does not receive needed assistance not checked The person is at imminent risk of institutionalization in a nursing home or ICF-MR if s/he does not receive needed assistance checked
Evidence Possible Abuse Flag	If there are statements of or evidence of possible abuse, neglect, self-neglect, or financial exploitation then 1, else 0.	0 1	There are statements of, or evidence of, possible abuse, neglect, self-neglect, or financial exploitation not checked There are statements of, or evidence of, possible abuse, neglect, self-neglect, or financial exploitation checked
Referral APS EAN Flag	If referring to APS and/or EAN now then 1, if not referring then 0.	0 1	Referring to APS and/or EAN now not checked Referring to APS and/or EAN now checked

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**LTC-FS Data Export for Long Term Care Programs
Data Dictionary**

Column	Column Description	Valid Values	Values Description
Non Referral Comment Text	Comments on statements of, or evidence of possible abuse, neglect, self-neglect, or financial exploitation.		
Support Network Flag	If the person's support network appears to be adequate at this time, but may be fragile in the near future then 1, else 0.	0 1	The person's support network appears to be adequate at this time, but may be fragile in the near future (within next 4 months) not checked The person's support network appears to be adequate at this time, but may be fragile in the near future (within next 4 months) checked
Grandfathering Eligibility Flag	If the person is eligible for Grandfathering into Family Care then 1, else 0.	0 1	Is person eligible for Grandfathering into Family Care (per county list)? No checked Is person eligible for Grandfathering into Family Care (per county list)? Yes checked
Screen Completion Date	The user entered date (MM/DD/YYYY) the screen was completed.		
Face to Face Time Measure	The screen completion time for face to face contact time as measured in minutes.		
Collateral Time Measure	The screen completion time for collateral contact time as measured in minutes.		
Paper Work Time Measure	The screen completion time for paper work time as measured in minutes.		
Travel Time Measure	The screen completion time for travel time as measured in minutes.		
Total time	The sum of screen completion time for face to face contact, collateral contact, paper work, and travel in minutes.		

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