

Date:	
Requestor Name:	
Requestor Institution:	
Study Title:	

**Long Term Care MDS Workbench Variable Selection & Justification Worksheet** (updated 9/2008)

**Directions:** Indicate variables to include in the output and justify the need for each. For variable definition see the MDS data dictionary. **Bolded variables indicate CMS recommended variables.**

Check to request	Section and variable name	Variable SAS name	Full-Annual	Full-Yearly	Full-No RAP	PPS	Only-Minimum	Only-RUG III	Track-Discharge	Track-Reentry	RUG III	Quality-Indicator	Resident-Profiles	Quality-Measure	Variable used in calculating QI exclusion	Not in CCW MDS	Use in analysis
<b>Section A. Identification and Background Information</b>																	
	(A2) Room Number	A2_ROOM_NUM	*	*	*	*	*	*									
	(A3A) Assessment Reference Date	A3A_ASMT_REF_DT	*	*	*	*	*	*				*		*			
	(A4A) Reentry Date	A4A_REENTRY_DT	*	*	*	*	*	*	*								
	(A4B) Admitted From (at Reentry)	A4B_ADMIT_FROM							*								
	(A5) Marital Status	A5_MARTIAL_STATUS	*	*	*	*	*	*									
	(A6) Medical Record Number	A6_MEDICAL_REC_NUM	*	*	*	*	*	*								*	
	(A7A) Medicaid Per Diem	A7A_MCAID_PER_DIEM	*	*	*	*	*	*									
	(A7B) Medicare Per Diem	A7B_MCARE_PER_DIEM	*	*	*	*	*	*									
	(A7C) Medicare Ancillary Part A	A7C_MCARE_ANC_P_A	*	*	*	*	*	*									
	(A7D) Medicare Ancillary Part B	A7D_MCARE_ANC_P_B	*	*	*	*	*	*									
	(A7E) CHAMPUS Per Diem	A7E_CHAMPUS_P_D	*	*	*	*	*	*									
	(A7F) VA Per Diem	A7F_VA_PER_DIEM	*	*	*	*	*	*									
	(A7G) Self/Family Pay Full Per Diem	A7G_SELF_FAM_PAY	*	*	*	*	*	*									
	(A7H) Medicaid Resident Liability/Medicare Co-Pay	A7H_MCAID_MCARE	*	*	*	*	*	*									
	(A7I) Private Insurance Per Diem	A7I_PRIVATE_PAY	*	*	*	*	*	*									
	(A7J) Other Per Diem	A7J_OTHER	*	*	*	*	*	*									
	(A9A) Legal Guardian	A9A_LEGAL_GUARDIAN	*	*	*	*	*	*									
	(A9B) Other Legal Oversight	A9B_OTH_LGL_OVRSGHT	*	*	*	*	*	*									
	(A9C) Durable Power of Attorney/Health Care	A9C_DUR_POA_HTLCRE	*	*	*	*	*	*									
	(A9D) Durable Power of Attorney/Financial	A9D_DUR_POA_FIN	*	*	*	*	*	*									
	(A9E) Family Member Responsible	A9E_FAM_MEM_RESP	*	*	*	*	*	*									
	(A9F) Patient Responsible for Self	A9F_PAT_RESP_SELF	*	*	*	*	*	*									
	(A9G) Responsibility/guardian: None of the Above	A9G_NONE_ABOVE	*	*	*	*	*	*									
	(A10A) Living Will	A10A_LIVING_WILL	*	*	*	*	*	*									
	(A10B) Do Not Resuscitate	A10B_NOT_RECESS	*	*	*	*	*	*									
	(A10C) Do Not Hospitalize	A10C_NOT_HOSPITAL	*	*	*	*	*	*									