

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items.

Agency Descriptors:

1.	Agency Type: Identify your agency as either Freestanding or Facility-Based and then choose the one option that best describes your agency. (Circle one of the ten options below.)	N=42
	<u>Freestanding Agency</u>	
	1 - Visiting Nurse Association (VNA): Freestanding, voluntary, nonprofit organization governed by a Board of Directors and usually financed by tax-deductible contributions as well as by earnings.	11.9%
	2 - Government Agency: Operated by a state, county, city, or other unit of local government.	4.8%
	3 - Combination Government and Voluntary Agency: Combined government and voluntary (primarily VNA) agency.	0.0%
	4 - Proprietary Agency: Freestanding, for-profit organization.	28.6%
	5 - Private Not-for-Profit Agency: Freestanding, nonprofit organization, privately developed, governed, and owned	2.4%
	6 - Other Freestanding: Freestanding agency that does not fit into one of the above categories.	4.8%
	<u>Facility-Based Agency</u>	
	7 - Hospital-Based: Operating unit or department of a hospital. (An agency that has a working arrangement with a hospital, or perhaps is even owned by a hospital but operated as a separate entity, should be classified as a freestanding agency under one of the categories listed above.)	47.6%
	8 - Rehabilitation-Based: Operating unit or department of a rehabilitation facility. (An agency that has a working arrangement with a rehabilitation facility, or perhaps is even owned by a rehabilitation facility but operated as a separate entity, should be classified as a freestanding agency under one of the categories listed above.)	0.0%
	9 - Skilled Nursing Facility/Nursing Facility-Based Program: Agency based in a skilled nursing facility or other nursing facility.	0.0%
	10 - Other Facility-Based: Facility-based agency that does not fit into one of the two preceding facility-based categories.	0.0%
2.	Agency Control: Please indicate your agency's type of control:	N=42
	1 - Proprietary (for-profit)	33.3%
	2 - Government	14.3%
	3 - Private not-for-profit	52.4%
3.	Chain Membership: Is your agency part of a chain?	N=42
	0 - No [If No, go to Question 5]	88.1%
	1 - Yes	11.9%
4.	How many agencies are in the chain? <i>(Response provided only if administrator responded "1" to Question 3.)</i>	N=4
		mean=8.5
		median=6.0
		minimum=2.0
		maximum=20.0

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

5.	Hospital Affiliation: Is your agency affiliated with (e.g., owned by, contracted with) a hospital, SNF, or rehabilitation center?	N=42
	0 - No	47.6%
	1 - Yes	52.4%
6.	Certificate of Need: Does your agency hold a Certificate of Need?	N=42
	8 - Not applicable, Certificate of Need not needed in this state	47.6%
	0 - No	21.4% ^a
	1 - Yes	31.0%
7.	Licensure: Is your agency licensed by the state?	N=42
	8 - Not applicable, no licensure needed in this state	4.8%
	0 - No	0.0%
	1 - Yes	95.2%
8.	Accreditation: Who is your agency currently accredited by? Mark all that apply. (Administrators were allowed to mark multiple options. Percents may not sum to 100%.)	N=42
	1 - JCAHO	73.8%
	2 - CHAP	2.4%
	3 - Other (specify) _____	0.0%
	4 - None of the above [If None of the above, go to Question 10]	23.8%
9.	When was your most recent accreditation survey? (Response provided only if administrator responded "1," "2," or "3" to Question 8.)	N=31
	_____ / _____ / _____	1996 22.6%
	Month / Day / Year	1997 12.9%
		1998 45.2%
		1999 19.4%
10.	Years in Operation: How long has the Medicare component of your agency been in operation?	N=42
	1 - Less than 1 year	2.4%
	2 - 1 to 2 years	2.4%
	3 - 3 to 5 years	9.5%
	4 - 6 to 8 years	7.1%
	5 - More than 8 years (specify) <u>range 9 to 35 years</u>	78.6%

^a These data imply that 21.4% of agencies located in states in which Certificates of Need (CONs) are required do not have such certificates. However, it is possible that these administrators incorrectly reported that they do not have CONs rather than responding that this question is not applicable to their agencies by virtue of the fact that CONs are not required in their states.

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

11.	Medicare Per-Visit Cost Limit: Is your agency currently operating over the Medicare per-visit cost limits?	N=42		
	0 - No	57.1%		
	1 - Yes	42.9%		
12.	Per-Beneficiary Cost Limit: Is your agency currently operating over the new per-beneficiary annual limit?	N=42		
	0 - No	66.7%		
	1 - Yes	33.3%		
13.	Percent of Caseload That is Medicare: Approximately what percent of your agency's caseload is Medicare?	N=42		
	_____ %	mean=74.1% median=80.0% minimum=10.0% maximum=100.0%		
14.	Current Reimbursement Rate: List the current reimbursement <u>amount per visit</u> you receive from Medicare (averaged across all disciplines).	N=42		
	Amount per visit \$ _____.	mean=\$75.60 median=\$78.00 minimum=\$40.00 maximum=\$121.00		
15.	Employee Compensation For Home Care Visits: When making home care visits, what percent of your employees are paid hourly, by salary, or by the visit? Percentages should equal 100% for each discipline. (Exclude contract employees. These are people who are not on your payroll and are not directly employed by your agency. In many instances, contract employees have been hired through temporary placement agencies.)			
	Discipline	Hourly (%)	Salary (%)	By Visit (%)
	Registered Nurses (N=42)	mean=62.4% median=92.5% minimum=0.0% maximum=100.0%	mean=19.9% median=0.0% minimum=0.0% maximum=100.0%	mean=17.8% median=0.0% minimum=0.0% maximum=100.0%
	Physical Therapists (N=37)	mean=27.4% median=0.0% minimum=0.0% maximum=100.0%	mean=16.1% median=0.0% minimum=0.0% maximum=100.0%	mean=51.1% median=50.0% minimum=0.0% maximum=100.0%
	Home Care Aides (N=40)	mean=73.9% median=100.0% minimum=0.0% maximum=100.0%	mean=8.4% median=0.0% minimum=0.0% maximum=100.0%	mean=17.7% median=0.0% minimum=0.0% maximum=100.0%

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

16.	Third Party Control Over Number of Visits for Entire Caseload: In 1998, for what percent of your agency's caseload was the number of visits overseen by a third party payer source?	N=41
	_____ %	mean=16.1% median=10.0% minimum=0.0% maximum=75.0%
17.	Third Party Control Over Number of Visits for Medicare Patients: In 1998, for what percent of your agency's Medicare caseload was the number of visits managed by a third party payer source?	N=39
	_____ %	mean=8.3% median=1.0% minimum=0.0% maximum=62.0%
Familiarity With Fiscal Intermediary:		
18.	Who is your agency's Medicare fiscal intermediary?	N=42
	_____ <i>see Table E.2</i>	
19.	How long has this been your FI?	N=42
	1 - Less than 1 year	2.4%
	2 - 1 to 3 years	38.1%
	3 - More than 3 years	59.5%
20.	In the past 12 months, have you or anyone in your agency attended an information session and/or presentation led by your FI?	N=42
	0 - No	50.0%
	1 - Yes	50.0%
21.	In the past 12 months, have you or anyone in your agency attended a training/in-service conducted by your FI <u>medical reviewer</u> ?	N=42
	0 - No	71.4%
	1 - Yes	28.6%
22.	How consistent is your fiscal intermediary in approving Medicare claims?	N=42
	1 - Highly consistent (FI <u>almost always</u> makes the same decision across similar patient conditions)	54.8%
	2 - Somewhat consistent (FI <u>usually</u> makes the same decision across similar patient conditions)	35.7%
	3 - Minimally consistent (It is <u>difficult</u> to predict the FI's decisions across similar patient conditions)	9.5%

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

Policies/Standards/Organization:		
23.	Nurse Productivity Standards: Is there a standard, written or otherwise, about the number of visits a nurse should complete in a given day/week?	N=42
	0 - No written or unwritten standards [If No, go to Question 25]	14.3%
	1 - Yes, there are <u>unwritten</u> standards	40.5%
	2 - Yes, there are <u>written</u> standards	45.2%
24.	On average, how many visits do you require in a day? (NOTE: This average should reflect all days worked, not just days making home visits.) (Please provide the number.) (<i>Response provided only if administrator responded "1" or "2" to Question 23.</i>)	N=37
	_____	mean=5.6 median=6.0 minimum=4.0 maximum=8.0
25.	Standardized Care Plans/Critical Paths: Does your agency utilize a standardized care plan approach like critical paths/clinical pathways/diagnosis-specific care plans?	N=42
	0 - No [If No, go to Question 28]	61.9%
	1 - Yes	38.1%
26.	Who developed these pathways? Mark all that apply. (<i>Response provided only if administrator responded "1" to Question 25. Administrators were allowed to mark multiple options. Percents may not sum to 100%.</i>)	N=16
	1 - Your agency	68.8%
	2 - A group of agencies	12.5%
	3 - A commercial group	25.0%
	4 - A corporation	12.5%
	5 - HMO or managed care	0.0%
	6 - Other (specify) _____	0.0%
27.	For which of the following diagnoses/problems does your agency currently use standardized care plans or critical pathways? Mark all that apply. (<i>Response provided only if administrator responded "1" to Question 25. Administrators were allowed to mark multiple options. Percents may not sum to 100%.</i>)	N=16
	1 - COPD	81.3%
	2 - CHF	87.5%
	3 - MI	81.3%
	4 - Other cardiac (specify) <u>see Table E.2</u>	62.5%
	5 - Pressure ulcers	68.8%
	6 - Other wounds	75.0%
	7 - Fractured hip	56.3%
	8 - Total hip	62.5%
	9 - Total knee	68.8%
	10 - CVA	62.5%
	11 - Diabetes mellitus	68.8%
	12 - Osteoarthritis	62.5%
	13 - HIV/AIDS	43.8%
	14 - Other infectious diseases	43.8%
	15 - Other (specify) <u>see Table E.2</u>	N=12 50.0%
	16 - Other (specify) <u>see Table E.2</u>	N=12 25.0%

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

28.	Venipuncture: In what ways has the delivery of services in your agency changed now that venipuncture is no longer a qualifying home health service? For each of the following items, please mark if there has been an increase, decrease, or no change.	N=42																												
	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Increase</u></th> <th style="text-align: center;"><u>Decrease</u></th> <th style="text-align: center;"><u>No Change</u></th> </tr> </thead> <tbody> <tr> <td>a. Service area</td> <td style="text-align: center;">7.1%</td> <td style="text-align: center;">2.4%</td> <td style="text-align: center;">90.5%</td> </tr> <tr> <td>b. Number of home visits per patient</td> <td style="text-align: center;">0.0%</td> <td style="text-align: center;">66.7%</td> <td style="text-align: center;">33.3%</td> </tr> <tr> <td>c. Time spent on patient care planning</td> <td style="text-align: center;">21.4%</td> <td style="text-align: center;">4.8%</td> <td style="text-align: center;">73.8%</td> </tr> <tr> <td>d. Other: <u>see Table E.2</u> N=6</td> <td style="text-align: center;">50.0%</td> <td style="text-align: center;">50.0%</td> <td style="text-align: center;">0.0%</td> </tr> <tr> <td>e. Other: <u>see Table E.2</u> N=2</td> <td style="text-align: center;">50.0%</td> <td style="text-align: center;">50.0%</td> <td style="text-align: center;">0.0%</td> </tr> <tr> <td>f. Other: <u>see Table E.2</u> N=1</td> <td style="text-align: center;">100.0%</td> <td style="text-align: center;">0.0%</td> <td style="text-align: center;">0.0%</td> </tr> </tbody> </table>		<u>Increase</u>	<u>Decrease</u>	<u>No Change</u>	a. Service area	7.1%	2.4%	90.5%	b. Number of home visits per patient	0.0%	66.7%	33.3%	c. Time spent on patient care planning	21.4%	4.8%	73.8%	d. Other: <u>see Table E.2</u> N=6	50.0%	50.0%	0.0%	e. Other: <u>see Table E.2</u> N=2	50.0%	50.0%	0.0%	f. Other: <u>see Table E.2</u> N=1	100.0%	0.0%	0.0%	
	<u>Increase</u>	<u>Decrease</u>	<u>No Change</u>																											
a. Service area	7.1%	2.4%	90.5%																											
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c. Time spent on patient care planning	21.4%	4.8%	73.8%																											
d. Other: <u>see Table E.2</u> N=6	50.0%	50.0%	0.0%																											
e. Other: <u>see Table E.2</u> N=2	50.0%	50.0%	0.0%																											
f. Other: <u>see Table E.2</u> N=1	100.0%	0.0%	0.0%																											
29.	Agency Standard for Number of SN Visits for Post Hospital Discharge Patients: Is there a standard, written or otherwise, about the number of SN visits a post hospital discharge patient will receive (e.g., patient receives daily skilled nurse visits for three days followed by one visit per week for four weeks)?	N=42																												
	0 - No written or unwritten standard [If No, go to Question 31] 1 - Yes, there is an <u>unwritten</u> standard 2 - Yes, there is a <u>written</u> standard	88.1% 11.9% 0.0%																												
30.	Please describe this standard (or enclose a written copy of the standard). (<i>Response provided if administrator responded "1" or "2" to Question 29.</i>)	N=5																												
	<u>see Table E.2</u>																													
31.	Agency Standard for Number of SN Visits for CHF Patients: Is there a standard, written or otherwise, about the number of SN visits a CHF patient will receive (e.g., a patient with the primary diagnosis of CHF receives daily skilled nurse visits for three days followed by one visit per week for four weeks)?	N=42																												
	0 - No written or unwritten standard [If No, go to Question 33] 1 - Yes, there is an <u>unwritten</u> standard 2 - Yes, there is a <u>written</u> standard	85.7% 9.5% 4.8%																												
32.	Please describe this standard (or enclose a written copy of the standard). (<i>Response provided only if administrator responded "1" or "2" to Question 31.</i>)	N=7																												
	<u>see Table E.2</u>																													

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

33.	Agency Standard for Number of SN Visits for Diabetic Patients: Is there a standard, written or otherwise, about the number of SN visits a diabetic patient will receive (e.g., a patient with the primary diagnosis of diabetes receives daily skilled nurse visits for three days followed by one visit per week for four weeks)?	N=42
	0 - No written or unwritten standard [If No, go to Question 35]	88.1%
	1 - Yes, there is an <u>unwritten</u> standard	7.1%
	2 - Yes, there is a <u>written</u> standard	4.8%
34.	Please describe this standard (or enclose a written copy of the standard). (<i>Response provided only if administrator responded "1" or "2" to Question 33.</i>)	N=6
	<u>see Table E.2</u>	
35.	Staff Determining Number of Visits: What percent of the time is the start of care nurse (the nurse who makes the initial assessment visit) responsible for the initial decision regarding the number of visits a patient will receive?	N=42
	_____ %	mean=93.8% median=100.0% minimum=25.0% maximum=100.0%
36.	Provider-Patient Assignment: Do you assign patients a primary nurse/therapist (a designated person who coordinates care and may make most of the skilled visits to the patient)?	N=42
	0 - No	0.0%
	1 - Yes	100.0%
37.	What percent of the time does the person who completes the start of care visit become the primary nurse/therapist?	N=42
	_____ %	mean=73.2% median=80.0% minimum=2.0% maximum=100.0%
38.	Verifying Patient Eligibility: Aside from the nurse providing visits to the patient, is there anyone in your agency who regularly assesses whether the patient is still eligible for home health visits (e.g., reviews clinical records, consults with the visiting nurse)?	N=42
	0 - No	9.5%
	1 - Yes	90.5%

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

39.	Home Health Aide Assignment: Is there a standard, written or otherwise, for assigning a home care aide to a patient based on <u>functional status and/or symptomatology</u> (e.g., all patients dependent in bathing get a home care aide)?	N=42
	0 - No written or unwritten policies or protocols [If No, go to Question 41]	76.2%
	1 - Yes, there are <u>unwritten</u> policies or protocols	19.0%
	2 - Yes, there are <u>written</u> policies or protocols	4.8%
40.	Please describe this standard (or enclose a written copy of the standard). (Response provided only if administrator responded "1" or "2" to Question 39.)	N=11
	<u>see Table E.2</u>	
41.	Home Health Aide Assignment - CHF: Is there a standard, written or otherwise, for assigning a home care aide to CHF patients at start of care (e.g., all CHF patients get a home care aide)?	N=42
	0 - No written or unwritten policies or protocols [If No, go to Question 43]	90.5%
	1 - Yes, there are <u>unwritten</u> policies or protocols	7.1%
	2 - Yes, there are <u>written</u> policies or protocols	2.4%
42.	Please describe this standard (or enclose a written copy of the standard). (Response provided only if administrator responded "1" or "2" to Question 41.)	N=5
	<u>see Table E.2</u>	
43.	Home Health Aide Assignment - Diabetes: Is there a standard, written or otherwise, for assigning a home care aide to diabetic patients at start of care (e.g., all diabetic patients get a home care aide)?	N=42
	0 - No written or unwritten policies or protocols [If No, go to Question 45]	92.9%
	1 - Yes, there are <u>unwritten</u> policies or protocols	4.8%
	2 - Yes, there are <u>written</u> policies or protocols	2.4%
44.	Please describe this standard (or enclose a written copy of the standard). (Response provided only if administrator responded "1" or "2" to Question 43.)	N=4
	<u>see Table E.2</u>	

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

45.	Procedures Performed by Home Care Aides: Beyond the basic personal care services, what nursing procedures are home care aides allowed to perform in your agency, according to your State Nursing Practice Act?	N=44
_____ <i>see Table E.2</i> _____		
46. Supervision: For a <u>typical</u> Medicare patient in your agency, how often do direct care providers meet with their supervisor (either face-to-face or by telephone) to discuss patient issues? We are not interested in agency policy per se; please tell us about what normally occurs. Please circle <u>one</u> response.		
	Nurse/Supervisor Meetings: N=42	Therapist/Supervisor Meetings: N=38
	1 - More than once a week 69.0%	1 - More than once a week 28.9%
	2 - Weekly 16.7%	2 - Weekly 31.6%
	3 - Twice monthly 9.5%	3 - Twice monthly 26.3%
	4 - Monthly 2.4%	4 - Monthly 2.6%
	5 - Quarterly 0.0%	5 - Quarterly 5.3%
	6 - Less than quarterly 2.4%	6 - Less than quarterly 5.3%
47. Interdisciplinary Communication: For a <u>typical</u> Medicare patient in your agency, how often do interdisciplinary case conferences occur (including both face-to-face and phone conferencing)? Please circle <u>one</u> response.		
	1 - More than once a week	21.4%
	2 - Weekly	26.2%
	3 - Twice monthly	21.4%
	4 - Monthly	28.6%
	5 - Quarterly	0.0%
	6 - Less than quarterly	2.4%
48. HCFA-485: Who <u>most frequently</u> completes the 485?		
	1 - Staff nurse or therapist who admits patient	78.6%
	2 - Supervisory or QA staff	7.1%
	3 - Case Manager other than admitting nurse	9.5%
	4 - Other (specify) _____ <i>see Table E.2</i> _____	4.8%
49. Payer Source Contact: For Medicare-risk patients, what percent of the time is the SOC nurse (or primary care nurse) responsible for contacting payer sources to negotiate visits?		
	_____ %	mean=25.8% median=0.0% minimum=0.0% maximum=100.0%

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

50.	What are the key patient factors that are used to negotiate the number of visits?	N=41
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see Table E.2

51.	Recertification Decision: Who in your agency most frequently decides whether or not to recertify a patient?	N=42
	1 - Nurse or therapist who is the primary care provider	81.0%
	2 - Supervisory or QA staff who is <u>not</u> the primary care provider	19.0%

Environmental Factors:

52.	Alternative Services Provided in the Community: Excluding the services your agency offers, please tell us about the services other organizations provide in your community. Also, if your agency uses a service not on this list, please tell us about it in the "Other" spaces provided (r & s).	
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	Is this service available in your community? ^b	Is this service easy to obtain in your community (e.g., most patients can receive service right away w/o being placed on a waiting list)? ^b	Is this service covered by Medicaid? ^b	Is this service covered by a payer other than Medicaid? ^b	Please place a ✓ next to the 5 alternative services to which your agency most frequently refers patients ^c
a. Food Banks/Meal Services (excluding Meals-on-Wheels)	83.3% N=42	64.3% N=42	6.1% N=33	18.5% N=27	14.3% N=42
b. Outpatient rehab (other than agency PT/OT)	100.0% N=42	90.5% N=42	96.9% N=32	97.2% N=36	59.5% N=42
c. Transportation Assistance	97.6% N=42	64.3% N=42	62.5% N=32	32.0% N=25	68.3% N=41
d. Assisted Living Facility	90.5% N=42	61.9% N=42	61.8% N=34	46.4% N=28	36.6% N=41
e. Foster Care Services	80.5% N=41	36.6% N=41	66.7% N=27	25.0% N=16	19.5% N=41
f. Respite Services	85.7% N=42	38.1% N=42	57.1% N=28	54.2% N=24	28.6% N=42
g. Homemaker Services	97.6% N=42	55.8% N=42	58.3% N=36	50.0% N=30	47.5% N=40

^b Percentage of administrators who responded "1 = yes."

^c Percentage of administrators who selected the respective service as one of the five most frequently referred.

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	Is this service available in your community? ^b	Is this service easy to obtain in your community (e.g., most patients can receive service right away w/o being placed on a waiting list)? ^b	Is this service covered by Medicaid? ^b	Is this service covered by a payer other than Medicaid? ^b	Please place a ✓ next to the 5 alternative services to which your agency most frequently refers patients ^c
h. Personal Care Services	97.6% N=42	43.9% N=41	83.8% N=37	51.6% N=31	47.6% N=42
i. Friendly Visitor/Companion Services	65.8% N=41	29.3% N=41	3.3% N=30	11.1% N=27	7.3% N=41
j. Adult Day Care	78.6% N=42	59.5% N=42	59.4% N=32	33.3% N=27	17.5% N=40
k. Mental Health Services	95.2% N=42	71.4% N=42	100.0% N=35	100.0% N=30	4.9% N=41
l. Legal/Protective Services	95.2% N=42	69.0% N=42	19.2% N=26	30.0% N=20	19.5% N=41
m. Emergency Response Services	100.0% N=42	97.6% N=42	79.3% N=29	69.0% N=29	39.0% N=41
n. Case Management (such as placement or referral services)	65.8% N=41	41.0% N=39	24.0% N=25	18.2% N=22	14.6% N=41
o. Environmental/Home Modifications	66.7% N=42	22.0% N=41	12.0% N=25	25.0% N=24	5.0% N=40
p. Meals on Wheels	100.0% N=42	73.8% N=42	N/A	40.0% N=25	78.6% N=42
q. Volunteer Services	71.4% N=42	41.5% N=41	N/A	N/A	0.0% N=38
r. Other (specify) see Table E.2	100.0% N=2	50.0% N=2	0.0% N=2	100.0% N=2	50.0% N=2
s. Other (specify) see Table E.2	100.0% N=1	0.0% N=1	0.0% N=1	100.0% N=1	0.0% N=1

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

53.	Location: Are the majority of your patients located in a rural, urban, or rural/urban mix location?	N=41
	1 - Rural	43.9%
	2 - Urban	12.2%
	3 - Mix	43.9%

General Agency Information:

54.	Numbers of Agency Personnel: For each discipline listed, indicate the numbers of agency personnel who are hired as Employees (full or part time) or on a Contract basis. (Exclude any personnel who occupy management positions exclusively.)	N=42
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Discipline	Employees	Contract
Registered Nurse	mean=20.2 median=15.0 minimum=2.0 maximum=65.0	mean=1.0 median=0.0 minimum=0.0 maximum=10.0
Licensed Practical/ Vocational Nurses (LPN/LVN)	mean=2.2 median=0.5 minimum=0.0 maximum=13.0	mean=0.1 median=0.0 minimum=0.0 maximum=2.0
Physical Therapists	mean=3.9 median=2.0 minimum=0.0 maximum=20.0	mean=2.5 median=1.0 minimum=0.0 maximum=23.0
Occupational Therapists	mean=1.4 median=1.0 minimum=0.0 maximum=8.0	mean=0.8 median=0.0 minimum=0.0 maximum=5.0
Speech Therapists	mean=0.7 median=0.0 minimum=0.0 maximum=3.0	mean=0.9 median=0.5 minimum=0.0 maximum=7.0
Social Workers	mean=1.1 median=1.0 minimum=0.0 maximum=3.0	mean=0.4 median=0.0 minimum=0.0 maximum=4.0
Home Care Aides	Mean=19.1 Median=10.0 Minimum=0.0 Maximum=100.0	mean=1.8 median=0.0 minimum=0.0 maximum=54.0

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

55. Number of Visits: For the most recent month for which you have complete data, please indicate the number of Medicare visits your Medicare-certified agency provided by the disciplines listed below.	N=42
Month covered by the visit data: $\frac{\text{M M}}{\text{Y Y Y Y}}$	
Visit Discipline	Number of Medicare visits provided by each discipline for most recent month with complete data
a. Skilled nursing	mean=1,131.0 median=856.0 minimum=31.0 maximum=4,313.0
b. Physical therapy N=41	mean=248.0 median=160.0 minimum=0.0 maximum=1,335.0
c. Occupational therapy	mean=56.6 median=30.0 minimum=0.0 maximum=270.0
d. Speech therapy	mean=20.5 median=10.0 minimum=0.0 maximum=88.0
e. Medical social services	mean=21.0 median=15.0 minimum=0.0 maximum=103.0
f. Home care aide	mean=927.1 median=514.5 minimum=10.0 maximum=5,053.0
56. Total Admissions for 1998: Please provide the total number of admissions in 1998 for your agency's provider number:	N=41
_____	mean=1,228.1 median=650.0 minimum=98.0 maximum=9,660.0

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

57.	Total Medicare Admissions for 1998: Please provide the total number of Medicare admissions in 1998 for your agency's provider number:	N=41
		mean=737.8 median=426.0 minimum=57.0 maximum=4,108.0
58.	Employee Retention: Approximately what percentage of your nursing, therapy, and aide personnel (employees or contractual) <u>have been with your agency for more than one year?</u> (Leave blank if you have no personnel in a particular category.)	
	a. Nursing personnel (RNs and LPNs/LVNs)	N=41 mean=86.2% median=92.0% minimum=3.0% maximum=100.0%
	b. Therapists (physical, occupational, or speech/language pathologists)	N=41 mean=83.8% median=100.0% minimum=0.0% maximum=100.0%
	c. Social workers	N=37 mean=85.7% median=100.0% minimum=0.0% maximum=100.0%
	d. Home care aides	N=40 mean=82.8% median=90.0% minimum=0.0% maximum=100.0%
59.	Change of Payment Source: If skilled services are needed and there is a change in payment source from Medicare to some other source (e.g., private insurance or self-pay), does the patient automatically get discharged and then readmitted under the new payor source?	N=42
	0 - No	69.0%
	1 - Yes	31.0%
60.	Discharge Policy for Change in Primary Diagnosis While in an Inpatient Facility: If there is a change in primary diagnosis and/or the plan of care during an inpatient facility stay, is the patient automatically discharged from your agency?	N=42
	0 - No	61.9%
	1 - Yes	38.1%

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

61.	Discharge Policy for Admission to Inpatient Facility: How long must a patient stay in a hospital or other inpatient facility before being discharged from your agency? Mark all that apply. (Administrators were allowed to mark multiple options. Percents may not sum to 100%.)	N=42						
	1 - Patients are not routinely discharged when admitted to an inpatient facility	40.5%						
	2 - Patients are discharged when admitted if the admission coincides with the recertification	16.7%						
	3 - Patients are routinely discharged if the inpatient facility stay is (<u>range 0 to 25</u>) hours (specify the number of hours) or (<u>range 0 to 30</u>) days (specify the number of days) (see Table E.2) N=41	56.1%						
62.	Recertification: When do most recertifications take place?	N=42						
	Please circle the time period when most of your agency's recertifications take place:							
Days	25	30	35	40	45	50	55	60
%	0.0%	0.0%	0.0%	4.8%	14.3%	19.0%	50.0%	11.9%
63.	Admission Nurse: Do "Admission Only" nurses open/admit all patients?	N=41						
	0 - No	97.6%						
	1 - Yes	2.4%						
64.	Staff Conducting SOC Visit: At your agency, which staff conduct the admission/start of care visit? Mark all that apply. (Administrators were allowed to mark multiple options. Percents may not sum to 100%.)	N=42						
	1 - RN	97.6%						
	2 - PT	45.2%						
	3 - ST	28.6%						
65.	Evening/Weekend Staff Conducting SOC: Which staff conduct admission/start of care visits on evenings, nights, and weekends? Mark all that apply. (Administrators were allowed to mark multiple options. Percents may not sum to 100%.)	N=41						
	1 - RN	100.0%						
	2 - PT	17.1%						
	3 - ST	9.8%						

TABLE E.1: Descriptive Statistics for the Administrator Questionnaire Items. (cont'd)

66.	What is your agency's current Medicare annual per-beneficiary limit? ^d	N=38
	\$ _____ per beneficiary	mean=\$3,547.71 median=\$3,333.50 minimum=\$1,361.00 maximum=\$7,357.00
67.	Was your agency considered an "old" or a "new" agency for the purposes of the per-beneficiary limit calculation?	N=38
	<input type="checkbox"/> Old	78.9%
	<input type="checkbox"/> New	21.1%
68.	Has your agency undergone a change in ownership or been involved in a merger since the Interim Payment System (IPS) went into effect in late 1997?	N=38
	<input type="checkbox"/> No	81.6%
	<input type="checkbox"/> Yes (if yes, when did the change in ownership or the merger occur?)	18.4%
	_____ / _____ (see Table E.2) Month Year	

^d Administrators from two agencies reported two per-beneficiary limits because each agency serves two service areas. For each agency, the mean of the two limits is included in the AQ data file.

