

LICENSURE QUESTIONNAIRE

This instrument was developed for the National Board and Care Survey project. This project was conducted by the Bureau of the Census under contract for the Department of Health and Human Services (HHS) Office of Disability, Aging and Long-Term Care Policy. For additional information about this subject, you can visit the DALTCP home page at http://aspe.hhs.gov/office_specific/daltcp.cfm or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. The e-mail address is: webmaster.DALTCP@hhs.gov. The DALTCP Project Officer was Robert Clark.

QUESTIONNAIRE 2
LICENSURE

FIFTY STATE SURVEY OF AGENCIES INVOLVED
IN THE REGULATION OF BOARD AND CARE HOMES

STATE: _____
AGENCY: _____
CONTACT: _____
POSITION: _____

DATE: _____
INTERVIEWER: _____

START TIME: _____

PART I: REGULATIONS

1. Is the following an accurate definition of
how your state defines board and care, known in
your state as _____?

DEFINITION: _____

*If this is a correct
definition, then
summarize and input
into data base.*

____ Yes
____ No IF NO, PLEASE PROVIDE YOUR
STATE'S DEFINITION.
____ Don't Know

*Y = Yes
N = No
D = Don't Know*

2. Can board and care homes admit bedfast residents?

Yes IF YES, SKIP TO QUESTION 4.
 No
 Don't Know

Y = Yes
N = No
D = Don't Know

3. Can board and care homes retain residents who become bedfast after admittance?

Yes
 No
 Don't Know

Y = Yes
N = No
D = Don't Know

4. Can board and care homes admit chairfast residents?

Yes IF YES, SKIP TO QUESTION 6.
 No
 Don't Know

Y = Yes
N = No
D = Don't Know

5. Can board and care homes retain residents who become chairfast after admittance?

Yes
 No
 Don't Know

Y = Yes
N = No
D = Don't Know

6. How does your state classify board and care facilities?

(SPECIFY CATEGORIES OF BOARD AND CARE HOMES AND CRITERIA FOR ESTABLISHING THESE CATEGORIES.)

CATEGORY	CRITERIA
A. _____	a. _____ b. _____ c. _____
B. _____	a. _____ b. _____ c. _____
C. _____	a. _____ b. _____ c. _____

CATEGORY

CRITERIA

D. _____	a. _____
	b. _____
	c. _____

E. _____	a. _____
	b. _____
	c. _____

Total Number of Categories _____

7. Does board and care include what is known as assisted living, that is a residential environment that provides supportive services to the semi-independent elderly who are functionally impaired and require some household services but who do not require nursing care or constant supervision?

_____ Yes	<i>Y = Yes</i>
_____ No	<i>N = No</i>
_____ Don't Know	<i>D = Don't Know</i>

8. Do board and care regulations also apply to assisted living programs?

_____ Yes	<i>Y = Yes</i>
_____ No	<i>N = No</i>
_____ Don't Know	<i>D = Don't Know</i>

9. How is assisted living distinguished from board and care?

10. What is the total number of LICENSED board and care facilities in your state?
(SPECIFY BY FACILITY CATEGORY.)

CLASSIFICATIONS IN YOUR STATE: Size Range (Use categories # of Beds in from Question 6.) Existing Homes				Total Homes	Total Beds	Total Current Residents (or Estimate Occu- pancy Rate)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL			_____	_____	_____	_____

11. Do you think that the number of licensed board and care facilities in your state is increasing in number since 1980?

No
 Yes Why? _____

 Don't Know

Y = Yes
N = No
D = Don't Know

PART II: MONITORING

12. Does your state inspect licensed homes on a regular basis?

No
 Yes If yes, ask
 How often does state inspect?
 How often does a local agency
 inspect? _____ times per year

*Specify number of times
in a calendar year.*

(IF NO, SKIP TO QUESTION 14.)

13. Who inspects the licensed homes? (CIRCLE ALL THAT APPLY.)

- a. Social worker
- b. Nurse
- c. Fire marshall
- d. Health inspector
- e. Physician

- f. Welfare worker - not a social worker
- g. Building inspector
- h. Other (SPECIFY)

PART III: ENFORCEMENT

14. Are the following remedies or sanctions used in your state for addressing problems encountered in LICENSED board and care homes:

(IF USED BY THE STATE ENTER "Y" AND THEN ASK:

How often has the sanction been used during the last 12 months?

	USED BY STATE	TIMES USED IN LAST YEAR	<i>For:</i> <i>(1) "Used by State"</i> <i>Y = Yes</i> <i>N = No</i> <i>D = Don't Know</i>
A. Corrective action plan with facility certifying action completed?	_____	_____	<i>(2) "Times Used"</i> <i>Enter a number, if respondent doesn't know number, enter "9's."</i>
B. Corrective action plan with On site inspection by state or local agency to verify action completed?	_____	_____	
C. Provisional License?	_____	_____	

IF YES, SPECIFY:

Maximum time facility can have a provisional license
_____ months

If unknown, enter "9's."

Maximum number of provi-
sional licenses before
other action taken

*If unknown, enter
"9's."*

- D. License revocation? _____
- E. Monetary fine? _____

IF YES, SPECIFY:

Range of \$ amount:

Minimum \$ _____

Maximum \$ _____

*Enter amounts in
dollars, no cents.*

Average amount of fines
imposed last year \$ _____

*If unknown, enter
"9's."*

Homes fined last
year _____

Fines IMPOSED last year

Fines COLLECTED last year

- F. Ban on admissions? _____
- G. Ban on referrals? _____
- H. Other? (Specify) _____
- _____
- _____
- _____
- _____

15. What are the major obstacles to dealing with LICENSED homes?
(LIST EACH OBSTACLE SEPARATELY)

A. _____

B. _____

C. _____

D. _____

*Input first obstacles
listed. If there are
more than 6 listed
code yes for "other
obstacles."*

E. _____

F. _____

G. _____

H. _____

(OTHER OBSTACLES? _____)

16. Is there a register or listing of licensed facilities in your state?

- Yes
- No
- Don't Know

Y = Yes
N = No
D = Don't Know

(IF "NO", SKIP TO QUESTION 19.)

17. Is this register or listing available to the public upon request?

- Yes
- No
- Don't Know

Y = Yes
N = No
D = Don't Know

18. Is this register or listing made available in other ways such as through libraries, hospitals or Area Agencies on Aging?

- No
- Yes Specify How _____

- Don't Know

Y = Yes
N = No
D = Don't Know

19. Approximately how many of these registers were provided to the public in FY90?

Enter number: _____

If respondent doesn't know number, enter "9's."

PART IV: UNLICENSED HOMES

20. Is an effort made to identify UNLICENSED board and care homes in your state?

No
 Yes How? _____

 Don't Know

Y = Yes
N = No
D = Don't Know

(IF NO, SKIP TO QUESTION 23.)

21. In your opinion how successful is your state in identifying unlicensed board and care homes?

Very successful
 Somewhat successful
 Somewhat unsuccessful
 Very unsuccessful
 Don't Know

Very Successful = VS
Somewhat Successful = SS
Somewhat Unsuccessful = SU
Very Unsuccessful = VU
Don't Know = DK

22. What are the major obstacles to LOCATING unlicensed board and care homes? (LIST EACH OBSTACLE SEPARATELY.)

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____

Input first 5 obstacles.
If there are more than
5 obstacles, code "yes"
for other obstacles.

H. _____

(Other Obstacles? _____)

23. What is the total number of UNLICENSED board and care facilities in your state?

	Size Range in # of Beds in Existing Homes	Total Homes	Total Beds	Total Current Residents (or Estimate Occu- pancy Rate)
Lawfully Unlicensed*	_____	_____	_____	_____
Illegal Unlicensed**	_____	_____	_____	_____

*Lawfully unlicensed board and care homes are homes which do not require licensure according to state law.

*If numbers
unknown
code "9's."*

**Illegal unlicensed board and care homes are homes which are required under state law to be licensed but which do not fulfill this requirement.

24. Do you think that the number of UNLICENSED board and care facilities in your state is increasing in number since 1980?

____ No
____ Yes Why? _____

____ Don't Know

*Y = Yes
N = No
D = Don't Know*

25. What remedies or sanctions exist for addressing an illegal UNLICENSED board and care home? (LIST EACH SEPARATELY AND SPECIFY HOW OFTEN USED IN LAST 12 MONTHS.)

TIMES USED

A. _____	_____	<i>Input first 5 sanctions. If more than 5 sanctions, code "Y" for "other sanctions."</i>
B. _____	_____	
C. _____	_____	
D. _____	_____	
E. _____	_____	
F. _____	_____	<i>If number of times used is unknown code "9's."</i>
G. _____	_____	
H. _____	_____	
(Other Sanctions? _____)		

26. What are the major obstacles to dealing with illegal UNLICENSED homes? (LIST EACH OBSTACLE SEPARATELY.)

A. _____	<i>Input first 5 obstacles. If more than 5 obstacles, code "Y" for "other obstacles."</i>
B. _____	
C. _____	
D. _____	
E. _____	
F. _____	
G. _____	
H. _____	
(Other Obstacles? _____)	

____ Yes, Affected Number of Unlicensed Homes
How? _____

____ Don't Know

31. Were the following other items affected by this legislation? (CHECK ALL THAT APPLY.)

- ____ A. Residential care payment rate
- ____ B. Residential care payment procedures
- ____ C. Client eligibility criteria
- ____ D. Content and distribution of services to residents
- ____ E. Inspection and licensure of facilities
- ____ F. Other (SPECIFY)

*If checked, Code "Y."
If not checked, Code
"N."*

32. Did the regulations affect different sizes or types of facilities in different ways? (CHECK ALL THAT APPLY.)

- ____ A. Only affect small homes
- ____ B. Only affect large homes
- ____ C. Affect all sizes of homes
- ____ D. Only affect homes with one type of client
(SPECIFY)

- ____ E. Only affect homes with several types of clients
- ____ F. Affect homes with all types of clients
- ____ G. Other (SPECIFY)

*If checked, code "Y."
If not checked, code
"N."*

(DESCRIBE THE NATURE OF THE CHANGES)

33. How often are board and care regulations reviewed? _____ *Specify in terms of years.*

34. When was the last time board and care regulations were reviewed? _____, 19____ *Specify month and year.*

PART VI: FUNDING

35. Are there any sources of funding in the state for loans or grants to facilities for improvements to meet the standards?

- Yes
- No
- Don't Know

*Y = Yes
N = No
D = Don't Know*

(IF "NO", SKIP TO QUESTION 40.)

36. How many facilities received these funds in FY90?

Enter number of facilities: _____

If unknown, enter "9's."

37. How many facilities applied for these funds in FY90?

Enter number of facilities: _____

If unknown, enter "9's."

38. How much can a facility borrow?

\$ _____ .00 per _____

39. At what payback rate? _____

40. Are there any funds available for improvements which are not linked to meeting regulations, for example automatic sprinkler systems, home adaptations, home modifications to insure resident privacy?

____ No
____ Yes Describe _____

____ Don't Know

*Y = Yes
N = No
D = Don't Know*

(IF NO, SKIP TO QUESTION 43.)

41. How many facilities received these funds in FY90?

Enter number of facilities: _____

*If unknown,
enter "9's."*

42. How many facilities applied for these in FY90?

Enter number of facilities: _____

*If unknown,
enter "9's."*

PART VII: ZONING REGULATIONS

43. Is there a state-wide zoning waiver for approved board and care facilities?

____ Yes
____ No
____ Don't Know

*Y = Yes
N = No
D = Don't Know*

(IF "NO", SKIP TO QUESTION 45.)

44. What must a prospective operator do to qualify for a zoning waiver? _____

45. Has there been community resistance to opening board and care homes?

No
 Yes Describe _____

 Don't Know

Y = Yes
N = No
D = Don't Know

46. Are zoning laws an issue in including or excluding facilities from becoming approved as board and care facilities?

Yes
 No
 Don't Know

Y = Yes
N = No
D = Don't Know

PART VII: STAFF/RESIDENT RATIO

47. Are there established staff/client ratios required in board and care facilities?

Yes
 No
 Don't Know

Y = Yes
N = No
D = Don't Know

(IF NO, SKIP TO NEXT SECTION.)

48. What is the staff/client ratio for each different type of facility? (LIST FACILITY TYPE AND THEN STAFF/CLIENT RATIO.)

STAFF
FACILITY TYPE CLASSIFICATION RATIO

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

49. How is this ratio enforced? _____

PART VII: RESIDENTS' BILL OF RIGHTS

50. Is there a bill of rights for board and care residents in your state?

_____ Yes
 _____ No

Y = Yes
N = No

51. Are residents formally made aware of their rights?

_____ No
 _____ Yes

How? _____

52. Are operators formally made aware of the rights of their residents? How?

No
 Yes How? _____

53. What procedures are available for enforcing the resident's bill of rights? (LIST EACH SEPARATELY)

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
OTHER OBSTACLES? _____

54. Are you satisfied with the current state and local division of responsibility for board and care within your state?

No
 Yes Why not? _____

_____ Don't Know

Y = Yes
N = No
D = Don't Know

ENDING TIME: _____

NATIONAL BOARD AND CARE SURVEY DESIGN

REPORTS AVAILABLE

Searching for a Needle in a Haystack: Creative Use of the Decennial Census Dress Rehearsal Data to Find Board and Care Places in Central Missouri

Executive Summary: <http://aspe.hhs.gov/daltcp/reports/1992/haystkes.htm>

HTML: <http://aspe.hhs.gov/daltcp/reports/1992/haystk.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1992/haystk.pdf>

DATA COLLECTION INSTRUMENTS

All Respondents Questionnaire

HTML: <http://aspe.hhs.gov/daltcp/instruments/AllResp.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/AllResp.pdf>

Interagency Councils Questionnaire

HTML: <http://aspe.hhs.gov/daltcp/instruments/IntCoun.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/IntCoun.pdf>

Licensure Questionnaire

HTML: <http://aspe.hhs.gov/daltcp/instruments/Licensure.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/Licensure.pdf>

Local Agency Questionnaire

HTML: <http://aspe.hhs.gov/daltcp/instruments/LocalAg.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/LocalAg.pdf>

Local Ombudsman Questionnaire

HTML: <http://aspe.hhs.gov/daltcp/instruments/LocalOm.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/LocalOm.pdf>

Payment/Eligibility Questionnaire

HTML: <http://aspe.hhs.gov/daltcp/instruments/PayElig.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/PayElig.pdf>