

PAYMENT/ELIGIBILITY 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 3
PAYMENT/ELIGIBILITY

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

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

DATE: _____
INTERVIEWER: _____

START TIME: _____

PART I: PAYMENTS TO RESIDENTS

1. Does this agency make any payments to board and care residents for room, board and oversight, supervision or personal care or case management for elderly residents?

____ Yes
____ No
____ Don't Know

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

(IF NO, SKIP TO QUESTION 8.)

2. What are the eligibility criteria for clients whose care is paid for by this agency? (LIST CRITERIA SEPARATELY.)

A. _____

B. _____

C. _____

D. _____

E. _____

3. Does the reimbursement level vary by the following:

a. Resident care needs/disability level?

____ Yes
____ No

*Y = Yes
N = No*

IF YES, SPECIFY:

Specify dollar amounts only, no cents.

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

If unknown, code "9's."

b. Resident's age?

____ Yes
____ No

*Y = Yes
N = No*

IF YES, SPECIFY:

Specify dollar amounts only, no cents.

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

If unknown, code "9's."

c. Services provided to a client?

____ Yes
____ No

*Y = Yes
N = No*

IF YES, SPECIFY:

Specify dollar amounts only, no cents.

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

If unknown, code "9's."

d. Other? (SPECIFY)

_____ Yes
_____ No

Y = Yes
N = No

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

e. No variation in reimbursement levels.

_____ Yes
_____ No

Y = Yes
N = No

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

4. If rates are based on client disability, how often are the clients re-evaluated? _____

Specify in times per year.

5. What is/are the source(s) of the funds available for payments to board and care residents? (CHECK ALL THAT APPLY.)

- _____ Medicaid program
- _____ Medicaid Waiver Program ("2176 waivers")
- _____ SSI
- _____ State Supplementary payment
- _____ Other state-only funding (DESCRIBE)
- _____ County funds
- _____ Other (SPECIFY)
- _____
- _____
- _____ Don't Know

If checked, code "Y;" if not checked, code "N."

6. How often are rates reviewed? _____

*Specify in
yearly intervals.*

7. When was the last time the rates were reviewed?
_____, 19 ____

*Give month
and year.*

PART II: PAYMENTS TO HOMES

8. Does this agency make any payments to board and care HOMES for room, board and oversight, supervision or personal care or case management for elderly residents?

- ____ Yes
- ____ No
- ____ Don't Know

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

(IF NO, SKIP TO QUESTION 16.)

9. What are the criteria homes must meet to receive these payments? (LIST CRITERIA SEPARATELY.)

- A. _____

- B. _____

- C. _____

- D. _____

- E. _____

10. Who determines whether homes meet the criteria you just stated?

11. Is the rate the same for all homes (a "class-based" rate) or individual for each home?

Class-Based
 Individual
 Don't Know

*C = Class-Based
I = Individual
D = Don't Know*

12. Does the reimbursement level vary by the following:

a. Size of a facility?

Yes
 No

*Y = Yes
N = No*

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

b. Services provided in a facility?

Yes
 No

*Y = Yes
N = No*

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

c. Staffing of a facility?

Yes
 No

*Y = Yes
N = No*

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

d. Licensure or certification status?

Yes
 No

Y = Yes
N = No

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

e. Location of a facility?

Yes
 No

Y = Yes
N = No

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

f. Other? (SPECIFY)

Yes
 No

Y = Yes
N = No

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

g. No variation in reimbursement levels.

Yes
 No

Y = Yes
N = No

IF YES, SPECIFY:

Minimum reimbursement \$ _____
Maximum reimbursement \$ _____
Average reimbursement \$ _____

Specify dollar amounts only, no cents.

If unknown, code "9's."

13. What is/are the source(s) of the funds used for payments to homes? (CHECK ALL THAT APPLY.)

Medicaid program
 Medicaid Waiver Program ("2176 waivers")
 SSI
 State Supplementary payment
 Other state-only funding (DESCRIBE)
 County funds
 Other (SPECIFY)

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

 Don't Know

14. How often are rates reviewed? _____

Specify in yearly intervals.

15. When was the last time the rates were reviewed?
_____, 19 ____

Give month and year.

16. If board and care residents receiving SSI have special one time emergency problems or needs (teeth, medicine, assistive devices such as canes or walkers, clothes) is additional money made available to them?

Yes
 No
 Don't Know

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

(IF "NO", SKIP TO QUESTION 18.)

How many clients received these funds in FY90?

Enter number: _____

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

How many applied for these funds in FY90?

Enter number: _____

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

17. What agency provides this funding?

Agency name: _____

Agency name: _____

18. Does this agency make any payments to elderly residents of board and care for services OTHER THAN room, board and oversight? For example, home health visits, transportation, adult day care.

____ Yes If yes, also complete questionnaire 5.
____ No If no, ask for other contact who might provide this information.

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

____ Yes
____ No Why not? _____

*Y = Yes
N = No*

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>