

LOCAL AGENCY 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 4
LOCAL AGENCY

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

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

DATE: _____
INTERVIEWER: _____

START TIME: _____

PART I: CASE MANAGEMENT

1. How many elderly board and care residents does your agency serve?

Enter number: _____

*If unknown
code "9's."*

2. What percentage of elderly board and care residents receive CASE MANAGEMENT services from your agency?

Enter percentage: _____

3. Does any other agency have case management responsibilities for elderly board and care residents?

Agency name: _____

*Abbreviate,
if possible.*

4. What is the average case load for case managers in your agency?

Enter number: _____

*If unknown
code "9's."*

5. How are case management services for elderly board and care residents funded? _____

6. How many elderly board and care residents are actually receiving case management services?

Enter number: _____

*If unknown
code "9's."*

7. How often are the following activities included in case management activities for elderly board and care residents?

A. Making determination of need for board and care services	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
B. Checking on financial eligibility	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
C. Referring resident to homes	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
D. Arranging for resident placement	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
E. Briefing provider on resident needs	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
F. Arranging for outside ancillary services for the resident	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
G. Monitoring resident adjustment	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
H. Monitoring for change in resident status resulting in the need for placement in a different facility or for added services	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
I. Monitoring for quality of care/life	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
J. Monitoring for resident satisfaction	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
K. Other case management activities:					
L. _____	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
M. _____	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know

A = Always
F = Frequently
S = Seldom
N = Never
D = Don't Know

8. What three aspects of case management discussed above, does your agency devote most of its time to?

a. _____

b. _____

c. _____

9. Does your agency develop written specific plans - for example, Individual Social Plans (ISPs) or Individual Health Plans (IHPs) - for board and care residents?

_____ Yes

_____ No

_____ Don't Know

Y = Yes

N = No

D = Don't Know

(IF ANSWER IS "NO" SKIP TO QUESTION 13.)

10. What percentage of the elderly residents you serve have these plans?

_____ %

If unknown enter "9's."

11. How often are these plans updated? _____

Specify in yearly intervals.

12. Does agency staff have separate or mixed responsibilities for assessment, placement, and monitoring of clients?

_____ Separate

_____ Mixed

_____ Don't Know

S = Separate

M = Mixed

D = Don't Know

13. Does your agency visit elderly case management clients in the board and care homes?

_____ Yes

_____ No

_____ Don't Know

Y = Yes

N = No

D = Don't Know

(IF ANSWER IS "NO" SKIP TO QUESTION 18.)

14. On the average, how often are these visits made?

Specify in monthly intervals.

15. What is the purpose of these visits?

16. What is done if a client is dissatisfied?

17. What is done if the quality of care or environment seems inferior?

18. Are comments or opinions about the quality of care in the home sought from the residents and/or their families?

____ Yes
____ No
____ Don't Know

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

19. Are comments or opinions about the quality of care in a board and care home sought from other people, such as the ombudsman?

- Yes
- No
- Don't Know

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

20. What is done if the client seems misplaced in terms of his/her needs and the services the home provides?

21. Are you authorized to refer elderly residents in board and care home for other home or community-based services?

- Yes
- No
- Don't Know

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

(IF ANSWER IS NO, SKIP TO QUESTION 26.)

22. What are the links between your agency and community-based service agencies and AoA agencies?

23. Which home and community-based services are authorized for elderly board and care residents? How many residents actually received this service last year? Who generally pays for the service? (LIST EACH AUTHORIZED SERVICE SEPARATELY.)

SERVICE	NUMBER WHO RECEIVED	WHO FUNDS
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____
g. _____	_____	_____
h. _____	_____	_____

24. Does your agency have a system for tracking elderly board and care residents who are in need of other home and community-based services?

Yes Describe _____

No
 Don't Know

25. In your opinion, are most of the board and care residents receiving needed community based services?

Yes
 No Why not? _____

Don't Know

26. In your opinion, what are the major strengths or benefits of your program for elderly clients who reside in board and care homes? (LIST EACH STRENGTH/BENEFIT SEPARATELY.)

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

- f. _____

27. What are the greatest problems your agency faces in serving elderly clients who reside in board and care homes? (LIST EACH PROBLEM SEPARATELY.)

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

PART II: REFERRAL

28. When selecting a board and care facility for a client, which of the following are considered?

- a. Availability
- b. Appropriateness of services provided by the home
- c. Condition of client
- d. Cost
- e. Client freedom and maximum independence
- f. Client protection
- g. Other (SPECIFY)

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

29. Which three factors are the most important when selecting a facility?

- a. _____
- b. _____
- c. _____

30. To what extent, are clients, or their families or guardians, involved in selecting the facility into which they will be placed? (CHECK ONE.)

- Very involved, client (or family) have total choice = *V*
- Some involvement of client or family = *S*
- Minimal or pro forma involvement = *M*
- No involvement = *N*
- Don't know = *D*

31. In your opinion, should clients and their families have more, the same, or less involvement in selecting a placement facility?

- More *M = More*
- Same *S = Same*
- Less *L = Less*

32. What criteria are used to select homes for inclusion on your referral list? (LIST CRITERIA SEPARATELY.)

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

33. Do you do any on-site visits to homes before referring clients?

- Yes
- No
- Don't Know

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

34. Do you do periodic on-site visits to the homes to determine whether you want to continue referring clients to them?

- Yes
- No
- Don't Know

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

35. Are persons who are receiving state supplemental SSI payments for board and care required to reside in facilities which are licensed?

Yes
 No Why not? _____

Don't Know

Any other requirements? _____

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

36. Do you refer or place clients in homes which are not on your referral list?

No
 Yes Why? _____

Don't Know

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

37. Do you refer or place clients in unlicensed homes?

No
 Yes Why? _____

Don't Know

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

(IF ANSWER IS YES, SKIP TO QUESTION 40.)

38. How does your agency insure that referrals are made only to licensed homes? _____

39. Are there penalties for referring clients to unlicensed homes?
 _____ No
 _____ Yes (LIST SEPARATELY AND GIVE NUMBER OF TIMES INVOKED IN LAST YEAR.)

PENALTY	TIMES
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____

_____ Don't Know

40. Are the following used/considered in matching clients with board and care facility?

- A. Client assessment instrument? Yes ___ No ___
- B. Instrument to match client and facility? Yes ___ No ___
- C. Computerized linkage? Yes ___ No ___
- D. Professional judgment? Yes ___ No ___
- E. Special resource directory? Yes ___ No ___
- F. Client's (or client's family) preference? Yes ___ No ___
- G. Provider preference? Yes ___ No ___
- H. Geographic location - proximity? Yes ___ No ___

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

I. Availability of beds? Yes No
 J. Licensure status of facility? Yes No
 K. Other (SPECIFY)

41. Do your agency's placement and referral practices differ by whether a client will pay privately or with SSI?

No
 Yes Why? _____

 Don't Know

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

42. Are clients whose care will be paid for by SSI/SSP? (CHOOSE ONE.)

More difficult to place than self-pay clients = *M*
 About the same as self-pay clients = *S*
 Less difficult to place than self-pay clients = *L*

43. Are there any types of clients that are difficult to place because board and care homes are reluctant to accept them?

No
 Yes Who? _____

 Don't Know

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

44. In your opinion, what kinds of problems does your agency encounter in placing clients in appropriate board and care facilities? (LIST EACH PROBLEM SEPARATELY.)

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

PART III: COMMUNITY SERVICES AVAILABLE TO B&C RESIDENTS

45. Are the following services available to ALL residents in need of the service, to a LIMITED NUMBER of residents in need of the service, or to NONE of the residents in need of the service? (CIRCLE THE APPROPRIATE RESPONSE AND THEN SPECIFY AGENCIES PROVIDING THE SERVICES, OR THE FUNDING FOR THE SERVICES.)

		AVAILABLE TO:		
		ALL	LIMITED	NONE
A.	Mental health services Agency: _____	ALL	LIMITED	NONE
B.	Home health services Agency: _____	ALL	LIMITED	NONE
C.	Dental service Agency: _____	ALL	LIMITED	NONE
D.	Optical vision services Agency: _____	ALL	LIMITED	NONE

E.	Other routine medical services Agency: _____	ALL	LIMITED	NONE
F.	Voc rehab services Agency: _____	ALL	LIMITED	NONE
G.	Adult day care Agency: _____	ALL	LIMITED	NONE
H.	Senior center programs Agency: _____	ALL	LIMITED	NONE
I.	Social and recreational programs outside of the home Agency: _____	ALL	LIMITED	NONE
J.	Outreach services (e.g., friendly visiting) Agency: _____	ALL	LIMITED	NONE
K.	Protective and legal services Agency: _____	ALL	LIMITED	NONE
L.	Protective and legal services Agency: _____	ALL	LIMITED	NONE
M.	Personal/family counseling Agency: _____	ALL	LIMITED	NONE
N.	Other social or medical services (SPECIFY) _____ Agency: _____	ALL	LIMITED	NONE

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>