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: ______________________  DATE: ______________________
AGENCY:____________________  INTERVIEWER:_________________
CONTACT:___________________
POSITION:__________________

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: __________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

____ 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  
   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  
   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.)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>b.</td>
</tr>
<tr>
<td></td>
<td>c.</td>
</tr>
<tr>
<td>B.</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>b.</td>
</tr>
<tr>
<td></td>
<td>c.</td>
</tr>
<tr>
<td>C.</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>b.</td>
</tr>
<tr>
<td></td>
<td>c.</td>
</tr>
<tr>
<td>CATEGORY</td>
<td>CRITERIA</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>D.</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>b.</td>
</tr>
<tr>
<td></td>
<td>c.</td>
</tr>
<tr>
<td>E.</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>b.</td>
</tr>
<tr>
<td></td>
<td>c.</td>
</tr>
</tbody>
</table>

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 \hspace{2cm} Y = Yes
   ____ No  \hspace{2cm} N = No
   ____ Don’t Know \hspace{2cm} D = Don’t Know

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

   ____ Yes \hspace{2cm} Y = Yes
   ____ No  \hspace{2cm} N = No
   ____ Don’t Know \hspace{2cm} D = Don’t Know

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.)

<table>
<thead>
<tr>
<th>CLASSIFICATIONS</th>
<th>Size Range</th>
<th>Total Current Residents (or Estimate Occupancy Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN YOUR STATE:</td>
<td># of Beds in Existing Homes</td>
<td>Total Homes</td>
</tr>
<tr>
<td>(Use categories from Question 6.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
              Specify number of times in a calendar year.

              How often does a local agency inspect? _____ times per 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?

<table>
<thead>
<tr>
<th></th>
<th>TIMES USED BY STATE</th>
<th>TIMES USED IN LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Corrective action plan with facility certifying action completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Corrective action plan with On site inspection by state or local agency to verify action completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Provisional License?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For:
(1) "Used by State"
   Y = Yes
   N = No
   D = Don't Know

(2) "Times Used"
Enter a number, if respondent doesn't know number, enter '99's.'

IF YES, SPECIFY:

Maximum time facility can have a provisional license _____ months

If unknown, enter '99's.'
Maximum number of provisional licenses before other action taken

D. License revocation?

E. Monetary fine?

IF YES, SPECIFY:

Range of $ amount:
   Minimum $ ______
   Maximum $ ______

Average amount of fines imposed last year $ ______
# 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. __________________________________________
E. 

F. 

G. 

H. 

(OTHER OBSTACLES?) 

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

   ___ Yes
   ___ No
   ___ Don't Know

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

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

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

   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

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

B. ____________________________________________

C. ____________________________________________

D. ____________________________________________

E. ____________________________________________

F. ____________________________________________

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

<table>
<thead>
<tr>
<th>Size Range in # of Beds in Existing Homes</th>
<th>Total Homes</th>
<th>Total Beds</th>
<th>Total Current Residents (or Estimate Occupancy Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawfully Unlicensed*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illegal Unlicensed**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If numbers unknown code "9's."

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

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

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

A. _____________________________________ Input first 5 obstacles. If
B. _____________________________________ more than 5 obstacles, code
C. _____________________________________ "Y" for "other obstacles."
D. _____________________________________
E. _____________________________________
F. _____________________________________
G. _____________________________________
H. _____________________________________
(Other Obstacles? _____________________________)
27. Why do you think that illegal homes remain unlicensed?

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

PART V: EFFECT OF STATE REGULATIONS

28. Is the trend in your state to have more stringent requirements for board and care homes?

_____ Yes

_____ No

_____ Don't Know

Y = Yes

N = No

D = Don't Know

29. Within the past five years, has any legislation been passed that was directed toward changing the board and care program in your state?

_____ No

_____ Yes Describe Legislation

____________________________________________________

____________________________________________________

____________________________________________________

_____ Don't Know

Y = Yes

N = No

D = Don't Know

IF NO, SKIP TO QUESTION 33

30. Did this affect the NUMBER of licensed homes in your state? Of unlicensed homes?

_____ Yes, Affected Number of Licensed Homes

How? ________________________________

____________________________________________________

____________________________________________________

____________________________________________________

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

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)

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

A. Only affect small homes
   If checked, code "Y."
   If not checked, code "N."

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)
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? 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

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

36. How many facilities received these funds in FY90? If unknown, enter "9's."
Enter number of facilities:

37. How many facilities applied for these funds in FY90? If unknown, enter "9's."
Enter number of facilities:

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

(If NO, SKIP TO QUESTION 43.)

41. How many facilities received these funds in FY90?

   Enter number of facilities:____________________

42. How many facilities applied for these in FY90?

   Enter number of facilities:____________________

PART VII: ZONING REGULATIONS

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

   ___ Yes
   ___ No
   ___ Don't Know

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

   Y = Yes
   N = No
   D = Don't Know
44. What must a prospective operator do to qualify for a zoning waiver? 

Y = Yes 
N = No 
D = Don’t Know 

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

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?

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?

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.)

<table>
<thead>
<tr>
<th>STAFF FACILITY TYPE CLASSIFICATION RATIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
</tbody>
</table>

49. How is this ratio enforced?______________________________________________________________

____________________________________________________________

____________________________________________________________

PART VII: RESIDENT'S 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? ________________________________

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

ENDING TIME: __________________

17
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

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

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