Form Approved
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National Study of Long-Term Care Providers

2018 Adult Day Services Center Provider Questionnaire

Dear Director,

The Centers for Disease Control and Prevention conducts the National Study of Long-Term Care Providers. Please complete this questionnaire about the adult day services center at the location listed below.

- If this adult day services center is associated with another adult day services center or is part of a facility or campus that offers multiple levels of care, please answer only for the adult day services portion operating at the location listed below.
- Please consult records and other staff as needed to answer questions.
- If you need assistance or have questions, go to https://www.cdc.gov/nchs/nsltcp/index.htm or call 1-877-256-8029.

Label here

Thank you for taking the time to complete this questionnaire.

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0943).

Background Information

1. Is this adult day services center located in the same building as, on the grounds of, or immediately adjacent to each of the following settings? MARK YES OR NO IN EACH ROW

	Yes	No
a. Independent living residences	☐	☐
b. Hospital	☐	☐
c. Nursing home or skilled nursing facility	☐	☐
d. Home health agency	☐	☐
e. Hospice agency	☐	☐
f. Assisted living or similar residential care community	☐	☐
g. A specific unit where subacute or rehabilitation care is provided	☐	☐

→ *If you answered "Yes" to any item in question 1, please answer all questions only for the adult day services center portion operating at the location on the cover page of this questionnaire.*

2. What is the maximum number of participants allowed at this adult day services center at this location? *This may be called the allowable daily capacity and is usually determined by law or by fire code, but may also be a program decision.*

If none, enter "0."

☐ Maximum Number of Participants Allowed

3. What is the type of ownership of this adult day services center? MARK ONLY ONE ANSWER

- ☐ Private—nonprofit
- ☐ Private—for profit
- ☐ Publicly traded company or limited liability company (LLC)
- ☐ Government—federal, state, county, or local

4. Is this center owned by a person, group, or organization that owns or manages two or more adult day services centers? *This may include a corporate chain.*

- ☐ Yes
- ☐ No

5. What is the total number of years this center has been operating as an adult day services center at this location? MARK ONLY ONE ANSWER

- ☐ Less than 1 year
- ☐ 1 to 4 years
- ☐ 5 to 9 years
- ☐ 10 to 19 years
- ☐ 20 or more years

6. Which one of the following best describes the participant needs that the services of this center are designed to meet? MARK ONLY ONE ANSWER

- ☐ ONLY social/recreational needs—NO health/medical needs
- ☐ PRIMARILY social/recreational needs and SOME health/medical needs
- ☐ EQUALLY social/recreational and health/medical needs
- ☐ PRIMARILY health/medical needs and SOME social/recreational needs
- ☐ ONLY health/medical needs—NO social/recreational needs

7. Is this a specialized center that serves only participants with particular diagnoses, conditions, or disabilities?

- ☐ Yes
- ☐ No → *Skip to **question 9***

8. In which of the following diagnoses, conditions, or disabilities does this center specialize?
MARK ALL THAT APPLY

- ☐ Alzheimer disease or other dementias
- ☐ Human immunodeficiency virus (HIV)/AIDS
- ☐ Intellectual or developmental disabilities
- ☐ Multiple sclerosis, Parkinson disease
- ☐ Post-stroke physical or cognitive impairments with a need for rehabilitative therapies
- ☐ Severe mental illness, such as schizophrenia and psychosis
- ☐ Traumatic brain injury
- ☐ Other (please specify)

9. What days of the week and times of the day is your center typically open? *Please enter time as HH:MM.* Mark "Yes" or "No" in the first column. Enter the time of day the center opens and closes for each day it is open.

	Open?	Time of day center opens (HH:MM)	Time of day center closes (HH:MM)
Monday	☐ Yes → ☐ No	☐☐:☐☐ ☐ am ☐ pm	☐☐:☐☐ ☐ am ☐ pm
Tuesday	☐ Yes → ☐ No	☐☐:☐☐ ☐ am ☐ pm	☐☐:☐☐ ☐ am ☐ pm
Wednesday	☐ Yes → ☐ No	☐☐:☐☐ ☐ am ☐ pm	☐☐:☐☐ ☐ am ☐ pm
Thursday	☐ Yes → ☐ No	☐☐:☐☐ ☐ am ☐ pm	☐☐:☐☐ ☐ am ☐ pm
Friday	☐ Yes → ☐ No	☐☐:☐☐ ☐ am ☐ pm	☐☐:☐☐ ☐ am ☐ pm
Saturday	☐ Yes → ☐ No	☐☐:☐☐ ☐ am ☐ pm	☐☐:☐☐ ☐ am ☐ pm
Sunday	☐ Yes → ☐ No	☐☐:☐☐ ☐ am ☐ pm	☐☐:☐☐ ☐ am ☐ pm

10. Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? *Your entries should add up to 100%.* Enter "0" for any sources that do not apply.

a. Medicaid (include revenue from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center)	☐ %
b. Medicare (include revenue from a Medicare Advantage managed care plan)	☐ %
c. Older Americans Act/Title III	☐ %
d. Veteran's Administration	☐ %
e. Program of All-Inclusive Care for the Elderly (PACE)	☐ %
f. Other federal, state, or local government	☐ %
g. Out-of-pocket payment by the participant or family	☐ %
h. Private insurance	☐ %
i. Other source	☐ %
Total	100 %

NOTE: Your entries should add up to 100%

11. When does this adult day services center screen each participant with a standardized tool for each of the following? MARK ALL THAT APPLY IN EACH ROW

	Routinely at admission	Routinely after admission	Routinely when condition changes	Case by case	Do not screen
a. Alcohol or substance abuse	☐	☐	☐	☐	☐
b. Anxiety	☐	☐	☐	☐	☐
c. Cognitive impairment	☐	☐	☐	☐	☐
d. Depression	☐	☐	☐	☐	☐
e. Pain	☐	☐	☐	☐	☐
f. Pressure injury/ulcer risk	☐	☐	☐	☐	☐
g. Activities of Daily Living (ADLs)	☐	☐	☐	☐	☐
h. Instrumental Activities of Daily Living (IADLs)	☐	☐	☐	☐	☐

12. An electronic health record (EHR) is a computerized version of the participant's health and personal information used in the management of the participant's health care. Other than for accounting or billing purposes, does this adult day services center use electronic health records?

☐ Yes

☐ No

13. Does this adult day services center use computerized capabilities to…MARK A RESPONSE IN EACH ROW

	Yes	No	Don't Know
a. Record participant demographics	☐	☐	☐
b. Record clinical notes	☐	☐	☐
c. Record participant medications and allergies	☐	☐	☐
d. Record participant problem list	☐	☐	☐
e. Record individual service plans	☐	☐	☐
f. View lab results	☐	☐	☐
g. View imaging reports	☐	☐	☐
h. Order prescriptions	☐	☐	☐

14. Does this adult day services center's computerized system support electronic health information exchange with each of the following providers? *Do not include faxing*. MARK YES OR NO IN EACH ROW

	Yes	No
a. Physician	☐	☐
b. Pharmacy	☐	☐
c. Hospital	☐	☐
d. Behavioral health provider	☐	☐
e. Skilled nursing facility, nursing home, or inpatient rehabilitation facility	☐	☐
f. Other long-term care provider	☐	☐

15. For each of the following statements, please indicate how often this is your adult day services center's current practice. MARK A RESPONSE IN EACH ROW

	Rarely	Sometimes	Often	Almost Always	Don't Know
a. Participants choose the times they prefer to eat	☐	☐	☐	☐	☐
b. Participants have access to food in the center at any time	☐	☐	☐	☐	☐
c. Participants participate in choosing the types of activities that are offered to them	☐	☐	☐	☐	☐
d. Participants participate in developing their care plan	☐	☐	☐	☐	☐
e. Participants participate in deciding which aides are assigned to care for them	☐	☐	☐	☐	☐
f. Participants with memory problems have special activities designed for them	☐	☐	☐	☐	☐
g. Participants or their family members are provided with opportunities to express their preferences about end-of-life care	☐	☐	☐	☐	☐

Participant Profile

16. What is the total number of participants currently enrolled at this adult day services center at this location? If none, enter "0".

☐ Number of Participants

17. Of the participants currently enrolled at this center, what is the sex breakdown?
Enter "0" for any categories with no participants.

	Number of Participants
a. Male	
b. Female	
TOTAL	

NOTE: Total should be the same as the number of participants provided in question 16.

18. Of the participants currently enrolled at this center, what is the age breakdown?
Enter "0" for any categories with no participants.

	Number of Participants
a. 17 years or younger	
b. 18–44 years	
c. 45–54 years	
d. 55–64 years	
e. 65–74 years	
f. 75–84 years	
g. 85 years or older	
TOTAL	

NOTE: Total should be the same as the number of participants provided in question 16.

19. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? Enter "0" for any categories with no participants.

	Number of Participants
a. With eating, like cutting up food	
b. With bathing or showering	

20. During the last 30 days, for how many of the participants currently enrolled at this adult day services center did Medicaid pay some or all of their services received at this center? *Please include any participants that received funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center.* If none, enter "0".

☐ Number of Participants

21. In the last 12 months, about how many participants permanently stopped using this adult day services center? *Exclude deaths.*
If none, enter "0".

☐ Number of Participants

→ *If '0' SKIP to* ***question 23 on page 7***

22. Of those participants who stopped using this center in the last 12 months, how many left because the cost of attending the center, including meals and services required to meet their needs, exceeded their ability to pay? If none, enter "0".

☐ Number of Participants

Services Offered

23. For each service listed below... MARK ALL THAT APPLY IN EACH ROW

This adult day services center...	Provides the service by paid center employees	Arranges for the service to be provided by outside service providers	Refers participants or family to outside service providers	Does not provide, arrange, or refer for this service
a. Routine and emergency dental services by a licensed dentist	☐	☐	☐	☐
b. Hospice services	☐	☐	☐	☐
c. Social work services—provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services	☐	☐	☐	☐
d. Mental or behavioral health services—target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions	☐	☐	☐	☐
e. Physical, occupational, or speech therapies	☐	☐	☐	☐
f. Pharmacy services—including filling of or delivery of prescriptions	☐	☐	☐	☐
g. Podiatry services	☐	☐	☐	☐
h. Dietary and nutritional services	☐	☐	☐	☐
i. Skilled nursing services—must be performed by an RN, LPN, or LVN and are medical in nature	☐	☐	☐	☐
j. Transportation services for medical or dental appointments	☐	☐	☐	☐
k. Transportation services for social and recreational activities or shopping	☐	☐	☐	☐
l. Daily round trip transportation services to or from this center	☐	☐	☐	☐

24. For each specialized service listed below… MARK ALL THAT APPLY IN EACH ROW

This adult day services center…	Provides the service by paid center employees	Arranges for the service to be provided by outside service providers	Refers participants or family to outside service providers	Does not provide, arrange, or refer for this service
a. Management of behavioral symptoms, such as agitation	☐	☐	☐	☐
b. Pressure injury or wound care	☐	☐	☐	☐
c. Continence management	☐	☐	☐	☐
d. Palliative care—treatment of the pain, discomfort, and symptoms of serious illness	☐	☐	☐	☐

25. Fall risk assessment tools often address gait, mobility, strength, balance, cognition, vision, medications, and environmental factors. Examples of tools include but are not limited to CDC's "Stopping Elderly Accidents, Deaths & Injuries" or STEADI; Timed Up and Go or TUG test; 30-second chair stand test; and 4-stage balance test. Does this adult day services center typically evaluate each participant's risk for falling using any fall risk assessment tool? MARK ONLY ONE ANSWER

- ☐ Yes, as standard practice with every participant
- ☐ Case by case, depending on each participant
- ☐ No

26. Fall reduction interventions may include but are not limited to environmental safety measures; medication reconciliation; exercise, gait, or balance training; and participant or family education. Does this adult day services center currently use any formal fall reduction interventions?

- ☐ Yes
- ☐ No

27. Please indicate how often your adult day services center engages in the following practices when a participant is dying or has died. MARK A RESPONSE IN EACH ROW

	Rarely	Sometimes	Often	Almost Always	Don't Know
a. Discuss a participant's spiritual needs at care planning conferences when the participant has an acute or chronic terminal illness	☐	☐	☐	☐	☐
b. Document in the care plan of a terminally ill participant what is important to the individual at the end of life, such as the presence of family or religious or cultural practices	☐	☐	☐	☐	☐
c. Honor the deceased in some public way in this center	☐	☐	☐	☐	☐
d. Offer bereavement services to staff and participants	☐	☐	☐	☐	☐

Staff Profile

28. An individual is considered an employee if the center is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this center currently has. Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Nurse practitioners (NPs)		
b. Registered nurses (RNs)		
c. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
d. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		
e. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work		
f. Activities directors and activities staff		

→ *If you reported "0" full-time and part-time employees in 28b, c, and d, SKIP to **question 30***

29. Of the number of full-time and part-time employees currently employed in this center, indicate how many have been employed at this center for more than 1 year.
Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Registered nurses (RNs)		
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		

30. For each of the following employees, indicate how many full-time and part-time employees this center had on January 1, 2017. Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Registered nurses (RNs)		
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		

→ *If you reported "0" full-time and part-time employees for all of question 30, SKIP to the **instruction before question 32 on page 10***

31. Of the number of full-time and part-time employees this center had on January 1, 2017, indicate how many left this center between January 1, 2017 and December 31, 2017. *This would include both voluntary and involuntary terminations (retired, dismissed, resigned).*
Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Registered nurses (RNs)		
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		

→ *The next series of questions asks about aide employees, which includes certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides. Contract workers are not to be included in your answers.*

32. If hired today in this center, what would be the lowest and highest hourly wage that might be offered to an entry-level aide employee?

	Dollar amount per hour
a. Lowest	$
b. Highest	$

33. How many hours of training does this center require newly employed aide employees to have prior to providing care to participants?

Number of Hours

34. How many hours of on-going continuing education or in-service training annually does this center provide or arrange for your aide employees?

Number of Hours

35. Does this center offer the following benefits to full-time aide employees?
MARK YES OR NO IN EACH ROW

	Yes	No
a. Health insurance for the employee only		
b. Health insurance that includes family coverage		
c. Life insurance		
d. A pension, a 401(k), or a 403(b)		
e. Paid personal time off, vacation time, or sick leave		

36. For each of the items below, please indicate how often this occurs at this center.
MARK A RESPONSE IN EACH ROW

	Rarely	Sometimes	Often	Almost Always	Don't Know
a. Aides attend participant care plan meetings	☐	☐	☐	☐	☐
b. Changes in participants' care are made as a result of aide input	☐	☐	☐	☐	☐
c. Aides work with the same participants	☐	☐	☐	☐	☐

37. Contract or agency staff refers to individuals or organization staff under contract with and working at this center, but are not directly employed by the center. Does this center currently have any nursing, aide, social work, or activities contract or agency staff?

☐ Yes
☐ No → *Skip to* ***question 39 on page 12***

38. For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this center currently has. *Do not include individuals directly employed by this center.*
Enter "0" for any categories with no contract or agency staff.

	Number of Full-Time Contract or Agency Staff	Number of Part-Time Contract or Agency Staff
a. Nurse practitioners (NPs)		
b. Registered nurses (RNs)		
c. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
d. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		
e. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work		
f. Activities directors and activities staff		

Contact Information

39. We would like to keep your name, telephone number, work e-mail address, and job title for possible future contact related to participation in current and future NSLTCP waves. Your contact information will be kept confidential and will not be shared with anyone outside this project team.

PLEASE PRINT

Your full name	
Your work telephone number, with extension	☐☐☐ – ☐☐☐ – ☐☐☐☐ Ext. ☐☐☐
Your work e-mail address	
Your job title	

Please return your questionnaire
in the enclosed return envelope or mail it to:

NSLTCP
RTI International
ATTN: Data Capture
5265 Capital Boulevard
Raleigh, NC 27690

Thank you for participating in the 2018 National Study of Long Term Care Providers provider questionnaire.

We look forward to you also completing the telephone interview to sample and provide information on two of your participants. We will be contacting you soon.