

2012 National Study of Long-Term Care Providers (NSLTCP) Adult Day Services Center Questionnaire

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is conducting the new National Study of Long-Term Care Providers (NSLTCP), which includes a national survey of adult day services centers. RTI International has been contracted to carry out the data collection.

Please answer all of the questions in reference to the **adult day services center** at the location shown on the pre-printed label below. If your center is part of a multi-facility campus, please only answer for the adult day services center portion of the campus. The accuracy of your answers is important to this study.

If you need assistance or have any questions while completing this questionnaire, please call 1-800-957-6456 to speak to a member of the NSLTCP project team.

Thank you for taking the time to complete this questionnaire.

Label here

Sincerely,

Angela M. Greene RTI International, Survey Contractor to NCHS

NOTICE – Public reporting burden of this collection of information is estimated to average 30 minutes per response. 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 Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0943).

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).



National Center for Health Statistics Division of Health Care Statistics

INSTRUCTIONS:		
• Please clearly mark your responses in the boxes provided.	\rightarrow	Examples 🗹 or 🗴
• Written answers should be printed in the space provided.	-	Example 25

Please consult records and other staff as needed to answer questions.	center.
Please provide answers only for the adul day services center portion of your camp	
1. What is the type of ownership of this adult day	b. Nu nur
services center?	c. Ho
MARK ONLY ONE ANSWER	d. Ho
 Private, nonprofit Private, for profit Publicly traded company or limited liability company (LLC) 	e. Ass res (e.c
Government—federal, state, county, or local government	f. Oth

Background Information

2. 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

3. Is this adult day services center owned by any other type of organization?

No, not part of another organization **SKIP TO QUESTION 4**

3a. For each item (a–f) below, please indicate whether or not this type of organization owns this center.

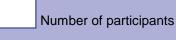
Yes

No

- a. Hospital
 b. Nursing home or skilled nursing facility
 c. Home health agency
 d. Hospice agency
 e. Assisted living or similar residential care community (e.g., adult care or personal care residence)
 f. Other
- **4.** 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.

Maximum number of participants allowed

5. What is the total number of participants currently enrolled at this center at this location? Include respite care participants.



6. Based on a typical week, what is the approximate average daily attendance at this center at this location? Include respite care participants.

Average daily attendance of participants

7.	Based on a typical week, how many respite care participants does this center serve?	12. Is this center licensed or certified by the state specifically to provide adult day services?
8.	Is this adult day services center certified or otherwise set up to participate in Medicaid, either through the Medicaid State Plan or a home and community-based services waiver program?	 No 13. Is this center licensed or certified under some other type of provider? For example, nursing home, rehabilitation center, or hospital. Yes No
9.	During the last 30 days, how many of this center's participants had some or all of their long-term care services paid by Medicaid?	 14. A continuing care retirement community is a community that offers multiple levels of care such as independent living, residential care and skilled nursing care, and provides residents the
10.	Other than from Medicaid, does this adult day services center receive funding from any federal, state, county or city community care agencies? For example, Older American Act Funding, State Unit on Aging, Area Agencies on Aging, or Councils on Aging.	opportunity to remain in the same community as their needs change. Is this adult day services center part of a continuing care retirement community?
11.		 15. What is the total number of years this center has been operating as an adult day services center at this location? Less than 1 year 1 to 4 years 5 to 9 years 10 to 19 years 20 or more years



Services Offered

Please provide answers only for the adult day services center portion of your campus.

16. For each item (a–I) below, please mark whether or not this adult day services center provides the service and, if it does, whether it is provided only by center employees, only by others through arrangement, or by both. Please mark "Not provided" if the center only refers participants to service providers.

a. Routine and emergency dental services by a licensed dentist	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
b. Hospice services	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
c. Social work services—provided by licensed social workers or persons with a bachelor's or master's degree in social work, and include an array of services such as psychosocial assessment, individual or group counseling, and referral services	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
 Any case management services—generally a process of assessment, planning, and facilitation of options and services for an individual 	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
e. Mental health services—target participants' mental, emotional, psychological, or psychiatric well-being and include diagnosing, describing, evaluating, and treating mental conditions	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
 f. Any therapeutic services—physical, occupational, or speech 	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
 g. Pharmacy services—including filling of and delivery of prescriptions 	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
h. Podiatry services	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement
 Skilled nursing services—must be performed by a registered nurse (RN) or a licensed practical nurse (LPN) and are medical in nature 	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement

16. Cont'd				
 j. Transportation services for medical or dental appointments k. Transportation services for social and recreational activities, or shopping I. Daily round trip transportation services to/from this center 	 Not provided Provided only by center employees Provided only by others through arrangement Provided by both center employees and others through arrangement Not provided Provided only by center employees Provided only by others through arrangement Provided only by others through arrangement Provided by both center employees and others through arrangement Not provided Not provided by both center employees and others through arrangement Not provided by both center employees and others through arrangement 			
	Provide	d only by	center employees others through arrangement center employees and others through	arrangement
 17. For about how many of the currently enrolled participants does this center manage, super store medications; administer medications; provide assistance with self-administration of medications? Number of participants OR 18. As a part of the admission process, does the center screen participants for depression we standardized tool such as the Geriatric Dep Scale, Beck Depression Inventory, or the C Epidemiological Studies-Depression (CES-I scale? Yes No 	rvise, or or of None is vith a ression enter for	21.	On a regular basis, does this centreschedules based on each participate abilities, and interests?	ant's life history, er seek input from what personal
19. Disease-specific programs may include one more of the following services—educational programs, physical activity programs, diet/n programs, medication management program weight management programs. For each condition (a–d) below, please indicate who not this center offers any of these services participants with this condition.	l outrition ms, and ether or	22.	On a regular basis, does this centro participants choices for each of the MARK YES OR NO a. Meal times b. Meal types/menus	e following?
 Alzheimer's disease and other dementias b. Cardiovascular disease (e.g., heart disease, stroke, high blood pressure) c. Depression 	es No			
d. Diabetes				

Staff Profile

Please consult records and other staff as needed to answer questions.

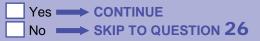
Please provide answers only for the adult day services center portion of your campus.

- **23.** For each item (a–d) below, please indicate the number of center staff that currently work at this adult day services center full-time and part-time. Please include:
 - both full-time and part-time center employees (an individual is considered a center employee if the center is required to issue a Form W-2 on their behalf), and
 - other individuals or organization staff under contract with and working at this center full-time and part-time.

Please report either the number of full-time and part-time staff OR the number of full-time equivalent (FTE) staff, but not both, for the center employee category and the contract staff category. If this center does not have any staff for a specific category, enter "0" under the number of full-time and part-time staff.

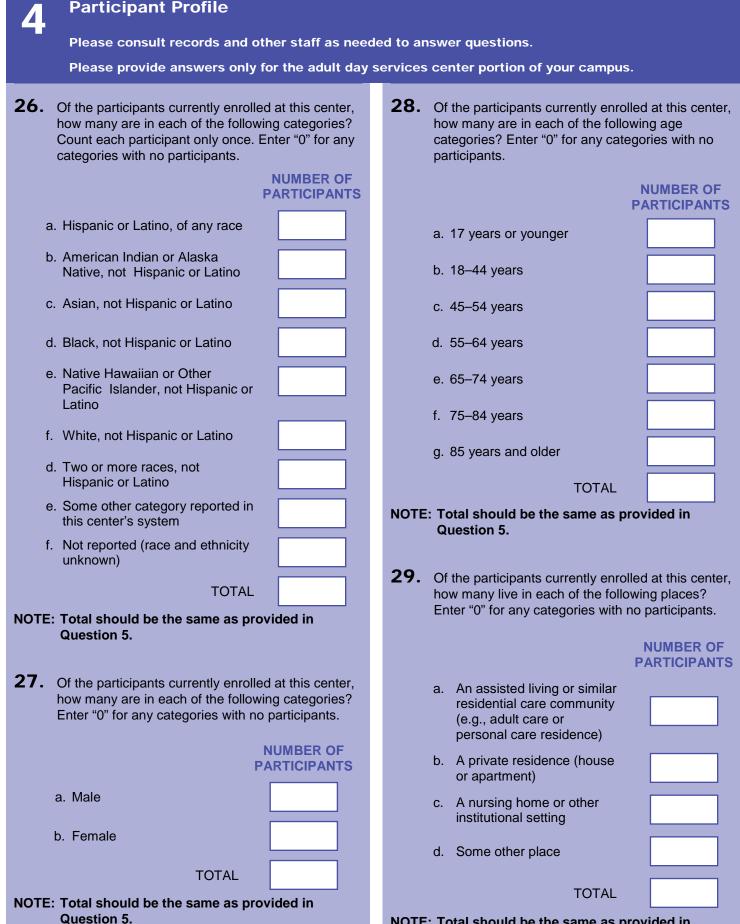
	Current Center Staff		Number of Full-Time Staff If none, enter "0"	Number of Part-Time Staff If none, enter "0"		Number of Full-Time Equivalent (FTE) Staff If none, enter "0"
2	RNs	Center employee(s)			OR	
а.		Contract staff			OR	
b.	LPNs/licensed vocational nurses	Center employee(s)			OR	
	(LVNs)	Contract staff			OR	
C.	Certified nursing assistants, nursing assistants, home health aides, home	Center employee(s)			OR	
	care aides, personal care aides, personal care assistants, and medication technicians or medication aides	Contract staff			OR	
d.	d. Social workers—licensed social	Center employee(s)			OR	
	workers or persons with a bachelor's or master's degree in social work	Contract staff			OR	

24. Do any activities directors or activities staff work at this adult day services center? Include center employees and contract staff.



25. On an average shift, how many activities directors or activities staff are on-site providing services? Include center employees and contract staff.

Number of activities directors or activities staff **OR** None



NOTE: Total should be the same as provided in Question 5.

30. Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions?	32. This next question asks about the number of participants at this adult day services center who currently need assistance in activities of daily living (ADLs).		
NUMBER OF PARTICIPANTS a. Alzheimer's disease or other dementias OR None	Assistance refers to needing any help or supervision from another person, or use of special equipment. As a reminder, please provide answers only for the adult day services center portion of your campus.		
b. Developmental disability, such as mental retardation, autism, or Down's syndrome	Of the participants currently enrolled at this center, about how many need any assistance in each of the following activities?		
c. Severe mental illness, such as schizophrenia and psychosis	NUMBER OF PARTICIPANTS a. Transferring in and out of bed OR None		
d. Depression OR None	b. Transferring in and out of a chair		
	 c. With eating, like cutting up food d. With dressing OR None 		
31. Before or upon admission, does this center use a standardized tool to conduct a formal assessment of its participants to identify anyone with a cognitive impairment?	e. With bathing or showering OR None		
Yes CONTINUE No SKIP TO QUESTION 32	f. In using the bathroom OR None (toileting)		
31a. Based on this assessment, about how many of the participants currently enrolled at this center have been identified as having a cognitive impairment?	g. With locomotion or walking—this includes using a cane, walker, or wheelchair and/or help from another person.		
Number of participants OR None			
	33. Of the participants currently enrolled at this center, about how many use a manual, electric, or motorized wheelchair or scooter?		
	Number of participants OR None		

34.	Of the participants currently enrolled at this center, about how many were discharged from an overnight hospital stay in the last 90 days? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay.	 38. In the last 12 months, about how many participants, including respite care participants, permanently stopped using this adult day services center? Exclude deaths. Number of participants → CONTINUE None → SKIP TO QUESTION 39
34a.	Of the participants who were discharged from an overnight hospital stay in the last 90 days, about how many of those participants were re-admitted to the hospital for an overnight stay within 30 days of their hospital discharge?	38a. Where did each of these participants go immediately after they stopped using the center? Enter "0" for any categories with no participants.
35.	Number of participants OR None Of the participants currently enrolled at this center, about how many were treated in a hospital emergency department in the last 90 days?	 a. Another adult day services center b. Assisted living or similar residential care community (e.g., adult care or personal care residence) c. Hospital
	Number of participants OR None	d. Nursing homee. Private residence (house
	ons 36–38b refer to the last 12 months.	or apartment)
36.	In the last 12 months, about how many participants were newly enrolled into this center? Count all participants who were newly enrolled— including respite care participants, participants who later died, and participants who are no longer enrolled—regardless of the reason.	f. Some other place TOTAL NOTE: Total should be the same as provided in Question 38.
37.	In the last 12 months, about how many participants died? Include respite care participants.	38b. Of those participants who stopped using this center in the last 12 months, about how many left because the cost of attending the center, including meals and services required to meet their needs, exceeded their ability to pay?

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Record Keeping

Please provide answers only for the adult day services center portion of your campus.

39. An Electronic Health Record 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

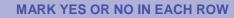
40. For each item (a–s) below, please indicate in Column 1 whether or not this adult day services center collects or tracks this information about participants. If this center does collect or track the information, please indicate in Column 2 whether or not this center has the computerized capability to collect or track it.

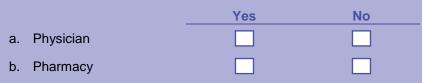
	Column 1Does this center collect/track this information?IF YES IN COLUMN 1	Column 2 Does this center have the computerized capability to collect/track this information?
a. Contact information for the participant's medical providers	Yes No	→ Yes No
b. Participant demographics	Yes No	→ Yes No
c. Functional assessments	Yes No	→ Yes No
d. Individual service plans	Yes No	→
e. Participant service records (a record of the services being provided to each participant)	Yes No	→
f. Clinical notes, such as medical history and daily progress notes	Yes No	→
g. Participant problem list (medical and behavioral concerns)	Yes No	→
h. Advance directives	Yes No	→
i. Automatic reminders for updating records, scheduling screening tests or guideline based interventions	Yes No	→
j. Lists of medications	Yes No	→Yes No
k. Medication administration records	Yes No	→
I. Active medication allergy lists	Yes No	→

40. Cont'd

	Column 1Does this center collect/trackIF YES IN COLUMN	to collect/track this
m. Warning of drug interactions or contraindications	Yes No	Yes
n. Discharge and transfer summaries	Yes No	Yes No
o. Outside health care visits, including emergency room visits and overnight hospital admissions	Yes No	Yes
p. Orders for prescriptions	Yes No	Yes No
q. Orders for tests	Yes	Yes No
 r. Viewing laboratory/imaging results (seeing and reading test results) 	Yes No	Yes No
s. Public health reporting	Yes No	Yes

41. Does this adult day services center's computerized system support **electronic health information exchange** with each of the following providers?





6

We would like to reach you if we have questions about your answers. Please provide your name, telephone number, work e-mail address, and job title. Your contact information will be kept confidential and will not be shared with anyone outside the project team.

PLEASE PRINT
Your full name:
Your work telephone number, with extension: ()
Your work e-mail address:
Your job title:

Thank you for participating in the NSLTCP.



National Center for Health Statistics Division of Health Care Statistics