

Section E - QUESTIONS ABOUT THE AGENCY - Continued

<p>1c. Does this agency operate under the general authority of a nursing home?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>d. Is (Name of agency) a member of a group of agencies operating under one corporate authority or corporate ownership?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>2. Does this agency operate under the authority of a Health Maintenance Organization (HMO)?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>3a. Is this agency certified under Medicare as a Home Health Agency?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>b. Is this agency certified under Medicare as a Hospice?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>4a. Is this agency certified under Medicaid as a Home Health Agency?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>b. Is this agency certified under Medicaid as a Hospice?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>5a. Are the medical records of this agency computerized?</p>	<p>01 <input type="checkbox"/> Yes - Skip to item 6 02 <input type="checkbox"/> No</p>
<p>b. Does this agency plan to computerize its medical records within the next year?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p><i>HAND FLASHCARD 2</i></p> <p>6. Does this agency provide any of the following services?</p> <p><i>Mark (X) all that apply.</i></p> <p><i>Probe: Any other services?</i></p>	<p>00 <input type="checkbox"/> None 01 <input type="checkbox"/> Bereavement care 02 <input type="checkbox"/> Continuous home care 03 <input type="checkbox"/> Counseling 04 <input type="checkbox"/> Dental treatment services 05 <input type="checkbox"/> Dietary and nutritional services 06 <input type="checkbox"/> Durable medical equipment and supplies 07 <input type="checkbox"/> Enterostomal therapy 08 <input type="checkbox"/> High tech care (e.g., IV therapy) 09 <input type="checkbox"/> Homemaker/Household services 10 <input type="checkbox"/> Meals on Wheels 11 <input type="checkbox"/> Medications 12 <input type="checkbox"/> Occupational therapy 13 <input type="checkbox"/> Oral hygiene/Prevention services 14 <input type="checkbox"/> Pastoral care 15 <input type="checkbox"/> Personal care 16 <input type="checkbox"/> Physical therapy 17 <input type="checkbox"/> Physician services 18 <input type="checkbox"/> Referral services 19 <input type="checkbox"/> Respite care (inpatient) 20 <input type="checkbox"/> Skilled nursing services 21 <input type="checkbox"/> Social Services 22 <input type="checkbox"/> Speech therapy/Audiology 23 <input type="checkbox"/> Spiritual care 24 <input type="checkbox"/> Transportation 25 <input type="checkbox"/> Vocational therapy 26 <input type="checkbox"/> Volunteers 27 <input type="checkbox"/> Other services - Specify <u> </u></p>
<p>7a. Does this agency currently have any active patients?</p>	<p>01 <input type="checkbox"/> Yes - GO to item 7b 02 <input type="checkbox"/> No - THANK THE RESPONDENT. END THE INTERVIEW, AND MARK CODE 11 IN SECTION C ON THE COVER PAGE.</p>
<p>b. What is the number of your current active patients?</p>	<p>_____ Number of patients 99999 <input type="checkbox"/> Don't know</p>
<p>8a. What is the number of home health care patients currently being served by this agency?</p>	<p>_____ Number of home health patients 00000 <input type="checkbox"/> None 99999 <input type="checkbox"/> Don't know</p>
<p>b. What is the number of hospice care patients currently being served by this agency?</p>	<p>_____ Number of hospice patients</p>

