

**Study of the Network on Aging's Service Providers  
Pre-site Visit Questionnaire for AAA Directors**

As you know, Westat is conducting a study of provider networks in 10 states for the Administration on Aging. [INSERT STATE] is one of the states and we are conducting site visits to your AAA and two others in your state. The selection of AAAs for site visits is based on the objective of obtaining information on a broad spectrum of service delivery models. The visit will include an interview with [INSERT AAA DIRECTOR NAME] and other AAA staff may contribute to the interview. We will also be talking to selected providers about their roles and responsibilities.

To prepare for the site visit, we would like to learn more about your AAA and the clients you serve. We would appreciate your completing the attached questionnaire by [INSERT DATE] and returning it to us by email to [JessicaHarrell@westat.com](mailto:JessicaHarrell@westat.com). The responses that you provide will supply some useful background information about your AAA and serve as a jumping off point for the on-site interviews. If you should have questions about the study, please don't hesitate to call Jennifer Klocinski at AoA 202-357-0146. For questions about completing the pre-site visit questionnaire, please contact Jessica Harrell at Westat 800-937-8281, ext. 4973.

**Please complete the following information:**

Respondent's Name: \_\_\_\_\_

Role in the AAA: \_\_\_\_\_

Date: \_\_\_\_\_

**A. Descriptive Information about the AAA and Service Area**

1. Name of Agency \_\_\_\_\_

2. What type of agency is the AAA? Check one response.

- a. Non-profit .....
- b. For-profit .....
- c. Local government .....
- d. Other .....

Please specify

3. What type of geographic area does your AAA cover? Check "yes" or "no" for each response option.

- |                   | Yes                      | No                       |
|-------------------|--------------------------|--------------------------|
| a. Suburban ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Urban .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Rural .....    | <input type="checkbox"/> | <input type="checkbox"/> |

4. What is the ethnic/racial composition of the 60+ population in your Planning and Service Area?
- a. American Indian or Alaskan Native ..... \_\_\_\_\_%
  - b. Asian ..... \_\_\_\_\_%
  - c. Black or African-American ..... \_\_\_\_\_%
  - d. White/Caucasian ..... \_\_\_\_\_%
  - e. Native Hawaiian/Other Pacific Islander ..... \_\_\_\_\_%
  - f. Other Race ..... \_\_\_\_\_%
- Please specify

5. What percentage of the 60+ population is Hispanic or Latino in your Planning and Service Area?  
 Latino/Hispanic \_\_\_\_\_%

6. What groups does your AAA serve? Check "yes" or "no" for each response option.

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Persons 60+ only.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Persons younger than 60 with physical and/or developmental disabilities ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other .....   | <input type="checkbox"/> | <input type="checkbox"/> |
- Please specify

7. How many clients (OAA and others) does your AAA serve?  
 \_\_\_\_\_ Total number of clients

8. How many OAA clients does your AAA serve?  
 \_\_\_\_\_ Number of OAA clients

9. What is your annual budget (use most recently completed fiscal year)?  
 \_\_\_\_\_ Annual budget

10. What is your annual budget for OAA services (use most recently completed fiscal year)?  
 \_\_\_\_\_ Annual budget for OAA services

11. What is the total number of full-time equivalent employees?  
 \_\_\_\_\_ Total FTEs

**B. Consumer-Directed Care**

This section is on consumer-directed care. Consumer-directed care is predicated on the belief that consumers should have a choice in who provides care for them and what services they need. There are several models of consumer-directed care. In one model, the care recipient and/or her caregiver is able to choose, hire, supervise, and pay for services. The consumer receives a specific amount of money (usually) on a monthly basis to cover the fees for such care. In the other model, the consumer works closely with a case manager in determining the type of care needed and the specific provider that will deliver the service.

1. Does your AAA have a consumer-directed care option for older adult services?

Yes

No [GO TO END]

1a. If yes, what year did the consumer-directed care begin?

\_\_\_\_\_ Year

**C. Types and Organizational Structures of Provider Agencies**

The purpose of this section is to obtain some basic information about your providers. During the site visit, we will talk in more detail about the different types of providers that serve your clients.

1. Below, please enter the total number of providers per service by type of providers as of November 1, 2010. If a provider delivers more than one service, count it for each service provided. If the service can be included in a consumer directed option, please note it in the appropriate box. If the AAA provides the service, please note it in the appropriate box.

a. Service – **Outreach:** Information & Referral; Case Management  
 Stand-alone agency ..... \_\_\_\_\_  
 Agency that is part of an umbrella organization ..... \_\_\_\_\_  
 An individual who provides a service (e.g., an attorney) ..... \_\_\_\_\_  
 Other, please specify (\_\_\_\_\_) ..... \_\_\_\_\_  
 Total..... \_\_\_\_\_  
 AAA Provides the Service .....  Yes  No

b. Service – **Nutrition:** Congregate meals; Home delivered meals  
 Stand-alone agency ..... \_\_\_\_\_  
 Agency that is part of an umbrella organization ..... \_\_\_\_\_  
 An individual who provides a service (e.g., an attorney) ..... \_\_\_\_\_  
 Other, please specify (\_\_\_\_\_) ..... \_\_\_\_\_  
 Total..... \_\_\_\_\_  
 Cash and Counseling/Consumer Directed option offered....  Yes  No  
 AAA Provides the Service .....  Yes  No

c. Service – **Care:** Homemaker; Chore; Personal Care; Adult Day Care;  
 Respite care for caregivers  
 Stand-alone agency ..... \_\_\_\_\_  
 Agency that is part of an umbrella organization ..... \_\_\_\_\_  
 An individual who provides a service (e.g., an attorney) ..... \_\_\_\_\_  
 Other, please specify (\_\_\_\_\_) ..... \_\_\_\_\_  
 Total..... \_\_\_\_\_  
 Cash and Counseling/Consumer Directed option offered....  Yes  No  
 AAA Provides the Service .....  Yes  No

d. Service – **Transportation:** Transportation; Assisted Transportation  
 Stand-alone agency ..... \_\_\_\_\_  
 Agency that is part of an umbrella organization ..... \_\_\_\_\_  
 An individual who provides a service (e.g., an attorney) ..... \_\_\_\_\_  
 Other, please specify (\_\_\_\_\_) ..... \_\_\_\_\_  
 Total..... \_\_\_\_\_  
 Cash and Counseling/Consumer Directed option offered....  Yes  No  
 AAA Provides the Service .....  Yes  No

e. Service – **Legal Assistance**

Stand-alone agency ..... \_\_\_\_\_

Agency that is part of an umbrella organization ..... \_\_\_\_\_

An individual who provides a service (e.g., an attorney)..... \_\_\_\_\_

Other, please specify (\_\_\_\_\_) ..... \_\_\_\_\_

Total..... \_\_\_\_\_

AAA Provides the Service .....  Yes     No

2. How many unduplicated providers of OAA client services does the AAA have a formal relationship regardless of the services offered?

\_\_\_\_\_ Number of unduplicated OAA providers

3. What is the number of service providers that also act as Medicaid providers?

\_\_\_\_\_ Number of Medicaid providers

4. What is the number of services providers that also act as Medicare providers?

\_\_\_\_\_ Number of Medicare providers

**D. Providers' Contributions to Achieving Program Goals**

1. We are interested in learning about how providers may work alongside of the AAA to achieve program goals through fundraising, outreach, targeting, and program development. In the table below, for each type of service listed, please check the areas or activities in which providers contribute. During the site visit interview, we will talk in greater detail about provider activities in these areas.

a. Service – **Outreach:** Information & Referral; Case Management

- Fundraising.....
- Outreach.....
- Targeting .....
- Program Development .....
- Match.....
- Other ways in which providers contribute .....
- Please specify

b. Service – **Nutrition:** Congregate meals; Home delivered meals

- Fundraising.....
- Outreach.....
- Targeting .....
- Program Development .....
- Match.....
- Other ways in which providers contribute .....
- Please specify

c. Service – **Care:** Homemaker; Chore; Personal Care; Adult Day Care; Respite care for caregivers

- Fundraising.....
- Outreach.....
- Targeting .....
- Program Development .....
- Match.....
- Other ways in which providers contribute .....
- Please specify

d. Service – **Transportation:** Transportation; Assisted Transportation

- Fundraising.....
- Outreach.....
- Targeting .....
- Program Development .....
- Match.....
- Other ways in which providers contribute .....
- Please specify

e. Service – **Legal Assistance**

- Fundraising.....
- Outreach.....
- Targeting .....
- Program Development .....
- Match.....
- Other ways in which providers contribute .....
- Please specify

**E. Arrangements for Provision of Services**

This section is on types of mechanisms you use to work with service providers. We are interested in whether providers compete with one another to provide the same sets of services and the typical length of contracts, cooperative agreements and other mechanisms for working with providers.

1. What mechanisms does the AAA use to work with provider agencies?

	<u>Yes</u>	<u>No</u>
a. Grants .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Cooperative agreements .....	<input type="checkbox"/>	<input type="checkbox"/>
c. MOUs.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Contracts .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Other.....	<input type="checkbox"/>	<input type="checkbox"/>

2. What factors are considered in selecting providers? Please check "yes" or "no" for each response option.

	<u>Yes</u>	<u>No</u>
a. Total cost .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Cost per unit of service.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Service quality assessments .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Other.....	<input type="checkbox"/>	<input type="checkbox"/>

Please specify

3. What is the length of the typical arrangement for service provision?

- 1 year or less
- 2 years
- 3 years
- More than 3 years

4. Overall, on a scale of one-to-five, how stable has your service provider been over the past 2 years?

- 1 – Not stable
- 2
- 3
- 4
- 5 – Extremely stable

*THANK YOU VERY MUCH FOR RESPONDING TO THE PRE-SITE VISIT QUESTIONNAIRE.  
WE LOOK FORWARD TO MEETING YOU DURING THE SITE VISIT TO YOUR AAA.*

*PLEASE EMAIL YOUR COMPLETED QUESTIONNAIRE TO JESSICA HARRELL AT  
[JessicaHarrell@westat.com](mailto:JessicaHarrell@westat.com).*