

**2007 National Home and Hospice Care Survey (NHHCS)
Agency Questionnaire**

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ5	First, some basic information about the agency. Is { AGENCY } part of a chain? HELP SCREEN ⁱ	1 Yes 2 No	All Agencies	
AQ5A	What is the name of the chain?	Chain name – text description _____		AQ5=1
AQ6	Is { AGENCY } a (home health/home care) agency, a hospice agency or does this agency serve both (home health/home care) and hospice patients?	Agency type 1 Home Health / Home Care Agency only 2 Hospice Agency only 3 Both – Home Health and Hospice Care Agency 91 None of the above	All Agencies	
AQ6A	What type of service do you provide? <i>Note: Agencies reporting “NONE OF THE ABOVE” in AQ6 were not further interviewed and were ineligible for NHHCS.</i>	Service – text description _____		AQ6 = 91
AQ6B	Does this agency provide its patients with ONLY homemaker services and durable medical equipment and supplies or are	0 Only homemaker services and/or equipment supplies 1 Other services (also) provided	All Agencies	

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	OTHER types of services to patients also provided? <i>Note: Agencies reporting "ONLY HOMEMAKER SERVICES AND/OR EQUIPMENT/SUPPLIES" were not further interviewed and were ineligible for NHCS.</i>			
AQ7	How many (home health/home care) admissions did {AGENCY} have during calendar year {YEAR -1}? READ, IF NECESSARY: Only include this agency's home health patients for this location.	Number of admissions (home health/home care) _____	Home Health Only and Both	AQ6=1 or 3
AQ8	How many (home health/home care) discharges did {AGENCY} have during calendar year {YEAR -1}? READ, IF NECESSARY: Only include this agency's home health discharges for this location.	Number of discharges (home health/home care) _____	Home Health Only and Both	AQ6= 1 or 3
AQ9	What is the number of (home health/home care) patients currently being served by {AGENCY} at this location?	Number of current patients (home health/home care) _____	Home Health Only and Both	AQ6= 1 or 3
AQ10	How many hospice admissions did (AGENCY) have during calendar year {YEAR-1}?	Number of admissions (hospice care) _____	Hospice Only and Both	AQ6=2 or 3

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	READ, IF NECESSARY: Only include this agency's hospice admissions for this location.			
AQ11	How many hospice discharges did { AGENCY } have during calendar year { YEAR-1 }? READ, IF NECESSARY: Only include this agency's hospice discharges for this location.	Number of discharges (hospice care) _____	Hospice Only and Both	AQ6=2 or 3
AQ11A	Did this agency have any hospice patients discharged in { BEGMONTH } through { ENDMONTH } of 2007?	1 Yes 2 No		AQ11 = 0
AQ12	What is the number of hospice patients currently being served by { AGENCY } at this location?	Number of current patients (hospice care) _____	Hospice Only and Both	AQ6=2 or 3
AQ13	In what year was this agency established to provide hospice care? HELP SCREEN ⁱⁱ	Year established to provide hospice care _____	Hospice Only and Both	AQ6=2 or 3
AQ14	In what year was this agency established to provide (home health/home care) services? HELP SCREEN ⁱⁱⁱ	Year established to provide home health/home care services _____	Home Health Only and Both	AQ6=1 or 3

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AQ15	<p>SHOW CARD AQ15</p> <p>Which one of these categories on this card best describes the ownership of this agency?</p> <p>HELP SCREEN ^{iv}</p>	<p>Type of Ownership</p> <ul style="list-style-type: none"> 1 For Profit 2 Private Nonprofit 3 City/County/State Government 4 Department of Veteran Affairs 5 Other Federal Agency 91 Other (specify) 	All Agencies	
AQ15A	<p><i>For Other:</i></p> <p>Specify ownership</p>	<p>Type of ownership – text description</p> <p>_____</p>		AQ15= 91
AQ16A	<p>What are {AGENCY}'s patient referral sources for (home health/home/hospice) care?</p> <p>PROBE: Does this agency have any other (home health care/home care/hospice) patient referral sources?</p> <p>PROBE: Any others?</p> <p>SELECT ALL THAT APPLY</p>	<p>Referral Sources</p> <ul style="list-style-type: none"> 1 Hospital 2 Nursing Home 3 Assisted Living Facility 4 Physician's Office 5 Outpatient Medical /Surgical Center 6 Rehabilitation Facility 7 Patient/Family/Friend 8 Other Home Health/ Hospice Agency 9 Insurance Provider/ Payer Source 10 Community Organization 91 Other (Specify) 	All Agencies	
AQ16B	<p><i>For Other:</i></p> <p>What source was that?</p> <p>PROBE: Any others?</p>	<p>Referral Source-text description</p> <p>Referral Source OS1 _____</p> <p>Referral Source OS2 _____</p> <p>Referral Source OS3 _____</p>		AQ16A=91

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ16C	Which one of the referral sources you mentioned refers the greatest number of (home health/home care/hospice) patients to this agency? IF NEEDED, ASK: What would you say is the main source of this agency's (home health/home care/ hospice) patient referrals?	Main Referral Source Referral Source Number _____		Two or more sources in AQ16A, AQ16B
AQ17	Is this agency currently certified by Medicare as a Home Health Agency? HELP SCREEN ^v	1 Yes 2 No 3 Pending	Home Health Only and Both	AQ6=1 or 3
AQ18	Is this agency currently certified by Medicare as a Hospice? HELP SCREEN ^{vi}	1 Yes 2 No 3 Pending	Hospice Only and Both	AQ6=2 or 3
AQ19	What is the Medicare provider number for {AGENCY}?	Medicare Provider Number _____		AQ17 or AQ18 = 1
AQ20	Is this agency currently certified by Medicaid as a Home Health Agency? HELP SCREEN ^{vii}	Medicaid Certification as Home Health Agency 1 Yes 2 No 3 Pending	Home Health Only and Both	AQ6= 1 or 3

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ21	<p>Is this agency currently certified by Medicaid as a Hospice?</p> <p>HELP SCREEN ^{viii}</p>	<p>Medicaid Certification- Hospice</p> <p>1 Yes 2 No 3 Pending</p>	Hospice Only and Both	AQ6= 2 or 3
AQ23a1	<p>These next questions ask about payments this agency receives from Medicaid for different kinds of services provided to home health care patients.</p> <p>How much does Medicaid pay this agency for {variable text}?</p> <p>Skilled nursing services. Physical therapy. Occupational therapy. Speech therapy. Medical social services. Home health aide and homemaker services.</p>	<p>Medicaid Payments - Services (Home Health patients)</p> <p>1 Respondent Provides A Single Rate 2 Respondent Provides A Range 3 Service Not Offered</p>		AQ20 = 1
AQ23a2	<p>How much does Medicaid pay this agency for {variable text}?</p>	<p>Medicaid – Single Rate in dollars</p> <p>_____</p>		AQ23a1=1
AQ23a2a	<p>How much does Medicaid pay this agency for {variable text}?</p>	<p>Medicaid - Single Rate Unit</p> <p>1 Visit 2 Hour 3 Half Hour</p>		AQ23a1=1

Question number	Question item	Valid code categories	Agency asked	Skip pattern
		4 15 Minutes 91 Other (Specify)		
AQ23a2b	<i>For Other:</i> How much does Medicaid pay this agency for {variable text}?	Medicaid Single Rate Unit – text description _____		AQ23a2a=91
AQ23a3	How much does Medicaid pay this agency for {variable text}	Medicaid - Lowest Rate In Dollars _____		AQ23a1=2
AQ23a4	How much does Medicaid pay this agency for {variable text}	Medicaid - Highest Rate In Dollars _____		AQ23a1=2
AQ23a4a	How much does Medicaid pay this agency for {variable text}	Medicaid High & Low Rate Unit 1 Visit 2 Hour 3 Half Hour 4 15 Minutes 91 Other (Specify)		AQ23a1=2
AQ23a4b	<i>For Other:</i> How much does Medicaid pay this agency for {variable text}	Medicaid High & Low Rate Unit – text description UNIT _____		AQ23a4a=91

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ23Aa1	<p>These next questions ask about this agency's charges to self or private pay home health patients.</p> <p>These are home health patients whose payment source comes from either private health insurance or from the patient (or patient's family) directly.</p> <p>How much does this agency charge self or private pay home health patients for {variable text}?</p> <p>Skilled nursing services. Physical therapy. Occupational therapy. Speech therapy. Medical social services. Home health aide and homemaker services.</p>	<p>Private Pay – Home Health Patients</p> <p>1 Respondent Provides A Single Rate 2 Respondent Provides A Range 3 Service Not Offered</p>	Home Health Only and Both	AQ6 = 1 or 3
AQ23Aa2	How much does this agency charge self or private pay home health patients for {variable text}?	Private Pay Single Rate in dollars - Home Health Patients _____		AQ23Aa1 = 1
AQ23Aa2a	How much does this agency charge self or private pay home health patients for {variable text}?	Private Pay Single Rate Unit -(Home Health Patients) 1 Visit 2 Hour 3 Half Hour 4 15 Minutes 91 Other (Specify)		AQ23Aa1 = 1

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ23Aa2b	<i>For Other:</i> How much does this agency charge self or private pay home health patients for {variable text}?	Private Pay Single Rate Unit -(Home Health Patients) Other (Specify) – text description UNIT _____		AQ23Aa2= 91
AQ23Aa3	How much does this agency charge self or private pay home health patients for {variable text}?	Private Pay - Home Health Patients Lowest Rate In Dollars _____		AQ23Aa1 = 2
AQ23Aa4	How much does this agency charge self or private pay home health patients for {variable text}?	Private Pay - Home Health Patients Highest Rate In Dollars _____		AQ23Aa1 = 2
AQ23Aa4a	How much does this agency charge self or private pay home health patients for {variable text}?	Private Pay High & Low Rate Unit - Home Health Patients 1 Visit 2 Hour 3 Half Hour 4 15 Minutes 91 Other (Specify)		AQ23Aa1 = 2
AQ23Aa4b	<i>For Other:</i> How much does this agency charge self or private pay home health patients for {variable text}?	Private Pay - Home Health Patients Other Specify – text description UNIT _____		AQ23Aa4= 91

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ25A1	<p>These next questions ask about this agency's services to hospice patients. About how many of this agency's hospice patients are currently receiving {variable text}?</p> <p>Routine home care for patients receiving hospice services in their homes. Continuous home care provided 8 to 24 hours per day primarily by skilled hospice personnel. General inpatient care provided by skilled hospice staff. Inpatient respite care to relieve the primary caregiver.</p>	<p>Hospice patients</p> <p>1 Respondent Provides Number Of Patients 2 Respondent Provides % Of Patients</p>	Hospice Only and Both	AQ6=2 or 3
AQ25A2	<p>About how many of this agency's hospice patients are currently receiving {variable text}?</p> <p>Routine home Continuous home General inpatient Inpatient respite</p>	<p>Number of Hospice Patients</p> <p>_____</p>		AQ25A1=1
AQ25A3	<p>About how many of this agency's hospice patients are currently receiving {variable text}?</p> <p>Routine home</p>	<p>Percentage of Hospice Patients</p> <p>_____</p>		AQ25A1=2

Question number	Question item	Valid code categories	Agency asked	Skip pattern
	Continuous home General inpatient Inpatient respite			
AQ25B	Does this agency consider itself a Free Standing hospice agency, a Hospital Based agency, a Home Health Based agency or a Nursing Home Based agency? PROBE: This would be the same as this agency's Medicare filing status for Agency Type. HELP SCREEN ^{ix}	Agency type providing Hospice 1 Free Standing Agency 2 Hospital Based Agency 3 Home Health Based Agency 4 Nursing Home Based Agency	Hospice Only and Both	AQ6 = 2 or 3
AQ25C	Does this hospice operate any dedicated hospice facilities or units? READ IF NECESSARY: This is a facility or unit that has one or more beds that are owned or leased by the hospice and staffed by hospice, and whose major policies and procedures are set by the hospice.	Dedicated hospice units 1 Yes 2 No	Hospice Only and Both	AQ6 = 2 or 3
AQ25D	How many inpatient hospice beds does this agency have in these dedicated facilities or units?	Number of beds in dedicated hospice units _____		AQ25C = 1

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ28	<p>SHOW CARD AQ28</p> <p>The following questions are about services, special programs, and staff and other care providers.</p> <p>Please look at this card. Is this agency owned or is it in operation with any of the following places or organizations?</p> <p>SELECT ONLY ONE.</p> <p>HELP SCREEN ^x</p>	<p>Agency affiliation</p> <ol style="list-style-type: none"> 1 Outpatient Medical/ Surgical Center 2 Managed Care Organization 3 Hospital 4 Skilled Nursing Facility 5 Health Care System 6 No, Totally Independent Agency 91 Other (Specify) 	All Agencies	
AQ28A	<p><i>For Other:</i></p> <p>Specify Other Place/Organization.</p>	<p>Place/Organization – text description</p> <p>_____</p>		AQ28 = 91
AQ29	<p>SHOW CARD AQ29</p> <p>Please look at this card. Does {AGENCY} have a formal contract with any of these outside agencies or organizations where you provide services to their residents or patients?</p> <p>IF NECESSARY, READ: This refers to formal contracts with other places besides the one this agency is owned or in operation with that you just mentioned.</p> <p>PROBE: Any others?</p>	<p>Agency Formal Contracts</p> <ol style="list-style-type: none"> 1 Assisted Living Facility/ Board And Care Home/Life Care/ Continuing Care Retirement Community 2 Hospital 3 Skilled Nursing Facility 4 Hospice 5 Managed Care/Private Insurance Provider 6 No Formal Contract With Outside Agencies/Organizations 91 Other (Specify) 	All Agencies	

Question number	Question item	Valid code categories	Agency asked	Skip pattern
	HELP SCREEN ^{xi}			
AQ29A	<i>For Other:</i> Specify Other Formal Contract(s)	Agency Formal Contract(s) – text description _____		AQ29 = 91
AQ30	SHOW CARD AQ30 Please look at this card and tell me if your agency is accredited by any of these organizations. PROBE: Any others?	Type of Accreditation 1 Accreditation Commission For Health Care (ACHC) 2 Community Health Accreditation Program (CHAP) 3 Joint Commission For Accreditation Of Healthcare Organizations (JCAHO) 4 Other Accreditation (Specify) 5 Not Accredited	All Agencies	
AQ30A	<i>For Other:</i> Specify Other Accreditation	Type of Accreditation – text description _____		AQ30 = 4
AQ31	Does this agency provide staff training to understand cultural differences and beliefs that may affect delivery of services?	1 Yes 2 No	All Agencies	
AQ32	SHOW CARD AQ32 For which staff is training mandatory? PROBE: Any others?	Type of Staff 1 Administrative/ Clerical/Management Staff - All 2 Administrative/Clerical/ Management Staff - Some 3 Direct Service Providers- All 4 Direct Service Providers- Some 5 Volunteers - All 6 Volunteers - Some		AQ31 = 1

Question number	Question item	Valid code categories	Agency asked	Skip pattern
		7 No Mandatory Training For Any Staff 91 Other Staff (Specify)		
AQ32A	<i>For Other:</i> Specify Type of Staff and if All or Some	Type of Staff – text description _____		AQ32 = 91
AQ33	SHOW CARD AQ33 Are any of these communication practices used with this agency’s patients? PROBE: Any others?	Communication Practices 1 Provide Interpreter Services 2 Patient-Related Materials Translated Into Languages Of Commonly Represented Groups In Service Area 3 Provide Multi-Lingual Staff 4 None Of The Above 91 Other (Specify)	All Agencies	
AQ33A	<i>For Other:</i> Specify Other Communication Practices	Communication practices – text description _____		AQ33 = 91
AQ34	SHOW CARD AQ34 Which of these services does this agency offer? READ IF NECESSARY: {Include services offered by this agency as a result of contractual arrangements}. PROBE: Anything else? HELP SCREEN ^{xii}	Medical and Skilled Nursing Services 1 Complementary and Alternative Medicine (CAM) 2 Dietary and Nutritional Services 3 Enterostomal Therapy 4 IV Therapy 5 Physician Services 6 Podiatry Services 7 Skilled Nursing/Nursing Services 8 Wound Care 9 None Of These Services	All Agencies	

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ35	<p>SHOW CARD AQ35</p> <p>Which of these Complementary and Alternative Medicine therapies does this agency use?</p> <p>PROBE: Anything else?</p> <p>HELP SCREEN ^{xiii}</p>	<p>Complementary and Alternative Medicine Therapies</p> <ol style="list-style-type: none"> 1 Acupuncture 2 Aromatherapy 3 Art Therapy 4 Guided Imagery/ Relaxation 5 Massage 6 Music Therapy 7 Pet Therapy 8 Supportive Group Therapy 9 Therapeutic Touch 10 Tens (Transcutaneous Electrical Nerve Stimulation) 91 Other (Specify) 	All Agencies	
AQ35A	<p><i>For Other:</i></p> <p>Specify Other Complementary and Alternative Medicine Therapies</p>	<p>Complementary and Alternative Medicine Therapies – text description</p> <p>_____</p>		AQ35 = 91
AQ36	<p>SHOW CARD AQ36</p> <p>Does {AGENCY} offer any of the services on this card?</p> <p>READ IF NECESSARY: {Include services offered by this agency as a result of contractual arrangements}.</p> <p>PROBE: Anything else?</p> <p>HELP SCREEN ^{xiv}</p>	<p>Equipment and Medication Therapies</p> <ol style="list-style-type: none"> 1 Durable Medical Equipment 2 Pharmacy Services 3 Occupational Therapy 4 Physical Therapy 5 Respiratory Therapy 6 Speech Therapy/ Audiology 7 None Of These Services 91 Other Therapy (Specify) 	All Agencies	

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ36A	<i>For Other Therapy:</i> Specify Other Equipment and Medication / Therapies	Equipment and Medication/Therapies – text description _____		AQ36 = 91
AQ37	SHOW CARD AQ37 Does {AGENCY} offer any of the services on this card? READ IF NECESSARY: {Include services offered by this agency as a result of contractual arrangements}. PROBE: Anything else? HELP SCREEN ^{xv}	Personal Care, Psychosocial, and Counseling Services 1 Companion Services 2 Continuous Home Care 3 Homemaker Services 4 Meals On Wheels Services 5 Assistance With ADLs 6 Transportation Services 7 Volunteer Services 8 Pastoral Services/ Spiritual Counseling 9 Mental Health Services 10 Referral Services 11 Respite Care 12 (Medical) Social Services 13 Ethical Issues Counseling 14 Grief/Bereavement Counseling 15 None Of These Services	All Agencies	
AQ38	SHOW CARD AQ38 Does {AGENCY} provide services to any of the types of patients listed on this card? PROBE: Any others?	Type of Patient 1 Developmentally Disabled 2 Maternal And Neonatal Care Patients 3 Patients With HIV/AIDS 4 Patients With Alzheimer's Disease/Dementia 5 Patients Receiving Peritoneal Or Hemo Dialysis 6 Pediatric Patients 7 None Of The Above	All Agencies	

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ39	In the past month, was this agency unable to admit patients because of <u>lack of staff</u> ?	1 Yes 2 No	All Agencies	
AQ40	In the past month, was this agency unable to admit patients because of <u>lack of clinical capabilities</u> ? READ IF NECESSARY: [For example, patients with special or complex medical needs, ventilator patients, patients with IVs-peripheral lines, IVs-central lines.]	1 Yes 2 No	All Agencies	
AQ41	SHOW CARD AQ41 Does this agency follow any of these procedures regarding Advance Directives? PROBE: Any others?	Advance Directive Procedures 1 On Admission, Assess Whether Patient Has Any Advance Directives 2 On Admission, Provide Written Information About Advance Directives To Patient 3 On Admission, Provide Advance Directive Form(S) To Patient 4 Educate Patient/Family About Advance Directives 5 Educate Agency Staff About Advance Directives 6 Only If Requested, Provide Information, Forms, Education 7 No Procedures Followed 91 Other (Specify)	All Agencies	
AQ41A	<i>For Other:</i> Specify Other Policy	Advance Directive Policy – text description _____		AQ41 = 91

Question number	Question item	Valid code categories	Agency asked	Skip pattern
AQ42	<p>Where does this agency maintain a copy of its patients' Advance Directives?</p> <p>PROBE: Anywhere else?</p>	<p>Storage of Advance Directive</p> <p>1 No Designated Place 2 With Patient's Records At Agency 3 With Patient's Records At Patient's Residence 4 In Special Advance Directives File at Agency Location 91 Other (Specify)</p>	All Agencies	
AQ42A	<p><i>For Other:</i> Specify Other Storage of Advance Directive</p>	<p>Storage of Advance Directive – text description</p> <p>_____</p>		AQ42 = 91
AQ43	<p>SHOW CARD AQ43</p> <p>What specific actions does this agency take to make sure that patients' Advance Directives are implemented?</p> <p>PROBE: Anything else?</p>	<p>Implementation of Advance Directive</p> <p>1 Notify Attending Physician 2 Inform Agency Staff Providing Care To Patient 3 Inform Family Member/Next Of Kin 4 No Specific Actions Taken 91 Other (Specify)</p>	All Agencies	
AQ43A	<p><i>For Other:</i> Specify Other Implementation of Advance Directives</p>	<p>Implementation of Advance Directive – text description</p> <p>_____</p>		AQ43 = 91
AQ44	<p>Does this agency have any restrictions on implementing any kinds of Advance Directives?</p> <p>READ IF NECESSARY: For example, not</p>	<p>1 Yes 2 No</p>	All Agencies	

Question number	Question item	Valid code categories	Agency asked	Skip pattern
	providing palliative sedation, CPR, or artificial life support services?			
AQ45	What restrictions does this agency have? PROBE: Anything else?	Restrictions - text description _____		AQ44 = 1
AQ46	Does this agency have an Open Access policy for hospice patients? READ IF NECESSARY: This is when an agency admits patients that are starting or in the middle of a course of Radiation or Chemotherapy. HELP SCREEN ^{xvi}	1 Yes 2 No	Hospice Only and Both	AQ6=2 or 3
AQ46A	About how many of this agency's current hospice patients were admitted under Open Access?	Number Of Open Access Admissions – Hospice _____		AQ46 = 1
AQ48	SHOW CARD AQ48 Does {AGENCY} do any of the following to encourage employees' influenza vaccinations? PROBE: Anything else?	Encourage Employees Influenza Vaccinations 1 Vaccinations Offered On Site 2 Vaccinations Offered For Free 3 Vaccinations Offered At Reduced Cost 4 Employee Incentives Provided For Vaccination 5 Proof Of Vaccination (Or Contraindication) Required For Work/ Employment 6 None Of The Above 91 Other (Specify)	All Agencies	
AQ48A	<i>For Other:</i> Specify Other Employee Incentives	Employee Influenza Vaccination Incentives- text description		AQ48 = 91

Question number	Question item	Valid code categories	Agency asked	Skip pattern

AQ49	<p>SHOW CARD AQ49</p> <p>About what percentage of employees received a Flu shot last Flu season? Would you say...</p> <p>0%</p> <p>1 to 20%</p> <p>21 to 40%</p> <p>41 to 60%</p> <p>61 to 80%</p> <p>81 to 99%</p> <p>100%</p>	<p>Percentage of Employees - Flu Shot</p> <p>1 0%</p> <p>2 1 TO 20%</p> <p>3 21 TO 40%</p> <p>4 41 TO 60%</p> <p>5 61 TO 80%</p> <p>6 81 TO 99%</p> <p>7 100%</p>	All Agencies	

HELP SCREENS

- ⁱ AQ5 - A **chain** is defined as having two or more agencies under one ownership or operation.
- ⁱⁱ AQ13- The year recorded should reflect the year the sampled hospice agency, under its current ownership, began delivering services.
- ⁱⁱⁱ AQ14 -The year recorded should reflect the year the sampled home health care agency, under its current ownership, began delivering services.
- ^{iv} AQ15- The agency is **for profit** if it is owned by an individual, a partnership, or a corporation. The agency is **private nonprofit** if it is owned by a religious group or a nonprofit corporation, etc.
- ^v AQ17 - Pending refers to the fact that the paperwork for Medicare certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.
- ^{vi} AQ18 - Pending refers to the fact that the paperwork for Medicare certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.
- ^{vii} AQ20 - Pending refers to the fact that the paperwork for Medicaid certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.
- ^{viii} AQ21 - Pending refers to the fact that the paperwork for Medicaid certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.
- ^{ix} AQ25 B - The agency type according to the Medicare certification on file:
 - 81=Hospice (non-hospital based)
 - 82=Hospice (hospital-based) which includes 32X, 33X, 34X
- ^x AQ28 - "**Hospital**" is a broad concept. It includes the following:
 - acute care hospitals;
 - private psychiatric hospitals;
 - state or county hospitals for the mentally ill;
 - Department of Veterans Affairs hospitals and medical centers;
 - state hospitals for the mentally retarded;
 - chronic disease, rehabilitation, geriatric, and other long-term hospitals; and,
 - other places that are commonly called hospitals.

"**Health care system**" is an organized system that provides medical care, including inpatient, emergency, ambulatory care, and diagnostic

procedures to a population. Many times, the system will have satellite facilities where some or all services may be offered.

^{xi} AQ29 - Formal contracts- The parties to an arrangement have attempted to spell out all terms in a legal contract or letter of agreement. A preferred provider agreement is considered a formal contract.

^{xii} AQ 34 - Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Examples include acupuncture, dietary supplements, and homeopathic medicine.

^{xiii} AQ 35 - Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Examples include acupuncture, dietary supplements, and homeopathic medicine.

^{xiv} AQ36 - Pharmacy services (also referred to as Pharmaceutical Services) refer to the system of appropriate methods and procedures for the dispensing and administering of drugs and biologicals under the direction of a qualified pharmacist. This includes evaluation of patients' responses to the medication therapy, identification of adverse drug reactions, and taking appropriate corrective action. Drugs and biologicals must be obtained from community or institutional pharmacists or stocked by the agency. The agency must furnish the drugs and biologicals for each patient, as specified in each patient's care plan. The use of drugs and biologicals must be provided in accordance with accepted professional principles and appropriate Federal, State, and local laws.

^{xv} AQ37 - Ethical issues- Regarding what is in accordance with law and accepted principles of right and wrong in the profession/industry.

Referral services- provide information about services available from public and private providers. They may also order or arrange services but they do not provide the services directly.

^{xvi} AQ46 - Open Access means the hospice accepts anyone who meets the eligibility requirements for hospice. (Eligibility requirement is that individual must have a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.) The patients may continue their current treatment or start new treatments.