Providing Quality Home and Community-Based Services Through PASSPORT

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INTRODUCTION

This report will address questions related to providers in the PASSPORT program. Topics include processes for PASSPORT provider certification, quality assurance and monitoring of providers, and factors influencing whether PASSPORT providers continue in the program. In order to address these questions, several activities were undertaken. We first developed an understanding of certification and quality monitoring requirements and standards based on interpretation of rules and conditions of participation. These are outlined in Figures 1 and 2. We examined data from the PASSPORT Information Management System (PIMS), conducted interviews with Ohio Department of Aging (ODA) staff, conducted interviews with PASSPORT Administrative Agency (PAA) staff, conducted focus groups with providers, and included questions about the certification and monitoring process on surveys to current providers and in a series of interviews with inactive providers. These multiple methods allowed us to explore multiple perspectives regarding provider-related quality assurance issues in the PASSPORT program.

METHODS

Focus Groups

As a primary data collection activity, two focus groups were conducted with service providers at two PAAs. The goal was to solicit provider input for our written survey of providers. We needed to collect data that were relevant to answering the quality and certification questions, as well as information that the providers wanted to know about their organizations. The first focus group had five participants; the second had eight. Discussion centered on understanding their processes, how they worked with their PAAs and ODA, and the things that they thought were important for ODA and the PAAs to know about providers. We also asked for suggestions for questions that we might ask of inactive providers, and their thoughts about why providers

become inactive. Providers in both groups expressed appreciation for the process and indicated that they appreciated having the opportunity to share their PASSPORT experiences with their peers.

ODA Interviews

Staff at ODA were interviewed on several occasions, sometimes individually, and sometimes as part of a group. These interviews took place at the ODA offices, when ODA staff visited Scripps for a meeting, and by telephone. The formal group and individual interviews at ODA offices were audio-recorded to allow for sharing with other research team members. Confidentiality of responses was assured. ODA staff were forthcoming, cooperative and generous with their time and expertise. They shared data, documents, and provided invaluable input about how the PASSPORT program is designed and implemented.

PAA Interviews

PAA staff involved in quality assurance were interviewed by authors of this report in-person at three PAAs. Tape-recorded interviews from other researcher's site visits were also used to inform quality assurance questions, since many of the discussions cut across several areas of the PASSPORT evaluation. PAA staff were helpful, forthcoming, and open in their assessments of the PASSPORT program, PASSPORT providers, and PASSPORT consumers.

Inactive Provider Interviews

We initially developed a list of inactive providers by selecting 32 providers according to the proportion of each service type represented in the group of providers that dropped out after 6-30-06. We determined this group by matching the list of providers from 2004-2006 to the list of providers for 2006-2008. If they were in the earlier database, but not the latter, we assumed they had dropped their certification. Providers appeared in the database multiple times because of

multiple contracts, either for multiple types of service, or for contracts in multiple PAAs. After contacting everyone on the list, seven completed interviews were obtained. We then determined that the only way to get enough interviews was to attempt to contact all 73 providers that dropped out between 2004 and the end of 2006.

After extensive efforts to locate inactive providers, many of whom were out of business, we completed qualitative telephone interviews with 19. While fewer than we had initially hoped, they provided a rich source of information about the challenges they faced with the PASSPORT program that caused them to drop out.

Mailed Survey

A list of current providers was obtained from ODA in March, 2006. We elected to concentrate our survey efforts on providers of five services: 1) adult day services, 2) home-delivered meals, 3) personal care, 4) homemaker, and 5) transportation. Although many providers offered more than one type of service, providing any one of these resulted in inclusion in our provider population.

During the course of developing the provider survey, in-person, cognitive interviews were completed with five providers of varying types — including transportation, personal care, adult day services, and home delivered meals. The comments collected during these five interviews were used to refine the survey, and five additional interviews were conducted by phone to test the final version of the survey with providers who offered personal care and homemaker services (surveys were faxed and/or emailed and filled out prior to the interview). Minor adjustments were made in response to the recommendations given, and the final survey was prepared for mailing. (See Appendix for the final survey.)

In July 2006, we mailed 633 surveys and cover letters to providers at the name and address provided in PIMS. Because the list was created prior to a new contract year that began July 1 2006, we suspected that some providers would no longer be active. We asked them to let us know if this was the case and to return their surveys marked “no longer a provider.”

We learned from our focus groups and early site visits that many providers had offices in multiple locations. Because of the process that allows providers to open additional offices as a geographic expansion, without going through a separate certification process, these offices operate under one provider number. Our concern was that in some cases, these offices operated independently and would have no knowledge of benefits, number of employees, number of clients, and other information that we were interested in examining. After a great deal of exploration with staff at PAAs and ODA who were unclear on how to extract this information, we were able to identify an additional 168 providers who operated as “branch offices” of original providers. We mailed an additional second round of surveys to these providers.

We mailed reminder postcards to providers who did not return their surveys after the due date. A large number of surveys were returned as undeliverable by the post office. We corrected many of the addresses by telephoning and searching on the internet. Fourteen providers could no longer be located despite being currently certified. Table 1 provides a summary of responses.

Table 1. PASSPORT Provider Mailed Survey Population and Responses

	Mailing 1- Primary Provider	**Mailing 2- Additional Locations**	**Total**
Number Mailed	633	168	801
No Good Address	3	11	14
Inactive	72	1	73
Already Reported	--	2	2
Survey Population	558	154	712
Number Returned	315	47	362
Usable Surveys	--	--	354
Response Rate	--	--	49.7%

RESULTS

Responses to the survey were linked with information about providers in the 2006-2008 contract database provided by ODA in September 2006. Forty-two providers who returned surveys did not match providers in the database; characteristics such as the PAAs they contract with, the number of contracts, and the type of services they provide cannot be described for those providers.

Table 2. Providers Responding by PAA

PAA	Number of Providers	Percentage of All Providers
1	44	12.4
2	17	4.8
3	26	7.3
4	33	9.3
5	50	11.3
6	44	12.4
7	38	10.7
8	25	7.1
9	36	10.2
10A	57	16.1
10B	44	12.4
11	31	8.8
CSS	20	5.6

Note: The number of providers sum to more than 312 since many providers operate in multiple PAAs.

As shown in Table 2, providers responded in approximate proportion to their contracts across PAAs. In general, our respondents are fairly evenly divided among all of the PAAs and appear to be fairly proportional to the client distribution around the state.

Responding Provider Characteristics

Table 3 shows that, in general, these providers had been in business for a long time with an average of 19.1 years. However, the range was very large with one-quarter (23.9%) in business five years or less. Three organizations had been in business for more than 100 years; a

verification of their reports via an internet search showed these to be long-standing community social service agencies.

Agencies show a wide range in size, with one agency serving 15,000 clients per week in all of their home- and community-based services (HCBS) and 1500 PASSPORT clients. In general, PASSPORT caseloads tend towards the low side; 50% of providers serve fewer than 40 PASSPORT clients; only 10% serve more than 167 clients per week.

Accordingly, the size of the staff shows wide variation as well. The average number of HCBS direct service employees is about 50, with an additional average of 11 volunteers and about 30 part-time workers. Interestingly, this staff composition has wide variation across all agencies. For example, nearly three-quarters (73.5%) have no volunteers. Ten percent have one or no part-time workers and 10% have 72 or more part-timers. Starting pay rates also vary dramatically. There is clearly not a "typical" PASSPORT provider.

Table 3. PASSPORT Providers, Clients, and Staff

Provider Characteristic	Mean (standard deviation)	Range
Years in business	19.12 (19.20)	0 to 151
Part of a chain (% yes)	13.1	NA
Total HCBS clients per week	245.5 (435.78)	0 to 15,000
Total PASSPORT clients per week	76.75 (134.06)	0 to 1,000
Percentage PASSPORT clients of total	46.11 (32.78)	0 to 100
Total HCBS employees	48.32 (60.62)	0 to 437
Total volunteers	11.34 (60.14)	0 to 700
Total part-time employees	29.84 (47.27)	0 to 423
Percentage part-time employees of total	56.23 (30.76)	0 to 100
Hourly lowest starting pay	$7.92 (1.57)	$3.75 to $23.00
Hourly highest starting pay	$12.12 (6.30)	$5.15 to $45.00

Note: Hourly pay is for workers at the agency, not necessarily those providing only PASSPORT services.

The information above provides an important overview of the characteristics of current PASSPORT providers. Although a 50% response rate is a little low for a mailed survey, the

range of providers captured in this survey allows us to understand the wide variation in providers in the PASSPORT program. About one-fourth (28.7%) of our respondents were transportation providers, about one-fifth (17.2%) provide adult day service or home-delivered meals (16.9%) and over half provide homemaker (56.4%) or personal care (55.6%). Nearly half (48.1%) provide both homemaker and personal care services.

DO PASSPORT SERVICE PROVIDERS MEET CERTIFICATION STANDARDS SET FORTH IN THE OHIO ADMINISTRATIVE CODE?

The certification process involves three main steps: a pre-certification review of the provider by PAA staff, compilation of documentation and request for certification by ODA, and final certification by ODA. ODJFS deems ODA certification as sufficient for Medicaid participation, and assigns Medicaid provider numbers to newly certified providers. During each year providers are in operation, they also undergo a structural compliance review, and may also be reviewed as part of an ODA monitoring visit to the PAA. (Only a sample of providers from each PAA is monitored during ODA visits.)

No single entity is entirely responsible for the certification process, rather, the system is redundant and ensures checks and double-checks for accuracy and completeness of the certification documentation. In addition, yearly compliance reviews by PAA staff ensure that once the certification standards have been met, a provider continues to remain in compliance.

The Ohio Department of Aging has final certification approval for all PASSPORT providers; specifications for each service are outlined in Ohio's Administrative Rules. For example, homemaker service providers must hire state-tested nurse aides or provide training and testing, demonstrate that they are able to provide services at least five days per week, have service back-up plans in case of staff absence, maintain and comply with written policies and procedures, and conduct monitoring visits to consumer's homes at least once every 93 days.

Before becoming eligible for certification, an agency provider must have delivered services to at least two clients for 90 days or more. (OAC 173-39-02, 173-39-03). For the purposes of this PASSPORT evaluation, only agency providers will be included in our quality assurance and fiscal accountability efforts. (Other types of providers include assisted living facilities and providers hired by individual clients under the Choices option.)

The steps involved in becoming a certified PASSPORT provider are as follows:

- Complete and sign an application form provided by ODA;
- Submit a completed W-9 form;
- Successfully complete an on-site pre-certification visit by ODA's designee (PAA or ODH);
- Be recommended for certification by ODA's designee;
- Be approved by ODA as a Medicaid provider;
- Be approved by ODJFS and obtain a Medicaid provider number; and
- Sign a written contract with the PAA.

According to staff at the PAAs, the pre-certification visit is the most critical. Besides ensuring compliance, the purpose of this visit is also to provide technical assistance. The PAA staff use the opportunity to educate the provider about PASSPORT rules, annual compliance reviews, and other areas of the PASSPORT program, ensuring that the provider understands the PASSPORT rules and has the processes and systems in place to meet the PASSPORT requirements. If a provider is out of compliance, the certification process does not move forward until the prospective provider has met the conditions of participation.

Once the provider meets the requirements for certification according to the PAA, their information is forwarded to ODA. ODA verifies that the application is complete, that appropriate documentation is provided, and forwards it to ODJFS for their approval. ODJFS assigns a Medicaid provider number, verifies that none of the owners or board members are on the "Medicaid exclusion list" and approves the provider for Medicaid. The Medicaid exclusion list

contains anyone convicted of fraud against the Medicaid or Medicare programs throughout the United States.

As shown in Figure 1, the process from application to approval can be as short as 140 days or as long as 200 days. If a provider is new, the additional 90-day pre-application period means that a possible 230 days could elapse from the time one began serving clients to the time that they became a certified PASSPORT provider. We had planned to do an audit of the elements required for certification by examining PIMS data but incomplete data made this unfeasible. Generally, the only information available in PIMS involves dates corresponding to the different deadlines in the process. However, these data seem unreliable for analysis, with large amounts of missing information. These omissions are outlined below.

Conditions of Participation Certification Request

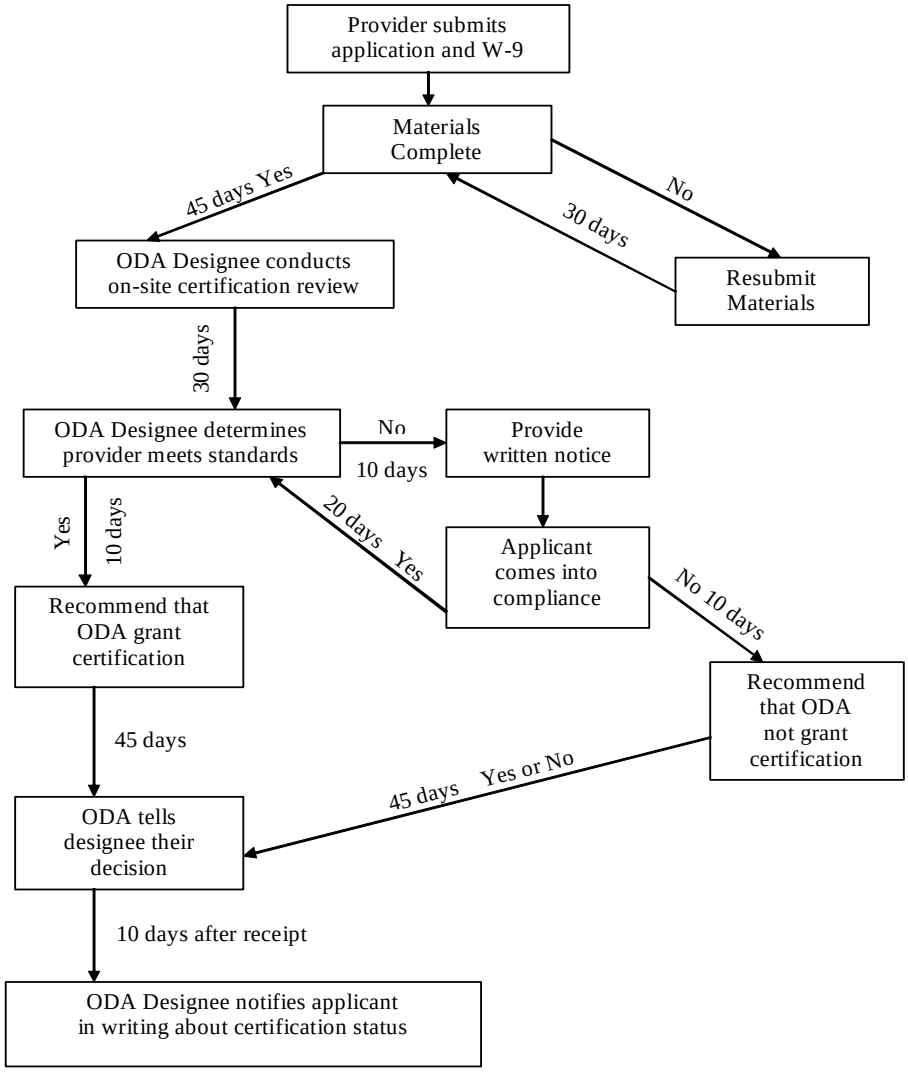
- ODJFS Approval Date - 13% blank
- Certify Date - 18% blank
- ODA Approval Date - 37% blank
- 52% have Certification Received Date the same as Certify Date

Certification Request

- ODJFS Approval Date - 12% blank
- Certify Date - 1% blank
- ODA Approval Date - 11% blank
- 56% have Certification Received Date the same as Certify Date

Large amounts of missing data on the approval dates, and lack of certification dates make tracking PAA and ODA compliance with the certification timeline using PIMS data inconclusive. However, interviews with staff at different PAAs showed very consistent activities regarding the certification process. They also felt the level of scrutiny was appropriate given the public nature of the program funding. According to one PAA director, “These are tax dollars. We have to be very careful with them.”

Figure 1. Provider Certification Process



Providers were less consistent in their thoughts about certification and administration of PASSPORT. The major theme for our first focus group was the challenges that led them to question whether PASSPORT service provision was worth the administrative effort. This was

partially because the participants in this focus group did not provide PASSPORT services to very many clients. They were smaller organizations, and as a result, the administrative burden of remaining a PASSPORT provider was high, particularly when only a few clients were served.

They felt that the certification paperwork and other processes were extensive. Not only was it time consuming to fill out the paperwork and organize and compile necessary forms, it also required a restructuring of certain areas of business in order to comply with specific regulations. One provider had waited several years to apply after looking over what was required in the application packet. However, providers noted that once they became certified, the paperwork to serve PASSPORT clients continued to be extensive. One provider noted that to comply with the rules, they had to store PASSPORT client files separately from other client files. Although this is not required, organizations may have adopted the practice as a way to ensure compliance with PASSPORT record requirements. For those organizations serving only a small number of PASSPORT clients, a separate record-keeping strategy is viewed as burdensome.

In the mailed survey, we asked providers to indicate their level of satisfaction with a variety of operational aspects of the PASSPORT program. Table 4 summarizes the proportion of providers responding to items about PASSPORT operations, including the old and the new certification processes. Most are satisfied with most areas of PASSPORT operation.

Fewer providers are satisfied with the new certification process that went into effect July 1, 2006, but this may be a function of their lack of familiarity. As they gain experience with the new certification rules, their satisfaction may improve. In open-ended comments, only seven providers raised certification issues.

Table 4. Satisfaction with PASSPORT Program Operations

How satisfied are you with the:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
PASSPORT program overall?	31.5	59.2	8.4	0.9
Communications with your PAA?	38.6	54.3	5.7	1.4
Monitoring aspects of PASSPORT?	35.3	57.5	6.3	0.9
Way clients are assigned to providers?	22.8	45.5	24.2	7.5
Financial monitoring by your PAA?	25.8	68.1	4.9	1.2
New PASSPORT provider re-certification process?	17.8	67.8	12.0	2.5
Old PASSPORT re-certification process?	17.5	76.1	5.7	0.6

It seems clear from focus groups and the mailed survey that providers understand the certification process. While some mentioned being overwhelmed by the paperwork, others felt very confident about the process and their ability to maintain their certification.

Regardless of the source of information, the consistent message was that the process is stringent and consistently applied. From our examination, certification processes are consistent across PAAs and are consistent with the standards specified in rules. ODA's final authority to recommend certification gives assurance that all documentation is made available by the PAAs and that processes are in place for providers to comply with the rules.

DOES PASSPORT HAVE QUALITY ASSURANCES IN PLACE WITH PROVIDERS?

PASSPORT has several provider-related quality assurance processes in place and working. These include annual structural compliance reviews of providers by the PAAs, monitoring of the PAAs by ODA, an incident reporting process involving ODA and ODJFS,

interviews with a sample of consumers during ODA monitoring, and an annual statewide consumer satisfaction survey. Some PAAs implement additional processes. For example, some use provider feedback logs to monitor complaints about providers, some conduct their own consumer satisfaction surveys, and some regularly audit client casenotes in order to ensure that clients are receiving appropriate care and services. One PAA uses a provider quality feedback report and a technical assistance model as part of their monitoring process, assisting providers in improving practice so that all providers may become high quality. (For more information see Applebaum, Kunkel & Wilson, 2007.)

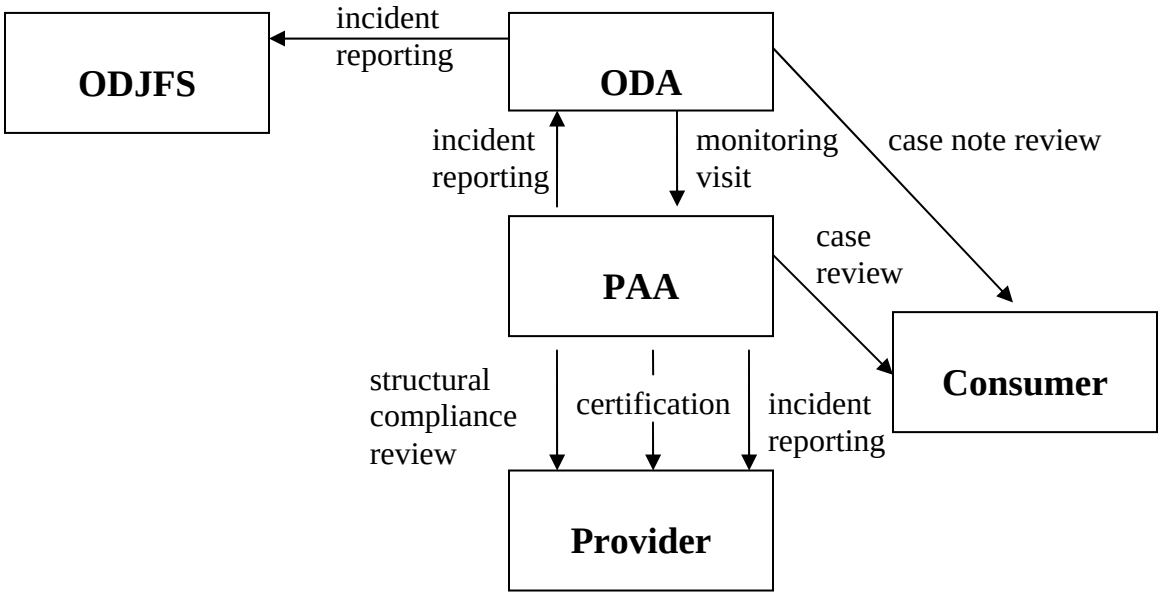
PAAs also differ regarding how their quality assurance processes are structured in the organization. Some have placed responsibility for quality assurance with one individual, while others share the responsibility among many different individuals. However, different process structures are not reflective of differences in concerns about provider quality — regardless of structure, all of the PAAs we studied viewed quality monitoring and assurance as a large and important aspect of their activities.

Figure 2 outlines the hierarchy involved in quality monitoring activities and the relationships among the various organizations involved in quality assurance. In this report, we will focus on provider certification, monitoring of providers, and quality assurance at the consumer and homecare worker level.

Structural Compliance Monitoring of Providers

Once certified, a provider undergoes regular monitoring by the PAA. The rules for these reviews are covered in OAC 173-39-04. ODA appoints designees (PAAs) to conduct these structural compliance reviews (SCRs) annually. Some provider types (emergency response,

Figure 2. Quality Monitoring for PASSPORT Enrollees



chore, home medical equipment, minor home maintenance, and transportation) may be reviewed biannually after their first two annual structural compliance reviews.

In addition to unit of service audits, the SCR focuses on all aspects of the conditions of participation for the service being provided (OAC 173-39-02.1 to 173-39-02.17). The SCR may be conducted over a period of several days depending on the number of employees, the number of clients, and the number of services provided. The date of the review is announced to the providers in advance. Some PAAs also give the providers the names of employees and clients whose records will be reviewed. A 10% client sample (with a minimum of three and a maximum of 30) of the provider's current service records for each service delivered are examined during the review. Each unit of service provided must be documented — if errors are found during the SCR overpayments must be returned to ODA or its designee.

One of the concerns expressed in the focus groups was the administrative cost and amount of effort required from providers in regard to multiple monitoring visits from PAAs and others. Because providers receive funds from multiple sources, they are often subject to multiple oversight processes during the year. Table 5 shows the proportion of providers who have oversight from each of the groups in a typical year. Theoretically, highly monitored agencies are more likely they to keep all aspects of their business in compliance. Thus, if the agency is monitored by Medicaid, Medicare, JCAHO, or another certifying organization, it seems that PASSPORT might consider waiving the PAA review. Currently, Medicare home health organizations can be accredited by JCAHO and also be in Medicare compliance with one monitoring visit from JCAHO. A similar strategy could be explored to reduce administrative costs for ODA, the PAAs, and PASSPORT providers. Table 5 suggests the proportion of providers likely to be eligible for such a monitoring strategy if a JCAHO or other certification were substituted for PAA monitoring.

The most common oversight organizations in the category "other" include the Veterans Administration, Area Agencies on Aging for Title III programs, and CARF (Council on Accreditation of Rehabilitation Facilities). Depending upon the type of service, other more specialized groups may visit. For example, transportation providers receive monitoring from the U.S. Department of Transportation. Meals providers often reported inspections from their local county health department and the U.S. Department of Agriculture.

As shown above, providers receive, on average, 2.5 monitoring visits in a typical year. About one-fifth (20.9%) receive only the PAA compliance review. One-third (32.5%) receive two reviews, and another one-fourth (24.6%) receive three. Only one-fifth (20.9%) receive four or more; the highest number of monitoring visits reported by any provider was six. Among those

Table 5. Providers Receiving Other Monitoring Visits

Monitoring Organization	Proportion Receiving Monitoring
PAA	97.5*
Independent financial auditors	41.6
State surveyors for Medicare/Medicaid certification	32.6
ODJFS	25.8
Corporate audit/inspection	21.5
Other monitoring group	17.8
JCAHO	9.9
CHAP (Comm. Health Accreditation Program)	3.1
New provider, no monitoring yet	0.8
Average number of yearly monitoring visits	2.51 (sd=1.19)

*Note: Some new providers had not yet received a PAA monitoring visit.

providers that receive more than one review, approximately three monitoring visits occur in a typical year.

In the focus groups, the quality monitoring of PASSPORT clients was perceived to be extensive and time consuming. According to these providers, the review process is inconsistent based on who does the evaluation, both within and across PAAs.

Another area of concern relates to documentation of care services. According to their anecdotal reports, some agencies document the amount of time scheduled for home care rather than the actual amount of time spent providing care. In some cases, aides were asked to document the time ordered in the care plan even though they were being paid for the actual time spent, which was less. Providers suggested that the monitoring process should include comparing the worker timesheet and payroll records with the amount of service the client signed for. Our observation of the compliance review process suggests this is already occurring, at least in some PAAs.

Our findings offer further evidence that not only are PASSPORT quality assurance mechanisms in place; the overwhelming majority of providers receive an audit or monitoring review from another organization besides PASSPORT. Despite concerns about multiple monitoring processes and time-consuming record keeping, our written survey found that over 90% of providers were satisfied or very satisfied with the monitoring process.

Provider Perspectives on Quality Service

Providers talked about how, ultimately, the individual worker IS the PASSPORT program. Client satisfaction and the quality of service provided are, in the end, in the hands of the direct care worker. Providers and PAA staff talked about the level of trust required to allow individuals to go into the homes of frail elders, where only the consumer knows what actually occurs every day. To that end, providers and PAAs take worker hiring, training, and supervision very seriously.

Providers indicated that the consumer was the first line in quality assurance. They work with consumers to have reasonable expectations of what workers should and should not do, and believe that consumers should become involved in assuring their own service quality by letting their case manager know how things are going. Some providers and PAA staff fear that if consumer/worker relationships become too close, clients will let the workers “get away with” things. Often the providers expressed very clear, but inconsistent, beliefs about what they thought ODA and the PAAs expected from them regarding consumer and worker relationships. For example, some providers make a concerted effort to rotate workers in order to ensure that clients and workers maintain a more formal employer/employee relationship. They felt this was what the PAA and ODA expected. Others felt that close relationships were fine, but they also mentioned having to be very “hands on” to know what was going on with all of their workers

and clients. They would leave workers and clients paired "until"….i.e. they begin to sense some discomfort or something "not quite right" with a situation. Some talked about the importance of rotating workers when clients were difficult, so that one worker did not become burnt-out from serving a challenging client for too long. Others talked about the importance of the worker in general, as the "face of PASSPORT", and felt that the best approach was to build close client/worker relationships. These relationships were viewed as an important component of quality care.

To address these issues in the written survey, we asked providers about their matching practices, and their philosophy of how worker/client relationships were related to quality care. Nearly three-quarters (73.4%) indicated that they kept workers with the same consumer. Only a small minority (10.3%) regularly rotated their workers among clients. The rest (16.7%) rotated some workers and clients, but not others. (This can be explained by the example of rotating workers paired with difficult clients.) Table 6, below, shows the distribution of responses among the three main philosophies of service provision we heard from providers.

Table 6. Provider Perceptions about Quality of Care and Client/Worker Relationships

The best quality care is given when:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**N/A for our agency**
clients and their workers maintain a formal employer-employee relationship.	31.6	44.2	14.5	3.2	--
clients and their workers build a strong, personal relationship.	14.0	34.0	34.3	12.5	5.1
the client keeps the same worker as long as possible.	37.4	41.6	12.9	3.6	4.5

Interestingly, providers are almost evenly distributed between agreement and disagreement with the philosophy of quality of care and strong, personal relationships between clients and their workers. Research has shown a strong relationship between client/worker rapport and satisfaction with services. Providers also had concerns, however, about relationships becoming “too close”. The split probably reflects these two conflicting ideas.

The majority agree with the ideas that the best quality is provided when a formal relationship is maintained, and when the client maintains the same worker. Intuitively, these beliefs seem contradictory since over time, it becomes more likely that a more personal relationship, rather than a formal one may develop. This presents, no doubt, one of the challenges of managing home care workers. Further information about satisfaction among consumers who have providers with very different practices could illuminate whether there is one best practice regarding a consumer’s relationship with their home care worker.

WHAT IS THE TENURE OF SERVICE PROVIDERS AND WHAT FACTORS IMPACT IT?

We addressed this question through a survey of current providers, interviews with PAA staff, focus groups with current providers, and interviews with a small subset of inactive providers. These activities resulted in two areas of service provider tenure that have important effects on the PASSPORT program. The first regards the challenges faced by service provider agencies; the second is related to challenges the agencies have regarding the individual service workers who actually provide PASSPORT services.

What is the tenure of service providers?

In order to determine what factors influenced providers to remain in the program, and what factors were problems, we conducted a mailed survey of active providers. In order to determine the reasons providers dropped out of PASSPORT, we conducted a series of qualitative

telephone interviews with providers who became inactive between 2004 and summer 2006. We also conducted two focus groups with providers to determine what issues were important to them in order to develop a relevant mailed survey.

Among the providers of five of the widely used services (adult day service, home-delivered meals, transportation, homemaker and personal care), 172 providers who were active in 2004-2006 applied for PASSPORT certification prior to 2000. On average, as of July 1, 2006, this sub-group of experienced providers had been with PASSPORT nine years. Given that the 2004-2006 list of providers included 801 provider offices under 633 main providers, the proportion of providers with long tenure is fairly high, at about one-quarter (27.2%). There may be more long-tenure providers since a large number of them had an application date of 6/30/2000. This date was entered in PIMS for providers who were transferred from the legacy information system. These providers were excluded from the analysis of provider tenure.

There are also a significant number of short-term providers. Our mailed survey found 23.9% had been in business five years or less. Overall, respondents had been actively in business for an average of 19.1 years. Many were in the home care business long before the existence of PASSPORT; three are part of social service agencies that have existed for more than 100 years.

What factors affect service provider tenure?

"Pull" factors

All of our data collection efforts suggest that there are "push" factors and "pull" factors that influence providers' perceptions about their ability to continue providing PASSPORT services. The major factor "pulling" current providers to PASSPORT is a passionate and almost unanimous belief in the mission of the program. They believe that they should continue helping older adults stay in their homes by providing services that improve the quality of the older adults' lives as long as they can.

Interestingly, most inactive providers also believe that PASSPORT is a good program. Sixteen out of the 19 inactive providers interviewed stated that PASSPORT is a good public service program for the clients it serves. One inactive provider said, “You are able to spend more time in clients’ homes and help them stay at home so they don’t have to go into a nursing home. We believe in the program itself.” Another inactive provider praised the uniqueness of the program: “The best thing about being a PASSPORT provider was knowing that the people in the community were getting the services they needed that they couldn’t get any other way.” In short, the consensus among both currently active and inactive providers may be summed up in the words of one respondent: “It’s good to be a part of the community, serving the people in the community.”

Clearly, serving low-income, frail, older adults resonated with these providers. They spoke passionately and consistently about the importance of PASSPORT. They believe in the goal of keeping people out of nursing homes as long as possible, and do all that they can to support it. Their belief in the program encourages them to continue despite the challenges they discussed. Their belief in the program also evoked some feelings of regret among those who had not continued.

We also wanted to determine whether factors related to program operations were affecting how providers thought about continuing or discontinuing PASSPORT services. We asked respondents to the written survey to rank several aspects of PASSPORT operations on a scale of one to 10, with one being either very time-consuming, very complex, very poor, or very unlikely and 10 being very quick, very simple, very good, or very likely. Current providers indicated their likelihood of continuing as a PASSPORT provider on a scale of one to 10, with 10 being very likely. On average, current providers reported an 8.7 on the 10-point scale. When

asked if they would become a provider today if they weren't already in the program they were less positive, with a score of 7.6 out of 10. Over 90% indicated they were satisfied or very satisfied with the PASSPORT program overall, as well as with communications with their PAAs. The average scores on these ratings are shown in Table 7.

The quality of the relationship with their PAA and their likelihood to continue as a PASSPORT provider received the highest ratings. Over one-half (57.2%) rated their PAA relationship as a nine or 10; and over two-thirds (68.0%) rated the likelihood that they would continue as a PASSPORT provider as a nine or 10. Ratings on other aspects of PASSPORT operations were less clear; the modal rating on all items was a five, suggesting that more could be done to simplify the amount of time and complexity required for PASSPORT administrative efforts. On the other hand, it appears that the mid-level ratings on PASSPORT operations are not effecting providers' intentions to stay or leave the program. Seventeen providers gave comments about their belief of the importance of the PASSPORT program.

Table 7. Effort, Complexity, and Management Issues in PASSPORT Administration

	Mean and Standard Deviation
Time consumption of PASSPORT certification	5.48 (2.36)
Time consumption of PASSPORT record-keeping	5.30 (2.33)
Time consumption of PAA structural compliance review	5.97 (2.28)
Complexity of PASSPORT certification	5.62 (2.14)
Complexity of PASSPORT record-keeping	5.60 (2.26)
Complexity of PAA structural compliance review	5.90 (2.26)
Quality of relationship with PAA	8.44 (1.88)
Likelihood of becoming a PASSPORT provider today if you were not already one	7.64 (2.85)
Likelihood of continuing as a PASSPORT provider	8.7 (2.07)

In summary, their belief in the program, their perception that PASSPORT is not overwhelmingly time-consuming and complex, and their excellent evaluations of their relationship with their PAA are working as "pull" factors to keep providers in the PASSPORT program.

"Push" factors

Providers also discussed and commented on a number of factors that make provision of PASSPORT services challenging. These include reimbursement rates, hiring and retaining enough good employees, client referrals, and the administrative burden of certification and monitoring. They believe in the PASSPORT program, but are frustrated by the challenges of continuing to support it. Many subsidized their PASSPORT clients by caring for private pay and/or Medicare clients. Most felt it would be impossible to make it on PASSPORT care alone.

According to all sources, low reimbursement rates are influencing quality. The low rates lead to poor benefit packages and/or pay that result in employees "shopping" employers as competing agencies make incremental improvements. Increased turnover among workers leads to less continuity and lower quality of care for consumers.

Because of concerns about reimbursement rates, we wanted to examine how PASSPORT providers were supporting their businesses. One strategy we identified was providers who "subsidized" or otherwise supported the PASSPORT side of their business with funding from other sources. Table 8 shows the proportion of providers with funding from other sources.

"Other" funding sources shown above include Veterans Administration, a large number of other kinds of private insurance and managed care contracts, and extensive fundraising. About 10% of providers receive funds from their local United Way, private donations, foundations and/or fundraising events.

Table 8. Providers Reporting Income from Other Sources

Payment Source	Proportion of Providers Receiving Funds
Private Pay	79.2
Other Medicaid waiver	48.1
Other	42.5
Medicare	32.4
County levy program	31.4
Older Americans Act	28.9
Long-term care insurance	23.3

Thirty-four, or approximately 10% of providers indicated that they received no other funding sources than PASSPORT. However, upon closer examination, eight indicated that, on average, only two-thirds of their total clients were PASSPORT clients. Other revenues likely cover the other third of their clients. Of the remaining 26 organizations receiving only PASSPORT, about one-half (46.2%) are operated in conjunction with a Medicaid/Medicare certified home health organization. Over one-half (55.9%) of these "PASSPORT-only" providers had the lowest level of employee benefits and one-third had the highest levels of employee turnover. As findings from other sources suggested, relying on PASSPORT funding alone comes at the expense of employees and continuity of care for PASSPORT clients.

PASSPORT providers (both active and inactive) also indicated that to some extent, they also see their employees as PASSPORT customers. They have a great deal of concern about employee morale, employee benefits and, in general, providing good jobs that will attract and keep good, reliable employees. In turn, they expect that good employees will provide good quality care for the older Ohioans served by PASSPORT. Workers in agencies that provide PASSPORT services are a sizable group; among the nearly 50% of providers we heard from nearly 20,000 full and part-time employees (19,675) were reported. (The majority, 16,912, were

direct service workers.) If a similar workforce exists among providers who did not respond, then nearly 40,000 workers statewide are employed by agencies that are affected by Ohio's PASSPORT program.

These providers talked, both in-person and in survey comments, about the challenges of attracting and keeping good employees, and many viewed this challenge as the direct result of low reimbursement rates. To address the extent to which employee issues were a problem we asked providers to report some information about turnover, shown in Table 9.

Table 9. Recruitment, Retention and Turnover

Issue	Mean (standard deviation)	Range
Extent of Recruitment Problem	5.25 (2.62)	1 to 10 (1=no problem, 10=very serious)
Extent of Retention Problem	4.61 (2.52)	1 to 10 (1=no problem, 10=very serious)
Direct Care Turnover % Rate Reported	25.37 (29.09)	0 to 300%
Direct Care Turnover % Rate Calculated	37.39 (53.30)	0 to 500%

Note: We calculated turnover rates based on the total number of direct service employees they reported, and the total number of direct service employees who left in the previous year.

In general, recruiting employees was perceived as being more difficult than retaining employees once they were hired. Providers in the focus groups as well as PAA staff repeatedly talked about reimbursement rates and the challenges of low reimbursement to providing employee benefits. To address this issue, we examined the benefits providers gave their employees. The percentage providing each type of benefit is shown in Table 10.

We examined the benefits provided to employees, and their relationship to turnover rates, categorizing providers at the 25th percentile and below as low turnover, the 26th to 74th

percentiles as medium turnover, and the 75th percentile and above as high turnover. Twenty-two providers had turnover rates greater than 100%, while 37 had turnover less than 10%.

Table 10. Proportion of Survey Respondents Providing Each Benefit

Benefit	Offered to full-time employees(% of respondents)	Offered to part-time employees
Paid Vacation	76.3	43.2
Health Insurance	69.5	27.1
Paid Holidays	68.9	41.5
Flexible Scheduling	66.1	64.7
Trans/Mileage Reimbursement	63.6	53.4
Paid sick leave	55.9	30.8
Life insurance	54.2	18.4
Dental Insurance	51.4	23.2
Retirement Plan	49.4	27.7
Cont. Ed. Benefits	41.5	28.8
Vision insurance	37.3	16.1
Other cash bonus	33.1	28.5
Attendance Bonus	21.8	17.8
Other	17.2	13.3
Uniform allowance	11.6	8.0
Profit sharing/stock option	4.0	0.6
Average number of benefits	7.20 (3.69)	4.42 (3.23)

We also categorized providers according to their percentile rankings on the number of benefits they provided to full-time and part-time employees. The relationship between turnover category and benefits category was not statistically significant for full-time benefits, and approached significance for part-time benefits (p=.074). Clearly, there is more to keeping employees than provision of benefits, despite providers' sense that this is an important relationship.

We next examined pay rates and their relationship to recruitment and turnover, since starting pay would appear to be related more to the ability to attract employees. Interestingly,

categories of starting salaries for both lowest and highest paid positions showed no relationship to the extent of recruitment problems reported by providers. In fact, among all combinations of recruitment problems, retention problems, starting pay, and full and part-time benefits, the only significant relationship was shown among full-time benefits and starting salaries for the highest paid positions. Of the 85 providers in the lowest starting pay category, only one-quarter (24.7%) offered the highest level of benefits. Among those in the highest starting pay category, one-half (50.6%) also offered the highest level of benefits. It is important to note, however, that of the 330 providers answering both questions, only 40, or 12.1% provide both the highest pay and highest benefits. The majority appear to be juggling trade-offs between benefits and pay. It is also important to note that among those offering only one full-time benefit to their employees the most common benefit was flexible scheduling. This practice essentially costs nothing since all home-care employee schedules are likely to be dictated by client needs; most do not work a traditional workweek.

Clients who do not express a preference for a particular provider are assigned to providers based on lowest cost. Thus, agencies with higher costs often do not have enough client referrals to give their staff enough hours to provide a full-time job. Staff needing more income leave for agencies where they can work more hours, or they leave the home care field altogether. The cost-based method for referring clients to provider agencies was viewed with contention by some providers, was confusing for others, and seen as unfair by still others. Several who felt they offered good service wanted quality to become a component of the information that case managers provide to assist clients in making provider choices. They felt this would help them attract more clients, which in turn, would increase their revenue, increase the number of hours

they could offer their workers, and ultimately allow them to provide even better service because of their ability to retain high quality employees.

Another area of concern was the PASSPORT certification process. Twelve of the inactive providers mentioned that the certification process either took too long to complete, was too complex, or too costly to maintain relative to the number of clients they received. The most commonly mentioned concern was the high cost of the required insurance to become a certified PASSPORT provider. One respondent said "One thing I would change is that added insurance they made mandatory. We have an adequate amount of insurance. We felt that what they were asking was unnecessary — ultimately this was the reason we didn't renew our contract." Another echoed: "It cost us to keep up certification, but because we weren't getting any clients from it, it made sense to let the certification go."

Finally, we also asked providers to provide any other comments about the PASSPORT program in general. The topics addressed in their comments appear in Tables 11 and 12.

Table 11. Summary of Comments from Current PASSPORT Providers

Type of Comment	Number of Providers Commenting
Issues, problems due to low/unchanging reimbursement rate	46
Praise for PASSPORT program as a concept, and as operated	17
Negative impact of low reimbursement on employees	11
Certification/recertification complaints, problems	7
Process of assigning/referring clients to providers	7
Need more referrals, not enough hours for workers	6
Record-keeping, forms, administrative burden	5
Clients receiving too many services/services they don't need	5
Complaints about specific aspects of rules/certification	5
Praise for case managers	4
Complaints about case managers	4
Specific suggestions, e.g. "forum for providers"	4
Importance of PASSPORT to job creation	4
Other e.g. subsidizing the program	3

Note: Ninety-three providers gave additional comments. The comments above sum to more than 93 because many commented on several topics.

Table 12. Summary of Comments from Inactive PASSPORT Providers

Type of Comment	Number of Providers Commenting
Good public service program	16
Poor reimbursement rates	14
Certification process takes too long, is too complex, and too costly to maintain	12
Small client base/not enough referral	10
Mismatch between services provided and clients' needs/case managers' unwillingness to adjust services allocated when no longer appropriate	5
Difficulty in finding staff/can't compensate staff	4
Positive relationship with PASSPORT staff	2
Dislike cost-based client service choice	1
Poor communication among the different parts of the PASSPORT program/ organization bureaucracy	1
Good referral system	1
Good quality assurance and monitoring system	1

In conclusion, the consensus among the inactive providers was a dilemma between their belief in the positive value of the program and their ability to continue participating in it. This is clearly stated by one respondent: "Main issue was that they didn't raise the rates during 10 years – it got to be so that we couldn't afford to do it. We were in the red for operating it, weren't breaking even. No reimbursement for travel even. We kept it for a long time because we felt like we needed to do it for the community, but it cost too much. The cost is the only reason we stopped providing services."

RECOMMENDATIONS

In summary, both active and inactive providers express the same push and pull factors regarding their work with the PASSPORT program. Low reimbursement rates pose challenges for creating high quality jobs with reasonable pay and benefits. Managers feel badly about what they are able to do for their employees in terms of creating good jobs. They perceive the

individual worker as the embodiment of PASSPORT to their clients, and want to hire and retain the best workers they possibly can. They believe that good workers create good quality and would like to be recognized when they are a high quality provider.

Administration of the program is somewhat burdensome, but becomes unmanageable when few PASSPORT client referrals are received. The certification process and costs to comply with PASSPORT conditions of participation are not worthwhile when the revenue from the program is small.

On the other hand, PASSPORT providers are passionately positive about the PASSPORT program. Relationships between the PAAs and the providers are positive with a great deal of mutual respect for the roles each group plays in the provision of services. Concerns about quality are paramount. Providers ensure quality by hoping to attract and retain the best employees. PAAs ensure quality by monitoring the structure and practices of their providers. One PAA provides technical assistance with the goal of making all of their providers the best they can be. ODA oversees the PAAs while allowing them individual latitude to work with their providers according to the needs of their area.

Some PAAs believe there are too many providers, and given the administrative and monitoring costs, this seems like a reasonable concern. Clients are spread thinly across many providers, making the administrative burden on each provider more difficult. But PAAs are also quick to point out that for some services, there are not enough providers, and for others there are plenty of providers, but not enough high quality ones. The challenge for the PASSPORT program is to manage PASSPORT providers in such a way that high quality providers receive reimbursement rates that reflect the excellence of the care their workers provide and enough

referrals to make administering the program worthwhile. To that end, we provide the following recommendations.

First**, reimbursement rates should be reviewed.** At every level (state, PAA, provider), reimbursement rates were often mentioned as a problem. There was a great deal of consensus that reimbursement rates for PASSPORT providers need to be reviewed.

Provider quality information could help to improve the program. The need for information about provider quality was mentioned in many phases of this evaluation. Providers were interested in consumers having valid information about quality, and in the opportunities they themselves might have to learn about best practices or to have quality reflected in their reimbursement rates. The PASSPORT program should consider a systematic process for gathering and disseminating information about provider quality. All levels of stakeholders should be involved in the discussion about, and development of, this process.

Finally**, PASSPORT faces a challenge in achieving balance between statewide standardization with PAA flexibility and autonomy.** This challenge became evident in several facets of the evaluation. An example of this challenge is the independent relationships PAAs have with their providers. While **autonomy** here is crucial, and the relationships are positive, some standardization (for example, of client record forms and employee timesheets) would benefit everyone.

REFERENCES

Applebaum, R., Kunkel, S., & Wilson, K. (2007). Transforming data into practical information: Using consumer input to improve home-care services. *The Gerontologist*, 47k(1): 116-122.

APPENDIX. PASSPORT PROVIDER SURVEY

SCRIPPS GERONTOLOGY CENTER

PASSPORT Provider Survey 2006

State of Ohio Department of Aging

Provider ID: ☐

Marking Instructions
** Use a dark-colored ink pen.
**Please do not use pencil.

Correct: ☑
If you make a mistake: ☒

Please Note:
In the questions that follow, home and community-based services include all services provided in clients' homes as well as community settings such as adult day services. Direct-care employees include those who provide care in clients' homes, drive, deliver meals, and who provide other hands-on tasks.

1. What year did your business begin? ☐

2. In an average week, how many active clients do you serve through all of your home and community-based services (HCBS)? ☐

3. In an average week, how many active PASSPORT clients do you serve? (please use a whole number, not a range.) ☐

4. How many total paid direct service employees (e.g., homemakers, drivers, home health aides) currently provide your home and community-based services? (Include full and part-time direct service employees only.) ☐

5. How many total volunteers currently provide your home and community-based services? (If the number varies, please write an average number.) ☐

6. In an average week, how many total paid direct service employees work part-time? (Please write a number, not a range.) ☐

7. On average, how many hours per week does a paid part-time employee work? (Please write a number, not a range.) ☐

8. How many total paid employees in your organization don't provide direct care? (e.g., clerical, managers) ☐

***** PLEASE DO NOT FOLD YOUR SURVEY *****

1

9. What is the hourly starting pay for your lowest paid full-time direct service workers? (Please do not write a dollar sign.) $ ☐

10. What is the hourly starting pay for your highest paid full-time direct service workers? (Please do not write a dollar sign.) $ ☐

11. Which of the following statements is closest to your practice for assigning paid workers to clients?

- ☐ We regularly rotate workers and clients
- ☐ We keep some workers and clients together, but rotate others
- ☐ We keep all workers and clients together unless there is a problem requiring us to change

12. Which of the following statements is closest to your philosophy about worker/client relationships?

	Strongly agree	*Agree*	*Disagree*	*Strongly disagree*	*N/A for our agency*
A. The best quality care is given when clients and their workers maintain a formal employer-employee relationship.	☐	☐	☐	☐	☐
B. The best quality care is given when clients and their workers build a strong, personal relationship.	☐	☐	☐	☐	☐
C. The best quality care is given when the client keeps the same worker as long as possible.	☐	☐	☐	☐	☐

13. How many direct service employees (both full and part-time) have left your organization in the last 12 months? (Write total number, not percent.) ☐

1 — 10
No problem — Serious problem

14. On a scale of 1 to 10, with 1 being no problem at all and 10 being a very serious problem, how much of a problem is recruitment of direct service workers? ☐

15. On a scale of 1 to 10, with 1 being no problem at all and 10 being a very serious problem, how much of a problem is retention of direct service workers? ☐

16. What is your current annual turnover percentage for direct service workers? (Please leave out percent sign and round to nearest whole number.) % ☐

***** PLEASE DO NOT FOLD YOUR SURVEY *****

17. What benefits are offered to your direct service staff? (Check all that apply.)

	Full-time employees	*Part-time employees*
Health insurance	☐	☐
Dental insurance	☐	☐
Eye care insurance	☐	☐
Retirement plan (401K, pension)	☐	☐
Life insurance	☐	☐
Profit sharing/stock option	☐	☐
Other cash bonus	☐	☐
Paid sick leave	☐	☐
Paid holidays	☐	☐
Paid vacation	☐	☐
Flexible scheduling	☐	☐
Bonus for good attendance	☐	☐
Continuing education benefits	☐	☐
Transportation/mileage reimbursement	☐	☐
Uniform allowance	☐	☐
Other	☐	☐

17.a If "other" is checked in question 17, please describe

☐

18. What percentage of your direct service employees have health insurance through your agency? (Please leave out percent sign and round to nearest whole number.) % ☐

19. What percentage of your direct service employees are eligible for benefits? (Please leave out percent sign and round to nearest whole number.) % ☐

***** PLEASE DO NOT FOLD YOUR SURVEY *****

20. How is your workers' health insurance paid for?

- ☐ Employer paid
- ☐ Employee paid
- ☐ Shared cost
- ☐ We don't offer health insurance

21. Which of the following are part of the hiring process for direct service workers? (Check all that apply.)

- ☐ Reference check
- ☐ Fingerprinting
- ☐ Criminal background check
- ☐ Telephone interviews
- ☐ In-person interview
- ☐ Aptitude / skills test
- ☐ Drug screen
- ☐ Physical / medical exam
- ☐ Verification of worker training
- ☐ Internet search

22. Is your organization part of a chain or franchise?

- ☐ Yes
- ☐ No

23. (ANSWER ONLY IF YOU ARE A HOME CARE PROVIDER)
Is your PASSPORT business a Medicaid / Medicare certified home health organization or does it operate in conjunction with one?

- ☐ Yes
- ☐ No

24. (ANSWER ONLY IF YOU ARE A HOME CARE PROVIDER)
Is your PASSPORT business a JCAHO or CHAP certified organization or does it operate in conjunction with one?

- ☐ Yes
- ☐ No

***** PLEASE DO NOT FOLD YOUR SURVEY *****

25. When are PASSPORT services available through your agency? (Check all that apply.)

- ☐ Weekday business hours
- ☐ Weekday evenings and/or nights
- ☐ Saturday business hours
- ☐ Saturday evenings and/or nights
- ☐ Sunday business hours
- ☐ Sunday evening and/or nights

26. Was your agency/organization recruited to be a PASSPORT provider?

- ☐ Yes
- ☐ No
- ☐ I was not working here when we became PASSPORT certified

27. When you were first certified, did you or someone else in your agency receive an adequate formal orientation to the PASSPORT program?

- ☐ Yes
- ☐ No
- ☐ I don't know, I did not work here when we started providing PASSPORT services

28. My understanding of the PASSPORT program in general is:

- ☐ Very good
- ☐ Good
- ☐ Poor
- ☐ Very poor

29. How many provider meetings with your PAA (PASSPORT Administrative Agency or Area Agency on Aging) did you or someone from your agency attend in the past 12 months?

☐

30. My understanding of the way the PASSPORT program determines the reimbursement rate for providers is:

- ☐ Very good
- ☐ Good
- ☐ Poor
- ☐ Very poor

***** PLEASE DO NOT FOLD YOUR SURVEY *****

31. In a typical year, which of the following monitoring, auditing, and/or compliance reviews do you receive? (Check all that apply.)

- ☐ PASSPORT Administrative Agency (PAA or AAA)
- ☐ State surveyors for Medicare / Medicaid certification
- ☐ ODJFS (Ohio Department of Job and Family Services)
- ☐ JCAHO (Joint Commission for Accreditation of Health Care Organizations)
- ☐ CHAP (Community Health Accreditation Program)
- ☐ Independent financial auditor(s)
- ☐ Audit / Inspection from corporate management
- ☐ We are a new provider; we have not received reviews yet.
- ☐ Other

31.a If Other is checked in question 31, please describe

32. Did your agency have to change its business model to become PASSPORT certified?

- ☐ Yes, major changes
- ☐ Yes, minor changes
- ☐ No
- ☐ I wasn't here when we were certified

1 — 10

Very time consuming — Very quick

33. On a scale of 1 to 10, with 1 being very time consuming and 10 being very quick, how would you rate the PASSPORT certification process?

34. On a scale of 1 to 10, with 1 being very time consuming and 10 being very quick, how would you rate the record-keeping process for your PASSPORT clients?

35. On a scale of 1 to 10, with 1 being very time consuming and 10 being very quick, how would you rate your PAA's Structural Review process?

***** PLEASE DO NOT FOLD YOUR SURVEY *****

1 — 10

Very complex — Very simple

36. On a scale of 1 to 10, with 1 being very complex and 10 being very simple, how would you rate the PASSPORT certification process? [ ]

37. On a scale of 1 to 10, with 1 being very complex and 10 being very simple, how would you rate the record-keeping required for your PASSPORT clients? [ ]

38. On a scale of 1 to 10, with 1 being very complex and 10 being very simple, how would you rate your PAA's Structural Compliance Review process? [ ]

39. From the time of application to approval of certification, approximately how many days did it take for your agency to become a PASSPORT certified agency? [ ]

40. On average, how many days does it take to be reimbursed by your PAA? [ ]

41. What are your agency's unit costs for the following types of PASSPORT service? (Please leave out dollar signs. For answers that are less than 1 dollar write zero, followed by a decimal point, then the amount. Example: 0.25)

Homemaker (unit = 15 minutes).....$ [ ]

Personal care (unit = 15 minutes).....$ [ ]

Home delivered meals (unit = 1 meal).....$ [ ]

Enhanced adult day services (unit = 1 day).....$ [ ]

Transportation (unit = 1 mile).....$ [ ]

Transportation (unit = base-rate one-way).....$ [ ]

Other.....$ [ ]

***** PLEASE DO NOT FOLD YOUR SURVEY *****

42. In addition to PASSPORT, from what other funding sources does your organization receive payments? (Check all that apply.)

- ☐ Other Medicaid waiver
- ☐ MR/DD waiver
- ☐ Medicare
- ☐ County levy program
- ☐ Older Americans Act
- ☐ Long-term care insurance
- ☐ Private pay
- ☐ Other

42.a If "Other" is checked in number 42, please describe

☐

1 — 10

Very poor — Very good

43. On a scale of 1 to 10, with 1 being very poor and 10 being very good, how would you describe your relationship with your PAA in general? ☐

1 — 10

Very unlikely — Very likely

44. On a scale of 1 to 10, with 1 being very unlikely and 10 being very likely: Given what you know about the PASSPORT process and how it fits into your business today, how likely is it that you would become a PASSPORT provider if you were not already one? ☐

45. On a scale of 1 to 10, with 1 being very unlikely and 10 being very likely: How likely is it that you will continue to be a PASSPORT provider in the forseeable future? ☐

***** PLEASE DO NOT FOLD YOUR SURVEY *****

	Very satisfied	*Satisfied*	*Dissatisfied*	*Very dissatisfied*
46. How satisfied are you with the PASSPORT program overall?	☐	☐	☐	☐
47. How satisfied are you with the communications with your PAA?	☐	☐	☐	☐
48. How satisfied are you with the monitoring aspects of PASSPORT by your PAA?	☐	☐	☐	☐
49. How satisfied are you with the way clients are assigned to providers?	☐	☐	☐	☐
50. How satisfied are you with the financial monitoring by your PAA?	☐	☐	☐	☐
51. How satisfied are you with the new PASSPORT provider re-certification process?	☐	☐	☐	☐
52. How satisfied were you with the old PASSPORT provider re-certification process?	☐	☐	☐	☐

53. What is your job title?

54. How many years have you been in the aging services field?

55. How many years have you worked for this organization?

56. Please provide any additional comments regarding the PASSPORT program:

Thank you for your time! Your participation will help our PASSPORT program evaluation. Place your completed survey in the business reply envelope and drop it into the mail.

Scripps Gerontology Center
Miami University
Oxford, OH 45056

***** PLEASE DO NOT FOLD YOUR SURVEY *****