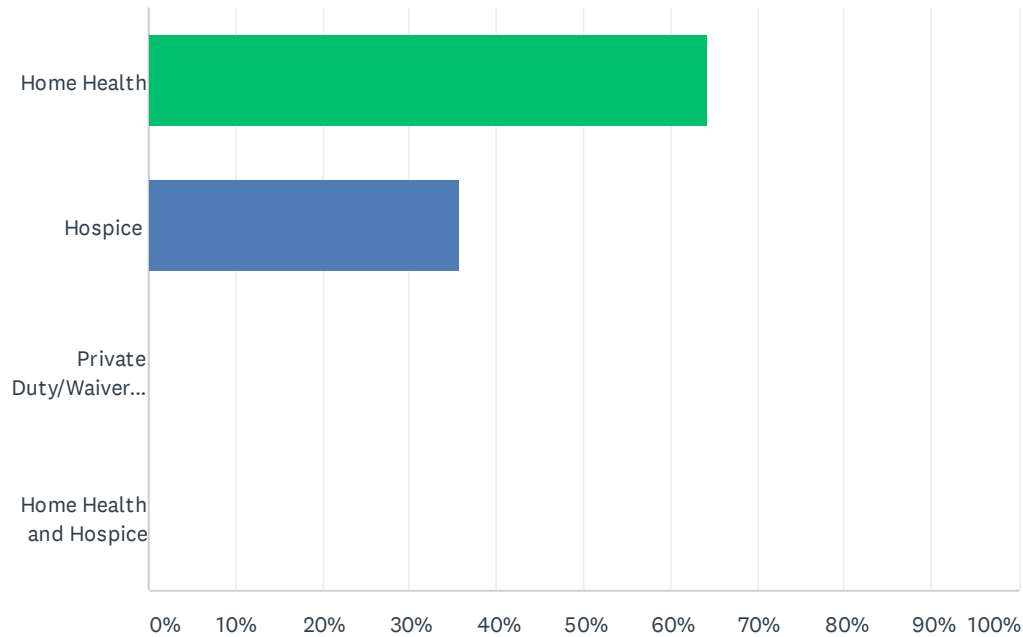


## Q1 Please indicate what type of services your Organization provides:

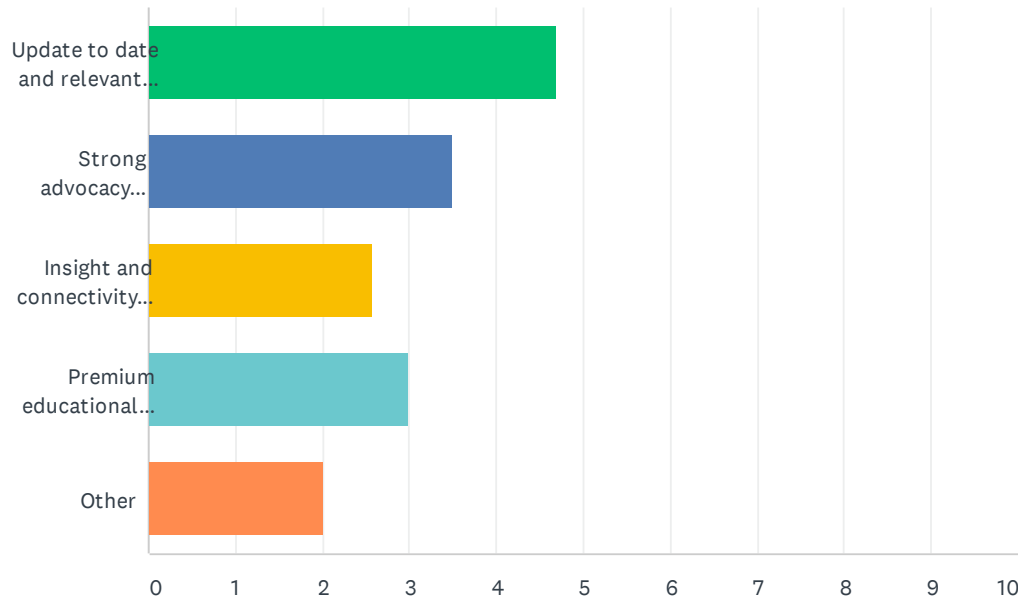
Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Home Health	64.29%	9
Hospice	35.71%	5
Private Duty/Waiver Home Care	0.00%	0
Home Health and Hospice	0.00%	0
TOTAL		14

**Q2 What do you feel is the greatest benefit that you or your organization receives as an OHCA Home Care and Hospice member? Please rank, with 1 indicating the greatest benefit**

Answered: 14 Skipped: 0



	1	2	3	4	5	TOTAL	SCORE
Update to date and relevant information from News Bites and daily COVID updates	76.92% 10	15.38% 2	7.69% 1	0.00% 0	0.00% 0	13	4.69
Strong advocacy present in state legislative and policy matters	0.00% 0	66.67% 8	16.67% 2	16.67% 2	0.00% 0	12	3.50
Insight and connectivity with other post-acute care provider types, such as skilled nursing, ID/DD and assisted living	8.33% 1	0.00% 0	41.67% 5	41.67% 5	8.33% 1	12	2.58
Premium educational programming and staff resources	15.38% 2	15.38% 2	30.77% 4	30.77% 4	7.69% 1	13	3.00
Other	20.00% 1	0.00% 0	0.00% 0	20.00% 1	60.00% 3	5	2.00

Q3 If you indicated "Other" in question 2., please indicate the benefit in the text box below:

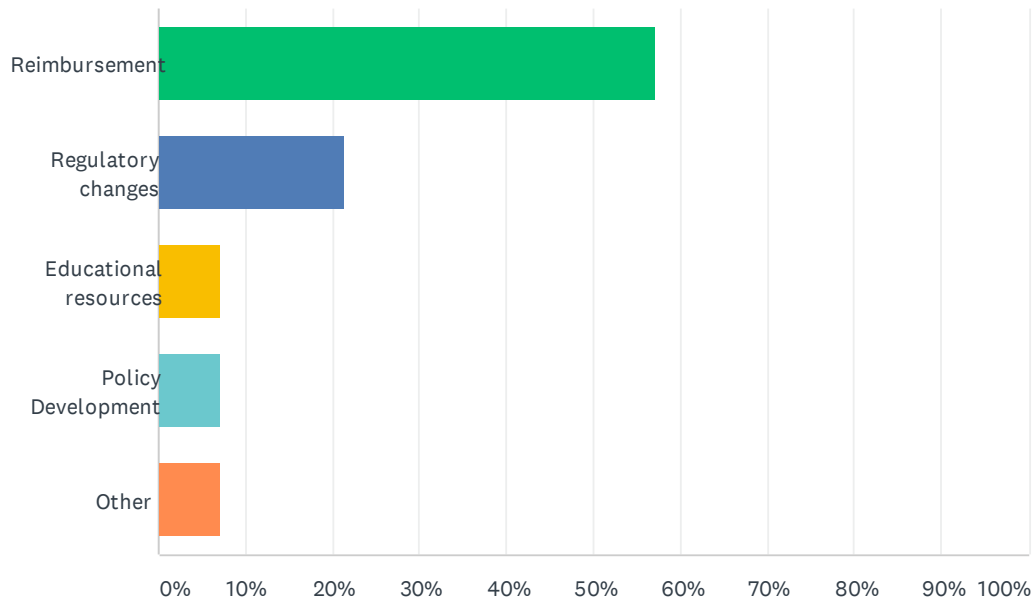
Answered: 4   Skipped: 10

Q4 Are there specific educational offerings that you would like OHCA to offer in the near future? If so, please list in the box below:

Answered: 6 Skipped: 8

## Q5 What are your most challenging obstacles or concerns that you feel OHCA should assist our membership with?

Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Reimbursement	57.14%	8
Regulatory changes	21.43%	3
Educational resources	7.14%	1
Policy Development	7.14%	1
Other	7.14%	1
TOTAL		14

Q6 If you indicated "Other" in question 5., please indicate the obstacle or concern in the text box below:

Answered: 2   Skipped: 12

**Q7 As a home care and/or hospice provider, what is the number one concern you have for your industry?**

Answered: 10   Skipped: 4

## Q8 If you would like to be contacted for follow up regarding your responses, please enter your contact information below:

Answered: 5   Skipped: 9

ANSWER CHOICES	RESPONSES	
Name	100.00%	5
Company	100.00%	5
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	100.00%	5
Phone Number	100.00%	5