CMS National Balancing Indicators Project (NBIP) Direct Service Workforce Data Collection Effort

OMB Supporting Statement for
Paperwork Reduction Act Submissions

Supporting Statement – Part A

A. Background

All around the country, states are grappling with how to meet the increasing demand for long-term services and supports (LTSS) for people of all ages with chronic illness or disability. At the same time, states are working to re-orient their LTSS delivery systems toward home- and community-based settings and away from institutional ones, such as nursing facilities. To better promote community living for older adults and people with disabilities, states need reliable information about their long term service and supports systems, to identify successes and service gaps and measure progress toward their rebalancing goals over time.

In particular, the problematic state of the nation's workforce of home care aides, personal care assistants, nurse aides, direct support professionals, and similar workers who directly provide long-term services and supports--the direct service workforce--is an issue receiving growing attention. This workforce shows classic signs of workforce instability, including high turnover and vacancy rates. At its roots, this instability stems from the fact that LTSS service delivery and reimbursement systems were designed for a different time, an era in which women were entering the labor force in increasing numbers, family caregivers were more available, and institutional care dominated public programs and paid services generally. Policymakers must recognize the essential role that paid aides and caregivers play in LTSS, their particular needs and circumstances as low-wage workers, and the unique character of home- and community-based services (HCBS), including their often part-time and episodic nature.

As states implement efforts to improve workforce quality and stability, policymakers are hampered by a lack of ongoing, reliable state-based information about their direct service workforce. State LTC service delivery systems have management information systems (MIS) that account for and reimburse services delivered, and these can often be used to obtain information on the consumers served, units of service provided, and expenditures. But these systems are rarely set up to gather and report on basic information about the direct service workforce that could be used by state policymakers to assess how their state's workforce is changing or improving, and where the challenges lie.

While increasing numbers of states are taking steps to launch efforts to improve workforce quality and stability, for these initiatives to be truly effective, state policymakers need basic workforce information that will allow them to: assess the magnitude of the identified workforce problem, design appropriate policy responses, and evaluate and assess the impact of new policies or simply trends over time.

As a recent report by the federal Health Resources and Services Administration concluded:

> "existing data systems—which were designed for other purposes—cannot support systematic assessments of any [LTC] industry component: individual workers, individual facilities, classes of workers, classes of facilities, people receiving services, people needing services, organizations financing services, or

policymakers overseeing the various systems."[1]

Reasons for the lack of reliable direct service workforce data include: greater federal reporting requirements for nursing facilities and institutions than for home and community services providers; the large numbers of disparate and often small non-institutional providers, with the exception of certified home health agencies; the lack of cost reporting requirements for home and community based services providers; and, finally, the lack of standard job titles or job categories for services and supports delivered in non-institutional settings.

In providing technical assistance to states on workforce issues since 2006 through the Direct Service Workforce Resource Center, a CMS-funded initiative, many of the states have identified assistance with workforce data collection as a major need.

The regular collection of basic workforce information, and its injection into the workforce development policy, will allow state policymakers to meet several objectives:

1. To create a baseline against which the progress of workforce initiatives, including systemic interventions to improve workforce outcomes, can be measured.
2. To inform policy formulation regarding workforce initiatives.
3. To help identify and set long-term priorities for LTC reform and systems change.
4. To promote integrated planning and coordinated approaches for LTC and comparability of data across programs to assist in the assessment and evaluation of adopted policy initiatives.
5. To compare state progress with the progress of other states or with overall national performance.

B. Justification

1-Need and Legal Basis

The Centers for Medicare and Medicaid Services (CMS) is requesting Office of Management and Budget (OMB) approval to conduct surveys of direct services workers and employer agencies to gather information about the home and community based direct service workforce in the seven CMS Real Choice Systems Change State Profile Tool (SPT) grantee states (Arkansas, Florida, Kentucky, Maine, Massachusetts, Michigan, and Minnesota). Established in FY2007, the SPT grant program was designed to: (1) help states take a critical first step in assessing their individual state long-term support systems with the completion of the "State Profile Tool", and (2) provide support to states as they partner with CMS and the National Balancing Indicator Project (NBIP) (previously known as the National Balancing Indicator Contractor) to develop a national set of

1 National Center for Health Workforce Analyses (February 2004) Nursing Aides, Home Health Aides, and Related Health Care Occupations—National and Local Workforce Shortages and Associated Data Needs, Bureau of Health Professions, Health Resources and Services Administration, US Department of Health and Human Services, Chapter 8. Available at:

http://bhpr.hrsa.gov/healthworkforce/reports/nursing/nurseaides/chapt8.htm.

balancing indicators and enhance their state data systems capacity.[2] For the NBIP project, CMS is contracting with IMPAQ International, LLC to assess long-term services and supports quality and to develop and test a set of national indicators to assess states' efforts to balance their long-term services and supports systems.[3]

This data collection will augment data being collected by these states through the SPT and the NBIP projects with key information about the direct service workforce. Staff from CMS's National Direct Service Workforce (DSW) Resource Center will work with the seven SPT grantees to collect and analyze key data on the direct service workforce in their states.

Many of the survey items are based on a 2009 the DSW Resource Center report that outlined recommendations for state agencies about what direct service workforce data collection and identified core direct service workforce indicators for states to collect, along with several additional data elements for states to consider. The recommendations were developed through a collaborative effort of the DSW Resource Center technical assistance team, representatives from 13 states, CMS, and several Federal partner agencies. The report is available online at: http://www.dswresourcecenter.org/tiki-download_file.php?fileId=393. Additional survey questions were developed based on other workforce data needs identified in discussions with the SPT states, the NBIP/DSW Resource Center team, and CMS.

The states will gather these data through an inventory of existing federal and state data and, to collect state core workforce data not currently available, surveys of (1) individuals who work as independent providers in participant-directed long-term services and supports programs and (2) provider agencies/employer organizations that serve older adults, people with physical disabilities, and/or people with intellectual or developmental disabilities through Medicaid-funded programs. Through the experiences of these states, we will be able to refine the instruments and protocols for surveying these independent workers and provider organizations. We will also assist states regarding ongoing data collection and build the infrastructure of a data collection platform with potential for ongoing use by the SPT states and other states.

This study is being conducted under authorization of CMS quality guidelines, as required by the Data Quality Act (see http://aspe.hhs.gov/infoquality/Guidelines/CMS-9-20.shtml).

Collecting data on state's independent providers and agency providers is an important part of tracking performance of Medicaid funded home and community based services.

In addition, CMS is interested in supporting states' efforts to comply with the 1999 Supreme Court *Olmstead V. L.C.* decision, which held that the unjustified institutional isolation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act (ADA). CMS is participating in a workgroup on the direct service workforce, as part of the Department of Health and Human Services' (HHS) Community Living Initiative, which brings

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2 CMS, "Real Choice Systems Change." https://www.cms.gov/CommunityServices/30_RCSC.asp

3 "Welcome to the NBIC Web Portal", http://www.nationalbalancingindicators.com/index.php?option=com_content&view=frontpage&Itemid=1

together several federal agencies in HHS and the Department of Housing and Urban Development (HUD) to support the right of people with disabilities to live in the community.

In addition, under the recently enacted CLASS Plan, states are required to ensure "adequate infrastructure for the provision of personal care attendant (PCA) workers."[4] Within two years of the enactment of the Plan, states are directed to assess the adequacy of their existing infrastructure and create a sufficient supply of PCAs.

2-Information Users

The overall purpose of this project is to assist CMS State Profiling Tool (SPT) grantees to collect core direct service workforce data elements by population and setting and build the infrastructure needed to track these workforce indicators over time. The data elements are:

Worker Volume (number of full-time and part-time workers)

Workforce Stability (turnover rate and vacancy rate)

Worker Compensation (average hourly wage, health insurance, paid time off, transportation reimbursement, and other benefits)

Training and Employee Qualifications (current training provided, adequacy of training, training needs/gaps)

Worker Demographics (age, race/ethnicity, gender, education, household income)

Organizational Structure (public, private, non-profit)

Employer and Worker Perceptions of Most Significant Workforce Problems (most pressing problems, factors affecting recruitment and retention, workers' motivation, training concerns)

Organizational Cultural Competence (organizational systems to support working effectively in cross-cultural situations)

Collecting these data at the state level will provide state decision makers with access to critically important information about their workforce. The two surveys to be conducted in each state will collect these indicators in a consistent way for independent providers working in participant-directed settings and agency providers/employers in Medicaid home and community based services (HCBS) waiver programs. Furthermore, states will have the opportunity through this effort to develop ongoing data collection systems to track this information going forward.

Asking workers about the population they serve will allow states to analyze information by groups of workers (those supporting older people, those supporting younger adults with physical disabilities, those supporting people with intellectual disabilities, and those supporting multiple

4 Dorie Seavey and Abby Marquand, Spring 2011. "Building Infrastructure to Support CLASS: the Potential of Matching Service Registries. The Scan Foundation, CLASS Technical Assistance Brief Series, No. 16.

populations).

Finally, the DSW Resource Center, in collaboration with IMPAQ and CMS, will use the resources and tools developed and refined through this project to develop a DSW Data Collection Toolkit that will be made available to all states and territories.

The target populations for the surveys include 1) individual workers employed in participant-direction programs and 2) employer agencies in Medicaid-funded home and community based services programs serving aging, physical disabilities, and intellectual/developmental disabilities populations in the seven SPT states. While the seven states will collect the same basic information, the survey instruments will be customized to reflect terminology used in each state. To the greatest extent possible, interview questions were modeled after existing and tested surveys and well-established national data collections, to help assure comparability of results.

- For both surveys, questions about workforce volume, stability, and turnover were based on recommendations in the 2009 DSW Resource Center data collection white paper.[5]

- The Independent Worker Survey includes questions modeled after questions in a survey conducted by PHI Michigan on Individual Workers in Self-Direction in Michigan.

- Other sources of questions for the Independent Worker Survey were a survey by The Lewin Group for the Minnesota Department of Human Services of long-term care workers in Minnesota[6] and a study on health insurance and the recruitment and retention of direct service workers in Virginia.[7]

- Many of the questions in the employer survey were based on a survey conducted by PHI for the state of Michigan. PHI tested the items with a focus group of providers. Although several of the questions were specific to Michigan, we made the questions for this data collection effort as consistent as possible with questions from the Michigan survey.

- In addition, the questions on training on the employer survey included items suggested at a recent summit on training for paid and unpaid caregivers sponsored by CMS.[8]

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5 Direct Service Workforce Resource Center. February 2009. *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*. Washington, DC: Author. http://www.dswresourcecenter.org/tiki-index.php?page=Data+Collection

6 The Lewin Group. October 2009. *Costs and Options for Insuring Minnesota's Long-Term Care Workforce*. Report for Minnesota Department of Human Services. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_147640

7 The Partnership for People with Disabilities at Virginia Commonwealth University, *Health Insurance and the Recruitment and Retention of Direct Service Workers in Virginia: Final Report*, Study for the Virginia Department of Medical Assistance Services, October 2007. http://hchcw.org/wpcontent/uploads/2008/07/dmas_final_reportoct2007.pdf

8 The Direct Service Workforce Resource Center. (2011). *Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce: Common Goals and Policy Recommendations Emerging from the CMS Leadership Summit on the Direct Service Workforce and Family Caregivers*. Washington, DC: Author.

- Other sources of survey questions included surveys used by North Carolina and Maine in the CMS direct service workforce demonstration project, and the CMS caregiving leadership summit. Maine's evaluation was based on a survey of 25 home care agencies and over 800 employees at those agencies. Employees were interviewed in 2005 with a follow-up interview in 2007.[9] North Carolina's survey was part of a federal grant focused on the caregiving profession aimed at "enhancing the job satisfaction and career opportunities for Direct Service Workers." "Direct Service Worker" was defined to include "Certified Nursing Assistants, In-Home Aides, Personal Care Assistants, Care Givers, etc."[10]

- Results from the organizational cultural competence questions, on the employer survey, will be incorporated into the larger NBIP data collection effort managed by IMPAQ for CMS. The questions are aligned with indicators of organizational cultural competence developed for a 2002 project conducted for HRSA by The Lewin Group on *Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile.*[11]

3-Use of Information Technology

The DSW Resource Center team will design the basic survey instruments and provide both paper and online versions of both surveys. Because many individual workers and employers may not have access to the internet, and in order to maximize response rates, respondents will have the option of responding on paper or online. Some surveys will be completed on paper and mailed back to the SPT grantees or their designated contractor. The SPT grantee or their contractor will be responsible for entering these responses from each paper survey into the online survey system. The survey instruments and data entry forms will be designed to facilitate accurate recording of responses to questions. SPT grantees will use word processing software and perform a mail merge function to individualize the cover letter and attach the unique identifiers to the paper surveys before printing them.

The DSW Resource Center team will develop, host, and maintain an online survey portal for data entry, which will be available for respondents to use to complete the surveys online 24 hours a day, 7 days a week. The online system will include a feature allowing respondents to save and return to their surveys. Also, multiple people from each state will be able to enter data from surveys completed on paper simultaneously. DSW Resource Center staff will be available to answer questions about the online system and troubleshoot via email and through a toll-free telephone line from 9am to 5pm Eastern. Data will be exported from the online portal and entered and stored in electronic databases.

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9 University of Southern Maine. (2007). Providing Health Coverage and Other Services to Recruit and Retain Direct Service Community Workers in Maine: The Dirigo Difference. http://www.mainerealchoices.org/workforce_workdemo.htm.

10 North Carolina DSW Survey

11 Karen W. Links, Sharrie McIntosh, Johanna Bell, and Umi Chong. Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile. The Lewin Group. Report for The Health Resources and Services Administration, U.S. Department of Health and Human Services. http://www.hrsa.gov/CulturalCompetence/healthdlvr.pdf

In addition, project staff will assist each of the SPT states to compile electronic lists (if possible) of individual workers and agencies that should receive the surveys. In cases when lists of workers are not available, states will compile lists of consumers in participant direction programs, who will be asked to distribute the surveys to their workers. Using electronic lists will limit the amount of time spent on identifying eligible survey participants and preparing mailings.

4-Duplication of Efforts

While several sources of data provide some information about the workforce available to states, as outlined below, these sources do not capture the recommended measures across the home and community based direct service workforce supporting aging, physical disabilities, and intellectual/developmental disabilities populations.

In February, 2011, the DSW Resource Center inventoried and provided each SPT grantee with a summary of information about key direct service workforce indicators available from existing national data sources and the limitations of these data sources. On March 31, 2011, the Resource Center provided a memo to CMS expanding on this information by adding an overview of the state-level data available for the seven SPT states and further analyses of workforce data available from national sources. As discussed below, existing national and state data sources are limited in providing information on state direct service workforces.

Existing National Data Sources

Existing national sources of direct service workforce data include:

- **U.S. Department of Labor, Bureau of Labor Statistics data.** National and state estimates of employment and wages for a set of occupations containing the vast majority of direct service workers are available through the Occupational Employment Statistics (OES) program, a federal-state cooperative program between the Bureau of Labor Statistics and State Workforce Agencies that conducts a semi-annual mail survey of employers. Occupational categories for direct service workers include: personal care aides (SOC 39-9021), home health aides (SOC 31-1011), psychiatric aides (SOC 31-1013), and nursing assistants (SOC 31-1104). While the OES estimates for direct-service related occupations can be useful in suggesting broad changes in state employment and wages for these DSW occupational categories, several features of the underlying occupational and industry classification schemes are problematic, limiting the use of this data for workforce planning or development purposes. Notably, the sampling frame of the OES survey has not kept up with important changes in long-term services and supports delivery: it excludes the hundreds of thousands of direct service workers who today are self-employed or work as independent providers for private-pay consumers or under state Medicaid programs and waivers. Under Medicaid programs, independent providers are directly employed by consumers (or jointly employed by consumers and a provider agency) and often employer-related fiscal and administrative responsibilities are handled by "Fiscal Agents" or "Employer Agents" and sometimes by public authorities. Also, these categories do not reliably capture direct support professionals who support people with intellectual/developmental disabilities. In addition, although BLS provides data on the number of workers and their mean and median wages; BLS does not provide data on how many of

these workers receive benefits. The BLS does conduct an Employee Benefits Survey; however, this survey does not provide occupational benefits estimates for private industry workers.[12]

- **ANCOR Direct Support Professionals Wage Study.** In 2009, the American Network of Community Options and Resources (ANCOR) contracted with the Mosaic Collaborative for Disabilities Public Policy and Practice to conduct its second annual survey on direct support professional wages and turnover rates. [13] Survey respondents included 486 private-operated providers and 77 state-operated institutions serving people with intellectual/developmental disabilities nationwide. These data are limited because response rates were very in in some states and the data exclude many direct support professionals, particularly those who are employed directly by the service recipient or their family.

- **AHCA/NCAL nursing facility staff vacancy, retention, and turnover surveys.** Since 2002, the American Health Care Association (AHCA) has conducted several national provider surveys that that ask about staff turnover and vacancy rates in nursing facilities.[14] The 2010 survey is currently underway. A total of 2,600 nursing facilities participated in the 2008 survey; the study did not discuss whether respondents were representative of U.S. nursing facilities. However, these surveys do not include providers of services in home and community based settings.

Existing State-Specific Data Sources

In addition to the inventory of national data sources discussed above, the Resource Center worked with states to inventory state-specific DSW data available from state sources and databases. Telephone consultation calls were held with each of the states to discuss which data sets to review, facilitate meetings between staff in different state agencies/departments with access to different data sets, assist interpreting data found within existing data sets, and assist with matching data elements in existing data sets to recommended core indicators.

At least two of the seven SPT states have recently collected information about their direct service workforce, as described in the table below. However, these previous data collection efforts were limited to a small sample of respondents or a limited segment of the direct service workforce, and they do not provide the information needed for a minimum state dataset on the direct service workforce. Hence, all of the seven SPT states will be conducting additional surveys to collect the data elements proposed for the minimum data set. However, Massachusetts recently surveyed independent providers in the state and does not need to conduct another independent provider survey. Also Michigan has already collected data on independent providers.

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12 BLS. Employee Benefits Survey FAQ. Accessed March 17, 2011. http://www.bls.gov/ncs/ebs/ebsfaq.htm#MER

13 ANCOR Wage Data available at: are available at: http://www.ancor.org/sites/default/files/ancor_wage_data_summary_2009.pdf

14 2008 Nursing Facility Staff Vacancy, Retention and Turnover Survey Findings available at: http://www.ahcancal.org/research_data/staffing/Documents/Retention_Vacancy_Turnover_Survey2008.pdf

Exhibit 1: State-Specific DSW Data Collection Efforts

State	Data Collection Effort
Michigan	Individual Workers in Self-Direction Survey[15] The Michigan Department of Community Health used two, separately developed, federal survey tools to examine direct-care workforce issues in their state. This survey was disseminated in January 2010 by PHI.
Minnesota	Minnesota Worker Survey[16] In 2009, the Minnesota Department of Health contracted with The Lewin Group to conduct a survey of their direct service workforce, determining the *Costs and Options for Insuring Minnesota's Long-Term Care Workforce*. Rate Setting Methodologies Project[17] In 2010, the Minnesota Department of Human Services, Disability Services Division (DSD), contracted with Navigant Consulting to conduct a survey that will be used to determine rates for all DSD-administered services and provided through MN's home and community-based services waiver program.

5-Small Businesses

We plan to survey individuals who work as independent providers, as well as employer agencies. The organizations will range from very small businesses in terms of number of employees and budget to large statewide chains. The information requested from respondents is the minimum required to provide core workforce indicators. Also, to minimize the burden to organizations as much as possible:

- In pre-testing of the Michigan Choice Provider Workforce Survey on which our survey items are based, employers in the focus group reported to PHI that the information requested was easy to find or calculate. We made modifications to some of the questions based on comments from the employers.

- In a recent survey of long-term care employers in Minnesota conducted by The Lewin Group for the Minnesota Department of Human Services, in many cases, a company's corporate headquarters preferred to complete the survey for all member organizations in the

15 PHI. January 21, 2010. *Michigan's Long-Term Care Profile First to Include Direct-Care Workforce Measures*. http://phinational.org/archives/michigans-long-term-care-profile-first-to-include-direct-care-workforce-measures/

16 Minnesota Legislative Reference Library. October 2009. *Costs and Options for Insuring Minnesota's Long-Term Care Workforce*. http://www.leg.state.mn.us/docs/2010/mandated/100002/appendices.pdf

17 Minnesota Department of Health and Human Services, Disability Services Division. June 2010.. *Rate Setting Methodologies Project: Data Analysis Plan*. http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_152805.pdf

state, rather than have each agency complete a separate survey. Therefore, wherever possible, surveys will be sent to state corporate headquarters for organizations that operate multiple sites around the state. The survey will include questions to identify whether the response is for an individual agency or a chain, and for chains, how many agencies are represented in the response.

6-Less Frequent Collection

This is a one-time data collection activity. Furthermore, through this effort the DSW Resource Center will assist states to develop ongoing data collection systems that will allow this to track this information going forward. In addition, in consultation with IMPAQ and CMS, the DSW Resource Center will develop a DSW Data Collection Toolkit using resources and tools developed and refined through this project and make them available to all states and territories. As states endeavor to reform long-term services and supports financing policies to increase support for community living, if these data are not collected, states will have to make important decisions about policies affecting the direct service workforce delivering these services in their states with very limited information.

7-Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2).

8-Federal Register/Outside Consultation

The 60-day Federal Register notice published on August 26, 2011 (76 FR 53475). No comments were received.

9-Payments/Gifts to Respondents

Individual workers that serve as home health aides, personal care aids, direct support professionals, and the variety of other job titles included in the direct service workforce are notably difficult to survey on the topics covered by our individual worker survey. These workers participate in research and respond to surveys at very low rates for or a variety of reasons: vast majority are low-income, many speak English as a second language and/or have low levels of literacy, most work unusual and unpredictable schedules, many move with great frequency or maintain dual residences (as many live full or part-time with the person they support), many are single heads-of-household. The literature on research methodology supports the use of paid incentives to increase response size in low income and low-literacy populations. Furthermore, these workers may have concerns about responding to a survey about their job for fear that it might put their job at risk. The cash incentive should increase the likelihood that they at least read the survey instructions and consider responding.

The researchers on the DSW RC team and other researchers involved in surveying this population through the CMS Direct Service Workforce Demonstration National Evaluation (http://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR699.pdf) and the Robert Wood Johnson Foundation Better Jobs Better Care initiative

(http://phinational.org/policy/national-initiatives/better-jobs-better-care/) found through focus groups and survey experience that small cash incentives to individual workers increased their likelihood of considering participation and increased their actual survey participation rates.

Most recently, the National Home Health Aide Survey conducted by ASPE and NCHS included a $5 cash incentive and a gift pen for all potential responders even before they completed the survey. "Each home health aide selected for NHHAS received an advance package. The advance package included the following: a letter on NCHS letterhead that described the study, signed by the Director of NCHS with Frequently Asked Questions (FAQs) printed on the back; a $5 bill clipped to the letter signed by the NCHS Director; a welcome letter on NHHAS letterhead; a NHHAS fact sheet; a NHHAS DVD; a NHHAS gift pen; a postcard for the home health aide to indicate willingness to participate in the study and to provide name, address, telephone number and the best time and day to be reached; and a postage-paid return envelope for the postcard." http://www.cdc.gov/nchs/data/nhhcsd/NHHCS_NHHAS_web_documentation.pdf

Since our original OMB submission, we have discussed with participating states different options for providing cash incentives to individual workers and the states discussed this issue with individual providers in focus groups when they pre-tested the surveys. A consensus across states was reached, which is that a $10 debt card (that could be used anywhere, not limited to a particular store) going only to respondents after they submitted their survey would be the best type of incentive for all states to use. Only one state (Florida) will not provide this incentive because they are prohibited from doing so in state regulations.

For these reasons, the survey instruments in six of the seven states indicate that responding individual workers will receive a $10 debt card by mail after submitting their response.

Employer organization respondents will not receive cash incentives, but will be sent copies of the final reports summarizing survey findings. Businesses may be interested to know how worker volume, stability, compensation, training, and other factors at their organization compare with other employers in the state.

10-Confidentiality

The nature of the study requires identification numbers (codes) to be attached to respondents and their mailing addresses to identify non-respondents and to prevent multiple survey submissions. However, project staff will, during all phases of data collection and analysis, engage in practices designed to ensure the confidentiality of all respondents. As part of the survey's introductory comments, respondents will be informed that participation in the survey is voluntary and will receive information about privacy protections at the beginning of the survey.

Identification numbers will be used to facilitate follow-up to non-responders, incentive payments, and data quality assurance only. Unique identification numbers will be used to facilitate follow-up to non-responders, incentive payments, and data quality assurance. The DSW RC team will create alphanumeric identifiers that are randomly-generated to assign to each state's list of potential respondents. One unique identifier will be assigned per respondent. We will send each state a file containing the unique identifiers linked to each potential respondent and states will merge

identifiers onto survey instruments. The file containing the unique identifiers matched with participants will be sent to the individual in each state who will set up the merge and print the surveys (an individual who is not on the data entry team). At no time will unique identifiers be included in files that also contain survey responses. All files linking unique identifiers to respondents will be destroyed at the study's conclusion. Subsequent reports of survey findings will not identify any individual respondents. No state agency will take any action to the benefit or detriment of responders or non-responders. Reports presenting the survey findings will not identify any individual respondents.

Data from surveys completed online will be entered into the online survey portal developed and maintained by the DSW Resource Center team. States will be responsible for receiving and entering data from paper surveys. After data entry is completed, each participating state will be provided a file of all non-identifying survey data for their state. We will work with states to employ the following safeguards to carry out confidentiality assurances:

- Access to survey participant lists and codes will be limited to those who the state has designated as having direct responsibility for providing the lists and assigning the unique identifiers and codes and the analysts identifying the non-responders to be targeted for follow-up. At the conclusion of the research, these data will be destroyed.

- Identifying information will be maintained separately from survey responses, and linked to the mailing lists and surveys only by a code.

- Access to the file linking codes to respondent identification and contact information will be limited to the individuals who need this information for administration of the survey and analysis of responders and non-responders as a group.

- Access to hard copy documents will be strictly limited to those who are responsible for entering survey data for the state. Documents will be stored in locked files and cabinets. Discarded material will be shredded.

Computer data files will be protected with passwords and access will be limited to specific users. In addition, each SPT grantee will need to determine whether approval from an Independent Review Board (IRB) is needed in their state for this effort. The DSW Resource Center team will be available to assist with that process as needed.

11-Sensitive Questions

The surveys will ask questions about worker wages, benefits, turnover and vacancy rates, training, and similar topics, which might be considered sensitive. However, such questions have been asked many times before in surveys of direct service workers and their employers. Pretesting will be used to determine which questions employers and workers in each state consider sensitive.

In the Michigan pretesting focus group of employers, employers needed assurance that their responses are anonymous and confidential, for two primary reasons: 1) They were wary that their responses could impact their ability to get new client referrals from state programs or their reimbursement rates; and 2) they were concerned that the information provided in the surveys

could be open to state-level Freedom of Information Act requests by unions for organizing purposes. In addition, employers considered the question about mileage reimbursement sensitive, because of concern that employers could get caught for not following federal law regarding reimbursing employees for mileage. Therefore, in the instructions for the employer survey, we emphasize to providers that their responses will be kept private.

The survey packet that all potential respondents receive will include a cover letter explaining the purpose of the survey, how the information will be used, and assuring privacy of responses. CMS considers the questions necessary to provide CMS and the states the information needed to make informed decisions about policies and programs affecting the direct service workforce.

12-Burden Estimates (Hours & Wages)

Exhibit 2 provides a summary of the total number of respondents by type, estimated response time per survey, and the total response time for the different respondents. Based on pretesting conducted across all participating states, the employer survey is expected to take one hour, including time to locate the needed information in their personnel files, calculate the requested data, and report the data on the survey form. Based on pretesting conducted across all participating states, the individual worker survey is estimated to take 15 minutes per respondent, including the time required to review instructions, complete and review their responses, and mail the information (for those using paper surveys).

Exhibit 2: Estimated Hours and Hourly Cost of Burden

Respondent Type	Estimated number of respondents	Surveys per respondent	Average burden per survey (hours)	Total average annual burden (hours)	Average hourly wage	Total average hourly cost
Individual Worker (in some cases the survey will go to the consumer to give to their worker)	~16,600 individuals across 5 states	1	15 minutes	2,490 hours	$9.82 (2010 BLS Occupational Data: Personal Care Aids)	$24,452
Aging/physical disability/IDD providers (Human Resources/Admin Staff)	~51,560 organizations across 7 states	1	1 hour	51,560 hours	$18.22 (2010 BLS Occupational Data: HR Assistant)	$939,423
Total						$963,875

13-Capital Costs

Respondents will have no direct costs other than their time to participate in the data collection process.

14-Cost to Federal Government

The annualized contract cost to the federal government of this data collection effort is $335,000.00. This figure includes conducting inventories of existing data, designing the surveys of individual workers and employers, processing and analyzing the data, preparing reports summarizing the results, and assisting states to develop permanent data collection systems to collect DSW data routinely over time. This cost is based on the team's previous experience in managing data collection efforts of this type and analyzing the results.

In addition to these contract costs, the costs associated with the Project Officer's time will be approximately $3,427 over a 15-month period. This figure is based on a GS 14, Step 5 professional dedicated to the project 4 hours a month.

In addition, each state has a different estimated cost, based upon the size of their individual worker workforce and the number of employer organizations to be surveyed in the state. The average cost to the SPT grantee per individual worker survey is estimated to be $5.50 plus a $10 gift card for approximately 40% of total census. For example, if an SPT grantee plans to survey 1,000 individual workers, the cost would be (1,000 * $5.50) + (1,000 * $10 * 0.40) = $9,500. The average cost to the SPT grantee per survey is estimated to be $5.50 for employer organizations. The following components have gone into calculating the $5.50 per survey cost:

- Supplies
- Business Reply Permit Fee
- BRUM Envelopes #9
- Printed Mailing Envelopes #10
- Printed Mailing Envelopes # 10 (one color)
- Labels
- Printed "Heads-Up" Postcards
- Reminder Postcards
- Printed Surveys (2-pages for IP survey, 4 pages for Provider survey)
- Postage for Mailing Survey
- BRM Postage for Returns
- "Heads-Up" Postcard postage
- Reminder Postcard Postage

- Labor
- Survey development (tailoring terminology to each state)
- Survey preparation and mailing
- Pre-testing (for each survey done by SPT grantee)
- Follow-up reminder calls to 20% of non-responders
- Data entry (for paper surveys returned to SPT grantee)
- Data analysis (beyond basic analysis provided by DSW Resource Center Team)
- Administrative support

These estimated costs are summarized in the table below.

Exhibit 3: Estimated Data Collection Costs to States

	IP Survey Cost	Incentive Payment $10 per responding worker (40%)	Aging/PD Provider Survey Cost	IDD Provider Survey Cost	Gather inventory of existing data	Planning for Ongoing Data Collection System (Does not include cost of building data warehouse or portal)
AR	$18,000	$16,000	$21,780	$2,700	$6,000	$18,000
FL	$11,250	$10,000	$36,900	$27,000	$6,000	$18,000
KY	$15,750	$14,000	$4,500	$4,500	$6,000	$18,000
MA	$6,000	N/A	$23,400	$4,500	$6,000	$18,000
ME	$4,500	$4,000	$1,125	$3,465	$6,000	$18,000
MI	$12,375	$11,000	$54,000	$7,200	Completed	$18,000
MN	$6,000	N/A	$37,800	$12,600	$6,000	$18,000
Total	0	$55,000	0	0	$36,000	0

TOTAL 870,772 = 532,345 + 335,000 + 3,427

15-Changes to Burden

This is a new project.

16-Publication/Tabulation Dates

Tabulation and statistical analysis

This project combines an inventory of existing data with surveys of individual workers and employer agencies in seven states. This comprehensive approach will maximize the capacity of CMS and the SPT states to understand the state of the direct service workforce. All data entry should be completed by the SPT grantee or their contractor within two weeks of the close date of the survey. Once responses from all paper surveys have been entered by SPT grantees into the online system, the DSW Resource Center Team will perform basic descriptive analysis of the survey data using SPSS, SAS, or other statistical software at the program level (e.g. waiver/disability population), state level, and aggregate levels (across all seven states). For example, the DSW Resource Center will assist states with estimating total worker volume in their states based on the ratio of consumers to workers in different settings among respondents. Survey results will be augmented by data from existing national and state data sources. The DSW Resource Center team will also provide guidance to states on a plan for data cleaning to address illegible, inaccurate, and missing responses.

Calculations will include, but not be limited to:

- Total number of DSWs currently employed in each setting
- Number of DSWs employed per person with disability
- Percent of all DSWs employed full-time and part-time, by setting
- Average annual turnover rate, by setting (total number of separations over a 12-month period / average number of DSWs employed over a 12-month period)
- Average vacancy rate, by setting (Number of vacant positions / (number of vacant positions + number of DSW workers employed on a particular date), by setting
- Average DSW hourly wage, by setting
- Percent of DSWs with and without employed-sponsored health insurance, by setting
- Percent of DSWs with and without paid sick/vacation leave, by setting

The DSW Resource Center will also analyze the survey administration process to examine response rates overall, as well as response rates and error rates for particular questions.

See ***Exhibit 4*** for example analyses of comparisons of responses across different settings.

Exhibit 4: Example Analysis of Survey Responses Across Respondent Types

	Independent providers (N=_)	Agency workers: aging/physical disabilities (N=_)	Agency workers: IDD N=_)	All Direct Care Workers (N=_.__)
Receive health insurance through employer	N (%)	N (%)	N (%)	N (%0

The DSW RC team will calculate descriptive statistics on response data. We will provide suggestions to states on additional data analyses that they might wish to do. In addition, we will evaluate response bias to assist in developing list of non-responders with which states should follow up.

Publication Schedule for Project

The findings from these analyses and recommendations for future survey efforts based on the experience of these seven states will be disseminated in written memos to the SPT grantees, IMPAQ, and CMS, one memo for each state. The DSW Resource Center Team will also provide the non-identifying raw survey data from each state directly to each SPT grantee through secured data transfer for the SPT grantee to store and perform additional analysis as desired. IMPAQ International and the DSW Resource Center Team may also produce additional reports or resources based on the findings of these surveys for public distribution at the direction of CMS and with the permission of SPT grantees. Also, as an incentive to complete the survey, agencies that participate in the Employer Survey will receive a copy of the aggregate results for their states. In addition, the DSW Resource Center will work with IMPAQ and CMS to develop a DSW Data Collection Toolkit using resources and tools developed and refined through this project and make them available to all states and territories. The Toolkit will be made available online, through the DSW Resource Center website. The timetable for data collection, analysis, and publication is presented in ***Exhibit 5***.

Exhibit 5: Timetable for Data Collection, Analysis, and Publication

Activity / Deliverable	Expected Date of Completion (month after OMB approval)
OMB Approval	December 6, 2011 – January 13, 2012
Data Collection	January 13 – April 13, 2012 (3 months)
Data Processing	February 1 - April 30, 2012 (3 months)
Data Analysis	April 1 – May 31, 2012 (4 months)
Preparation of memos to SPT grantees, IMPAQ, and CMS	May 1 – June 30, 2012 (5 months)
Preparation of Data Collection Toolkit	August 31, 2012 (8 months)

17-Expiration Date

The expiration date for OMB approval will be displayed.

18-Certification Statement

Exception to the certification statement is not requested.