

**CMS-10404; OMB 0938-New**  
**February 14, 2012**

## **SPT Grantee Individual Worker Surveys and Accompanying Materials**

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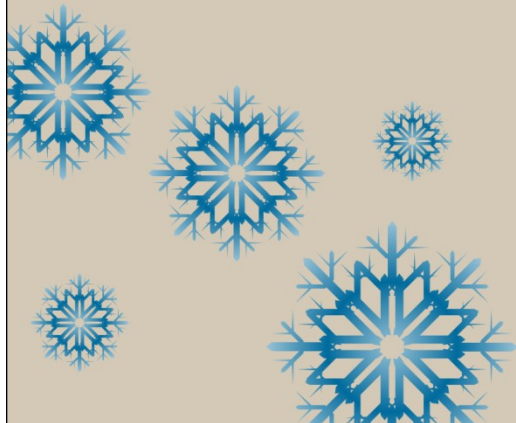


**Survey #1: Arkansas Independent Provider Survey**

**Arkansas Attendant Care Provider / Personal Assistant Survey**

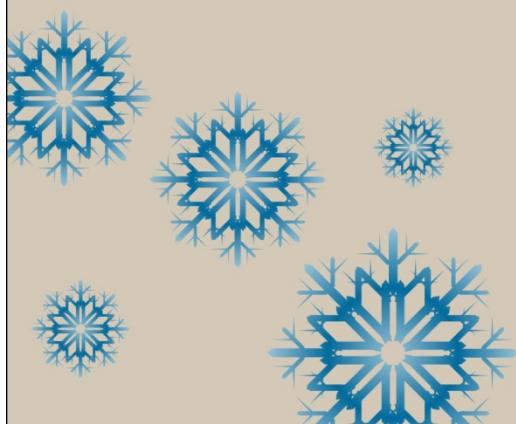
# Survey Coming Soon!

*From the Arkansas Division of Aging and Adult Services*



# Survey Coming Soon!

*From the Arkansas Division of Aging and Adult Services*



## Arkansas Attendant Care Provider / Personal Assistant Survey

Please be on the look-out for a survey from the **Arkansas Division of Aging and Adult Services** coming in 2 weeks!

We are interested in your experiences as a direct service worker and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.

Filling out the survey is voluntary. Your information will be kept private under the guidelines of the Privacy Act. **A \$10.00 gift card will be sent to individuals who complete and return the survey.** If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

**Arkansas Division of Aging  
and Adult Services**

P.O. Box 1437

Slot S530

Little Rock, AR 72203

**Recipient Name**

**Street Address**

**City, State, Zip Code**

## Arkansas Attendant Care Provider / Personal Assistant Survey

Please be on the look-out for a survey from the **Arkansas Division of Aging and Adult Services** coming in 2 weeks!

We are interested in your experiences as a direct service worker and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.

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**Arkansas Division of Aging  
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P.O. Box 1437

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**Recipient Name**

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**City, State, Zip Code**

**Arkansas Division of Aging and Adult Services**

P.O. Box 1437

Slot S530

Little Rock, AR 72203

<<**First Name**>> <<**Last Name**>>

<<**Recipient Title**>>

<<**Recipient Street Address**>>

<<**Recipient City**>>, <<**Recipient State**>> <<**Recipient Zip**>>

<<**Greeting Line**>>

The **Arkansas Division of Aging and Adult Services** is in the process of collecting information on the experiences of Attendant Care Providers / Personal Assistants who are working or have worked, in the past 12 months, to support a person who is older or who has a disability. This effort is sponsored by the Centers for Medicare and Medicaid Services. You are being asked to complete this survey because your support/care enables or has enabled the person to live in his/her own home through the **IndependentChoices** program or **Alternative for Adults with Physical Disabilities** programs. This is an opportunity for you to voice your opinions. The survey is voluntary and will not affect your status as a provider.

We are very interested in obtaining your feedback about your experiences as an Attendant Care Provider or Personal Assistant and your opinions about possible ways to improve your job. The **Arkansas Division of Aging and Adult Services** will use information from this survey to develop ways to attract more workers into these jobs and keep workers in these jobs longer.

You can be assured that the information you give us on the survey will be kept private under the guidelines of the Privacy Act. To protect your privacy, staff who have access to your unique survey ID number will not have access to your responses. The number will be used only so we can follow-up with people who do not respond. Results will only be reported in summary form and you will not be identified. If you have questions while completing the survey or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

This survey should take only 10-15 minutes to complete. A \$10.00 gift card will be sent to individuals who complete and return the survey. We appreciate your time and will use your feedback to identify ways to improve the experiences of the direct service workforce. Thank you in advance for completing this survey!

Sincerely,

<<**Recipient Name**>>

<<**Current Title**>>

Enclosure

## Arkansas Attendant Care Provider/Personal Assistant Survey

### Survey Instructions

#### Purpose of the Survey:

You are being asked to complete this survey because you are working or have worked, in the past 12 months, to support a person who is older or who has a disability. Your support/care enables the person to live in his/her own home through the **IndependentChoices** program or **Alternative for Adults with Physical Disabilities** program. A growing number of older people and people with disabilities in the U.S. need personal support or assistance in their own homes. However, there are not enough workers who provide this type of service. Seven states are participating in this survey project, sponsored by the Centers for Medicare and Medicaid Services. Information from this survey will help the state develop ways to attract more workers into these jobs and keep workers in these jobs longer.

#### Directions:

Please complete the survey and return in the self-addressed stamped envelope provided. Or if you have access to the Internet, you may fill out the survey through a secure website at:

<https://www.research.net/s/AR-ACP-Personal-Assistant-Survey>

If you take the survey using the Internet, please enter <<123456>> when it asks for your Survey ID number. The survey will take approximately 10-15 minutes to complete.

**Once you complete and return your survey you will receive a \$10 gift card by mail.**

Filling out this survey is voluntary. Your responses will be kept private under the guidelines of the Privacy Act. Your responses will not affect your status as an Attendant Care provider or Personal Assistant in Arkansas or the services the person(s) you support receives. Information will be kept private under the guidelines of the Privacy Act. This survey has been assigned **Survey ID number** that appears on the bottom of every page. This number will be linked to your name and contact information *only* so that we can send you a \$10 gift card when you return the completed survey. Your name and all other identifying information will be kept separate from your survey responses.

#### For More Information:

If you have questions about the purpose of the survey or how to respond, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

## Arkansas Attendant Care Provider/Personal Assistant Survey

### Survey Questions

In the questions below, an “attendant care provider” or “personal assistant” is a person, like you, who is employed directly by a person who is older or has disabilities. You are employed by this person to provide paid services, care, and supports in his or her own home.

1. **Do you currently work as an attendant care provider or personal assistant?**
  - Yes, I have worked as an attendant care provider or personal assistant in the last 30 days. PLEASE CONTINUE AND COMPLETE THE REST OF THE SURVEY.
  - No, I have not worked an attendant care provider or personal assistant in the last 30 days. PLEASE STOP HERE AND RETURN THE SURVEY FOR YOUR GIFT CARD.
  
2. **How long have you worked as an attendant care provider or personal assistant? Count your time at all jobs you have had doing this work. (provide number of full years and months)**  
\_\_\_\_\_ Years    \_\_\_\_\_ Months
  
3. **Do you work as an attendant care provider or personal assistant for a... (check all that apply)**
  - Family member
  - Friend, neighbor, or someone else whom you know
  - Someone you didn't know before
  
4. **What is the reason(s) the person(s) you work for needs assistance? (check all that apply)**
  - Physical disability
  - Intellectual or developmental disability
  - Older people with a need for support, assistance, or supervision due to chronic illness or disability, people with cognitive impairment
  - Mental health, addiction, or behavioral health
  - Traumatic brain injury
  - Other (specify)
  - I don't know
  
5. **Why did you decide to start providing services and supports as an attendant care provider or personal assistant? (check all that apply)**
  - A friend or family member needed care
  - It gives me personal satisfaction
  - I can work a flexible schedule
  - This is the only job I could find
  - It is a good entry level job compared to other health care or human service related jobs
  - I need the income this job provides
  - Other \_\_\_\_\_
  
6. **How many hours were you paid to work as an attendant care provider or personal assistant during the last week?**
  - 0 hours
  - 1-8 hours

Survey ID#<<123456>>

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## Arkansas Attendant Care Provider/Personal Assistant Survey

- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

7. **How many people did you work for as an attendant care provider or personal assistant during the last week? This information is needed to better understand the size of this workforce in the state.**

- Zero
- One
- Two
- Three to five
- More than five

8. **How likely is it that you will still be working as an attendant care provider or personal assistant—either for the person(s) you currently support or for someone else—a year from now? Your response will not affect your status as an independent provider in Arkansas or the services the person(s) you support receives.**

- Very likely
- Somewhat likely
- Not likely at all
- Don't know

9. **For each topic listed below, please check the boxes if you have received training on the topic in a class or training program (check all that apply).**

*Yes, I have received training program on this topic in a class or training program.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.



## Arkansas Attendant Care Provider/Personal Assistant Survey

*Yes, I have received training  
program on this topic in a  
class or training program.*

Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**10. For each topic listed below, please check the boxes if you have received training on the topic from the person you support or their family (check all that apply).**

*Yes, I have received training  
on this topic from the person I  
support or their family.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Arkansas Attendant Care Provider/Personal Assistant Survey

*Yes, I have received training on this topic from the person I support or their family.*

Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**11. For each topic listed below, please check the boxes if you need training on the topic (check all that apply).**

*Yes, I need training on this topic.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Arkansas Attendant Care Provider/Personal Assistant Survey

*Yes, I need training on this topic.*

Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**12. For each topic listed below, please check the boxes if you think training should be required for attendant care providers/PAs on this topic (check all that apply).**

*Yes, I think training should be required for attendant care providers/PAs on this topic.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or

## Arkansas Attendant Care Provider/Personal Assistant Survey

*Yes, I think training should be required for attendant care providers/PAs on this topic.*

Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**13. Do you receive any of the following benefits as a part of your job as an attendant care provider or personal assistant? (check yes, no, or I don't know for each type of benefit)**

Health insurance	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid vacation time	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid sick leave time	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid time off (PTO) (paid days off that can be used for either vacation or sick leave)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Transportation reimbursement	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Workers' compensation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Unemployment benefits	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
<input type="checkbox"/> Other, please specify _____			

**14. Who pays for your bills when you go to a doctor or hospital? (check all that apply)**

- My health insurance (includes Medicare or Medicaid) pays some or all
- My spouse or family member's insurance pays some or all

\_\_\_\_\_ among professionals and enable them to work effectively in cross-cultural situations.

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## Arkansas Attendant Care Provider/Personal Assistant Survey

- I pay some or all myself or someone else pays some or all for me (I do not have health insurance)
- Other (please describe) \_\_\_\_\_
  
- I don't go to the doctor
- I don't know

**15. If you do not have health insurance through your job as an attendant care provider or personal assistant, where do you get it from? (check all that apply)**

- I do not have health insurance
- Another job
- Spouse or partner
- Medicaid
- Medicare
- Private plan/I buy my own health insurance
- Pension/Retirement plan
- Other (please describe) \_\_\_\_\_

If you support more than one person, please answer Questions 16 – 21 about the **one person** for whom you have worked the highest number of hours for as an attendant care provider or personal assistant in the last 30 days.

**16. How many hours did you work for this one person in the last week?**

- 0 hours
- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

**17. How long have you worked for this one person?**

- Less than 1 month
- 1-6 months
- 6 months—1 year
- 1-2 years
- 2-3 years
- 3-5 years
- Over 5 years

**18. How much are you paid per hour to work for this person?**

\$\_\_\_\_.\_\_\_\_ per hour

Additional Comments: \_\_\_\_\_

**19. How old is this person? Your response is important to understanding the number of workers available to support people served by different state programs.**

- Birth to 17 years
- 18 to 21 years
- 22 to 64

## Arkansas Attendant Care Provider/Personal Assistant Survey

- 65 or older

**20. What type of services do you provide to this person? (check all that apply)**

- Assistance with activities of daily living such as bathing, dressing, feeding, transferring, and mobility
- Assistance with instrumental activities of daily living such as cleaning, housekeeping, preparing meals, shopping, and managing money
- Assistance with communication and self-direction (for example, providing training on communication skills, coaching and advocacy to support self-direction)
- Assistance in the work place, vocational, or educational activities
- Assistance with social and recreational activities and community involvement
- Assistance with social, emotional, or behavioral needs (for example, providing coaching on building relationships and friendships, implementing a behavior management program)
- Assistance with medication or health care
- Assistance with transportation

**21. Do you live with this person? Your response will help with planning to recruit more attendant care providers and personal assistants.**

- Yes
- No

### About You

**22. What is your gender?**

- Male
- Female

**23. Which best describes your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino

**24. Which best describes your race? (select one or more)**

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander

**Thank you for completing this survey.**

**For paper surveys:** Please return your completed survey to the address below in the postage paid envelope provided.

**UALR Survey Research Center**

**Institute of Government**

**Survey ID#<<123456>>**

**CMS-10404 (exp. date TBD)**

## ***Arkansas Attendant Care Provider/Personal Assistant Survey***

**University of Arkansas at Little Rock  
Ross Hall 404  
2801 S. University Ave.  
Little Rock, AR 72204-1099**

### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 20 min per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Survey #2: Florida Independent Provider Survey Materials**

**Florida Care Provider Survey**



# Survey Coming Soon!

*From the Centers for  
Medicare and Medicaid Services*



# Survey Coming Soon!

*From the Centers for  
Medicare and Medicaid Services*



## Florida Care Provider Survey

*Please be on the look-out for a survey from the Centers for Medicare and Medicaid Services coming in 2 weeks!*

*We are interested in your experiences as a care provider and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.*

*Filling out the survey is voluntary. Your responses will be kept private under the guidelines of the Privacy Act.*

*If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.*

### **Centers for Medicare and Medicaid Services**

7500 Security Boulevard  
Baltimore, MD 21244

**Recipient Name**

**Street Address**

**City, State, Zip Code**

## Florida Care Provider Survey

*Please be on the look-out for a survey from the Centers for Medicare and Medicaid Services coming in 2 weeks!*

*We are interested in your experiences as a care provider and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.*

*Filling out the survey is voluntary. Your responses will be kept private under the guidelines of the Privacy Act.*

*If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.*

### **Centers for Medicare and Medicaid Services**

7500 Security Boulevard  
Baltimore, MD 21244

**Recipient Name**

**Street Address**

**City, State, Zip Code**

**Centers for Medicare and Medicaid Services**

7500 Security Boulevard  
Baltimore, MD 21244

<<**First Name**>> <<**Last Name**>>  
<<**Recipient Title**>>  
<<**Recipient Street Address**>>  
<<**Recipient City**>>, <<**Recipient State**>> <<**Recipient Zip**>>

<<**Greeting Line**>>

The Centers for Medicare and Medicaid Services is working with the Florida Department of Elder Affairs and the Agency for Persons with Disabilities to collect information on the experiences of Florida Care Providers - individuals who are working or have worked, in the past 12 months, to support a person who is older or who has a disability. You are being asked to complete this survey because your support/care enables or has enabled the person to live in his/her own home through the **CDC+** program. This is an opportunity for you to voice your opinions. The survey is voluntary and will not affect your status as a provider.

We are very interested in obtaining your feedback about your experiences as a care provider and your opinions about possible ways to improve your job. The Centers for Medicare and Medicaid Services will use information from this survey to develop ways to attract more workers into these jobs and keep workers in these jobs longer.

You can be assured that the information you give us on the survey will be kept private under the guidelines of the Privacy Act. To protect your privacy, staff who have access to your unique survey ID will not have access to your responses. The number will be used only so we can follow-up with people who do not respond. Results will only be reported in summary form and you will not be identified. If you have questions while completing the survey or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

This survey should take only 10-15 minutes to complete. We appreciate your time and will use your feedback to identify ways to improve the experiences of the direct service workforce. Thank you in advance for completing this survey!

Sincerely,

<<**Sender Name**>>

<<**Current Title**>>

Enclosure

## Florida Care Provider Survey

### Survey Instructions

#### Purpose of the Survey:

You are being asked to complete this survey because you are working or have worked, in the past 12 months, to support a person who is older or has a disability. Your support/care enables the person to live in his/her own home through the **CDC+** program. Florida is one of seven states participating in this survey project, sponsored by the Centers for Medicare and Medicaid Services. The Florida Department of Elder Affairs and the Agency for Persons with Disabilities are working in partnership with the Centers for Medicare and Medicaid Services and the National Direct Service Workforce Resource Center to conduct this survey. Florida plans to use this survey to understand more about the people who work in the CDC+ program. Information from this survey will help the state develop ways to attract more workers into these jobs and keep workers in these jobs longer.

#### Directions:

Please complete the survey and return in the self-addressed stamped envelope provided. Or if you have access to the Internet, you may fill the survey out through a secure website at:

<https://www.research.net/s/Florida-Care-Provider>.

If you take the survey using the Internet, enter <<123456>> when it asks for your Survey ID number. The survey will take approximately 10-15 minutes to complete.

Filling out this survey is voluntary and your information will be kept private under the guidelines of the Privacy Act. Your responses will not affect your status as a **CDC+** provider in *Florida* or the services the person(s) you support receives. Information will be kept private under the guidelines of the Privacy Act. This survey has been assigned a **Survey ID number** that appears on the bottom of every page. This number is the only way that you will be identified. Your name will be kept separate from your survey responses. You will not be identified in any way in any written report or presentation about this survey effort.

#### For More Information:

If you have questions about the purpose of the survey or how to respond, please contact the Direct Service Workforce Resource Center at 1-877-822-2647.

# Florida Care Provider Survey

## Survey Questions

In the questions below, “care provider” is a person, like you, who provides hands on supports and services for a person who is older or has disabilities. Care providers, like you, are employed by an older person or person with disabilities to provide paid services, care, and supports in his or her own home.

**1. Do you currently work as a care provider?**

- Yes, I have worked as a Care Provider in the last 30 days. PLEASE CONTINUE AND COMPLETE THE REST OF THE SURVEY.
- No, I have not worked as a Care Provider in the last 30 days. PLEASE STOP HERE. YOU DO NOT NEED TO COMPLETE THE REST OF THE SURVEY. THANK YOU FOR YOUR TIME AND ATTENTION.

**2. How long have you worked as a Care Provider? Count your time at all jobs you have had doing this work. (provide number of full years and months)**

\_\_\_\_\_ Years    \_\_\_\_\_ Months

**3. Do you work as a care provider for a... (check all that apply)**

- Family member
- Friend, neighbor, or someone else who you know
- Someone you didn't know before

**4. Please list the county(ies) in Florida in which you work as a Care Provider.**

---

**5. What is the reason(s) the person(s) you work for needs assistance? (check all that apply)**

- Physical disability
- Intellectual or developmental disability
- Older people with a need for support, assistance, or supervision due to chronic illness or disability, people with cognitive impairment
- Mental health, addiction, or behavioral health
- Traumatic brain injury
- Other (specify)
- I don't know

**6. Why did you decide to start working as a Care Provider? (check all that apply)**

- A friend or family member needed care
- It gives me personal satisfaction
- I can work a flexible schedule
- This is the only job I can find
- It is a good entry level job compared to other health care or human service related jobs
- I need the income this job provides
- Other \_\_\_\_\_

**7. How many hours were you paid to work as a Care Provider during the last week?**

- 0 hours

## Florida Care Provider Survey

- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

**8. How many hours did you spend doing another type of paid work during the last week?**

- 0 hours
- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

**9. How many people did you work for as a Care Provider during the last week? This information is needed to better understand the size of this workforce in the state.**

- Zero
- One
- Two
- Three to five
- More than five

**10. How likely is it that you will still be working as a Care Provider—either for the person(s) you currently support or for someone else—a year from now? Your response will not affect your status as Care Provider in Florida or the services the person(s) you support receives.**

- Very likely
- Somewhat likely
- Not likely at all
- I don't know

**11. For each topic listed below, please check the boxes if you have received training on the topic in a class or training program (check all that apply).**

*Yes, I have received training program on this topic in a class or training program.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>

## Florida Care Provider Survey

*Yes, I have received training  
program on this topic in a  
class or training program.*

Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**12. For each topic listed below, please check the boxes if you have received training on the topic from the person you support or their family (check all that apply).**

*Yes, I have received training  
on this topic from the person I  
support or their family.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Florida Care Provider Survey

*Yes, I have received training on this topic from the person I support or their family.*

Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**13. For each topic listed below, please check the boxes if you need training on the topic (check all that apply).**

*Yes, I need training on this topic.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.



## Florida Care Provider Survey

*Yes, I need training on this topic.*

Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**14. For each topic listed below, please check the boxes if you think training should be required for Care Providers on the topic (check all that apply).**

*Yes, I think training should be required for Care Providers on this topic.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

# Florida Care Provider Survey

*Yes, I think training should be required for Care Providers on this topic.*

Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**15. Do you receive any of the following benefits as a part of your job as a Care Provider? (check yes, no, or I don't know for each type of benefit)**

- Health insurance:  Yes  No  I don't know
- Transportation reimbursement  Yes  No  I don't know
- Workers' compensation  Yes  No  I don't know
- Unemployment benefits  Yes  No  I don't know
- Other, please specify \_\_\_\_\_

**16. Who pays for your bills when you go to a doctor or hospital? (check all that apply)**

- My health insurance pays some or all (including Medicare or Medicaid)
- My spouse or family member's insurance pays some or all
- I pay some or all myself or someone else pays some or all for me (I do not have health insurance)
- Other (please describe) \_\_\_\_\_
- I don't go to the doctor
- I don't know

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Florida Care Provider Survey

If you support more than one person, please answer Questions 17-20 about the one person who you have worked the highest number of hours for as a care provider in the last 30 days.

### 17. How many hours did you work for this one person in the last week?

- 0 hours
- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

### 18. How long have you worked for this one person?

- Less than 1 month
- 1-6 month
- 6 months—1 year
- 1-2 years
- 2-3 years
- 3-5 years
- Over 5 years

### 19. What is the highest amount per hour that you are paid to work for this person?

\$\_\_\_\_.\_\_\_\_ per hour

Additional Comments: \_\_\_\_\_

### 20. What is the lowest amount per hour that you are paid to work for this person?

\$\_\_\_\_.\_\_\_\_ per hour

Additional Comments: \_\_\_\_\_

### 21. How old is this person? Your response is important to understanding the number of workers available to support people served by different state programs.

- Birth to 17 years
- 18 to 21 years
- 22 to 64
- 65 or older

### 22. What type of services do you provide to this person? (check all that apply)

- Assistance with activities of daily living such as bathing, dressing, feeding, transferring, and mobility
- Assistance with instrumental activities of daily living such as cleaning, housekeeping, preparing meals, shopping, and managing money
- Assistance with communication and self-direction (for example, providing training on communication skills, coaching and advocacy to support self-direction)
- Assistance in the work place, or vocational, or educational activities
- Assistance with social and recreational activities and community involvement
- Assistance with social, emotional, or behavioral needs (for example, providing coaching on building relationships and friendships, implementing a behavior management program)

## Florida Care Provider Survey

- Assistance with medication or health care
- Assistance with transportation

**23. Do you live with this person? Your response will help with planning to recruit more Care Provider.**

- Yes
- No

### About You

**24. What is your gender?**

- Male
- Female

**25. Which best describes your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino

**26. Which best describes your race? (select one or more)**

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander

**27. What is your age?**

\_\_\_\_\_ (years)

**28. What is the highest education level you have completed? (check only one)**

- Grades 1-8
- Some high school (grades 9-12)
- High school diploma/GED
- Vocational diploma/certificate (e.g., Certified Nursing Assistance certificate)
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Other \_\_\_\_\_

## Florida Care Provider Survey

**Thank you for completing this survey.**

**For paper surveys:** Please return your completed survey to [\[address to be determined\]](#) in the postage paid envelope provided.

### **PRA Disclosure Statement**

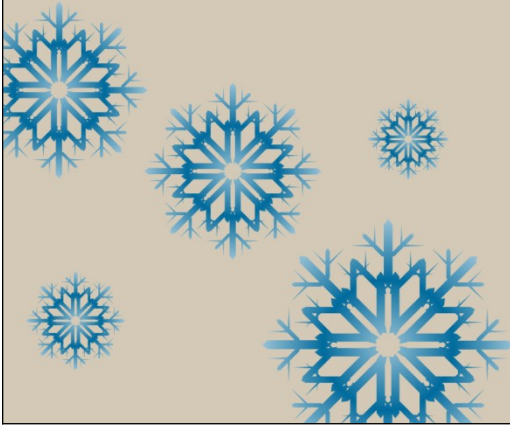
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 20 min per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Survey #3: Kentucky Independent Provider Survey Materials**

**Kentucky Individual Consumer Directed Options Employee Survey**

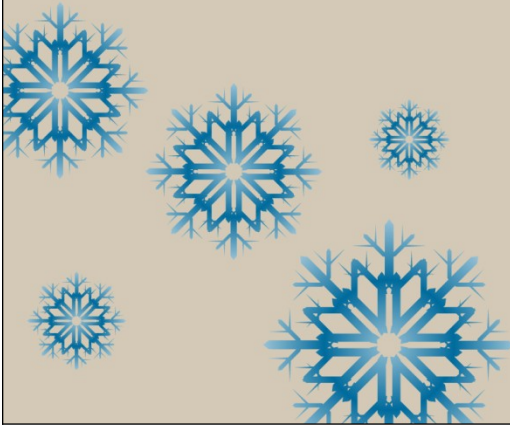
# Survey Coming Soon!

*From the Kentucky Department for Aging and Independent Living*



# Survey Coming Soon!

*From the Kentucky Department for Aging and Independent Living*



## Kentucky Individual Consumer Directed Options Employee Survey

Please be on the look-out for a survey from the **Kentucky Department for Aging and Independent Living** coming in 2 weeks!

We are interested in your experiences as an Individual Consumer Directed Options Employee and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.

Filling out the survey is voluntary. Your responses are kept private under the guidelines of the Privacy Act. **A \$10.00 gift card will be sent to individuals who complete and return the survey.**

If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource

**Kentucky Department for Aging and Independent Living**

275 East Main Street, 3E-E  
Frankfort KY 40621

Recipient Name

Street Address

City, State, Zip Code

## Kentucky Individual Consumer Directed Options Employee Survey

Please be on the look-out for a survey from the **Kentucky Department for Aging and Independent Living** coming in 2 weeks!

We are interested in your experiences as an Individual Consumer Directed Options Employee and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.

Filling out the survey is voluntary. Your responses are kept private under the guidelines of the Privacy Act. **A \$10.00 gift card will be sent to individuals who complete and return the survey.**

If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource

**Kentucky Department for Aging and Independent Living**

275 East Main Street, 3E-E  
Frankfort KY 40621

Recipient Name

Street Address

City, State, Zip Code





**CABINET FOR HEALTH AND FAMILY SERVICES**

**DEPARTMENT FOR AGING AND INDEPENDENT LIVING**

**Steven L. Beshear**  
Governor

275 E Main St. 3E-E  
Frankfort, KY 40621-2321  
(502) 564-6930  
Fax: (502) 564-4595

**Janie Miller**  
Secretary

[www.chfs.ky.gov](http://www.chfs.ky.gov)

<<**Greeting Line**>>

As part of a federal grant, the **Kentucky Department for Aging and Independent Living** is in the process of collecting information on behalf of the Centers for Medicare and Medicaid Services. This information relates to experiences of Individual Community Directed Options Employees who are working or have worked, in the past 12 months, to support a person who is older or who has a disability. You are being asked to complete this survey because your support/care enables or has enabled the person to live in his/her own home through the **Community Directed Options (CDO)** program. This is an opportunity for you to voice your opinions. The survey is voluntary and will not affect your status as a provider. Your information will be kept private under the guidelines of the Privacy Act.

We are very interested in obtaining your feedback about your experiences as an Individual Community Directed Options Employee and your opinions about possible ways to improve your job. The Kentucky Department of Aging and Independent Living will use information from this survey to develop ways to attract more workers into these jobs and keep workers in these jobs longer.

You can be assured that the information you give us on the survey will be kept private. Results will only be reported in summary form and you will not be identified. If you have questions while completing the survey or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

This survey should take only 10-15 minutes to complete. The Centers for Medicare and Medicaid Services has authorized respondents to receive a \$10.00 gift card by mail after your completed survey is received.

We greatly appreciate your time and will use your feedback to identify ways to improve the experiences of the direct service workforce. Thank you in advance for completing this survey!

Sincerely,

<<**Recipient Name**>>

Page 2  
Purchase AAA Audit

<<**Current Title**>>  
Enclosure

# Kentucky Individual Consumer Directed Options Employee Survey

## Survey Instructions

### Purpose of the Survey:

You are being asked to complete this survey because you are working or have worked, in the past 12 months, to support a person who is older or who has a disability. Your support/care enables the person to live in his/her own home through the **Consumer Directed Options (CDO)** program. A growing number of older people and people with disabilities in the U.S. need personal support or assistance in their own homes. However, there are not enough workers who provide this type of service. Seven states are participating in this survey project, sponsored by the Centers for Medicare and Medicaid Services. Information from this survey will help the state develop ways to attract more workers into these jobs and keep workers in these jobs longer.

### Directions:

Please complete the survey and return in the self-addressed stamped envelope provided. Or if you have access to the Internet, you may fill out the survey through a secure website at: <https://www.research.net/s/Kentucky-CDO-Employee-Survey> .

If you fill out the survey online, please enter <<123456>> when it asks for your Survey ID number. The survey will take approximately 10-15 minutes to complete.

**Once you complete and return your survey you will receive a \$10 gift card by mail.**

Filling out this survey is voluntary. Your responses will be kept private under the guidelines of the Privacy Act. Your responses will not affect your status as a CDO provider in Kentucky or the services the person(s) you support receives. This survey has been assigned **Survey ID number** that appears at the bottom of every page. This number will be linked to your name and contact information *only* so that we can send you a \$10 gift card when you return the completed survey. Your name and all other identifying information will be kept separate from your survey responses.

### For More Information:

If you have questions about the purpose of the survey or how to respond, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

# Kentucky Individual Consumer Directed Options Employee Survey

## Survey Questions

In the questions below, a “**CDO employee**” is a person, like you, who is employed directly by a person who is older or has disabilities. You are employed by this person to provide paid services, care, and supports in his or her own home.

**1. Do you currently work as a CDO employee?**

- Yes, I have worked as a CDO employee in the last 30 days. PLEASE CONTINUE AND COMPLETE THE REST OF THE SURVEY.
- No, I have not worked as a CDO employee in the last 30 days. PLEASE STOP HERE AND RETURN THE SURVEY FOR YOUR GIFT CARD.

**2. How long have you worked as a CDO employee? Count your time at all jobs you have had doing this work. (provide number of full years and months)**

\_\_\_\_\_Years \_\_\_\_\_ Months

**3. Do you work as a CDO employee for a... (check all that apply)**

- Family member
- Friend, neighbor, or someone else who you know
- Someone you didn't know before

**4. What is the reason(s) the person(s) you work for needs assistance? (check all that apply)**

- Physical disability
- Intellectual or developmental disability
- Older people with a need for support, assistance, or supervision due to chronic illness or disability, people with cognitive impairment
- Mental health, addiction, or behavioral health
- Traumatic brain injury
- I don't know
- Other (specify)

**5. Why did you decide to start providing services and supports as a CDO employee? (check all that apply)**

- A friend or family member needed care
- It gives me personal satisfaction
- I can work a flexible schedule
- This is the only job I can find
- It is a good entry level job compared to other health care or human service related jobs
- I need the income this job provides
- Other \_\_\_\_\_

**6. How many hours were you paid to work as a CDO employee during the last week?**

- 0 hours
- 1-8 hours
- 9-16 hours

## Kentucky Individual Consumer Directed Options Employee Survey

- 17-24 hours
  - 25-31 hours
  - 32-40 hours
  - More than 40 hours
7. **How many people did you work for as a CDO employee during the last week? This information is needed to better understand the size of this workforce in the state.**
- Zero
  - One
  - Two
  - Three to five
  - More than five
8. **How likely is it that you will still be working as a CDO employee—either for the person(s) you currently support or for someone else—a year from now? Your response will not affect your status as a CDO employee in Kentucky or the services the person(s) you support receives.**
- Very likely
  - Somewhat likely
  - Not likely at all
  - Don't know
9. **Do you receive any of the following benefits as a part of your job as a CDO employee? (check "yes", "no", or "I don't know" for each type of benefit)**
- |  |                           |                          |                                    |
|--|---------------------------|--------------------------|------------------------------------|
| Health insurance   | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |
| Paid vacation time   | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |
| Paid sick leave time   | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |
| Paid time off (PTO) (paid days off that can be used for either vacation or sick leave) | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |
| Transportation reimbursement   | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |
| Workers' compensation  | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |
| Unemployment benefits  | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |
| <input type="checkbox"/> Other, please specify _____                                   |                           |                          |                                    |
10. **Who pays for your bills when you go to a doctor or hospital? (check all that apply)**
- My health insurance (includes Medicare or Medicaid) pays some or all
  - My spouse or family member's insurance pays some or all
  - I pay some or all myself or someone else pays some or all for me (I do not have health insurance)
  - I don't go to the doctor
  - I don't know
  - Other (please describe) \_\_\_\_\_

If you support more than one person, please answer Questions 10 - 16 about the one person who you have worked the highest number of hours for as a CDO employee in the last 30 days.

11. **How many hours did you work for this one person in the last week?**
- 0 hours

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

## Kentucky Individual Consumer Directed Options Employee Survey

- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

**12. How long have you worked for this one person?**

- Less than 1 month
- 1-6 months
- 6 months—1 year
- 1-2 years
- 2-3 years
- 3-5 years
- Over 5 years

**13. What is the highest amount per hour that you are paid to work for this person?**

\$\_\_\_\_.\_\_\_\_ per hour  
Additional Comments: \_\_\_\_\_

**14. What is the lowest amount per hour that you are paid to work for this person?**

\$\_\_\_\_.\_\_\_\_ per hour  
Additional Comments: \_\_\_\_\_

**15. How old is this person? Your response is important to understanding the number of workers available to support people served by different state programs.**

- Birth to 17 years
- 18 to 21 years
- 22 to 64
- 65 or older

**16. What type of services do you provide to this person? (check all that apply)**

- Assistance with activities of daily living such as bathing, dressing, feeding, transferring, and mobility
- Assistance with instrumental activities of daily living such as cleaning, housekeeping, preparing meals, shopping, and managing money
- Assistance with communication and self-direction (for example, providing training on communication skills, coaching and advocacy to support self-direction)
- Assistance in the work place, or assistance with vocational, or educational activities
- Assistance with social and recreational activities and community involvement
- Assistance with social, emotional, or behavioral needs (for example, providing coaching on building relationships and friendships, implementing a behavior management program)
- Assistance with medication or health care
- Assistance with transportation

## Kentucky Individual Consumer Directed Options Employee Survey

17. Do you live with this person? Your response will help with planning to recruit more CDO employees.

- Yes
- No

### About You

18. What is your gender?

- Male
- Female

19. What is your age?

\_\_\_\_\_ (years)

20. What is the highest education level you have completed? (check only one)

- Grades 1-8
- Some high school (grades 9-12)
- High school diploma/GED
- Vocational diploma/certificate (e.g., CNA certificate)
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Other \_\_\_\_\_

**Thank you for completing this survey.**

### For paper surveys:

Please return your completed survey to **Individual CDO Employee Survey, c/o Department for Aging and Independent Living, 275 East Main Street, 3E-E, Frankfort KY 40621** in the postage paid envelope provided.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

## ***Kentucky Individual Consumer Directed Options Employee Survey***

estimated to average 20 min per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

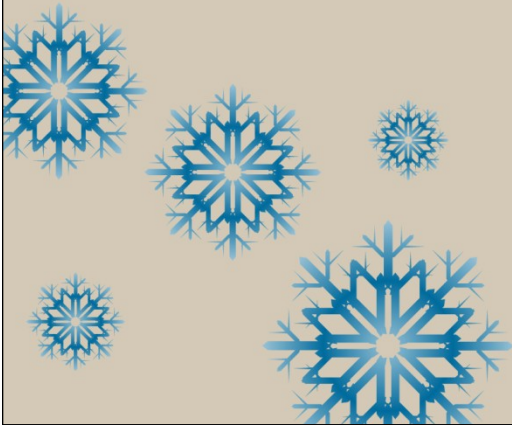


**Survey #4: Maine Independent Provider Survey Materials**

**Maine Personal Attendant Survey**

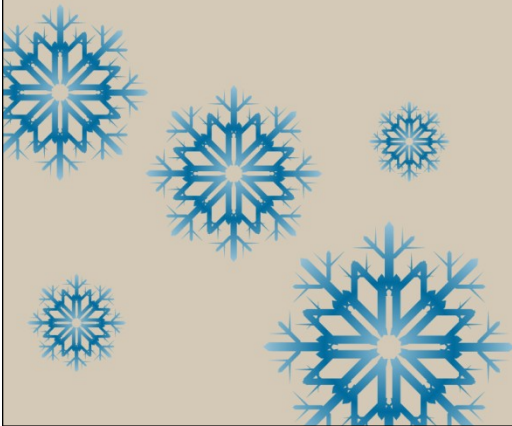
# Survey Coming Soon!

*From the Maine Department of Health and Human  
Services*



# Survey Coming Soon!

*From the Maine Department of Health and Human  
Services*



## Maine Personal Attendant Survey

Please be on the look-out for a survey coming in 2 weeks from the Maine Department of Health & Human Services!

We are interested in your experiences as a Personal Attendant and opinions on how to improve your job.

Filling out the survey is **voluntary**. Your responses are **private under the guidelines of the Privacy Act**. A **\$10.00 gift card** will be sent to you when you complete and return the survey.

If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

### Maine Department of Health and Human Services

221 State Street  
Augusta, ME 04333

Recipient Name

Street Address

City, State, Zip Code

## Maine Personal Attendant Survey

Please be on the look-out for a survey coming in 2 weeks from the Maine Department of Health & Human Services!

We are interested in your experiences as a Personal Attendant and opinions on how to improve your job.

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### Maine Department of Health and Human Services

221 State Street  
Augusta, ME 04333

Recipient Name

Street Address

City, State, Zip Code

**Maine Department of Health and Human Services**

221 State Street  
Augusta, ME 04333

<<**First Name**>> <<**Last Name**>>  
<<**Recipient Title**>>  
<<**Recipient Street Address**>>  
<<**Recipient City**>>, <<**Recipient State**>> <<**Recipient Zip**>>

<<**Greeting Line**>>

The Maine Department of Health and Human Services is in the process of collecting information about the experiences of Personal Attendants who are working, or have worked in the past 12 months, to support a person who is older or who has a disability. This survey is sponsored by the Centers for Medicare and Medicaid Services.

You are being asked to complete this survey because your support has helped the person to live in his/her own home. We are very interested in knowing more about the kind of work you do and your thoughts. The survey is voluntary and will not affect your status as a provider.

The information you give us on the survey will be kept private under the guidelines of the Privacy Act. Results of the survey will only be reported in summary form and you will not be identified. This survey should take only 10-15 minutes to complete. **A \$10.00 gift card will be sent to individuals who complete and return the survey.**

If you have questions while completing the survey or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

We appreciate your time and will use your feedback to identify ways to improve the experiences of Personal Attendants in Maine and other states. Thank you in advance for completing this survey!

Sincerely,

<<**To be Determined**>>

<<**Current Title**>>

Enclosure

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## Maine Personal Attendant Survey

### Survey Instructions

#### Purpose of the Survey:

You are being asked to complete this survey because you are working or have worked, in the past 12 months, to support a person who is older or who has a disability. Your support/care enables the person to live in his/her own home. A growing number of older people and people with disabilities in the U.S. need personal support or assistance in their own homes. However, there are not enough workers who provide this type of service. Seven states are participating in this survey project, sponsored by the Centers for Medicare and Medicaid Services.

#### Directions:

Please complete the survey and return in the self-addressed stamped envelope provided. Or if you have access to the Internet, you may fill out the survey through a secure website at:

<https://www.research.net/s/Maine-Personal-Attendant>.

If you complete the survey using the Internet, please enter <<123456>> when it asks for your Survey ID number. The survey will take approximately 10-15 minutes to complete.

**Once you complete and return your survey, you will receive a \$10 gift card by mail.**

Filling out this survey is voluntary. **Your responses will be kept private under the guidelines of the Privacy Act.** Your responses will not affect your status as a Personal Attendant in Maine or the services the person(s) you support receives. This survey has been assigned **Survey ID number** that appears at the bottom of every page. This number will be linked to your name and contact information *only* so that we can send you a \$10 gift card when you return the completed survey. Your name and all other identifying information will be kept separate from your survey responses.

#### For More Information:

If you have questions about the purpose of the survey or how to respond, please contact the Direct Service Workforce Resource Center at 1-877-822-2647.

# Maine Personal Attendant Survey

## Survey Questions

In the questions below, a “Personal Attendant” is a person, like you, who is employed directly by a person who is older or has disabilities and who is paid by your employer through Alpha One or Public Partnerships (PPL). You are employed by this person to provide paid services, care, and supports in his or her own home.

**1. Do you currently work as a Personal Attendant?**

- Yes, I have worked as a Personal Attendant in the last 30 days. PLEASE CONTINUE AND COMPLETE THE REST OF THE SURVEY.
- No, I have not worked as a Personal Attendant in the last 30 days. PLEASE STOP HERE AND RETURN THE SURVEY FOR YOUR GIFT CARD.

**2. How long have you worked as a Personal Attendant for any employer? Count your time at all jobs you have had doing this work. (provide number of full years and months)**

\_\_\_\_\_Years \_\_\_\_\_ Months

**3. Do you work as a Personal Attendant for a... (check all that apply)**

- Family member
- Friend, neighbor, or someone else who you know
- Someone you didn't know before

**4. What is the reason(s) the person(s) you work for needs assistance? (check all that apply)**

- Physical disability
- Intellectual or developmental disability
- Older people with a need for support, assistance, or supervision due to chronic illness or disability, people with cognitive impairment
- Mental health, addiction, or behavioral health
- Traumatic brain injury
- Other (specify)
- I don't know

**5. Why did you decide to start providing services and supports as a Personal Attendant? (check all that apply)**

- A friend or family member needed care
- It gives me personal satisfaction
- I can work a flexible schedule
- This is the only job I can find
- It is a good entry level job compared to other health care or human service related jobs
- I need the income this job provides
- Other \_\_\_\_\_

**6. How many hours were you paid to work as a Personal Attendant during the last week?**

- 0 hours
- 1-8 hours

## Maine Personal Attendant Survey

- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

7. How many people did you work for as a Personal Attendant during the last week? This information is needed to better understand the size of this workforce in the state.

- Zero
- One
- Two
- Three to five
- More than five

8. Think about your current job as a Personal Attendant. For each statement below, please indicate whether you: Strongly Disagree (1), Disagree (2), Neither Agree Nor Disagree (3), Agree (4), or Strongly Agree (5) by CIRCLING the appropriate number. (choose one response per question)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
My job uses my skills well.	1	2	3	4	5
I am satisfied with my job.	1	2	3	4	5
I am satisfied with my wages.	1	2	3	4	5
I am satisfied with the number of hours I work.	1	2	3	4	5

9. How likely is it that you will still be working as a Personal Attendant—either for the person(s) you currently support or for someone else—a year from now? Your response will not affect your status as an independent provider in Maine or the services the person(s) you support receives.

- Very likely
- Somewhat likely
- Not likely at all
- Don't know

10. For each topic listed below, please check the boxes if you have received training on the topic in a class or training program (check all that apply).

*Yes, I have received training program on this topic in a class or training program.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and	<input type="checkbox"/>

## Maine Personal Attendant Survey

*Yes, I have received training  
program on this topic in a  
class or training program.*

relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**11. For each topic listed below, please check the boxes if you have received training on the topic from the person you support or their family (check all that apply).**

*Yes, I have received training  
on this topic from the person I  
support or their family.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.



## Maine Personal Attendant Survey

*Yes, I have received training on this topic from the person I support or their family.*

Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**12. For each topic listed below, please check the boxes if you need training on the topic (check all that apply).**

*Yes, I need training on this topic.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Maine Personal Attendant Survey

	<i>Yes, I need training on this topic.</i>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**13. For each topic listed below, please check the boxes if you think training should be required for attendant care providers/PAs on this topic (check all that apply).**

	<i>Yes, I think training should be required for attendant care providers/PAs on this topic.</i>
Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>

<sup>1</sup>

## Maine Personal Attendant Survey

*Yes, I think training should be required for attendant care providers/PAs on this topic.*

Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

### 14. Do you receive any of the following benefits as a part of your job as a Personal Attendant? (check yes, no, or I don't know for each type of benefit)

Health insurance	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid vacation time	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid sick leave time	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid time off (PTO) (paid days off that can be used for either vacation or sick leave)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Transportation reimbursement	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Workers' compensation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Unemployment benefits	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
<input type="checkbox"/> Other, please specify _____			

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Maine Personal Attendant Survey

**15. Who pays for your bills when you go to a doctor or hospital? (check all that apply)**

- My health insurance (includes Medicare or MaineCare) pays some or all
- My spouse or family member's insurance pays some or all
- I pay some or all myself or someone else pays some or all for me (I do not have health insurance)
- Other (please describe) \_\_\_\_\_
  
- I don't go to the doctor
- I don't know

**16. If you do not have health insurance through your job as an attendant care provider or personal assistant, where do you get it from? (check all that apply)**

- I do not have health insurance
- Another job
- Spouse or partner
- MaineCare
- Medicare
- Private plan/I buy my own health insurance
- Pension/Retirement plan
- Other (please describe) \_\_\_\_\_

**17. Is getting to or from work difficult for you?**

- Always
- Sometimes
- Rarely or never
- No, I live with the person I support

If you support more than one person, please answer Questions 18 - 23 about the **one person** who you have worked the highest number of hours for as a Personal Attendant in the last 30 days.

**18. How many hours did you work for this one person in the last week?**

- 0 hours
- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

**19. How long have you worked for this one person?**

- Less than 1 month
- 1-6 month
- 6 months—1 year
- 1-2 years
- 2-3 years

## Maine Personal Attendant Survey

- 3-5 years
- Over 5 years

20. **How much are you paid per hour to work for this person?**

\$\_\_\_\_.\_\_\_\_ per hour

Additional Comments: \_\_\_\_\_

21. **How old is this person? Your response is important to understanding the number of workers available to support people served by different state programs.**

- Birth to 17 years
- 18 to 21 years
- 22 to 64
- 65 or older

22. **What type of services do you provide to this person? (check all that apply)**

- Assistance with activities of daily living such as bathing, dressing, feeding, transferring, and mobility
- Assistance with instrumental activities of daily living such as cleaning, housekeeping, preparing meals, shopping, and managing money
- Assistance with medication or health care
- Assistance with transportation

23. **Do you live with this person? Your response will help with planning to recruit more Personal Attendants.**

- Yes
- No

### About You

24. **What is your gender?**

- Male
- Female

25. **Which best describes your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino

26. **Which best describes your race? (select one or more)**

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander

27. **What is your age?**

\_\_\_\_\_ (years)

28. **What is the highest education level you have completed? (check only one)**

- Grades 1-8
- Some high school (grades 9-12)

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

## Maine Personal Attendant Survey

- High school diploma/GED
- Vocational diploma/certificate (e.g., CNA certificate)
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Other \_\_\_\_\_

29. **What is your annual household income? "Household" includes yourself and everyone who lives with you.**

- Less than \$22,000
- \$22,001 – \$30,000
- \$30,001 – \$40,000
- \$40,001 – \$50,000
- Over \$50,001

**Thank you for completing this survey.**

**For paper surveys:** Please return it to **Survey Research Center, University of Southern Maine, 15 Baxter Boulevard, Portland, Maine 04104** in the postage paid envelope provided.

### **PRA Disclosure Statement**

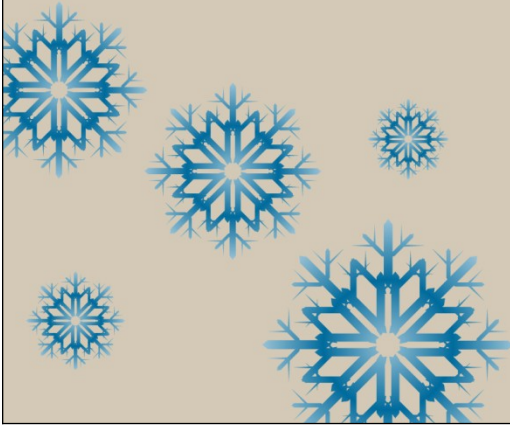
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 20 min per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## **Survey #5: Minnesota Independent Provider Survey Materials**

### **Minnesota Independent Provider Survey**

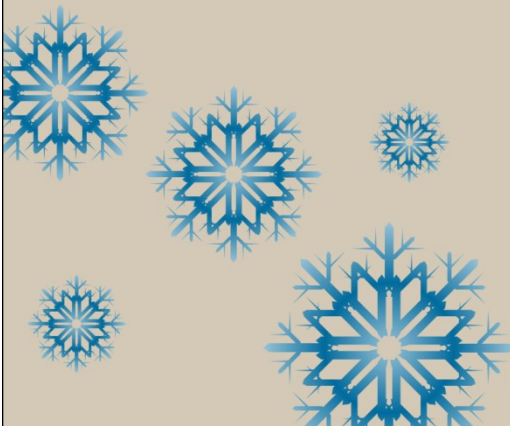
# Survey Coming Soon!

*From the Minnesota Department of Human Services*



# Survey Coming Soon!

*From the Minnesota Department of Human Services*





## Minnesota Support Worker Survey

Please be on the look-out for a survey from the **Minnesota Department of Human Services** coming in 2 weeks!

We are interested in your experiences as a Support Worker and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.

Filling out the survey is voluntary. Your responses are kept private under the guidelines of the Privacy Act. **A \$10.00 gift card will be sent to individuals who complete and return the survey.**

If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-7617

Minnesota Department of  
Human Services  
PO Box 64976  
St. Paul, MN 55164-0976

Recipient Name

Street Address

City, State, Zip Code

## Minnesota Support Worker Survey

Please be on the look-out for a survey from the **Minnesota Department of Human Services** coming in 2 weeks!

We are interested in your experiences as a Support Worker and opinions on how to improve your job. Survey results will be used to develop ways to increase the number of workers in these jobs.

Filling out the survey is voluntary. Your responses are kept private under the guidelines of the Privacy Act. **A \$10.00 gift card will be sent to individuals who complete and return the survey.**

If you have questions or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-7617

Minnesota Department of  
Human Services  
PO Box 64976  
St. Paul, MN 55164-0976

Recipient Name

Street Address

City, State, Zip Code

Minnesota Department of Human Services  
PO Box 64976  
St. Paul, MN 55164-0976

<<**First Name**>> <<**Last Name**>>  
<<**Recipient Title**>>  
<<**Recipient Street Address**>>  
<<**Recipient City**>>, <<**Recipient State**>> <<**Recipient Zip**>>

<<**Greeting Line**>>

The **Minnesota Department of Human Services** is in the process of collecting information on the experiences of Support Workers who are working or have worked, in the past 12 months, to support a person who is older or who has a disability. This effort is sponsored by the Centers for Medicare and Medicaid Services. You are being asked to complete this survey because your support/care enables or has enabled the person to live in his/her own home through Minnesota's **Consumer Directed Community Supports** program. This is an opportunity for you to voice your opinions. The survey is voluntary and will not affect your status as a provider. Your information will be kept private under the guidelines of the Privacy Act.

We are very interested in obtaining your feedback about your experiences as a Support Worker and your opinions about possible ways to improve your job. The Minnesota Department of Human Services will use information from this survey to develop ways to attract more workers into these jobs and keep workers in these jobs longer.

You can be assured that the information you give us on the survey will be kept private. Results will only be reported in summary form and you will not be identified. If you have questions while completing the survey or would like more information about the study, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

This survey should take only 10-15 minutes to complete. A \$10.00 gift card will be sent to individuals who complete and return the survey.

We appreciate your time and will use your feedback to identify ways to improve the experiences of the direct service workforce. Thank you in advance for completing this survey!

Sincerely,

<<**Sender Name**>>  
<<**Current Title**>>

Enclosure

# Minnesota Support Worker Survey

## Survey Instructions

### Purpose of the Survey:

You are being asked to complete this survey because you are working, or have worked in the past 12 months, to support a person who is older or who has a disability. Your support/care enables the person to live in his/her own home through Minnesota's **Consumer Directed Community Supports** program. A growing number of older people and people with disabilities in the U.S. need personal support or assistance in their own homes. However, there are not enough workers who provide this type of service. Seven states are participating in this survey project, sponsored by the Centers for Medicare and Medicaid Services. Information from this survey will help the state develop ways to attract more workers into these jobs and keep workers in these jobs longer.

### Directions:

Please complete the survey and return in the self-addressed stamped envelope provided. Or if you have access to the Internet, you may fill out the survey through a secure website at:

<https://www.research.net/s/Minnesota-Independent-Provider-Survey>

If you fill out your survey using the Internet, please enter **123456** when it asks for your Survey ID number. The survey will take approximately 10-15 minutes to complete.

**Once you complete and return your survey you will receive a \$10 gift card by mail.**

Filling out this survey is voluntary. Your responses will be kept private under the guidelines of the Privacy Act. Your responses will not affect your status as a support worker in Minnesota or the services the person(s) you support receives. This survey has been assigned **Survey ID number** that appears at the bottom of each page. This number will be linked to your name and contact information *only* so that we can send you a \$10 gift card when you return the completed survey. Your name and all other identifying information will be kept separate from your survey responses.

### For More Information:

If you have questions about the purpose of the survey or how to respond, please contact the Direct Service Workforce Resource Center at 1-877-822-2647.

# Minnesota Independent Provider Survey

## Survey Questions

In the questions below, a “**Support Worker**” is a person, like you, who is employed directly by a person who is older or has disabilities. You are employed by this person to provide paid services, care, and supports in his or her own home.

**1. Do you currently work as a Support Worker?**

- Yes, I have worked as a Support Worker in the last 30 days. PLEASE CONTINUE AND COMPLETE THE REST OF THE SURVEY.
- No, I have not worked as a Support Worker in the last 30 days. PLEASE STOP HERE AND RETURN THE SURVEY FOR YOUR GIFT CARD.

**2. How long have you worked as an Support Worker? Count your time at all jobs you have had doing this work. (provide number of full years and months)**

\_\_\_\_\_Years \_\_\_\_\_ Months

**3. Do you work as a Support Worker for a... (check all that apply)**

- Family member
- Friend, neighbor, or someone else who you know
- Someone you didn't know before

**4. What is the reason(s) the person(s) you work for needs assistance? (check all that apply)**

- Physical disability
- Intellectual or developmental disability
- Older people with a need for support, assistance, or supervision due to chronic illness or disability, people with cognitive impairment
- Mental health, addiction, or behavioral health
- Traumatic brain injury
- Other (specify)
- I don't know

**5. Why did you decide to start providing services and supports as a Support Worker? (check all that apply)**

- A friend or family member needed care
- It gives me personal satisfaction
- I can work a flexible schedule
- This is the only job I can find
- It is a good entry level job compared to other health care or human service related jobs
- I need the income this job provides
- Other \_\_\_\_\_

**6. How many hours were you paid to work as a Support Worker during the last week?**

- 0 hours
- 1-8 hours
- 9-16 hours
- 17-24 hours

## Minnesota Independent Provider Survey

- 25-31 hours
- 32-40 hours
- More than 40 hours

7. How many people did you work for as a Support Worker during the last week? This information is needed to better understand the size of this workforce in the state.

- Zero
- One
- Two
- Three to five
- More than five

8. Think about your current job as a Support Worker. For each statement below, please indicate whether you: Strongly Disagree (1), Disagree (2), Neither Agree Nor Disagree (3), Agree (4), or Strongly Agree (5) by CIRCLING the appropriate number. (choose one response per question)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
My job uses my skills well.	1	2	3	4	5
I am satisfied with my job.	1	2	3	4	5
I am satisfied with my wages.	1	2	3	4	5
I am satisfied with the number of hours I work.	1	2	3	4	5

9. How likely is it that you will still be working as a Support Worker—either for the person(s) you currently support or for someone else—a year from now? Your response will not affect your status as a Support worker in Minnesota or the services the person(s) you support receives.

- Very likely
- Somewhat likely
- Not likely at all
- Don't know

10. For each topic listed below, please check the boxes if you have received training on the topic in a class or training program (check all that apply).

*Yes, I have received training program on this topic in a class or training program.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>

## Minnesota Independent Provider Survey

*Yes, I have received training program on this topic in a class or training program.*

Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**11. For each topic listed below, please check the boxes if you have received training on the topic from the person you support or their family (check all that apply).**

*Yes, I have received training on this topic from the person I support or their family.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Minnesota Independent Provider Survey

*Yes, I have received training  
on this topic from the person I  
support or their family.*

Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**12. For each topic listed below, please check the boxes if you need training on the topic (check all that apply).**

*Yes, I need training on  
this topic.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

# Minnesota Independent Provider Survey

*Yes, I need training on this topic.*

Building and maintaining friendships and relationships	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**13. For each topic listed below, please check the boxes if you think training should be required for attendant care providers/PAs on this topic (check all that apply).**

*Yes, I think training should be required for Support Workers on this topic.*

Advocacy	<input type="checkbox"/>
Assessing needs of person receiving support	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Building and maintaining friendships and relationships	<input type="checkbox"/>

<sup>1</sup>



# Minnesota Independent Provider Survey

*Yes, I think training should be required for Support Workers on this topic.*

Communication	<input type="checkbox"/>
Confidentiality of person receiving support	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Empowerment of person receiving support	<input type="checkbox"/>
Rights of person receiving support	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence <sup>1</sup>	<input type="checkbox"/>
Direct service professionalism	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Ethics	<input type="checkbox"/>
Facilitation of services (e.g., finding and getting services for the individual)	<input type="checkbox"/>
Health and wellness	<input type="checkbox"/>
Household management	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Interpersonal relationship skills	<input type="checkbox"/>
Nutritional support	<input type="checkbox"/>
Organizational participation	<input type="checkbox"/>
Participant-directed service planning and implementation	<input type="checkbox"/>
Personal care	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Providing services based on needs of individual	<input type="checkbox"/>
Safety and emergency training	<input type="checkbox"/>
Stress management/personal safety and wellness	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>
Vocational, educational, and career support	<input type="checkbox"/>

**14. Do you receive any of the following benefits as a part of your job as a Support Worker? (check yes, no, or I don't know for each type of benefit)**

Health insurance	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid vacation time	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid sick leave time	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Paid time off (PTO) (paid days off that can be used for either vacation or sick leave)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Transportation reimbursement	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Workers' compensation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know
Unemployment benefits	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know

<sup>1</sup> Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

## Minnesota Independent Provider Survey

Other, please specify \_\_\_\_\_

**15. Who pays for your bills when you go to a doctor or hospital? (check all that apply)**

- My health insurance (includes Medicare, Medical Assistance, Minnesota Care, Minnesota Senior Health Options) pays some or all
- My spouse or family member's insurance pays some or all
- I pay some or all myself or someone else pays some or all for me (I do not have health insurance)
- Other (please describe) \_\_\_\_\_
- I don't go to the doctor
- I don't know

**16. If you do not have health insurance through your job as a Support Worker, where do you get it from? (check all that apply)**

- I do not have health insurance
- Another job
- Spouse or partner
- Medicaid, Medical Assistance
- Medicare
- Private plan/I buy my own health insurance
- Pension/Retirement plan
- Other (please describe) \_\_\_\_\_

**17. Is getting to or from work difficult for you?**

- Always
- Sometimes
- Rarely or never
- No, I live with the person I support

If you support more than one person, please answer Questions 17-22 about the one person who you have worked the highest number of hours for as a Support Worker in the last 30 days.

**18. How many hours did you work for this one person in the last week?**

- 0 hours
- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-31 hours
- 32-40 hours
- More than 40 hours

**19. How long have you worked for this one person**

- Less than 1 month
- 1-6 month
- 6 months—1 year
- 1-2 years
- 2-3 years
- 3-5 years

## Minnesota Independent Provider Survey

Over 5 years

**20. How much are you paid per hour to work for this person?**

\$\_\_\_\_.\_\_\_\_ per hour

Additional Comment: \_\_\_\_\_

**21. How old is this person? Your response is important to understanding the number of workers available to support people served by different state programs.**

Birth to 17 years

18 to 21 years

22 to 64

65 or older

**22. What type of services do you provide to this person? (check all that apply)**

Assistance with activities of daily living such as bathing, dressing, feeding, transferring, and mobility

Assistance with instrumental activities of daily living such as cleaning, housekeeping, preparing meals, shopping, and managing money

Assistance with communication and self-direction (for example, providing training on communication skills, coaching and advocacy to support self-direction)

Assistance in the work place, or assistance with vocational, or educational activities

Assistance with social and recreational activities and community involvement

Assistance with social, emotional, or behavioral needs (for example, providing coaching on building relationships and friendships, implementing a behavior management program)

Assistance with medication or health care

Assistance with transportation

**23. Do you live with this person? Your response will help with planning to recruit more Support Workers.**

Yes

No

### About You

**24. What is your gender?**

Male

Female

**25. Which best describes your ethnicity?**

Hispanic or Latino

Not Hispanic or Latino

**26. Which best describes your race? (select one or more)**

White

Black or African-American

American Indian or Alaskan Native

Asian

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

## Minnesota Independent Provider Survey

Native Hawaiian or other Pacific Islander

27. What is your age?

\_\_\_\_\_ (years)

28. What is the highest education level you have completed? (check only one)

- Grades 1-8
- Some high school (grades 9-12)
- High school diploma/GED
- Vocational diploma/certificate (e.g., CNA certificate)
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Other \_\_\_\_\_

29. What is your annual household income? "Household" includes yourself and everyone who lives with you.

- Less than \$22,000
- \$22,001 – \$30,000
- \$30,001 – \$40,000
- \$40,001 – \$50,000
- Over \$50,001

**Thank you for completing this survey.**

### For paper surveys:

Please return your completed survey to **Kari Benson, P.O. Box 64976, St. Paul, Minnesota 55164-0976** in the postage paid envelope provided.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 20 min per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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