

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

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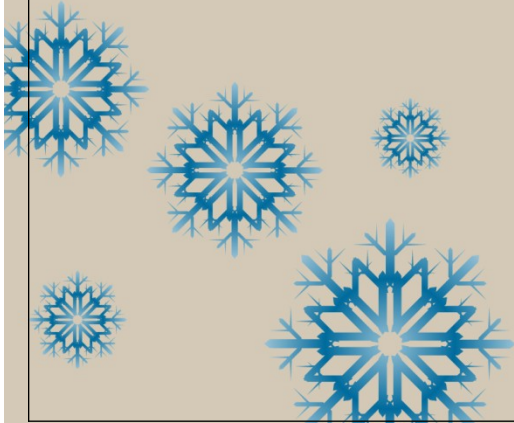
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Survey #1: Arkansas Employer Organization Survey Materials

Arkansas Direct Service Workforce Employer Survey

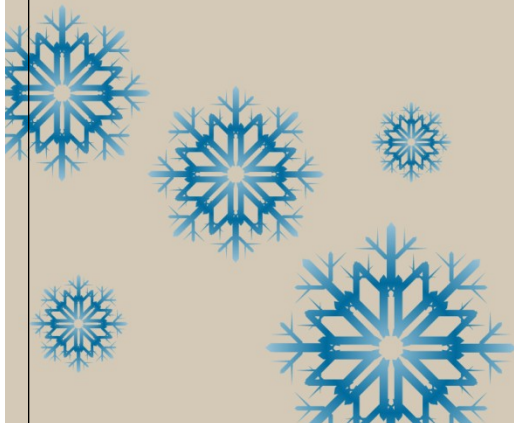
Survey Coming Soon!

From the Arkansas Division of Aging and Adult Services



Survey Coming Soon!

From the Arkansas Division of Aging and Adult Services



Arkansas Direct Service Workforce Employer Survey

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

You will receive this survey because your organization receives funding to provide **Elder Choices, Alternative Community Services, and/or State Plan** services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

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 Direct Service Workforce Employer Survey

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P.O. Box 1437
Slot S530
Little Rock, AR 72203

<<**First Name**>> <<**Last Name**>>
<<**Recipient Title**>>
<<**Recipient Organization**>>
<<**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 about the experiences of your direct service workforce, as a part of a federally funded study sponsored by the Centers for Medicare and Medicaid Services. You are being asked to complete this survey because your organization receives funding to provide ***Elder Choices, Alternative Community Services, and/or State Plan*** services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. We are asking for your participation in a very important online or paper survey about your employees. This is an opportunity for you to voice your opinions. The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. The Arkansas Division of Aging and Adult Services recognizes that many direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers into these jobs and keeping workers in these jobs longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in your state, and how organizations in your state compare to those in other states.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from the responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization 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 approximately 1 hour to complete and should be completed by someone with access to your company's personnel records. Thank you in advance for completing this survey.

Sincerely,

<<**Sender Name**>>

<<**Current Title**>>

Enclosure

Arkansas Direct Service Workforce Employer Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to provide *Elder Choices, Alternative Community Services, and/or State Plan* services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. We are interested in information about all your employees who provide hands-on, direct services and support.

The Centers for Medicare and Medicaid Services has asked **Arkansas** to gather and report basic information about the volume, stability, wages, and compensation of the direct service workforce (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal and state governments develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Arkansas as soon as they are available.

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a Medicaid waiver provider. This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

Directions:

We encourage you to complete your survey online at:

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Arkansas Direct Service Workforce Employer Survey

<https://www.research.net/s/Arkansas-Employer-Survey>

If you complete your survey online, please enter **123456** when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to by mail using the stamped return envelope enclosed to the address below:

UALR Survey Research Center
Institute of Government
University of Arkansas at Little Rock
Ross Hall 404
2801 S. University Ave.
Little Rock, AR 72204-1099

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining direct services worker records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please send the survey to your organization's headquarters, or contact them for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention and training challenges over time and compare your organization's experiences to those of other organizations in Arkansas. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Personal Support Specialists (PSSs)
- ▶ Home Health Aids (HHAs)
- ▶ Direct Support Professionals (DSPs)
- ▶ Certified Nursing Assistants (CNAs)
- ▶ Homemakers
- ▶ Personal Attendants (PAs)

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Arkansas Direct Service Workforce Employer Survey

Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual disabilities with support needs.
- ▶ All part-time, full-time, intermittent and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions, or offices of your organization in this state.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.
- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include licensed health care staff (nurses, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Definitions: Workplace settings / services

This survey refers to the following services in your Arkansas:

- ▶ Community living supports
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Home maker/ home chore
- ▶ Adult day care
- ▶ Adult day health services
- ▶ Respite
- ▶ Ongoing supported employment services
- ▶ Attendant care

Please include in your responses direct service workers in the following settings:

- a) **Residential services**—Supports provided to a person living in a community home with two or more people of any age with disabilities or who are aging (e.g., group home, Assisted Living Facility).
- b) **In-home supports/Home care**—Supports provided to a person in their own home or in the home of a family member in which they reside.
- c) **Day programs and rehabilitative or medical supports**—Supports provided outside an individual's home such as adult day care and adult day health care services, rehabilitative services, day training and habilitation services, and disability specific non-school based services to children and youth with disabilities (e.g., respite, drop in centers).
- d) **Job or vocational services**—Supports to help individuals to locate, acquire and keep a job for which they are paid. This includes services such as job coaching, supported employment, work crews, sheltered workshops, and job training.

Arkansas Direct Service Workforce Employer Survey

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

Arkansas Direct Service Workforce Employer Survey

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)
 - Community living supports
 - Personal care
 - Private duty nursing
 - Home maker/home chore
 - Adult day care
 - Adult day health services
 - Respite
 - Supported employment services
 - Other _____ (please indicate)

2. Which of the following populations does your organization serve with Medicaid funds in home and community based settings in Arkansas? (check all that apply)
 - People 65 years or older with chronic illness or disability, people with cognitive impairment/dementia
 - People with physical disabilities
 - People with developmental disabilities / intellectual disabilities
 - People with mental health conditions / psychiatric disabilities
 - People with chemical dependency related support needs
 - People with chronic illnesses (including HIV/AIDS)
 - People with a traumatic brain injury

3. Is your organization... (check only one answer)
 - Independent entity (i.e., not part of a chain or larger organization)
 - Part of a chain, system or multi-organization structure (within your state or nationally)
 - Government operated
 - I am not sure/don't know

4. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)
 - The entire organization in this state
 - A subdivision of the organization within this state
 - A single service setting that is part of a larger organization
 - Our organization has only one site

5. Excluding services provided to people in their own or a family member's home, how many different service locations (e.g., agency offices, residential group homes, supported employment sites, adult day centers, adult day care and adult day health care, day programs) does your organization operate in Arkansas?
 Total number of locations
 - I am not sure/don't know

Workforce Volume

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Arkansas Direct Service Workforce Employer Survey

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

6. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?

Number of hours per week

I am not sure/don't know

7. Does your organization contract with direct services workers who are not employees of your organization to provide the services listed in Question #1?

Yes

No

I am not sure/don't know

8. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)

A) Number who work 36 or more hours per week

B) Number who work 1 to 35 hours per week

Total number of direct service workers (the sum of A plus B)

Used date other than last day of past month _____ (please indicate)

I am not sure/don't know

9. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)

A) Residential services

B) In-home supports

C) Day programs and other community supports

D) Job or vocational services

Total number of direct service workers (the sum of A-D)

I am not sure/don't know

10. How many people with a disability or who are aging does your organization currently support?

Total number of people supported

I am not sure/don't know

11. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

Residential services

In-home supports

Arkansas Direct Service Workforce Employer Survey

- Day programs and other community support programs
- Job or vocational services
- I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

- 12. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract, and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.**

- Number of new workers needed
- I am not sure/don't know

- 13. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?**

- Total direct service workers who left the organization
- I am not sure/don't know

- 14. How many of your direct service worker employees have worked for your organization less than six months, 6-12 months, and more than 12 months?**

- Number with less than 6 months of continuous paid employment (that is, a continuous six-month period of time during which they were an employee the entire period)
- Number with 6 to 12 months of continuous paid employment
- Number with more than 12 months of continuous paid employment
- I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct services workers your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

- 15. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?**

- \$____.____ (per hour)
- I am not sure/don't know

- 16. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?**

Arkansas Direct Service Workforce Employer Survey

- Residential services
- In-home supports
- Day programs and other community supports
- Job or vocational services
- Current average hourly wage across all services and settings
- I am not sure/don't know

17. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation or paid time off
- No paid vacation time or paid time off offered
- I am not sure/don't know

18. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

19. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

20. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

- Number of direct service workers enrolled in health insurance coverage through your organization
- I am not sure/don't know

Arkansas Direct Service Workforce Employer Survey

21. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more
- Different percentages for different direct service workers _____ (please describe)
- I am not sure/don't know

22. Does your organization compensate direct service workers for mileage or travel costs for travel between consumer homes or work sites?

- Yes – for *all* travel for *all* direct service workers
- Yes – for *all* travel for *some* direct service workers
- Sometimes - under certain circumstances
- No, we do not compensate direct service staff for mileage or travel costs between consumers' homes or work sites
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

23. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

- Yes
- No
- I am not sure/don't know

24. Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

25. Does your organization have a written policy concerning cultural competence?

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at:

<http://www.ncccurricula.info/culturalcompetence.html>

Arkansas Direct Service Workforce Employer Survey

- Yes
- No
- I am not sure/don't know

26. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

27. Do staff at your organization receive training in cultural competence?

- Yes
- No
- I am not sure/don't know

28. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

- Yes
- No
- I am not sure/don't know

Workforce Challenges

29. Which of the following are currently significant challenges for your organization? (check all that apply)

- Finding qualified direct service workers
- Direct service worker turnover
- Direct service worker competence
- Employee training
- Employee motivation
- Employee satisfaction
- None of the above
- I am not sure/don't know

30. How would you describe your organizations ability to recruit and hire qualified direct service workers? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

Arkansas Direct Service Workforce Employer Survey

31. What are the three most significant recruitment challenges for your organization? (check up to three challenges)

- Finding people to work in part-time or intermittent positions
- Finding people who are willing to work for the wage we offer
- Finding people who are willing to work in a position that does not offer health insurance
- Finding people who can communicate effectively with the people they will support
- Finding people who meet minimum education or experience requirements
- Finding people who will work evenings, weekends or holidays
- Finding people who can give up their unemployment benefits
- Finding people with a clean driving record
- Finding people with a clear criminal background check
- Finding people who meet minimum requirements to be a direct service worker
- Finding workers with reliable child-care
- Finding workers with reliable transportation
- Finding workers with the skills needed to serve the people we support
- Other types of jobs are more attractive
- None of the above
- I am not sure/don't know

Training

32. Does your organization require newly hired direct service workers to participate in any specific skill training - training that goes beyond general information that orients a new employee to this organization and their work setting?

- Yes
- No
- It depends, some new hires are exempt from this training
- It depends on the direct service work job
- I am not sure/do not know

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

PRA Disclosure Statement

Survey ID# <<123456>>
CMS-10404 (exp. date TBD)

Arkansas Direct Service Workforce Employer Survey

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 1 hr 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 Employer Organization Survey Materials

Florida Direct Service Workforce Employer Survey

Survey Coming Soon!



*From the Centers for
Medicare and Medicaid Services*



Survey Coming Soon!



*From the Centers for
Medicare and Medicaid Services*



Florida Direct Service Workforce Employer Survey

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

*You will receive this survey because your organization receives funding to provide **Florida Medicaid HCBS** services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.*

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 Direct Service Workforce Employer Survey

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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 Organization>>

<<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 about the experiences of your direct service workforce, as a part of a federally funded study. You are being asked to complete this survey because your organization receives funding to provide **Florida Medicaid HCBS** supports and services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. We are asking for your participation in a very important online or paper survey about your employees. This is an opportunity for you to voice your opinions. The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. The Florida Department of Elder Affairs and the Agency for Persons with Disabilities recognizes that many direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers into these jobs and keeping workers in these jobs longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in your state, and how organizations in your state compare to those in other states. Survey results will be analyzed by the Centers for Medicare and Medicaid Services and states to assess the nature of the direct service workforce, including its compensation, volume, and turnover rates.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from the responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization 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 approximately 1 hour to complete and should be completed by someone with access to your company's personnel records. Thank you in advance for completing this survey.

Sincerely,

<<Sender Name>>

<<Current Title>>

Enclosure

Florida Direct Service Workforce Employer Survey

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Purpose of the Survey:

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- ▶ Identify and set priorities for long-term support and services reform and systems change.
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- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal and state governments develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from CMS as soon as they are available.

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a Medicaid HCBS waiver provider in Florida. Information will be kept private under the guidelines of the Privacy Act. This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate and send you the survey results from Florida. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact the DSW Resource Center at 1-877-822-2647.

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

Florida Direct Service Workforce Employer Survey

Directions:

We encourage you to complete your survey online at: <https://www.research.net/s/Florida-Employer-Org>

If you complete your survey online, please enter <<123456>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to [\[address to be determined\]](#) by mail using the stamped return envelope.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining direct services worker records including wages, benefits, hiring, training, and tenure with your organization. **If your organization is part of a larger national or state organization, please send the survey to your organization's headquarters, or contact them for answers to any questions that you do not know.** Please complete this survey for all locations and workers employed by or contracted with across your entire organization in the categories listed below.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention and training challenges over time and compare your organization's experiences to those of other organizations in Florida. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Personal and home care aides
- ▶ Home health aides
- ▶ Direct support professionals
- ▶ Certified nursing assistants
- ▶ Homemakers
- ▶ Personal attendants

Please include in your responses:

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Florida Direct Service Workforce Employer Survey

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual disabilities with support needs..
- ▶ All part-time, full-time, intermittent and on-call direct service workers.
- ▶ All direct service workers from your branch, division or office.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.
- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include licensed health care staff (nurses, social workers, psychologists, etc.), case managers, administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Definitions: Workplace settings / services

This survey refers to the following services in Florida:

- ▶ Community living supports
- ▶ Personal care
- ▶ Home maker/ home chore
- ▶ Adult day services
- ▶ Respite
- ▶ Ongoing supported employment services

Florida Direct Service Workforce Employer Survey

Please include in your responses direct service workers in the following settings:

- a) **Residential services**—Supports provided to a person living in a community home with two or more people of any age with disabilities or who are aging (e.g., group home, Assisted Living Facility).
- b) **In-home supports/Home care**—Supports provided to a person in their own home or in the home of a family member in which they reside.
- c) **Day programs and rehabilitative or medical supports**—Supports provided outside an individual's home such as adult day services, rehabilitative services, day training and habilitation services, and disability specific non-school based services to children and youth with disabilities (e.g., respite, drop in centers).
- d) **Job or vocational services**—Supports to help individuals to locate, acquire, and keep a job for which they are paid. This includes services such as job coaching, supported employment, work crews, sheltered workshops, and job training.

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services** such as occupational therapists.

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)

- Community living supports
- Personal care
- Home maker/home chore
- Adult day services
- Respite
- Ongoing supported employment services
- Other _____ (please indicate)

2. Which of the following populations does your organization serve with Medicaid funds in home and community based settings in Florida? (check all that apply)

- People 65 years or older
- People with physical disabilities
- People with developmental disabilities / intellectual disabilities

Florida Direct Service Workforce Employer Survey

- People with mental health conditions / psychiatric disabilities
- People with chemical dependency related support needs
- People with chronic illnesses (including HIV/AIDS)
- People with a traumatic brain injury

3. To which of the following age groups does your organization provide home and community based supports? (check all that apply)

- Birth to 5 years
- 6 to 18 years
- 19 to 21 years
- 22 to 40 years
- 41 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85 or older

4. In which county(ies) in Florida does your organization provide services?

- | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> ALACHUA | <input type="checkbox"/> GADSDEN | <input type="checkbox"/> LIBERTY | <input type="checkbox"/> ST. JOHNS |
| <input type="checkbox"/> BAKER | <input type="checkbox"/> GILCHRIST | <input type="checkbox"/> MADISON | <input type="checkbox"/> ST. LUCIE |
| <input type="checkbox"/> BAY | <input type="checkbox"/> GLADES | <input type="checkbox"/> MANATEE | <input type="checkbox"/> SUMTER |
| <input type="checkbox"/> BRADFORD | <input type="checkbox"/> GULF | <input type="checkbox"/> MARION | <input type="checkbox"/> SUWANNEE |
| <input type="checkbox"/> BREVARD | <input type="checkbox"/> HAMILTON | <input type="checkbox"/> MARTIN | <input type="checkbox"/> TAYLOR |
| <input type="checkbox"/> BROWARD | <input type="checkbox"/> HARDEE | <input type="checkbox"/> MONROE | <input type="checkbox"/> UNION |
| <input type="checkbox"/> CALHOUN | <input type="checkbox"/> HENDRY | <input type="checkbox"/> NASSAU | <input type="checkbox"/> VOLUSIA |
| <input type="checkbox"/> CHARLOTTE | <input type="checkbox"/> HERNANDO | <input type="checkbox"/> OKALOOSA | <input type="checkbox"/> WAKULLA |
| <input type="checkbox"/> CITRUS | <input type="checkbox"/> HIGHLANDS | <input type="checkbox"/> OKEECHOBEE | <input type="checkbox"/> WALTON |
| <input type="checkbox"/> CLAY | <input type="checkbox"/> HILLSBOROUGH | <input type="checkbox"/> ORANGE | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> COLLIER | <input type="checkbox"/> HOLMES | <input type="checkbox"/> OSCEOLA | |
| <input type="checkbox"/> COLUMBIA | <input type="checkbox"/> INDIAN RIVER | <input type="checkbox"/> PALM BEACH | |
| <input type="checkbox"/> MIAMI-DADE | <input type="checkbox"/> JACKSON | <input type="checkbox"/> PASCO | |
| <input type="checkbox"/> DESOTO | <input type="checkbox"/> JEFFERSON | <input type="checkbox"/> PINELLAS | |
| <input type="checkbox"/> DIXIE | <input type="checkbox"/> LAFAYETTE | <input type="checkbox"/> POLK | |
| <input type="checkbox"/> DUVAL | <input type="checkbox"/> LAKE | <input type="checkbox"/> PUTNAM | |
| <input type="checkbox"/> ESCAMBIA | <input type="checkbox"/> LEE | <input type="checkbox"/> SANTA ROSA | |
| <input type="checkbox"/> FLAGLER | <input type="checkbox"/> LEON | <input type="checkbox"/> SARASOTA | |
| <input type="checkbox"/> FRANKLIN | <input type="checkbox"/> LEVY | <input type="checkbox"/> SEMINOLE | |

Florida Direct Service Workforce Employer Survey

I am not sure/don't know

5. **Is your organization... (check only one answer)**

- Independent entity (i.e., not part of a chain or larger organization)
- Part of a chain, system or multi-organization structure (either within Florida or nationally)
- Government operated
- I am not sure/don't know

6. **If your organization is part of a chain, please confirm that you will complete this survey for your local site only. (check only one answer)**

- Yes, I will provide data from this branch, division, or office only (a single service setting that is part of a larger organization)
- No, I will provide data for all the branches in Florida

7. **Excluding services provided to people in their own or a family member's home, how many different service locations [e.g. agency offices, residential group homes, supported employment sites, adult day centers, day programs] does your organization operate in Florida?**

Total number of locations

- I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

8. **How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?**

Number of hours per week

- I am not sure/don't know

9. **Does your organization contract with direct services workers who are not employees of your organization to provide the services listed in Question #1?**

- Yes
- No
- I am not sure/don't know

10. **How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)**

A) Number who work 36 or more hours per week

B) Number who work 1 to 35 hours per week

Total number of direct service workers (the sum of A plus B)

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- Used date other than last day of past month _____ (please indicate)
- I am not sure/don't know

11. **How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)**

- A) Residential services
- B) In-home supports/Home care
- C) Day programs and rehabilitative or medical supports
- D) Job or vocational services
- Total** number of direct service workers (the sum of A-D)
- I am not sure/don't know

12. **How many people with a disability or who are aging does your organization currently support?**

- Total** number of people supported
- I am not sure/don't know

13. **How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.**

- A) Residential services
- B) In-home supports/Home care
- C) Day programs and rehabilitative or medical supports
- D) Job or vocational services
- I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

14. **How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call contract, and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.**

- Number of new workers needed
- I am not sure/don't know

15. **In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?**

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Total direct service workers who left the organization
 I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct service workers your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

16. **What was the average starting hourly wage paid to full-time, part-time, on-call, or intermittent direct service workers who were hired in your organization over the last 12 months?**

\$____.____ (per hour)
 I am not sure/don't know

17. **What is the current average hourly wage paid to all full-time, part-time, on-call, or intermittent direct service workers in each of the following types of services or settings?**

Residential services
 In-home supports/Home care
 Day programs and rehabilitative or medical supports
 Job or vocational services
 Current average hourly wage across all services and settings
 I am not sure/don't know

18. **Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)**

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation or paid time off
- No paid vacation time or paid time off offered
- I am not sure/don't know

19. **Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)**

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

Florida Direct Service Workforce Employer Survey

20. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

21. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

- Number of direct service workers enrolled in health insurance coverage through your organization
- I am not sure/don't know

Training

22. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on (check all that apply).

Yes, we require training on this topic.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cariopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>

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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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

23. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

Yes, this is a critical training need for direct service workers in my organization.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

Florida Direct Service Workforce Employer Survey

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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

Organizational cultural competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

24. **Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?**

- Yes
- No
- I am not sure/don't know

25. **Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?**

- Yes
- No
- I am not sure/don't know

26. **Does your organization have a written policy concerning cultural competence?**

- Yes
- No
- I am not sure/don't know

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at:

<http://www.ncccurricula.info/culturalcompetence.html>

Florida Direct Service Workforce Employer Survey

27. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)
- Racial/ethnic minorities
 - Language minorities
 - Lesbian/gay/bisexual/transgender population
 - Specific religious groups or faith-based affiliations
 - AIDS/HIV status
 - Disability status
 - I am not sure/don't know
28. Do staff at your organization receive training for staff development in cultural competence?
- Yes
 - No
 - I am not sure/don't know
29. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?
- Yes
 - No
 - I am not sure/don't know

Thank you for completing this survey.

For paper surveys:

Please return it 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

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

Florida Direct Service Workforce Employer Survey

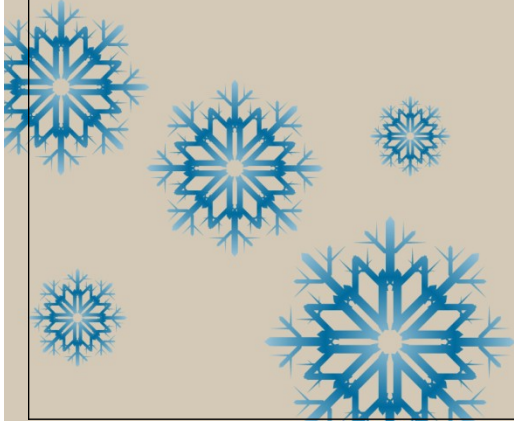
estimated to average 1 hr per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Survey #3: Kentucky Employer Organization Survey Materials

Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

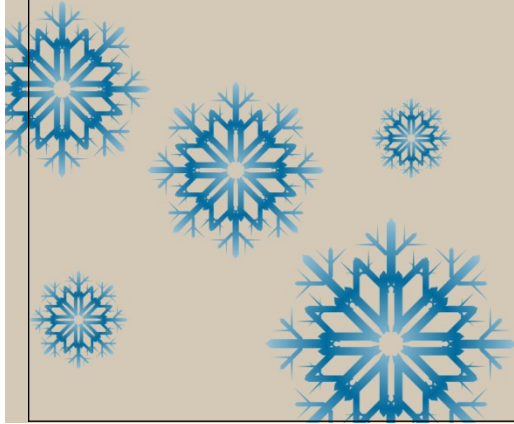
Survey Coming Soon!

From the Kentucky Department for Aging and Independent Living



Survey Coming Soon!

From the Kentucky Department for Aging and Independent Living



Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

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

You will receive this survey because your organization receives funding to provide **Medicaid Waiver Funded** services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

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.

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 Medicaid Waiver Direct Service Workforce Employer Survey

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

You will receive this survey because your organization receives funding to provide **Medicaid Waiver Funded** services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

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.

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**

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

Steven L. Beshear
Governor

Janie Miller
Secretary

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 the experiences of your Medicaid Waiver Direct Service Workforce, as a part of a federally funded study. You are being asked to complete this survey because your organization receives funding to provide Medicaid waiver services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. We are asking for your participation in a very important online or paper survey about your employees. This is an opportunity for you to voice your opinions. The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. The **Kentucky Department for Aging and Independent Living** recognizes that many Medicaid Waiver direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers into these jobs and keeping workers in these jobs longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in your state, and how organizations in your state compare to those in other states. The survey data may be potentially used to provide policy makers with workforce trends with information about the strength of the long term supports and services.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from the responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization 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 approximately 1 hour to complete and should be completed by someone with access to your company's personnel records. Thank you in advance for completing this survey.

Sincerely,

<<Recipient Name>>

<<Current Title>>

Enclosure

Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to provide Medicaid waiver funded services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. We are interested in information about all your employees who provide hands-on, direct services and support.

The Centers for Medicare and Medicaid Services has asked Kentucky to gather and report basic information about the volume, stability, wages, and compensation of the direct service workforce (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal and state governments develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Kentucky as soon as they are available.

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a Medicaid waiver provider. This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647.

Directions:

We encourage you to complete your survey online at:

<https://www.research.net/s/KY-DSW-Employer-Survey>

If you complete your survey online, please enter <<123456>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **Employer Organization Survey, c/o Department for Aging and Independent Living, 275 East Main Street, 3E-E, Frankfort KY 40621** by mail using the stamped return envelope enclosed.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining direct services worker records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please send the survey to your organization's headquarters, or contact them for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention and training challenges over time and compare your organization's experiences to those of other organizations in Kentucky. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Personal Support Specialists (PSSs)
- ▶ Home Health Aids (HHAs)
- ▶ Direct Support Professionals (DSPs)
- ▶ Certified Nursing Assistants (CNAs)
- ▶ Homemakers
- ▶ Personal Care Attendants (PCAs)

Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual disabilities with support needs.
- ▶ All part-time, full-time, intermittent and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions or offices of your organization in this state.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.
- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include licensed health care staff (nurses, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Definitions: Workplace settings / services

This survey refers to the following services in your state:

- | | |
|-----------------------------|---|
| ▶ Community living supports | ▶ Adult day services |
| ▶ Personal care | ▶ Respite |
| ▶ Private duty nursing | ▶ Ongoing supported employment services |
| ▶ Home maker/ home chore | ▶ Attendant care |

Please include in your responses direct service workers in the following settings:

- a) **Residential services**—Supports provided to a person living in a community home with two or more people of any age with disabilities or who are aging (e.g., group home, Assisted Living Facility).
- b) **In-home supports/Home care**—Supports provided to a person in their own home or in the home of a family member in which they reside.
- c) **Day programs and rehabilitative or medical supports**—Supports provided outside an individual’s home such as adult day services, rehabilitative services, day training and habilitation services, and disability specific non-school based services to children and youth with disabilities (e.g., respite, drop in centers).
- d) **Job or vocational services**—Supports to help individuals to locate, acquire and keep a job for which they are paid. This includes services such as job coaching, supported employment, work crews, sheltered workshops, and job training.

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)
 - Community living supports
 - Personal care attendant
 - Private duty nursing
 - Home maker/home chore
 - Adult day services
 - Respite
 - Ongoing supported employment services
 - Other _____ (please indicate)
2. Is your organization... (check only one answer)
 - Independent entity (i.e., not part of a chain or larger organization)
 - Part of a chain, system or multi-organization structure (within your state or nationally)
 - Government operated
 - I am not sure/don't know
3. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)
 - The entire organization in this state
 - A subdivision of the organization within this state
 - A single service setting that is part of a larger organization
 - Our organization has only one site
4. Excluding services provided to people in their own or a family member's home, how many different service locations (e.g., residential settings, community settings, work settings, and adult day health settings) does your organization operate in Kentucky?
 Total number of locations
 - I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

5. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?
 Number of hours per week
 - I am not sure/don't know
6. Does your organization contract with direct services workers who are not employees of your organization to provide the services listed in Question #1?
 - Yes
 - No
 - I am not sure/don't know

Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

7. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)

A) Number who work 36 or more hours per week

B) Number who work 1 to 35 hours per week

Total number of direct service workers (the sum of A plus B)

- Used date other than last day of past month _____ (please indicate)
- I am not sure/don't know

8. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)

A) Residential services

B) In-home supports

C) Day programs and other community supports

D) Job or vocational services

Total number of direct service workers (the sum of A-D)

- I am not sure/don't know

9. How many people with a disability or who are aging does your organization currently support?

Total number of people supported

- I am not sure/don't know

10. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

A) Residential services

B) In-home supports/Home care

C) Day programs and rehabilitative or medical supports

D) Job or vocational services

- I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

11. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new workers needed

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Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

I am not sure/don't know

12. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total direct service workers who left the organization

I am not sure/don't know

13. During the last 12 months, how many new direct service workers (including full-time, part-time, on-call, contract, or intermittent) did your organization hire/contract with?

Total number of direct service workers who were hired/contracted

I am not sure/don't know

14. How many of your direct service worker employees have worked for your organization less than six months, 6-12 months, and more than 12 months?

Number with less than 6 months of continuous paid employment (that is, a continuous six-month period of time during which they were an employee the entire period)

Number with 6 to 12 months of continuous paid employment

Number with more than 12 months of continuous paid employment

I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct services workers your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

15. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?

\$____.____ (per hour)

I am not sure/don't know

16. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?

Residential services

In-home supports

Day programs and other community supports

Job or vocational services

Current average hourly wage across all services and settings

I am not sure/don't know

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CMS-10404 (exp. date TBD)

Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

17. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation or paid time off
- No paid vacation time or paid time off offered
- I am not sure/don't know

18. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

19. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

20. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

Number of direct service workers enrolled in health insurance coverage through your organization

- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more

Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

21. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

- Yes
- No
- I am not sure/don't know

22. Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

23. Does your organization have a written policy concerning cultural competence?

- Yes
- No
- I am not sure/don't know

24. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

25. Do staff at your organization receive training in cultural competence?

- Yes
- No
- I am not sure/don't know

26. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

- Yes
- No
- I am not sure/don't know

Workforce Challenges

27. How would you describe your organizations ability to retain qualified direct service workers once they are hired? (check only one answer)

- Easy/no problem

information, visit the National Center for Cultural Competence at:
<http://www.ncccurricula.info/culturalcompetence.html>

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Kentucky Medicaid Waiver Direct Service Workforce Employer Survey

- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

28. What are the three most significant retention challenges for your organization? (check up to three challenges)

- Wages are not high enough
- Full-time positions or sufficient hour are not available
- Gas prices or public transit fares are too high
- Paid health insurance is not offered
- Conflict amongst direct service workers, supervisors, and/or managers
- Workers are unable to do the essential job duties
- Workers do not have reliable child-care
- Workers do not have reliable transportation
- Other personal stressors faced by workers
- None of the above
- I am not sure/don't know

Thank you for completing this survey.

For paper surveys:

Please return your completed survey to **Employer Organization 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 estimated to average 1 hr 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 ID# <<123456>>

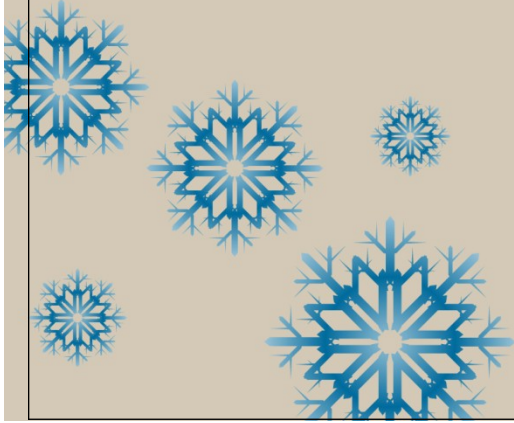
CMS-10404 (exp. date TBD)

Survey #4: Maine Employer Organization Survey Materials

Maine Direct Service Workforce Employer Survey

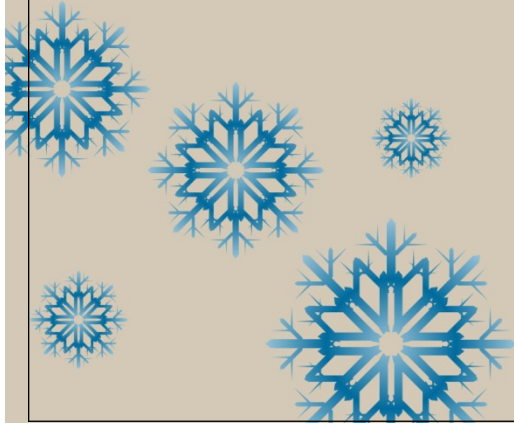
Survey Coming Soon!

*From the Maine Department of Health and Human
Services*



Survey Coming Soon!

*From the Maine Department of Health and Human
Services*



Maine Direct Service Workforce Employer Survey

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

You will receive this survey because your organization receives funding to provide MaineCare services to older adults and/or adults of all ages with physical or intellectual disabilities. Your responses will be kept private under the guidelines of the Privacy Act. Survey results will be used to improve the quality of the workforce and the quality of services provided to MaineCare members.

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

**Maine Department of
Health and Human Services**
221 State Street
Augusta, ME 04333

Recipient Name

Street Address

City, State, Zip Code

Maine Direct Service Workforce Employer Survey

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

You will receive this survey because your organization receives funding to provide MaineCare services to older adults and/or adults of all ages with physical or intellectual disabilities. Your responses will be kept private under the guidelines of the Privacy Act. Survey results will be used to improve the quality of the workforce and the quality of services provided to MaineCare members.

If you have questions or would like more information about the study, please

**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 Organization**>>
<<**Recipient Street Address**>>
<<**Recipient City**>>, <<**Recipient State**>> <<**Recipient Zip**>>

<<**Greeting Line**>>

The **Maine Department of Health and Human Services** is collecting survey information from providers about their direct service workforce as a part of a study funded by the federal Centers for Medicare and Medicaid Services (CMS). Seven states are participating in the study.

You are being asked to complete this survey (on line or on paper) because your organization receives funding to provide MaineCare services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. The survey is about employees in your organization who provide hands-on direct services and supports. It includes questions about your agency's workforce volume, stability, compensation and benefits as well as workforce challenges and training needs. Survey results will be used to show statewide differences and for quality improvement purposes.

The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider. Your agency name will be kept separate from the responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization will not be identified.

This survey should take approximately 1 hour to complete and should be completed by someone with access to your company's personnel records. 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. Thank you in advance for completing this survey.

Sincerely,

<<**To be Determined**>>

<<**Current Title**>>

Enclosure

Maine Direct Service Workforce Employer Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to deliver MaineCare services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. We are interested in information about all your employees who provide hands-on, direct services and support.

The Centers for Medicare and Medicaid Services has asked Maine to gather and report basic information about the volume, stability, wages, and compensation of direct service workers (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Notice of Privacy:

Filling out this survey is voluntary. **Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a MaineCare provider.** This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact the Direct Service Workforce Resource Center at 1-877-822-2647.

Directions:

We encourage you to complete your survey online at:

<https://www.research.net/s/Maine-Employer-Org>

If you complete the survey online, please enter <<123456>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **Survey Research Center, University of Southern Maine, 15 Baxter Boulevard, Portland, Maine 04104** by mail using the stamped return envelope enclosed.

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Maine Direct Service Workforce Employer Survey

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining direct services worker records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please send the survey to your organization's headquarters, or contact them for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention, and training challenges over time and compare your organization's experiences to those of other organizations in Maine. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Personal Support Specialists (PSSs)
- ▶ Home Health Aids (HHAs)
- ▶ Direct Support Professionals (DSPs)
- ▶ Certified Nursing Assistants (CNAs)
- ▶ Homemakers
- ▶ Personal Attendants (PAs)

Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual disabilities with support needs.
- ▶ All part-time, full-time, intermittent, and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions, or offices of your organization in this state.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.
- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Maine Direct Service Workforce Employer Survey

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include licensed health care staff (nurses, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Definitions: Workplace settings / services

This survey refers to the following services in Maine:

- ▶ Personal Care Services
- ▶ Home maker
- ▶ Adult Day Health
- ▶ Respite
- ▶ Community Support
- ▶ Work Support
- ▶ Home Support

Please include in your responses direct service workers in the following settings:

- a) **Residential services**—Supports provided to a person living in a community home or apartment with two or more people of any age with disabilities or who are aging.
- b) **In-home supports** —Supports provided to a person in his or her own home or in the home or apartment or in the home of a family member.
- c) **Day programs and community support programs**—Supports provided outside an individual's home such as adult day health services and community supports.
- d) **Job or vocational services**—Supports to help individuals on the job for which they are paid (e.g., work supports).

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

Maine Direct Service Workforce Employer Survey

Maine Direct Service Workforce Employer Survey

Survey Questions

1. **Which of the following services does your organization currently provide? (check all that apply)**
 - Personal Care Services
 - Home maker
 - Adult Day Health
 - Respite
 - Community Support
 - Work Support
 - Home Support
 - Other _____ (please indicate)

2. **Is your organization... (check only one answer)**
 - A public or government organization (state or local)
 - A private for-profit organization
 - A private non-profit organization
 - A combination of public and private
 - Other _____(please indicate)

3. **Which of the following populations does your organization serve with MaineCare? (check all that apply)**
 - People 65 years or older with chronic illness or disability, people with cognitive impairment/dementia
 - People with physical disabilities
 - People with developmental disabilities, intellectual disabilities, or autism
 - People with mental health conditions / psychiatric disabilities
 - People with chemical dependency related support needs
 - People with chronic illnesses (including HIV/AIDS)
 - People with a traumatic brain injury

4. **To which of the following age groups does your organization provide home and community based supports? (check all that apply)**
 - Birth to 5 years
 - 6 to 18 years
 - 19 to 21 years
 - 22 to 40 years
 - 41 to 64 years
 - 65 to 74 years
 - 75 to 84 years
 - 85 or older

5. **Is your organization... (check only one answer)**
 - Independent entity (i.e., not part of a chain or larger organization)
 - Part of a chain, system or multi-organization structure (within your state or nationally)
 - Government operated
 - I am not sure/don't know

Maine Direct Service Workforce Employer Survey

6. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)
- The entire organization in this state
 - A subdivision of the organization within this state
 - A single service setting that is part of a larger organization
 - Our organization has only one site
7. Excluding services provided to people in their own or a family member's home, how many different service locations (e.g., residential settings, community settings, work settings, and adult day health settings) does your organization operate in Maine?
- Total number of locations
- I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

8. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?
- Number of hours per week
- I am not sure/don't know
9. Does your organization contract with direct services workers who are not employees of your organization to provide the services listed in Question #1?
- Yes
 - No
 - I am not sure/don't know
10. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)
- A) Number who work 36 or more hours per week
- B) Number who work 1 to 35 hours per week
- Total number of direct service workers (the sum of A plus B)
- Used date other than last day of past month _____ (please indicate)
- I am not sure/don't know
11. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)
- A) Residential services
- B) In-home supports
- C) Day programs and other community supports
- D) Job or vocational services

Maine Direct Service Workforce Employer Survey

Total number of direct service workers (the sum of A-D)

I am not sure/don't know

12. How many people with a disability or who are aging does your organization currently support?

Total number of people supported

I am not sure/don't know

13. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

A) Residential services

B) In-home supports/Home care

C) Day programs and rehabilitative or medical supports

D) Job or vocational services

I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

14. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract, and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new workers needed

I am not sure/don't know

15. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total direct service workers who left the organization

I am not sure/don't know

16. During the last 12 months, how many new direct service workers (including full-time, part-time, on-call, contract, or intermittent) did your organization hire/contract with?

Total number of direct service workers who were hired/contracted

I am not sure/don't know

17. How many of your direct service worker employees have worked for your organization less than six months, 6-12 months, and more than 12 months?

Maine Direct Service Workforce Employer Survey

- Number with less than 6 months of continuous paid employment (that is, a continuous six-month period of time during which they were an employee the entire period)
- Number with 6 to 12 months of continuous paid employment
- Number with more than 12 months of continuous paid employment
- I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct services workers your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

18. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?

- \$____.____ (per hour)
- I am not sure/don't know

19. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?

- Residential services
- In-home supports
- Day programs and other community supports
- Job or vocational services
- Current average hourly wage across all services and settings
- I am not sure/don't know

20. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation or paid time off
- No paid vacation time or paid time off offered
- I am not sure/don't know

21. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers

Maine Direct Service Workforce Employer Survey

- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

22. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

23. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

Number of direct service workers enrolled in health insurance coverage through your organization

- I am not sure/don't know

24. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more
- Different percentages for different direct service workers _____ (please describe) I am not sure/don't know

25. What other types of benefits are direct service workers (including full-time, part-time, on-call, contract, or intermittent) eligible to receive from your organization (check all that apply)?

- Paid time off, reimbursement or other support for post-secondary education
- Employer paid job-related training
- Employer-sponsored retirement plan
- Employer-sponsored disability insurance
- Other _____ (please indicate)
- I am not sure/don't know

26. Does your organization compensate direct service workers for mileage or travel costs for travel between consumer homes or work sites?

- Yes - for *all* travel for *all* direct service workers
- Yes - for *all* travel for *some* direct service workers
- Sometimes - under certain circumstances

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- No, we do not compensate direct service staff for mileage or travel costs between consumers' homes or work sites
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

27. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

- Yes
- No
- I am not sure/don't know

28. Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

29. Does your organization have a written policy concerning cultural competence?

- Yes
- No
- I am not sure/don't know

30. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at: <http://www.ncccurrucula.info/culturalcompetence.html>

Maine Direct Service Workforce Employer Survey

- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

31. Do staff at your organization receive training in cultural competence?

- Yes
- No
- I am not sure/don't know

32. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

- Yes
- No
- I am not sure/don't know

Workforce Challenges

33. Which of the following are currently significant challenges for your organization? (check all that apply)

- Finding qualified direct service workers
- Direct service worker turnover
- Direct service worker competence
- Employee training
- Employee motivation
- Employee satisfaction
- None of the above
- I am not sure/don't know

34. How would you describe your organization's ability to recruit and hire qualified direct service workers? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

35. What are the three most significant recruitment challenges for your organization? (check up to three challenges)

- Recruitment is not a problem for this organization
- Finding people to work in part-time or intermittent positions
- Finding people who are willing to work for the wage we offer
- Finding people who are willing to work in a position that does not offer health insurance
- Finding people who can communicate effectively with the people they will support
- Finding people who meet minimum education or experience requirements
- Finding people who will work evenings, weekends or holidays
- Finding people who can give up their unemployment benefits

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- Finding people with a clean driving record
- Finding people with a clear criminal background check
- Finding people who meet minimum requirements to be a direct service worker
- Finding workers with reliable child-care
- Finding workers with reliable transportation
- Finding workers with the skills needed to serve the people we support
- Other types of jobs are more attractive
- None of the above
- I am not sure/don't know

36. How would you describe your organization's ability to retain qualified direct service workers once they are hired? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

37. What are the three most significant retention challenges for your organization? (check up to three challenges)

- Wages are not high enough
- Full-time positions or sufficient hour are not available
- Gas prices or public transit fares are too high
- Paid health insurance is not offered
- Conflict amongst direct service workers, supervisors, and/or managers
- Workers are unable to do the essential job duties
- Workers do not have reliable child-care
- Workers do not have reliable transportation
- Other personal stressors faced by workers
- None of the above
- I am not sure/don't know

Employee Characteristics

38. Using your Equal Opportunity Statistics, what percentage of your current direct service workforce are in the following racial/ethnic groups:

- Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)
- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know
- Not Hispanic or Latino
- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know
- American Indian or Alaskan Native (person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)
- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

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Black, African American, or Haitian (a person having origins in any of the black racial groups of Africa)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

White or European American (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Training and Qualifications for Direct Service Workers

39. Which of the following are required to begin work as a direct service worker in your organization? (check all that apply)

- A criminal background check
- A current driver's license
- A high school diploma or its equivalent
- Ability to speak and write in English
- An abuse/neglect registry check
- Certification or licensure
- Education beyond a high school diploma
- Passing a drug check
- Other (please describe) _____
- I am not sure/don't know

40. Does your organization require newly hired direct service workers to participate in any specific skill training - training that goes beyond general information that orients a new employee to this organization and their work setting?

- Yes
- No
- It depends, some new hires are exempt from this training
- It depends on the direct service work job
- I am not sure/do not know

41. In what cases are new hires exempted from the specific skill training described in #38 above? (check all that apply)

- If they have a specific number of months or years working in a similar position
- If they are already certified to do their position (for example as a PCA or CNA)
- If they have advanced professional education (e.g., LPN, RN, Social Worker)
- Other reasons (please specify)
- All new hires must complete specific skill training upon hire without exception
- I am not sure/do not know

Maine Direct Service Workforce Employer Survey

42. Does your organization offer (or contract with another entity to provide) periodic ongoing skill development trainings or formal in-service programs to all direct service workers (that is not just for new hires)?

- Yes
- No
- I am not sure/do not know

43. Is participation in training or in-service programs or continuing education programs linked to compensation? (check all that apply)

- No
- Yes, workers are paid for the time spent in training
- Yes, workers receive a stipend for their time in training
- Yes, workers can receive reimbursement for training or tuition costs
- Yes, pay raises are based on participation in training programs
- Other (please specify)
- I am not sure/do not know

44. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on (check all that apply).

Yes, we require training on this topic.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>

Maine Direct Service Workforce Employer Survey

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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

45. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

Yes, this is a critical training need for direct service workers in my organization.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>

Maine Direct Service Workforce Employer Survey

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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

Information about you:

46. We are requesting this information so we may conduct follow up calls to clarify data if necessary. You do not have to provide this information.

Your name: _____

Phone #: _____

Email address: _____

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.

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

Maine Direct Service Workforce Employer Survey

PRA Disclosure Statement

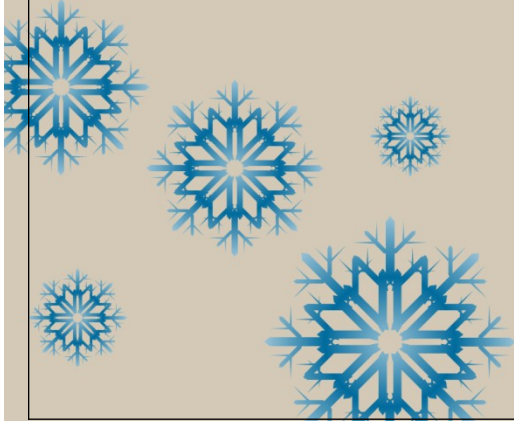
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Survey #5: Massachusetts Employer Organization Survey Materials – Survey #1

Massachusetts DSW Employer Survey (DDS adult waiver programs)

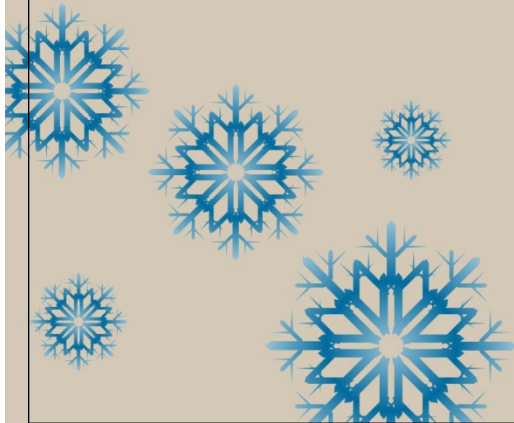
Survey Coming Soon!

*From the Massachusetts Executive Office of Health and
Human Services*



Survey Coming Soon!

*From the Massachusetts Executive Office of Health and
Human Services*



Massachusetts DSW Employer Survey (DDS adult waiver programs)

Please be on the look-out for a survey from the **Massachusetts Executive Office of Health and Human Services**, in collaboration with the Association of Developmental Disabilities Providers (ADDP), coming in 2 weeks!

You will receive this survey because your organization receives funding to Medicaid home and community-based adult waiver programs to people with intellectual/developmental disabilities through a **Department of Developmental Services (DDS) contract**. Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

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

Executive Office of Health and Human Services

c/o University of Massachusetts
Medical School
333 South Street
Shrewsbury, MA 01545

Recipient Name

Street Address

City, State, Zip Code

Massachusetts DSW Employer Survey (DDS adult waiver programs)

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Executive Office of Health and Human Services

c/o University of Massachusetts
Medical School
333 South Street
Shrewsbury, MA 01545

Recipient Name

Street Address

City, State, Zip Code



**Executive Office of Health and Human Services
c/o University of Massachusetts Medical School
333 South Street
Shrewsbury, MA 01545
Attn: Laney Bruner-Canhoto, Office #13W532**

<<Executive Director First Name>> <<Executive Director Last Name>>
<<Provider/Employer Organization Name>>
<<Provider/Employer Organization Mailing Address>>
<< City>>, <<State>> << Zip>>

Dear <<Executive Director First Name>> <<Executive Director Last Name>>,

The **Massachusetts Executive Office of Health and Human Services, in collaboration with the Association of Developmental Disabilities Providers (ADDP)**, is in the process of collecting information about the experiences of your direct service workforce. This survey effort is part of a federally funded study sponsored by the Centers for Medicare and Medicaid Services. You are being asked to complete this survey because your organization receives funding to provide Medicaid home and community-based adult waiver programs to people with intellectual/developmental disabilities through a **Department of Developmental Services (DDS) contract**. We are asking for your participation in this very important survey about your employees. This is an opportunity for you to voice your opinions. Please note the survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. We recognize that many direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers and keep workers longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in Massachusetts, and how organizations in Massachusetts compare to those in other states. Survey results will be used to better understand the current state of the direct service workforce in Massachusetts and areas of policy improvement. We will send you the aggregate results of the surveys as soon as they are available.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from your organization's responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization will not be identified.

In addition to the paper survey provided, an online accessible version of this survey is also available. To access the survey go to <https://www.research.net/s/MA-DSW-Employer-DDS> and enter the unique code provided to you on page 1 of 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. This survey should take approximately 1 hour to

complete and should be completed by someone with access to your company's personnel records.
Thank you in advance for completing this survey.

Sincerely,

Christine Griffin
Assistant Secretary, Disability Policies and Programs
Executive Office of Health and Human Services

Ann L. Hartstein
Secretary
Executive Office of Elder Affairs

Gary H. Blumenthal
President & CEO
Association of Developmental Disabilities Providers

Massachusetts DSW Employer Survey (DDS adult waiver programs)

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to deliver **Medicaid home and community-based adult waiver programs** to people with intellectual/developmental disabilities through a **Department of Developmental Services (DDS)** contract. We are interested in information about all your employees who provide hands-on, direct services and support.

The Centers for Medicare and Medicaid Services has asked Massachusetts to gather and report basic information about the volume, stability, wages, and compensation of the direct service workforce (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal and state governments develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Massachusetts as soon as they are available.

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a Department of Developmental Services (DDS) contracted waiver provider in Massachusetts. This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647 or Cheryl Cumings at 617-573-1817.

Directions:

We encourage you to complete your survey online at:

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Massachusetts DSW Employer Survey (DDS adult waiver programs)

<https://www.research.net/s/MA-DSW-Employer-DDS>

If you complete your survey online, please enter **123456** when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **Cheryl Cumings, c/o Executive Office of Elder Affairs, One Ashburton Place 5th Floor, Boston, MA, 02108** by mail using the stamped return envelope enclosed.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining direct services worker records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please send the survey to your organization's headquarters, or contact them for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention and training challenges over time and compare your organization's experiences to those of other organizations in Massachusetts. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers and Workplace Settings

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Direct Support Professionals (DSPs)
- ▶ Certified Nursing Assistants (CNAs)
- ▶ Homemakers

Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual/developmental disabilities with support needs.
- ▶ All part-time, full-time, intermittent and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions or offices of your organization in this state.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Massachusetts DSW Employer Survey (DDS adult waiver programs)

- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include licensed health care staff (nurses, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Please include in your responses direct service workers in the following settings:

- Residential services**—Supports provided to a person living in a community home with two or more people of any age with disabilities or who are aging (e.g., group home, Assisted Living Facility, shared living arrangements).
- In-home supports/Home care**—Supports provided to a person in their own home or in the home of a family member in which they reside.
- Day programs and rehabilitative or medical supports**—Supports provided outside an individual's home such as adult day care and adult day health care services, rehabilitative services, day training and habilitation services, and disability specific non-school based services to children and youth with disabilities (e.g., respite, drop in centers).
- Job or vocational services**—Supports to help individuals to locate, acquire and keep a job for which they are paid. This includes services such as group and center based day supports, supported employment, community-based day supports.

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People provide therapy services**, such as occupational therapists.

Massachusetts DSW Employer Survey (DDS adult waiver programs)

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)
 - Individual Support and Community Habilitation
 - Supported Employment Services
 - Day Habilitation Supplement
 - Individualized Home Supports
 - Group or Center Based Day Supports
 - Home-maker
 - Live-in Caregiver
 - Respite
 - Adult Companion
 - Chore
 - Peer Support
 - Residential Habilitation
 - Other _____ (please indicate)

2. Is your organization... (check only one answer)
 - Independent entity (i.e., not part of a chain or larger organization)
 - Part of a chain, system or multi-organization structure (within your state or nationally)
 - Government operated
 - I am not sure/don't know

3. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)
 - The entire organization in this state
 - A subdivision of the organization within this state
 - A single service setting that is part of a larger organization
 - Our organization has only one site

4. Excluding services provided to people in their own or a family member's home, how many different service locations (e.g., agency offices, residential group homes, assisted living facilities, supported employment sites, adult day centers, adult day care and adult day health care, day programs) does your organization operate in Massachusetts?
 Total number of locations
 - I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

5. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?
 Number of hours per week
 - I am not sure/don't know

Massachusetts DSW Employer Survey (DDS adult waiver programs)

6. Does your organization contract with direct services workers who are not employees of your organization (e.g., independent contractors) to provide the services listed in Question #1?

- Yes
 No
 I am not sure/don't know

7. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)

A) Number who work 36 or more hours per week

B) Number who work 1 to 35 hours per week

Total number of direct service workers (the sum of A plus B)

- Used date other than last day of past month _____ (please indicate)
 I am not sure/don't know

8. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)

A) Residential services

B) In-home supports

C) Day programs and other community supports

D) Job or vocational services

Total number of direct service workers (the sum of A-D)

- I am not sure/don't know

9. How many people with a disability or who are aging does your organization currently support?

Total number of people supported

- I am not sure/don't know

10. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

A) Residential services

B) In-home supports

C) Day programs and other community support programs

D) Job or vocational services

- I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

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Massachusetts DSW Employer Survey (DDS adult waiver programs)

11. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new workers needed

I am not sure/don't know

12. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total number of direct service workers who left the organization

I am not sure/don't know

13. How many of your direct service worker employees have worked for your organization less than six months, 6-12 months, and more than 12 months?

Number with less than 6 months of continuous paid employment (that is, a continuous six-month period of time during which they were an employee the entire period)

Number with 6 to 12 months of continuous paid employment

Number with more than 12 months of continuous paid employment

I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct service workers your organization employs or contracts with to provide the services listed in Question #1. Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.

14. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?

\$____.____ (per hour)

I am not sure/don't know

15. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?

Residential services

In-home supports

Day programs and other community supports

Job or vocational services

Current average hourly wage across all services and settings

I am not sure/don't know

Massachusetts DSW Employer Survey (DDS adult waiver programs)

16. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation
- No paid vacation time or paid time off offered
- I am not sure/don't know

17. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

18. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

19. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

Number of direct service workers enrolled in health insurance coverage through your organization

- I am not sure/don't know

20. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more
- Different percentages for different direct service workers _____ (please describe)
- I am not sure/don't know

Massachusetts DSW Employer Survey (DDS adult waiver programs)

21. What other types of benefits are direct service workers (including full-time, part-time, on-call, or intermittent) eligible to receive from your organization (check all that apply)?

- Paid time off, reimbursement or other support for post-secondary education
- Employer paid job-related training
- Employer-sponsored retirement plan
- Employer-sponsored disability insurance
- Other _____ (please indicate)
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

22. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

- Yes
- No
- I am not sure/don't know

23. Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

24. Does your organization have a written policy concerning cultural competence?

- Yes
- No
- I am not sure/don't know

25. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at: <http://www.ncccurricula.info/culturalcompetence.html>

Massachusetts DSW Employer Survey (DDS adult waiver programs)

26. Do staff at your organization receive training in cultural competence?

- Yes
- No
- I am not sure/don't know

27. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

- Yes
- No
- I am not sure/don't know

Workforce Challenges

28. Which of the following are currently significant challenges for your organization? (check all that apply)

- Finding qualified direct service workers
- Direct service worker turnover
- Direct service worker competence
- Employee training
- Employee motivation
- Employee satisfaction
- None of the above
- I am not sure/don't know

29. How would you describe your organization's ability to retain qualified direct service workers once they are hired? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

30. What are the three most significant retention challenges for your organization? (check up to three challenges)

- Conflict amongst direct service workers, supervisors, and/or managers
- Full-time positions or sufficient hour are not available
- Gas prices are too high
- Health insurance is not offered to all employees
- Personal stressors faced by workers
- Wages are not high enough
- Workers are disqualified from working based on state standards (e.g., substantiated abuse/neglect, a criminal conviction, a driving violation)
- Workers are unable to do the essential job duties
- Workers do not have reliable child-care
- Workers do not have reliable transportation
- None of the above

Massachusetts DSW Employer Survey (DDS adult waiver programs)

I am not sure/don't know

Employee Characteristics

31. Using your Equal Opportunity Statistics, what percentage of your current direct service workforce have the following characteristics:

Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Not Hispanic or Latino

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

American Indian or Alaskan Native (person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Black, African American, or Haitian (a person having origins in any of the black racial groups of Africa)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

White or European American (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Training for Direct Service Workers

32. Does your organization require newly hired direct service workers to participate in any specific skill training - training that goes beyond general information that orients a new employee to this organization and their work setting?

Yes

No

It depends, some new hires are exempt from this training

It depends on the direct service work job

I am not sure/do not know

33. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on (check all that apply).

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*Yes, we require training
on this topic.*

Massachusetts DSW Employer Survey (DDS adult waiver programs)

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cariopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

34. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

Yes, this is a critical training need for direct service workers in my organization.

Massachusetts DSW Employer Survey (DDS adult waiver programs)

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cariopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

Massachusetts DSW Employer Survey (DDS adult waiver programs)

Thank you for completing this survey.

For paper surveys:

Please return your completed survey to **Cheryl Cumings, c/o Executive Office of Elder Affairs, One Ashburton Place 5th Floor, Boston, MA, 02108** 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 1 hr 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.

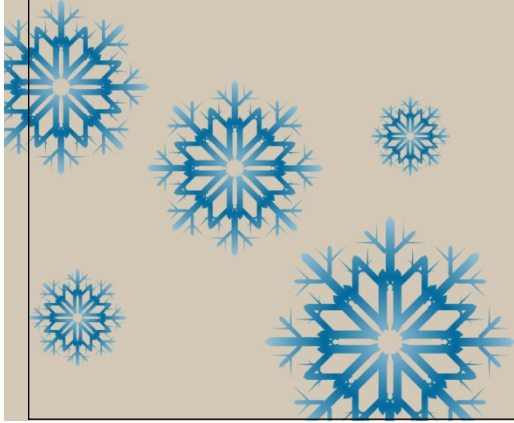
Survey #6: Massachusetts Employer Organization Survey Materials - Survey #2

Massachusetts DSW Employer Survey (Frail Elder

Waiver/Home Care Program)

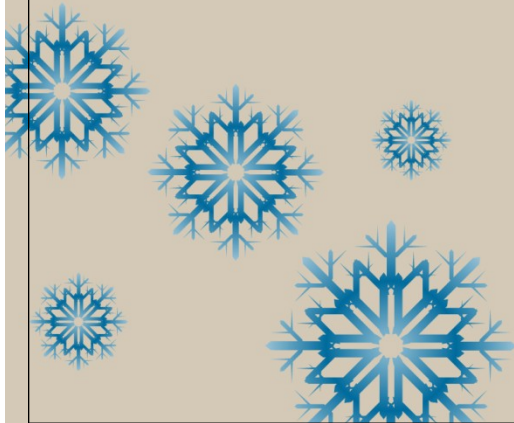
Survey Coming Soon!

From the Massachusetts Executive Office of Elder Affairs



Survey Coming Soon!

From the Massachusetts Executive Office of Elder Affairs



**Massachusetts DSW Employer Survey
(Frail Elder Waiver/Home Care Program)**

*Please be on the look-out for a survey from the **Executive Office of Elder Affairs** in conjunction with the Executive Office of Health and Human Services coming in 2 weeks!*

*You will receive this survey because your organization receives Medicaid funding to deliver **Home Care Program** services to seniors and/or people with physical or intellectual/developmental disabilities. Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.*

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

**Executive Office of Health and
Human Services**

c/o University of Massachusetts
Medical School
333 South Street
Shrewsbury, MA 01545

Recipient Name

Street Address

City, State, Zip Code

**Massachusetts DSW Employer Survey
(Frail Elder Waiver/Home Care Program)**

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**Executive Office of Health and
Human Services**

c/o University of Massachusetts
Medical School
333 South Street
Shrewsbury, MA 01545

Recipient Name

Street Address

City, State, Zip Code



**Executive Office of Health and Human Services
c/o University of Massachusetts Medical School
333 South Street
Shrewsbury, MA 01545
Attn: Laney Bruner-Canhoto, Office #13W532**

<<First>> <<Last>>
<< Title>>
<<Provider/Employer Organization Name>>
<<Provider/Employer Organization Mailing Address >>
<< City>>, <<State>> <<Zip>>

Dear <<First>> <<Last>>,

The Executive Office of Elder Affairs in conjunction with the Executive Office of Health and Human Services, is in the process of collecting information about the experiences of your Direct Service Workforce. This survey effort is part of a federally funded study and is in collaboration with the Massachusetts Council for Home Care Aide Services, Inc. and Home Care Alliance of Massachusetts. The survey is sponsored by the Centers for Medicare and Medicaid Services. You are being asked to complete this survey because your organization receives Medicaid funding to deliver Home Care Program services to seniors and/or people with physical or intellectual/developmental disabilities. We are asking for your participation in a very important online or paper survey about your employees. This is an opportunity for you to voice your opinions. The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. We recognize that many direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers and keep workers longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in Massachusetts, and how organizations in Massachusetts compare to those in other states. Survey results will be used to better understand the current state of the direct service workforce in Massachusetts and areas for policy improvement. We will send you the aggregate results of the surveys as soon as they are available.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from your organization's responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization will not be identified.

In addition to the paper survey provided, an online accessible version of this survey is also available. To access the survey go to <https://www.research.net/s/MA-DSW-Employer-FE> and enter the unique code provided to you on page 1 of 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. This survey should take approximately 1 hour to complete and should be completed by someone with access to your company's personnel records. Thank you in advance for completing this survey.

Sincerely,

Ann L. Hartstein
Secretary
Executive Office of Elder Affairs

Christine Griffin
Assistant Secretary, Disability Policies and Programs
Executive Office of Health and Human Services

Lisa Gurgone
Executive Director
Massachusetts Council for Home Aide Services

Pat Kelleher
Executive Director
Home Care Alliance of Massachusetts

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives Medicaid funding to deliver **Home Care Program services** to seniors and/or people with physical or intellectual/developmental disabilities. We are interested in information about all your employees who provide hands-on, direct services and support.

The Centers for Medicare and Medicaid Services has asked Massachusetts to gather and report basic information about the volume, stability, wages, and compensation of the direct service workforce (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal and state governments develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Massachusetts as soon as they are available.

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a Medicaid Home Care program provider in Massachusetts. This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647 or Cheryl Cumings at 617-573-1817.

Directions:

Survey ID# <<123456>>

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Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

We encourage you to complete your survey online at:

<https://www.research.net/s/MA-DSW-Employer-FE>

If you complete your survey online, please enter <<123456>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **Cheryl Cumings, c/o Executive Office of Elder Affairs, One Ashburton Place 5th Floor, Boston, MA, 02108** by mail using the stamped return envelope enclosed.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining direct services worker records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please send the survey to your organization's headquarters, or contact them for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention and training challenges over time and compare your organization's experiences to those of other organizations in Massachusetts. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers and Workplace Settings

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Personal and home care aides
- ▶ Home health aides
- ▶ Direct support professionals
- ▶ Certified nursing assistants
- ▶ Homemakers
- ▶ Personal attendants
- ▶ Supportive home care aides

Please include in your responses:

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- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual/developmental disabilities with support needs.
- ▶ All part-time, full-time, intermittent and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions or offices of your organization in this state.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.
- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include licensed health care staff (nurses, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Please include in your responses direct service workers in the following settings:

- Residential services**—Supports provided to a person living in a community home with two or more people of any age with disabilities or who are aging (e.g., group home, Assisted Living Facility, day programs).
- In-home supports/Home care**—Supports provided to a person in their own home or in the home of a family member in which they reside.
- Day programs and rehabilitative or medical supports**—Supports provided outside an individual's home such as adult day care and adult day health care services, rehabilitative services, day training and habilitation services, and disability specific non-school based services to children and youth with disabilities (e.g., respite, drop in centers).
- Job or vocational services**—Supports to help individuals to locate, acquire and keep a job for which they are paid. This includes services such as job coaching, supported employment, work crews, sheltered workshops, and job training.

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

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CMS-10404 (exp. date TBD)

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)
 - Homemaker
 - Personal Care
 - Home Health
 - Adult Day Health
 - Supportive Day Program
 - Chore
 - Companion
 - Other _____ (please indicate)
2. Is your organization... (check only one answer)
 - Independent entity (i.e., not part of a chain or larger organization)
 - Part of a chain, system or multi-organization structure (within your state or nationally)
 - Government operated
 - I am not sure/don't know
3. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)
 - The entire organization in this state
 - A subdivision of the organization within this state
 - A single service setting that is part of a larger organization
 - Our organization has only one site
4. Excluding services provided to people in their own or a family member's home, how many different service locations (e.g., agency offices, residential group homes, assisted living facilities, supported employment sites, adult day centers, adult day care and adult day health care, day programs) does your organization operate in Massachusetts?
 Total number of locations
 - I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

5. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?
 Number of hours per week
 - I am not sure/don't know
6. Does your organization contract with direct services workers who are not employees of your organization (e.g., independent contractors) to provide the services listed in Question #1?
 - Yes
 - No

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

I am not sure/don't know

7. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)

A) Number who work 36 or more hours per week

B) Number who work 1 to 35 hours per week

Total number of direct service workers (the sum of A plus B)

Used date other than last day of past month _____ (please indicate)

I am not sure/don't know

8. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)

A) Residential services

B) In-home supports

C) Day programs and other community supports

D) Job or vocational services

Total number of direct service workers (the sum of A-D)

I am not sure/don't know

9. How many people with a disability or who are aging does your organization currently support?

Total number of people supported

I am not sure/don't know

10. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

A) Residential services

B) In-home supports

C) Day programs and other community support programs

D) Job or vocational services

I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

11. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract, and intermittent positions that are currently funded

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new workers needed

I am not sure/don't know

12. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total number of direct service workers who left the organization

I am not sure/don't know

13. How many of your direct service worker employees have worked for your organization less than six months, 6-12 months, and more than 12 months?

Number with less than 6 months of continuous paid employment (that is, a continuous six-month period of time during which they were an employee the entire period)

Number with 6 to 12 months of continuous paid employment

Number with more than 12 months of continuous paid employment

I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct service workers your organization employs or contracts with to provide the services listed in Question #1. Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.

14. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?

\$___.__ (per hour)

I am not sure/don't know

15. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?

Residential services

In-home supports

Day programs and other community supports

Job or vocational services

Current average hourly wage across all services and settings

I am not sure/don't know

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16. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation
- No paid vacation time or paid time off offered
- I am not sure/don't know

17. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

18. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

19. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

Number of direct service workers enrolled in health insurance coverage through your organization

- I am not sure/don't know

20. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more
- Different percentages for different direct service workers _____ (please describe)
- I am not sure/don't know

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21. What other types of benefits are direct service workers (including full-time, part-time, on-call, contract, or intermittent) eligible to receive from your organization (check all that apply)?

- Paid time off, reimbursement or other support for post-secondary education
- Employer paid job-related training
- Employer-sponsored retirement plan
- Employer-sponsored disability insurance
- Other _____ (please indicate)
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

22. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

- Yes
- No
- I am not sure/don't know

23. Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

24. Does your organization have a written policy concerning cultural competence?

- Yes
- No
- I am not sure/don't know

25. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at: <http://www.ncccurrucula.info/culturalcompetence.html>

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I am not sure/don't know

26. Do staff at your organization receive training in cultural competence?

Yes

No

I am not sure/don't know

27. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

Yes

No

I am not sure/don't know

Workforce Challenges

**28. Which of the following are currently significant challenges for your organization?
(check all that apply)**

Finding qualified direct service workers

Direct service worker turnover

Direct service worker competence

Employee training

Employee motivation

Employee satisfaction

None of the above

I am not sure/don't know

29. How would you describe your organizations ability to retain qualified direct service workers once they are hired? (check only one answer)

Easy/no problem

Moderately easy

Somewhat difficult

Difficult

Almost impossible

It depends on the time of year

I am not sure/don't know

**30. What are the three most significant retention challenges for your organization?
(check up to three challenges)**

Conflict amongst direct service workers, supervisors, and/or managers

Full-time positions or sufficient hour are not available

Gas prices are too high

Health insurance is not offered to all employees

Personal stressors faced by workers

Wages are not high enough

Workers are disqualified from working based on state standards (e.g., substantiated abuse/neglect, a criminal conviction, a driving violation)

Workers are unable to do the essential job duties

Workers do not have reliable child-care

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

- Workers do not have reliable transportation
- None of the above
- I am not sure/don't know

Employee Characteristics

31. Using your Equal Opportunity Statistics, what percentage of your current direct service workforce have the following characteristics:

Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Not Hispanic or Latino

- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

American Indian or Alaskan Native (person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)

- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Black, African American, or Haitian (a person having origins in any of the black racial groups of Africa)

- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

White or European American (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

- 0-20% 21-40% 41-60% 61-80% 81%- 100% not sure/don't know

Training for Direct Service Workers

32. Does your organization require newly hired direct service workers to participate in any specific skill training - training that goes beyond general information that orients a new employee to this organization and their work setting?

- Yes
- No
- It depends, some new hires are exempt from this training
- It depends on the direct service work job
- I am not sure/do not know

33. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on (check all that apply).

Yes, we require training on this topic.

Advocacy

Administering medications

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

34. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

Yes, this is a critical training need for direct service workers in my organization.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

Thank you for completing this survey.

For paper surveys:

Please return your completed survey to **Cheryl Cumings, c/o Executive Office of Elder Affairs, One Ashburton Place 5th Floor, Boston, MA, 02108** in the postage paid envelope provided.

Survey ID# 123456

CMS-10404 (exp. date TBD)

Massachusetts DSW Employer Survey (Frail Elder Waiver/Home Care Program)

PRA Disclosure Statement

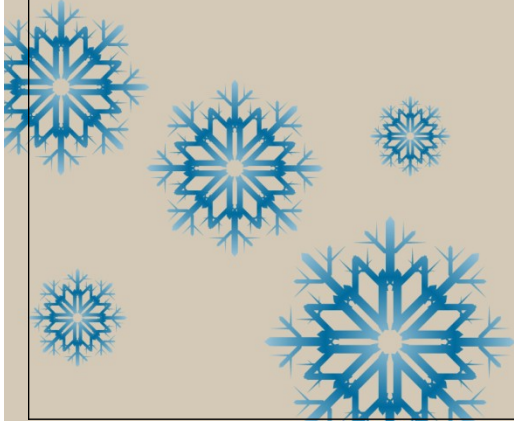
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 1 hr 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 # 7: Michigan Employer Organization Survey Materials – Survey #1

Michigan *MI Choice Employer Workforce Survey*

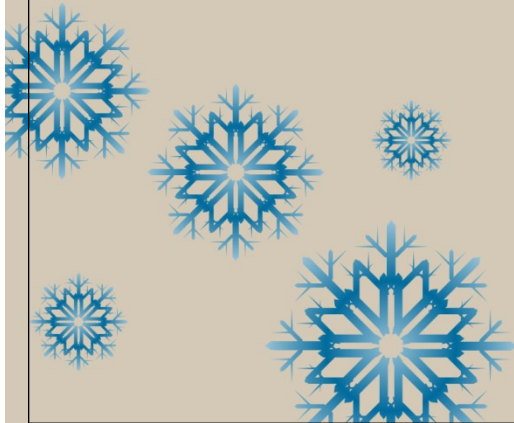
Survey Coming Soon!

From the Michigan Office of Services to the Aging



Survey Coming Soon!

From the Michigan Office of Services to the Aging



Michigan MI Choice Employer Workforce Survey

Please be on the look-out for a survey from the **Michigan Office of Services to the Aging** coming in the next month! You will receive this survey because your organization receives funding to provide services for older adults and/or people of all ages with physical or developmental disabilities.

Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

If you have questions or would like more information about the study, please contact Tamechia Bridges, PHI Michigan Senior

PHI - Michigan
PO Box 505
Linden, MI 48451-9912

Recipient Name
Street Address
City, State, Zip Code

Michigan MI Choice Employer Workforce Survey

Please be on the look-out for a survey from the **Michigan Office of Services to the Aging** coming in the next month! You will receive this survey because your organization receives funding to provide services for older adults and/or people of all ages with physical or developmental disabilities.

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Recipient Name
Street Address
City, State, Zip Code

PHI-Michigan
P.O. Box 505
Lansing, MI 48451-9912

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

<<**Greeting Line**>>

The **Michigan Office of Services to the Aging (OSA)** is in the process of collecting information about the experiences of your direct service workers (DSW), registered nurses (RNs), and licensed practical nurses (LPNs), as a part of a federally funded study, sponsored by the Centers for Medicare and Medicaid Services. PHI has been contracted by OSA to facilitate the distribution of the survey and data analysis. You are being asked to complete the **MI Choice Employer Workforce** survey because your organization receives funding to provide services for older adults and/or people of all ages with physical or intellectual/developmental disabilities and mental illness. These services include: adult day; community living supports; homemaking; personal care; private duty; residential services, or respite services. We are asking for your participation in a very important online or paper survey about your employees. This is an opportunity for you to voice your opinions. The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. OSA recognizes that many direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in your state, and how organizations in your state compare to those in other states. You will have access to a summary of the results by September 2012.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from the responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization will not be identified. If you have questions while completing the survey or would like more information about the study, please contact Tameshia Bridges, Michigan Senior Workforce Advocate at PHI at (517) 643-1049 or email at tbridges@phinational.org. This survey should take approximately 1 hour to complete and should be completed by someone with access to your company's personnel records. Please return your completed survey to:

PHI –Michigan
PO Box 505
Linden, MI 48451-9912

Thank you in advance for completing this survey.

Suggestion: Use the Excel File To Mail Merge

Sincerely,

<<**Sender Name**>>

<<**Current Title**>>

Enclosure

Michigan MI Choice Employer Workforce Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to provide for older adults and/or people of all ages with physical or intellectual/developmental disabilities the following services:

- ▶ Adult day
- ▶ Community living supports
- ▶ Homemaking
- ▶ Personal care
- ▶ Private duty
- ▶ Residential services
- ▶ Respite services

The Centers for Medicare and Medicaid Services has asked Michigan to gather and report basic information about the volume, stability, wages, and compensation of direct service workers (DSW), registered nurses (RNs), and licensed practical nurses (LPNs). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal and state governments develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Michigan by September 2012

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a MI Choice provider. This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Michigan MI Choice Employer Workforce Survey

purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact **Tameshia Bridges** at (517) 643-1049 or tbridges@phinational.org

Directions:

We encourage you to complete your survey online at:

<https://www.research.net/s/Michigan-MI-Choice-Employer-Survey>

If you complete the survey online, please enter <<123456>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **PHI Michigan, P.O. Box 505, Linden, MI 48451-9912** by mail using the stamped return envelope enclosed.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining employee records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please consult with your organization's headquarters for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention, and training challenges over time and compare your organization's experiences to those of other organizations Michigan. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers

This survey is about people employed or contracted to be direct service workers, RNs, and LPNs.

Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Personal and home care aides
- ▶ Home health aides
- ▶ Direct support professionals
- ▶ Certified nursing assistants
- ▶ Homemakers
- ▶ Personal attendants

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Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual disabilities with support needs.
- ▶ All part-time, full-time, intermittent, and on-call direct service workers, RNs and LPNs.
- ▶ All direct service workers, RNs, and LPNs from all branches, divisions, or offices of your organization in this state.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.
- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include other licensed health care staff (physicians, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Definitions: Workplace Settings / Services

This survey refers to the following services in your state:

- ▶ Community living supports
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Home maker/ home chore
- ▶ Adult day services
- ▶ Respite
- ▶ Residential Services

Please include in your responses if applicable for your organization:

Direct service workers in the following settings:

- a) **Residential services**—Supports provided to a person living in a community home or apartment with two or more people of any age with disabilities or who are aging (e.g. group home, Assisted Living, adult foster care home, home for the aged).
- b) **In-home supports /Home care/personal care** —Supports provided to a person in his or her own home or in the home or apartment or in the home of a family member.
- c) **Day programs and community support programs**—Supports provided outside an individual's home such as adult day services.

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Michigan MI Choice Employer Workforce Survey

- d) **Job or vocational services**— Supports to help individuals on the job for which they are paid or in settings where job coaching and or training is available.

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

Michigan MI Choice Employer Workforce Survey

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)
 - Community living supports
 - Personal care
 - Private duty nursing
 - Home maker/home chore
 - Adult day services
 - Respite
 - Residential services
 - Other _____ (please indicate)
2. Is your organization... (check only one answer)
 - Independent entity (i.e., not part of a chain or larger organization)
 - Part of a chain, system, or multi-organization structure (within your state or nationally)
 - Government operated
 - I am not sure/don't know
3. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)
 - The entire organization in this state
 - A subdivision of the organization within this state
 - A single service setting that is part of a larger organization
 - Our organization has only one site
4. Excluding services provided to people in their own or a family member's home, how many different service locations (agency offices, residential adult foster homes or homes for the aged, adult day centers) does your organization operate in Michigan?
 Total number of settings
 - I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct services workers , RNs and LPNs your organization employs or contracts with to provide the services listed in Question #1.

Direct Service Workers

5. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?
 Number of hours per week
 - I am not sure/don't know
6. Does your organization contract with direct services workers who are not employees of your organization to provide the services listed in Question #1?

Michigan MI Choice Employer Workforce Survey

- Yes
- No
- I am not sure/don't know

7. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)

A) Number who work 36 or more hours per week

B) Number who work 1 to 35 hours per week

Total number of direct service workers (the sum of A plus B)

- Used date other than last day of past month _____ (please indicate)
- I am not sure/don't know

8. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)

A) Residential services

B) In-home supports/home care/personal care

C) Day programs and other community supports

D) Job or vocational services

Total number of direct service workers (the sum of A-D)

- I am not sure/don't know

RNs and LPNs

9. How many hours per week (not per pay period) do registered nurses (RN) and licensed practical nurses (LPN) have to work to be considered full-time employees at your organization?

Number of hours per week, **RN**

Number of hours per week, **LPN**

- This organization does not employ any **RNs** or **LPNs** [**SKIP QUESTIONS 10-12 AND GO DIRECTLY TO QUESTION 13**]
- I am not sure/don't know

10. Does your organization contract with RNs or LPNs who are not employees of your organization to provide the services listed in Question #1?

- Yes
- No
- I am not sure/don't know

11. How many total RNs did your organization employ or contract with on January 31, 2012?

Number who work 36 or more hours per week, **RN**

Number who work 1 to 35 hours per week, **RN**

Michigan MI Choice Employer Workforce Survey

Total number of RNs

I am not sure/don't know

12. How many total LPNs did your organization employ or contract with on January 31, 2012?

Number who work 36 or more hours per week, LPN

Number who work 1 to 35 hours per week, LPN

Total number of LPNs

I am not sure/don't know

Individuals Served

13. How many people with a disability or who are aging does your organization currently support?

Total number of people supported

I am not sure/don't know

14. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

A) Residential services

B) In-home supports/home care/personal care

C) Day programs and rehabilitative or medical supports

D) Job or vocational services

I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers, RNs, and LPNs that your organization employs or contracts with to provide the services listed in Question #1.

Direct Service Workers

15. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract or intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new workers needed

I am not sure/don't know

Michigan MI Choice Employer Workforce Survey

16. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total direct service workers who left the organization

- I am not sure/don't know

[RNs and LPNs](#)

17. How many RNs and LPNs do you need to hire this week? Please include all full-time and part-time, on-call and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new nurses needed, RN

Number of new nurses needed, LPN

- This organization does not employ any RNs or LPNs **[SKIP QUESTION 17 AND GO DIRECTLY TO QUESTION 18]**
- I am not sure/don't know

18. In the last 12 months, how many RNs and LPNs (including full-time, part-time, on-call, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total RNs who left the organization

Total LPNs who left the organization

- I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct service workers, RNs and LPNs your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

[Direct Service Workers](#)

19. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?

\$___.__ (per hour) for direct service workers

- I am not sure/don't know

20. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?

Residential services

In-home supports/home care/personal care

Day programs and other community supports

Michigan MI Choice Employer Workforce Survey

Job or vocational services

Current average hourly wage across all services and settings

I am not sure/don't know

21. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call, or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation or paid time off
- No paid vacation time or paid time off offered
- I am not sure/don't know

22. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call, or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

23. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call, or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

24. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

Number of direct service workers enrolled in health insurance coverage through your organization

I am not sure/don't know

25. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%

Michigan MI Choice Employer Workforce Survey

- 51% to 75%
- 76% or more
- Different percentages for different direct service workers _____ (please describe)
- I am not sure/don't know

26. Does your organization compensate direct service workers for mileage or travel costs for travel between consumer homes or work sites?

- Yes - for *all* travel for *all* direct service workers
- Yes - for *all* travel for *some* direct service workers
- Sometimes - under certain circumstances
- No, we do not compensate direct service staff for mileage or travel costs between consumers' homes or work sites
- I am not sure/don't know

RNs and LPNs

27. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent RNs and LPNs who were hired in your organization over the last 12 months?

- \$____.____ (per hour) for RNs
- \$____.____ (per hour) for LPNs
- This organization does not employ any RNs or LPNs **[SKIP QUESTIONS 27-33 AND GO DIRECTLY TO QUESTION 34]**
- I am not sure/don't know

28. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent RNs and LPNs?

- \$____.____ (per hour) for RNs
- \$____.____ (per hour) for LPNs
- I am not sure/don't know

29. Which of the following RNs and LPNs are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time RNs
- Full-time LPNs
- Part-time RNs
- On call or intermittent RNs
- Contract RNs
- Part-time LPNs
- On call or intermittent LPNs
- Contract LPNs
- No RNs are eligible for paid vacation or paid time off
- No LPNs are eligible for paid vacation or paid time off
- I am not sure/don't know

30. Which of the following RNs and LPNs are eligible to earn and use paid sick time? (check all that apply)

- Full-time RNs

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- Full-time LPNs
- Part-time RNs
- On call or intermittent RNs
- Contract RNs
- Part-time LPNs
- On call or intermittent LPNs
- Contract LPNs
- No RNs are eligible for paid sick time
- No LPNs are eligible for paid sick time
- I am not sure/don't know

31. Which of the following RNs and LPNs are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time RNs
- Full-time LPNs
- Part-time RNs
- On call or intermittent RNs
- Contract RNs
- Part-time LPNs
- On call or intermittent LPNs
- Contract LPNs
- No RNs are eligible for health insurance coverage
- No LPNs are eligible for health insurance coverage
- No health insurance coverage is offered by this organization
- I am not sure/don't know

32. How many RNs and LPNs (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

Number of RNs receiving health insurance coverage paid by this organization

Number of LPNs receiving health insurance coverage paid by this organization

- I am not sure/don't know

33. For RNs and LPNs who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more
- Different percentages for different RNs and LPNs _____ (please describe)
- I am not sure/don't know

34. Does your organization compensate RNs and LPNs for mileage or travel costs for travel between consumer homes or work sites?

- Yes - for all travel for *all* RNs and all LPNs

Michigan MI Choice Employer Workforce Survey

- Yes – for all travel for **RNs only**
- Yes – for all travel for **LPNs only**
- Sometimes for some nurses - under certain circumstances
- No, we do not compensate RNs or LPNs for mileage or travel costs between consumers' homes or work sites
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

35. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

- Yes
- No
- I am not sure/don't know

36. Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

37. Does your organization have a written policy concerning cultural competence?

- Yes
- No
- I am not sure/don't know

38. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

39. Do staff at your organization receive training in cultural competence?

- Yes

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at: <http://www.ncccurricula.info/culturalcompetence.html>

Michigan MI Choice Employer Workforce Survey

- No
- I am not sure/don't know

40. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

- Yes
- No
- I am not sure/don't know

Direct Service Workforce Challenges

Please answer the following questions about direct service workers only. Do not include challenges related to recruitment and retention of RNs and LPNs in your responses to these questions.

41. How would you describe your organization's ability to recruit and hire qualified direct service workers? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

42. What are the three most significant recruitment challenges for your organization? (check up to three challenges)

- Recruitment is not a problem for this organization
- Finding people to work in part-time or intermittent positions
- Finding people who are willing to work for the wage we offer
- Finding people who are willing to work in a position that does not offer health insurance
- Finding people who can communicate effectively with the people they will support
- Finding people who meet minimum education or experience requirements
- Finding people who will work evenings, weekends or holidays
- Finding people who can give up their unemployment benefits
- Finding people with a clean driving record
- Finding people with a clear criminal background check
- Finding people who meet minimum requirements to be a direct service worker
- Finding workers with reliable child-care
- Finding workers with reliable transportation
- Finding workers with the skills needed to serve the people we support
- Other types of jobs are more attractive
- None of the above
- I am not sure/don't know

43. How would you describe your organization's ability to retain qualified direct service workers once they are hired? (check only one answer)

- Easy/no problem
- Moderately easy

Michigan MI Choice Employer Workforce Survey

- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

44. What are the three most significant retention challenges for your organization? (check up to three challenges)

- Wages are not high enough
- Full-time positions or sufficient hour are not available
- Gas prices or public transit fares are too high
- Paid health insurance is not offered
- Conflict amongst direct service workers, supervisors, and/or managers
- Workers are unable to do the essential job duties
- Workers do not have reliable child-care
- Workers do not have reliable transportation
- Other personal stressors faced by workers
- None of the above
- I am not sure/don't know

Direct Service Workforce Qualifications and Training

45. Which of the following are required to begin work as a direct service worker in your organization? (check all that apply)

- A criminal background check
- A current driver's license
- A high school diploma or its equivalent
- Ability to speak and write in English
- An abuse/neglect registry check
- Certification or licensure
- Education beyond a high school diploma
- Passing a drug test
- I am not sure/don't know

46. Does your organization offer (or contract with another entity to provide) periodic ongoing skill development trainings or formal in-service programs to all direct service workers (that is not just for new hires)?

- Yes
- No
- I am not sure/do not know

47. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on (check all that apply).

Yes, we require training on this topic.

- | | |
|---------------------------|--------------------------|
| Advocacy | <input type="checkbox"/> |
| Administering medications | <input type="checkbox"/> |
| Assessing consumer needs | <input type="checkbox"/> |

Michigan MI Choice Employer Workforce Survey

Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

48. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

Yes, this is a critical training need for direct service workers in my organization.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>

Michigan MI Choice Employer Workforce Survey

Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

Thank you for completing this survey.

For paper surveys:

Please return it to **PHI Michigan, P.O. Box 505, Linden, MI 48451-9912** in the postage paid envelope provided.

Survey ID#<<123456>>

CMS-10404 (exp. date TBD)

Michigan MI Choice Employer Workforce Survey

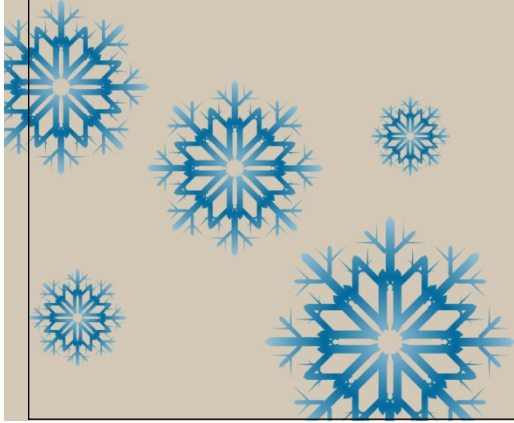
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***Survey #8: Michigan Employer Organization Survey Materials - Survey #2
Home Help Employer Workforce Survey***

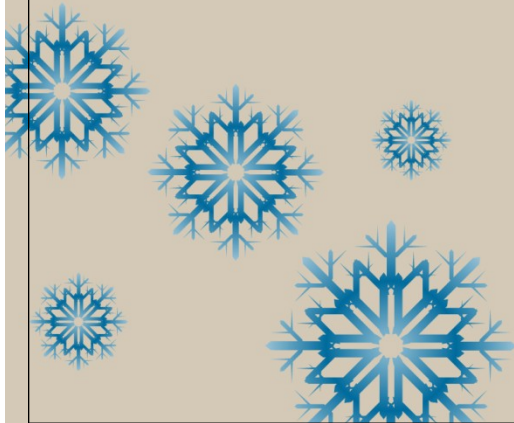
Survey Coming Soon!

From the Michigan Office of Services to the Aging



Survey Coming Soon!

From the Michigan Office of Services to the Aging



Home Help Employer Workforce Survey

Please be on the look-out for a survey from the **Michigan Office of Services to the Aging** coming in the next month!

You will receive this survey because your organization receives funding to provide services for older adults and/or people of all ages with physical or intellectual/developmental disabilities and mental illness.

Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

If you have questions or would like more

PHI - Michigan

PO Box 505

Linden, MI 48451-9912

Recipient Name

Street Address

City, State, Zip Code

Home Help Employer Workforce Survey

Please be on the look-out for a survey from the **Michigan Office of Services to the Aging** coming in the next month!

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If you have questions or would like more

PHI - Michigan

PO Box 505

Linden, MI 48451-9912

Recipient Name

Street Address

City, State, Zip Code

PHI-Michigan
P.O. Box 505
Linden, MI 48451-9912

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

<<Greeting Line>>

The <<Michigan Office of Services to the Aging>> (OSA) is in the process of collecting information about the experiences of your direct service workforce, as a part of a federally funded study, sponsored by the Centers for Medicare and Medicaid Services. PHI has been contracted by OSA to facilitate the distribution of the survey and data analysis. You are being asked to complete this survey because your organization receives funding to provide **Home Help** services for older adults and/or people of all ages with physical or intellectual/developmental disabilities and mental illness. We are asking for your participation in a very important online or paper survey about your employees. This is an opportunity for you to voice your opinions. The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. OSA recognizes that many direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in your state, and how organizations in your state compare to those in other states. You will have access to a summary of the results by September 2012.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from the responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization will not be identified. If you have questions while completing the survey or would like more information about the study, please contact Tameshia Bridges, Michigan Senior Workforce Advocate at PHI, at (517) 643-1049 or tbridges@phinational.org. This survey should take approximately 1 hour to complete and should be completed by someone with access to your company's personnel records.

Please return your completed survey to:

PHI –Michigan
PO Box 505
Linden, MI 48451-9912

Thank you in advance for completing this survey.

Suggestion: Use the Excel File To Mail Merge

Sincerely,

<<**Recipient Name**>>

<<**Current Title**>>

Enclosure

Michigan Home Help Employer Workforce Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to deliver **Home Help** services to older adults and/or people of all ages with physical or intellectual/developmental disabilities. We are interested in information about all your employees who provide hands-on, direct services and support.

The Centers for Medicare and Medicaid Services has asked Michigan to gather and report basic information about the volume, stability, wages, and compensation of direct service workers (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal and state governments develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Michigan by September 2012.

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a Home Help provider. This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact **Tameshia Bridges** at (517) 643-1049 or tbridges@phinational.org.

Directions:

We encourage you to complete your survey online at:

<https://www.research.net/s/Michigan-Home-Help-Employer-Survey>

Survey ID# <<123456>>

CMS-10404 (exp. date TBD)

Michigan Home Help Employer Workforce Survey

If you complete the survey online, please enter <<123456>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **PHI Michigan, P.O. Box 505, Linden, MI 48451-9912** by mail using the stamped return envelope enclosed.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining direct services worker records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please consult with your organization's headquarters for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention, and training challenges over time and compare your organization's experiences to those of other organizations Michigan. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers and Settings

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Home Help worker
- ▶ Home health aides
- ▶ Direct support professionals
- ▶ Home care workers
- ▶ Personal care attendants

Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to older adults and/or people of all ages with physical and/or intellectual disabilities with support needs
- ▶ All part-time, full-time, intermittent, and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions, or offices of your organization in this state.
- ▶ Contract or subcontracted workers who are not employed by your organization directly.

Michigan Home Help Employer Workforce Survey

- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include licensed health care staff (nurses, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Please include in your responses if applicable for your organization:

Direct service workers in the following settings:

- Residential services**—Supports provided to a person living in a community home or apartment with two or more people of any age with disabilities or who are aging.
- In-home supports /Home care/personal care** —Supports provided to a person in his or her own home or in the home or apartment or in the home of a family member.
- Day programs and community support programs**—Supports provided outside an individual's home such as adult day health services and community supports.
- Job or vocational services**—Supports to help individuals on the job for which they are paid or in settings where job coaching or training is available (e.g., work supports).

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

Michigan Home Help Employer Workforce Survey

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)
 - Personal care
 - Private duty nursing
 - Adult day services
 - Respite
 - Other _____ (please indicate)
2. Is your organization... (check only one answer)
 - Independent entity (i.e., not part of a chain or larger organization)
 - Part of a chain, system or multi-organization structure (within your state or nationally)
 - Government operated
 - I am not sure/don't know
3. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)
 - The entire organization in this state
 - A subdivision of the organization within this state
 - A single service setting that is part of a larger organization
 - Our organization has only one site

Workforce Volume

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

4. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?
 Number of hours per week
 I am not sure/don't know
5. Does your organization contract with direct services workers who are not employees of your organization to provide the services listed in Question #1?
 - Yes
 - No
 - I am not sure/don't know
6. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)
 - A) Number who work 36 or more hours per week
 - B) Number who work 1 to 35 hours per week
 - Total number of direct service workers (the sum of A plus B)
 - Used date other than last day of past month _____ (please indicate)
 - I am not sure/don't know

Michigan Home Help Employer Workforce Survey

7. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)

A) Residential services
 B) In-home supports/home care/personal care
 C) Day programs and other community supports
 D) Job or vocational services
 Total number of direct service workers (the sum of A-D)
 I am not sure/don't know

8. How many people with a disability, mental illness, or who are aging does your organization currently support?

Total number of people supported
 I am not sure/don't know

9. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

Residential services
 In-home supports/home care/personal care
 Day programs and rehabilitative or medical supports
 Job or vocational services
 I am not sure/don't know

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

10. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract or intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new workers needed
 I am not sure/don't know

11. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total direct service workers who left the organization
 I am not sure/don't know

Worker Compensation and Benefits

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Michigan Home Help Employer Workforce Survey

The following information will be used to determine the average wage rates and benefit levels for direct service workers your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

12. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?

\$___.__ (per hour)

I am not sure/don't know

13. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?

Residential services

In-home supports/home care/personal care

Day programs and other community supports

Job or vocational services

Current average hourly wage across all services and settings

I am not sure/don't know

14. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

Full-time direct service workers

Part-time direct service workers

On call or intermittent direct service workers

Contracted full-time direct service workers

No direct service workers are eligible for paid vacation or paid time off

No paid vacation time or paid time off offered

I am not sure/don't know

15. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

Full-time direct service workers

Part-time direct service workers

On call or intermittent direct service workers

Contracted full-time direct service workers

No direct service workers are eligible for paid sick time

Paid sick time is not offered

I am not sure/don't know

16. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

Full-time direct service workers

Part-time direct service workers

On call or intermittent direct service workers

Michigan Home Help Employer Workforce Survey

- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

17. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

Number of direct service workers enrolled in health insurance coverage through your organization

- I am not sure/don't know

18. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more
- Different percentages for different direct service workers _____ (please describe)
- I am not sure/don't know

19. Does your organization compensate direct service workers for mileage or travel costs for travel between consumer homes or work sites?

- Yes - for *all* travel for *all* direct service workers
- Yes - for *all* travel for *some* direct service workers
- Sometimes - under certain circumstances
- No, we do not compensate direct service staff for mileage or travel costs between consumers' homes or work sites
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

20. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at: <http://www.ncccurrucula.info/culturalcompetence.html>

Michigan Home Help Employer Workforce Survey

- Yes
- No
- I am not sure/don't know

21. Are interpreters available if needed who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

22. Does your organization have a written policy concerning cultural competence?

- Yes
- No
- I am not sure/don't know

23. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

24. Do staff at your organization receive training in cultural competence?

- Yes
- No
- I am not sure/don't know

25. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

- Yes
- No
- I am not sure/don't know

Workforce Challenges

26. How would you describe your organization's ability to recruit and hire qualified direct service workers? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

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Michigan Home Help Employer Workforce Survey

27. What are the three most significant recruitment challenges for your organization? (check up to three challenges)

- Recruitment is not a problem for this organization
- Finding people to work in part-time or intermittent positions
- Finding people who are willing to work for the wage we offer
- Finding people who are willing to work in a position that does not offer health insurance
- Finding people who can communicate effectively with the people they will support
- Finding people who meet minimum education or experience requirements
- Finding people who will work evenings, weekends or holidays
- Finding people who can give up their unemployment benefits
- Finding people with a clean driving record
- Finding people with a clear criminal background check
- Finding people who meet minimum requirements to be a direct service worker
- Finding workers with reliable child-care
- Finding workers with reliable transportation
- Finding workers with the skills needed to serve the people we support
- Other types of jobs are more attractive
- None of the above
- I am not sure/don't know

28. How would you describe your organization's ability to retain qualified direct service workers once they are hired? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

29. What are the three most significant retention challenges for your organization? (check up to three challenges)

- Wages are not high enough
- Full-time positions or sufficient hour are not available
- Gas prices or public transit fares are too high
- Paid health insurance is not offered
- Conflict amongst direct service workers, supervisors, and/or managers
- Workers are unable to do the essential job duties
- Workers do not have reliable child-care
- Workers do not have reliable transportation
- Other personal stressors faced by workers
- None of the above
- I am not sure/don't know

Employee Qualifications and Training

30. Which of the following are required to begin work as a direct service worker in your organization? (check all that apply)

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- A criminal background check
- A current driver's license
- A high school diploma or its equivalent
- Ability to speak and write in English
- An abuse/neglect registry check
- Certification or licensure
- Education beyond a high school diploma
- Passing a drug check
- Other (please describe) _____
- I am not sure/don't know

31. Does your organization offer (or contract with another entity to provide) periodic ongoing skill development trainings or formal in-service programs to all direct service workers (that is not just for new hires)?

- Yes
- No
- I am not sure/do not know

32. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on (check all that apply).

Yes, we require training on this topic.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cariopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>

Michigan Home Help Employer Workforce Survey

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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

33. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

Yes, this is a critical training need for direct service workers in my organization.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cariopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>

Michigan Home Help Employer Workforce Survey

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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>
I am not sure/don't know	<input type="checkbox"/>

Thank you for completing this survey.

For paper surveys:

Please return it to **PHI Michigan, P.O. Box 505, Linden, MI 48451-9912** 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 1 hr 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.

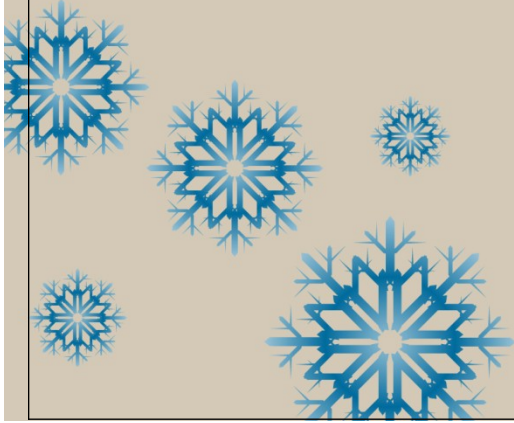
Survey ID# <<123456>>

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Survey #9: Michigan Employer Survey Materials – Survey #3
Michigan Community Mental Health

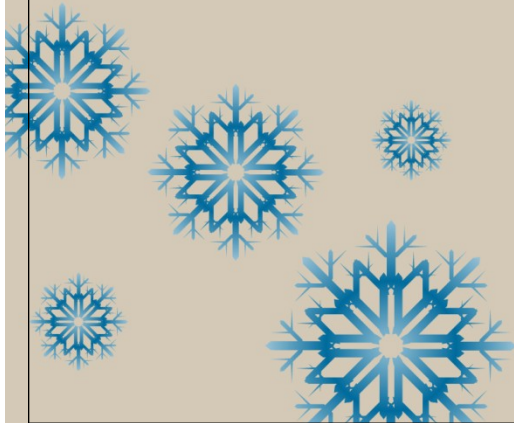
Survey Coming Soon!

From the Michigan Department of Community Health



Survey Coming Soon!

From the Michigan Department of Community Health



CMH Employer Workforce Survey

Please be on the look-out for a survey from the **Michigan Department of Community Health** coming in the next month!

You will receive this survey because your organization receives funding to provide services for people of all ages with physical or intellectual/developmental disabilities and mental illness.

Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

If you have questions or would like more information about the study, please contact Tameshia Bridges, PHI Michigan Senior Workforce Advocate, at (517) 643-1049.

PHI -Michigan

PO Box 505

Linden, MI 48451-9912

Recipient Name

Street Address

City, State, Zip Code

Home Help Employer Survey

Please be on the look-out for a survey from the **Michigan Department of Community Health** coming in the next month!

You will receive this survey because your organization receives funding to provide services for people of all ages with physical or intellectual/developmental disabilities and mental illness.

Your information will be kept private under the guidelines of the Privacy Act. Your participation is important to develop ways of improving the quality of the jobs and the quality of the services that are provided to older people and people with disabilities.

If you have questions or would like more information about the study, please contact Tameshia Bridges, PHI Michigan Senior Workforce Advocate, at (517) 643-1049.

PHI -Michigan

PO Box 505

Linden, MI 48451-9912

Recipient Name

Street Address

City, State, Zip Code

PHI-Michigan
P.O. Box 505
Linden, MI 48451-9912

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

<<**Greeting Line**>>

The **Michigan Department of Community Health** (MDCH) is in the process of collecting information about the experiences of your direct service workforce, as a part of a federally funded study, sponsored by the Centers for Medicare and Medicaid Services. PHI has been contracted by MDCH to facilitate the distribution of the survey and data analysis. You are being asked to complete this survey because your organization receives funding to provide ***Community Mental Health funded services*** for people of all ages with intellectual or developmental disabilities or mental illness. We are asking for your participation in a very important online or paper survey about your employees. This is an opportunity for you to voice your opinions. The survey is voluntary, your responses will be kept private under the guidelines of the Privacy Act, and it will not affect your status as a provider.

We are interested in information about all your employees who provide hands-on, direct services and support. MDCH recognizes that many direct service agencies experience turnover at unaffordably high rates. Information from this survey will be used to develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours in understanding how you compare to other organizations in your state, and how organizations in your state compare to those in other states. You will have access to a summary of the results by September 2012.

You can be assured that any information you give us on the survey will be kept private. Your agency name will be kept separate from the responses. The survey ID number will be used only for the purpose of tracking which organizations have completed the survey so that we can follow up to encourage a higher response rate. Results will only be reported in aggregate form and your organization will not be identified. If you have questions while completing the survey or would like more information about the study, please contact Tameshia Bridges, Michigan Senior Workforce Advocate at PHI, at (517) 643-1049 or tbridges@phinational.org. This survey should take approximately 1 hour to complete and should be completed by someone with access to your company's personnel records.

Please return your completed survey to:

PHI –Michigan
PO Box 505
Linden, MI 48451-9912

Thank you in advance for completing this survey.

Sincerely,

<<**Recipient Name**>>

<<**Current Title**>>

Enclosure

Minnesota Independent Provider Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to provide services through the Community Mental Health system for people of all ages with physical or intellectual or developmental disabilities and/or mental illness the following services:

- ▶ Adult Day Services
- ▶ Chore Services
- ▶ Community living supports
- ▶ Job/Vocational Services
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Residential services
- ▶ Respite services

The Centers for Medicare and Medicaid Services has asked Michigan to gather and report basic information about the volume, stability, wages, and compensation of direct service workers (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct services workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal government and state develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Michigan by September 2012.

Notice of Privacy:

Filling out this survey is voluntary. **Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a CMH provider.** This survey has been assigned a **Survey ID number** that appears at the bottom of every page. This number is the only way

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Minnesota Independent Provider Survey

your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact PHI's Senior Workforce Advocate, **Tameshia Bridges** at (517) 643-1049 or by email at tbridges@phinational.org.

Directions:

We encourage you to complete your survey online at:

[https://www.research.net/s/Michigan-CMH-Provider-Organization-Survey-\(NOT-AVAILABLE-FOR-PILOT-TESTING\)](https://www.research.net/s/Michigan-CMH-Provider-Organization-Survey-(NOT-AVAILABLE-FOR-PILOT-TESTING))

If you complete the survey online, please enter **123456** when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **PHI Michigan, P.O. Box 505, Linden, MI 48451-9912.**, by mail using the stamped return envelope enclosed.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining employee records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please send the survey to your organization's Michigan headquarters, or contact them for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention, and training challenges over time and compare your organization's experiences to those of other organizations Michigan. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers

This survey is about people employed or contracted to be direct service workers, Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Direct support professionals
- ▶ Direct support worker
- ▶ Personal care attendant

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Minnesota Independent Provider Survey

- ▶ Homemakers
- ▶ CLS Worker
- ▶ Job Coach

Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to people of all ages with physical and/or intellectual disabilities and/or mental illness with support needs.
- ▶ All part-time, full-time, intermittent, and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions, or offices of your organization in this state.
- ▶ Contract or subcontracted direct service workers who are not employed by your organization directly.
- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include other licensed health care staff (physicians, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Definitions: Workplace Settings / Services

This survey refers to the following services provided through waiver programs administered by the Community Mental Health system in Michigan:

- ▶ Adult Day Services
- ▶ Chore Services
- ▶ Community living supports
- ▶ Job/Vocational Services
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Residential services
- ▶ Respite services

Please include in your responses if applicable for your organization:

Direct service workers in the following settings:

- a) Residential services**—Supports provided to a person living in a community home or apartment

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Minnesota Independent Provider Survey

with two or more people of any age with disabilities or who are aging (e.g. group home, assisted living, adult foster care home, home for the aged).

- b) In-home supports /home care/personal care** —Supports provided to a person in his or her own home or in the home or apartment or in the home of a family member.
- c) Day programs and community support programs**—Supports provided outside an individual's home such as adult day services.
- d) Job or vocational services**—Supports to help individuals on the job for which they are paid.

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ People working only in school settings for children through 12th grade.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

Minnesota Independent Provider Survey

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)

- Adult day services
- Chore Services
- Community Living Supports
- Homemaker
- Job/Vocational Services
- Personal Care
- Private Duty nursing
- Residential Services
- Respite
- Other _____ (please indicate)

2. Is your organization... (check only one answer)

- Independent entity (i.e., not part of a chain or larger organization)
- Part of a chain, system, or multi-organization structure (within your state or nationally)
- Government operated
- I am not sure/don't know

3. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one answer)

- The entire organization in this state
- A subdivision of the organization within this state
- A single service setting that is part of a larger organization
- Our organization has only one site

4. Excluding services provided to people in their own or a family member's home, how many different service locations (agency offices, residential adult foster homes or homes for the aged, adult day centers) does your organization operate in Michigan?

Total number of settings

- I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct services workers your organization employs or contracts with to provide the services listed in Question #1.

Direct Service Workers

5. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?

Number of hours per week

- I am not sure/don't know

Minnesota Independent Provider Survey

6. Does your organization contract with direct services workers who are not employees of your organization to provide the services listed in Question #1?

- Yes
- No
- I am not sure/don't know

7. How many total direct service workers did your organization employ or contract with on January 31, 2012? (check box below if using a different date)

A. Number who work 36 or more hours per week

B. Number who work 1 to 35 hours per week

Total number of direct service workers (the sum of A plus B)

- Used date other than last day of past month _____ (please indicate)
- I am not sure/don't know

8. How many employed or contracted direct service workers work primarily in each of these types of settings? (please count each employee once, in the setting he or she works the most hours)

A. Residential services

B. In-home supports/home care/personal care

C. Day programs and other community supports

D. Job or vocational services

Total number of direct service workers (the sum of A-D)

- I am not sure/don't know

Individuals Served

9. How many people with a disability and/or mental illness does your organization currently support in each of the following settings and in total?

Total number of people supported

- I am not sure/don't know

10. How many people does your organization currently support in each of the following settings? Individuals should be counted in more than one category if they receive services in more than one setting.

Residential services

In-home supports/home care/personal care

Day programs and rehabilitative or medical supports

Job or vocational services

- I am not sure/don't know

Minnesota Independent Provider Survey

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

Direct Service Workers

- 11. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract, and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.**

Number of new workers needed

I am not sure/don't know

- 12. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?**

Total direct service workers who left the organization

I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct services workers your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

Direct Service Workers

- 13. What was the average starting hourly wage paid to full-time, part-time, on-call, contract, or intermittent direct service workers who were hired in your organization over the last 12 months?**

\$____.____ (per hour) for direct service workers

I am not sure/don't know

- 14. What is the current average hourly wage paid to all full-time, part-time, on-call, contract, or intermittent direct service workers in each of the following types of services or settings?**

Residential services

In-home supports/home care/personal care

Day programs and other community supports

Job or vocational services

Current average hourly wage across all services and settings

I am not sure/don't know

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Minnesota Independent Provider Survey

15. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid vacation or paid time off
- No paid vacation time or paid time off offered
- I am not sure/don't know

16. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

17. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call or intermittent direct service workers
- Contracted full-time direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

18. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

- Number of direct service workers enrolled in health insurance coverage through your organization
- I am not sure/don't know

19. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one answer)

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more

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- Different percentages for different direct service workers _____ (please describe)
- I am not sure/don't know

20. Does your organization compensate direct service workers for mileage or travel costs for travel between consumer homes or work sites?

- Yes - for *all* travel for *all* direct service workers
- Yes - for *all* travel for *some* direct service workers
- Sometimes - under certain circumstances
- No, we do not compensate direct service staff for mileage or travel costs between consumers' homes or work sites
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

21. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served?

- Yes
- No
- I am not sure/don't know

22. Are interpreters available, if needed, who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations?

- Yes
- No
- I am not sure/don't know

23. Does your organization have a written policy concerning cultural competence?

- Yes
- No
- I am not sure/don't know

24. If yes, which of the following populations are included in cultural competency training, plan, or policy at your organization? (check all that apply)

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at: <http://www.ncccurricula.info/culturalcompetence.html>

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- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

25. Do staff at your organization receive training in cultural competence?

- Yes
- No
- I am not sure/don't know

26. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization?

- Yes
- No
- I am not sure/don't know

Direct Service Workforce Challenges

27. How would you describe your organization's ability to recruit and hire qualified direct service workers? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

28. What are the three most significant recruitment challenges for your organization? (check up to three challenges)

- Recruitment is not a problem for this organization
- Finding people to work in part-time or intermittent positions
- Finding people who are willing to work for the wage we offer
- Finding people who are willing to work in a position that does not offer health insurance
- Finding people who can communicate effectively with the people they will support
- Finding people who meet minimum education or experience requirements
- Finding people who will work evenings, weekends or holidays
- Finding people who can give up their unemployment benefits
- Finding people with a clean driving record
- Finding people with a clear criminal background check
- Finding people who meet minimum requirements to be a direct service worker
- Finding workers with reliable child-care
- Finding workers with reliable transportation

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- Finding workers with the skills needed to serve the people we support
- Other types of jobs are more attractive
- None of the above
- I am not sure/don't know

29. How would you describe your organization's ability to retain qualified direct service workers once they are hired? (check only one answer)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

30. What are the three most significant retention challenges for your organization? (check up to three challenges)

- Wages are not high enough
- Full-time positions or sufficient hour are not available
- Gas prices or public transit fares are too high
- Paid health insurance is not offered
- Conflict amongst direct service workers, supervisors, and/or managers
- Workers are unable to do the essential job duties
- Workers do not have reliable child-care
- Workers do not have reliable transportation
- Other personal stressors faced by workers
- None of the above
- I am not sure/don't know

Direct Service Workforce Qualifications and Training

31. Which of the following are required to begin work as a direct service worker in your organization? (check all that apply)

- A criminal background check
- A current driver's license
- A high school diploma or its equivalent
- Ability to speak and write in English
- An abuse/neglect registry check
- Certification or licensure
- Education beyond a high school diploma
- Passing a drug test
- I am not sure/don't know

32. Does your organization offer (or contract with another entity to provide) periodic ongoing skill development trainings or formal in-service programs to all direct service workers (that is not just for new hires)?

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- Yes
- No
- I am not sure/do not know

33. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on (check at least three and all that apply).

Yes, we require training on this topic.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cariopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>

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I am not sure/don't know

34. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

Yes, this is a critical training need for direct service workers in my organization.

Advocacy	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>
Assessing consumer needs	<input type="checkbox"/>
Assisting with wound care, dialysis, catheter and/or ostomy care	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>
Cariopulmonary resuscitation (CPR)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Consumer confidentiality	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>
Consumer empowerment	<input type="checkbox"/>
Consumer rights	<input type="checkbox"/>
Crisis prevention and intervention	<input type="checkbox"/>
Cultural competence	<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"/>
Transferring or lifting	<input type="checkbox"/>
Vocational, educational and career support	<input type="checkbox"/>

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I am not sure/don't know

Thank you for completing this survey.

For paper surveys:

Please return it to *PHI Michigan,, P.O. Box 505, Linden, MI 48451—9912* in the postage paid envelope provided.

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