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Introduction

The direct service workforce (DSW) represents a vital pool of workers throughout the United States that provide daily services and supports to a diverse population of individuals with a wide range of health and human service needs. There are four main service sectors that employ direct service workers. These include (1) aging, (2) behavioral health (e.g. mental health and substance use), (3) intellectual and developmental disabilities (IDD), and (4) physical disabilities services. It is important to note that in addition to personal care tasks, workers perform a number of duties for, and on behalf of, individuals and their families. Recent data collection has indicated that the DSW is made up of over 3.6 million workers in the United States. [1] The workforce is comprised of both home and community-based services (HCBS) workers and facility- (i.e. nursing facility) based workers. The demand for direct service positions is projected to increase by 35 percent from 2008 to 2018, whereas overall jobs within the United States are expected to increase by only 10 percent within this timeframe. [2] Across service sectors, the demand for direct services provided in home and community-based settings has shown the most growth in terms of size and significance.

There are a number of reasons why it is important to focus on the DSW. These include, but are not limited to the:

- ▶ Increasing demand for home and community-based LTSS;
- ▶ Supply of workers is not growing as quickly as the demand for home and community-based LTSS;
- ▶ Quality of home and community-based LTSS depends on the quality and stability of the DSW;
- ▶ Significant costs associated with worker turnover; and
- ▶ Trend toward the provision of home and community-based LTSS which raises new challenges (i.e. limited supervision and peer support, more erratic work schedules, need to be able to work independently, the need for cultural diversity, the change in relationship when a worker works directly for the consumer of service).

In efforts to address needs and resolve workforce challenges, the authors of a 2008 DSW synthesis report[3] recommended key strategies to increase access to training, lifelong learning, and career paths for members of the DSW through coordinated approaches at the national, state and local levels. One key strategy is the development of core competencies. Such a foundational strategy was deemed "critical to preparing greater numbers of workers for direct service work as

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[1]   PHI. (2012). The PHI State Data Center: Comprehensive state-by-state data on the direct-care workforce. Bronx, NY: PHI. Retrieved from http://phinational.org/policy/states/

[2]   Keenan, T. (2010). *Home and Community Preference of the 45+ Population*. AARP, November. Available at http://assets.aarp.org/rgcenter/general/home-community-services-10.pdf.

[3]   Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M. A., & Morris, J. (2008). A synthesis of direct service workforce demographics and challenges across intellectual/ developmental disabilities, aging, physical disabilities, and behavioral health. National Direct Service Workforce Resource Center. Retrieved from http://www.dswresourcecenter.org/tiki-index.php?page=Reports

well as ensuring the quality of LTSS provided to consumers."

The United States government historically has made considerable investments in the training and development of the DSW. Three federal agencies have primarily been responsible for this focus: (1) The U.S. Department of Education through the National Institute on Disability and Rehabilitation Research (NIDRR); (2) the Department of Health and Human Services (DHHS) funded projects through (a) Centers for Medicare & Medicaid Services (CMS), (b) Administration on Developmental Disabilities (ADD), (c) Health Resources and Services Administration (HRSA), and (d) Substance Abuse and Mental Health Services Administration (SAMHSA); and (3) the U.S. Department of Labor (DOL) through the Educational and Training Administration (ETA). Each of these federal agencies has played a significant role in the ongoing research, training and technical assistance, and development of critical workforce constructs such as competency models, skill standards, and apprenticeship programs to guide DSW initiatives.

The Centers for Medicaid & Medicare Services (CMS) funded the **Road Map of Core Competencies for the Direct Service Workforce**, a multi-phased research project implemented through the National Direct Service Workforce (DSW) Resource Center. The purpose of this project is to:

> ► identify a common set of core competencies across community-based long-term services and supports (LTSS) sectors: aging, behavioral health (including mental health and substance use), intellectual and developmental disabilities, and physical disabilities; and
> ► assist states to take a more comprehensive and standardized approach to direct service workforce training and workforce quality improvement through the creation of a nationally-validated core competency set.

The project is implemented in support of the Federal interagency *Community Living Initiative,* which was created by the Department of Health and Human Services in 2009 to develop innovative strategies that increase opportunities for Americans with disabilities and older adults to enjoy meaningful community living.

Previous research, conducted by partners of the *DSW Resource Center,* recommended a national core competency set for the community-based LTSS direct service workforce[3].

Phase II of the **Road Map of Core Competencies for the Direct Service Workforce** project indicated that a significant number of "core" competencies exist across sectors. It also was determined that building consensus and validating core competencies across sectors is an effective strategy toward resolving workforce challenges, such as high worker turnover rate, as well as limited and varied training requirements[3,4].

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[4]   The Direct Service Workforce Resource Center [DSW RC]. (2011). Road Map of Core Competencies for the Direct Service Workforce: Phase I Competency Inventory and Phase II Direct Service Worker Competency

Phase IIIA of the Road Map of Core Competencies project was conducted in collaboration with stakeholders to synthesize results of the competency analysis and reach consensus on a set of core competencies for direct service workers. A large national sample of workforce stakeholders, including federal, state, and provider representatives and competency development experts from different sectors, participated in this study through a modified Delphi research process. Stakeholders completed multiple surveys and participated in facilitated dialogue through this research process. Quantitative and qualitative data were collected to inform the ongoing development of this core competency set for community-based LTSS direct service workers.

Analysis. Washington DC: Author.

Section A

1—Need and legal basis

The Centers for Medicare and Medicaid Services (CMS) is requesting Office of Management and Budget (OMB) approval to conduct surveys of direct services workers, DSW supervisors, agency administrators and participants and their family members to gather information that will validate and supplement the core competencies developed by the Direct Service Workforce Resource Center. Established in 2005, the Direct Service Workforce Resource Center (DSW RC) was established by CMS to: (1) to respond to the large and growing shortage of workers who provide direct care and personal assistance to individuals who need long term supports and services (2) to improve recruitment and retention of workers who assist people with disabilities and older adults to live independently (3) provide training and technical assistance to states, providers, and other stakeholders on a variety of direct service workforce issues and (4) to create cross-sector, cross-population resources and reports, including the Core Competencies for the Direct Service Workforce. CMS has contracted with The Lewin Group and its partners to provide technical assistance to interested stakeholders and provide resources and support.

This data collection will help the DSW RC to fully validate its set of core competencies. Although the set has been developed and reviewed by a panel of cross-population, cross-sector experts, it has not been presented to or implemented in the field. By surveying the very people who would be impacted most by the set of core competencies, the DSW RC will ensure that the set is applicable and appropriate to meet workforce and participant needs.

Many of the survey items are based upon the DSW RC's August, 2013 report that outlined and described the core competencies it developed and explained the methodology employed to create the set. The set was developed through a collaborative effort of the DSW RC, experts representing key populations and consumers, CMS and state and federal partners. The report is available online at: http://www.dswresourcecenter.org/tiki-download_file.php?fileId=621. Additional survey questions were developed to allow collected data to be controlled by population served, the role in the home-and community-based service industry, service setting and other key factors identified in discussions with the DSW RC team and CMS.

The survey is estimated to take 30 minutes to complete, and has a low burden for respondents in terms of both time and costs associated with completing the survey. The burden estimate formula for hours burden is (Number of Respondents) x (Hours Per Response). The burden estimate formula for cost burden is (Total Burden Hours) x (Hourly Rate). Burden estimates can be found in exhibits 2 and 3 on page 13, section A-13 of this document.

The DSW RC will gather these data through surveys of (1) direct service workers, (2) persons who receive direct services, (3) family member and/or guardian of person who receives direct services (including paid and unpaid family caregivers), (4) supervisor or manager of direct

service workers, and (5) agency or organization administrators. Through the responses from each of these important populations, the DSW RC will be able to refine and validate the set of core competencies.

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

Collecting data on direct service workforce core competencies is an important part of strengthening and retaining the direct service workforce that delivers Medicaid funded home and community based services.

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

The Direct Service Workforce Resource Center is funded under Section 6071(h) of the Deficit Reduction Act of 2005, which was extended through Fiscal Year 2016 under Section 2403 of the Patient Protection and Affordable Care Act.

2—Information uses

The survey will be conducted in a web-based format.

This survey is part of Phase IIIB of the Direct Service Workforce Resource Center's Road Map of Core Competencies for the Direct Service Workforce, a multi-phased research project implemented to identify a common set of core competencies across community-based long-term services and supports (LTSS) population sectors: aging, behavioral health (including mental health and substance use), intellectual and developmental disabilities, and physical disabilities. Phase IIIB includes (1) field testing and a national study to validate the core competency set among the workforce; (2) establishing the core competency set in the public domain; and (3) providing technical assistance to promote the development of specializations within each sector. The survey serves as item 1) of Phase IIIB.

In Phase I, the DSW RC created an inventory and overview of competency initiatives developed in the United States to improve training and proficiency of the workforce within and across several sectors. The Phase I report identified fourteen established competency sets that had been implemented within the workforce. In Phase II, the DSW RC conducted a comprehensive content analysis in order to provide a force field analysis and to pinpoint the feasibility of a core

competency initiative. Following the analysis, the DSW RC completed Phase IIIA and convened a stakeholder meeting of experts representing each of the different sectors. Through a modified Delphi research process, the DSW RC built consensus among the stakeholders on the set of core competencies for direct service workers this survey seeks to validate.

This is a new collection and no data that validates cross-sector core competencies in the direct service workforce has been previously collected. The data collected in the survey will be used by the DSW RC, states, direct service agencies and other partners interested in implementing the core competencies. The target populations for the surveys include DSW professionals, front line supervisors and managers, agency administrators and directors, participants and families/guardians, and self-advocates.

The overall purpose of this survey is to confirm and validate that the DSW RC's set of core competencies are relevant and applicable to actual direct service workers, their employers and their participants. Information gained from the survey will lend credibility to the set of core competencies. As the population of older adults with long-term services and supports needs grow, more emphasis will be placed on the DSW and a universally accepted set of core competencies such as that produced by the DSW RC would increase retention, agility and capacity of the workforce.

The data elements include:

- ▶ Content validity of core competency set
- ▶ Current and desired training in content areas
- ▶ Preferences on training delivery/strategies
- ▶ Perceptions on training incentives provided
- ▶ Perceptions on investments in training infrastructure

Collecting these data from a broad range of stakeholders in the direct service workforce industry will provide critical information about the relevance and validity of the set of core competencies. The surveys will collect the data in a manner that is consistent across all population sectors, service populations and states.

The DSW RC, in collaboration with CMS, will use the resources and tools developed and refined through this project to develop a Direct Service Workforce set of Core Competencies web-based toolkit that will be made available to all states and territories. It will also establish the core competency set in the public domain and provide technical assistance to promote the development of specializations within each sector.

3—Use of Information Technology

The Direct Service Workforce Resource Center team will develop, host, and maintain an online

survey portal for data entry, which will be available for respondents to use to complete the surveys online 24 hours a day, 7 days a week. The survey software will include a feature allowing respondents to save and return to their surveys. DSW RC staff will be available to answer questions about the online system and troubleshoot via email and through a toll-free telephone line from 9am to 5pm EST. Data will be exported from the online portal and entered and stored in electronic databases.

The Survey on Core Competencies for the Direct Service Workforce is designed to be accessible to individuals who work in different sectors within Long Term Services and Supports as well a variety of worker roles and service recipients. Because the survey instrument collects data from respondents from across sectors and roles, the DSW RC has tailored the survey instrument's language based on the respondent role as it relates to direct services in home and community-based settings. The data elements collected from various respondent groups is identical, though the exact language of each question may differ. This method of variation will allow the DSW RC will be able to analyze data both within and across respondent groups. Per survey logic methods, respondents will be routed through a particular version of the survey based on their response to the initial question "What best describes your role in Home and Community-Based Services (HCBS)?" Thus, the language of introductory, explanatory and question text within each survey version will be modified based on roles within the following categories of respondent groups: (A) Direct service workers, (B) Persons receiving services and family members/guardians, or (C) Supervisors, Managers, and Administrators.

All prospective respondents will receive an invitation to participate through a simply worded email written at the 8-10th Fleisch Kincaid grade reading level, including a common survey link. This will be sent by state partners to various service provider networks, who will then solicit and send the email to the respondents. Upon opening the survey link, respondents will be asked their role within Home and Community Based Services (e.g. direct service worker, supervisor, and service recipient). Based upon that answer, respondents will be connected to one of three tracks: A) direct service workers; B) persons who receive direct services and family members/guardians; C) front line supervisors and managers of direct service workers and agency and organization administrators. If a survey respondent selects more than one role, then s/he will be routed to one survey track, whereas any indication of Supervisor or Agency in addition to other responses will indefinitely be routed to track C (refer to supporting document with survey logic summary). If there is an indication of a person receiving services or family member in addition to direct service worker, the respondent will be routed to track B. The text of all introductory, explanatory and question language in each track are arranged in the same order and collect the same data, but will be worded differently and tailored to be audience-specific. The DSW RC will use Fleisch Kincaid reading level software, to ensure that the language for each track is at the appropriate reading level to be understood by the respondent. See Exhibit 1 for an example of question language from survey instrument by track.

Exhibit 1: Example of question language from survey instrument by track

Respondent Group	Question Language
Direct Service Workers	Does this statement describe skills that you and other direct service workers need to perform your jobs well?
Self-Advocates and Family Members/Guardians	Does this statement describe skills that direct service workers need to provide you with assistance and support?
Front Line Supervisors, Program Directors, and Agency or Organization Administrators	Does this statement describe skills direct service workers need to perform their jobs well?

To further maximize the accessibility of the survey instrument, the DSW RC will produce a series of videos to accompany the survey text. These videos will contain a recording of the exact wording displayed on the respondent's screen. Respondents will have the option to play the video on each screen, and can read the text directly with or without the accompanying video. Video and audio components will be made to match the specific track the respondent indicates in the first slide of the instrument. Including the video option in the instrument will accommodate people who are not able to read and/or who have trouble reading text from a computer screen. Having this level of accessibility is particularly important for this survey, which collects data from direct service workers and people with disabilities, both groups with higher-than-average rates of illiteracy. The links to these videos will be consistently placed in the same location of each slide to facilitate ease of use. The DSW RC will facilitate the recording and posting of these videos.

4—Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

While other sources of data provide some information about the direct service workforce, these sources do not capture or validate any cross-sector core competencies among the home and community based direct service workforce supporting aging, physical disabilities, behavioral health, substance abuse and intellectual/developmental disabilities populations.

Existing National Data Sources

Existing national sources of direct service workforce data include:

U.S. Department of Labor, Bureau of Labor Statistics data. National and state estimates of

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

2012 Aging Network Workforce Competencies (ANWC) Project: Area Agency on Aging (AAA) Director and Staff Survey- In 2012, the ANWC Partnership, consisting of National Association of AAA (n4A), the National Resource Center on Participant-Directed Services (NRCPDS), and the Council on Social Work Education's National Center for Gerontological Social Work Education (CSWE Gero-Ed Center) conducted a survey of Area Agency on Aging directors. This survey collected data from AAA directors on their agency background and existing competency-based training efforts and needs. While this instrument collected some data on the direct service work, it does not meet the needs of the DSW RC and is not duplicated by the web-based survey because: 1) It only collects data from representatives of the aging sector and does not specifically address physical disabilities, behavioral health, substance abuse or intellectual/developmental disabilities. 2) The survey's only respondents are AAA directors and, in larger agencies only, some mid-level supervisors. The ANWC survey does not collect data from direct service workers, self-advocates or guardians. 3) The competency set used in the ANWC instrument is dissimilar to that developed by the DSW RC.

2010 Personal and Home Care Aide State Training (PHCAST) Program: PHCAST, a three-year project, was authorized under Section 5507(a) of the Affordable Care Act and supports six state demonstration programs in the development, implementation and evaluation of competency-

based curricula and certification programs to train qualified personal and home care aides. Participating states (CA, IA, MA, ME, MI, and NC) were required by statute to develop written materials and protocols for the delivery of core training competencies. States conducted an evaluation of the inclusion of the core training competencies to measure consistent performance outcomes.   A report to Congress[5] cited challenges resulting from the demonstration: 1) The time needed to engage a broad advisory and stakeholder group process to develop core training competencies 2) Lack of shared definitions and terminology and 3) the need to clarify the different roles of direct care workers within the sectors. While the PHCAST program adds value to the understanding of how states can include core competencies within a unique state system, the program does not produce data needed to validate a core set of competencies that can be implemented within any given state. The core competencies required in Section 5507(a) are not validated through a rigorous research process and the use of the core within PHCAST was limited to addressing the needs of an aging population. Likewise, PHCAST focused on developing curricula and a certification test for personal care aides, not on developing core competencies.

Existing State Data Sources

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

At least two states have recently collected information about their direct service workforce, as described below. However, these previous data collection efforts were limited to a small sample of respondents and/or a limited segment of the direct service workforce, and they do not provide the information needed for a validation of the set of core competencies developed by the DSW RC. These survey instruments include:

► Michigan Individual Workers in Self-Direction Survey[6]: Michigan Department of Community Health used two, separately developed, federal survey tools to examine direct service workforce issues in their state. This survey was disseminated in January 2010 by PHI.

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[5]   Health Resources and Services Administration. September, 2012. Personal and Home Care Aide State Training (PHCAST) Demonstration Program: Report to Congress on Initial Implementation. http://bhpr.hrsa.gov/nursing/grants/phcastimplementationreport.pdf

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

▶ Minnesota Worker Survey[7]: In 2009, the Minnesota Department of Health contracted with The Lewin Group to conduct a survey of their direct service workforce, determining the Costs and Options for Insuring Minnesota's Long-Term Care Workforce.

5—Impact on Small Businesses

We plan to survey supervisors and administrators at home and community-based service agencies and organizations. These agencies and organizations will include government-run and private non-profit organizations, ranging in size from small to large in terms of number of staff, clients, and size of budget. The information requested from respondents is the minimum required to meet the study objectives, and the burden to organizations has been minimized as much as possible. Any pretesting feedback that relates to burden on small businesses will be applied as needed to minimize both hours and cost burden when the survey is released.

6—Less Frequent Collection

This is a one-time data collection activity. Furthermore, through this effort the Direct Service Workforce Resource Center will validate the cross-sector core competencies and be able to move forward with implementing the competencies.

If these data are not collected, there will be no way to ensure that the core competencies are valid to participants and family members, direct service workers, front line supervisors and managers and agency administrators and supervisors. This will limit the ability that states and HCBS organizations have to develop and implement policies on direct service workforce training programs.

7—Special Circumstances

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

8—Federal Register/Outside Consultation

The 60-day Federal Register notice published on February 7, 2014 (79 FR 7462). No comments were received.

9—Payment/Gifts

Not applicable. The Direct Service Workforce Resource Center is not offering compensation to respondents.

10—Confidentiality

During all phases of data collection and analysis, project staff will engage in practices designed to ensure the confidentiality of all respondents. As part of the survey's introductory comments,

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

respondents will be informed that participation in the survey is voluntary and will receive information about privacy protections at the beginning of the survey. Reports of survey findings will not identify any individual respondents.

All data collection activities will be performed within the guidelines specified in the Privacy Act. Additionally, the survey instrument includes introductory language explaining the purpose of the survey, how the information will be used, and assuring privacy of responses. CMS considers all survey questions necessary to provide CMS and the states the information needed to make informed decisions about policies and programs affecting the direct service workforce.

The Lewin Group office building has physical security systems in place to prevent unauthorized entry and access to both computer systems and hard copies of files. The office has a key pass entry system with a receptionist on duty during working hours. During non-working hours, the office is accessible to key holders only. Additionally the building is patrolled by a security officer throughout the day and remotely monitored by video cameras in the elevators and other building entrances. The Lewin Group maintains two locked shredding bins that are picked up monthly for secure off-site document destruction.

Computer network resources are secured and protected using file level Access Control Lists (ACL), network authentication via Active Directory, strong password management and anti-virus /anti-malware scanning. Computer security is maintained via localized firewalls, mandatory password-protected screen savers, FIPS compliant hard-disk encryption and removable media protection. The network perimeter is secured and protected using Enterprise-level Firewalls, client Virtual Private Networking (VPN), Enterprise-level Anti-Virus/Anti-Malware protection, two-form-factor authentication and Intrusion Detection Systems (IDS). Additionally, security updates and anti-virus definitions are automatically deployed to all nodes to minimize risk due to vulnerabilities.

11—Justification for Sensitive Questions

The proposed information collection effort does not contain any questions of a sensitive nature. The survey asks only about the respondent's current role in the home and community based service industry and their view on the set of core competencies for the direct service workforce. Additionally, the survey does not ask any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. To confirm this, pretesting of the survey will address whether any question on the survey asks for sensitive or private information.

The cover page of the survey instrument includes language explaining the purpose of the survey, how the information will be used, and assurance regarding the privacy of responses. CMS considers the questions necessary to provide CMS and the states the information needed to make informed decisions about policies and programs affecting the direct service workforce.

12—Estimates of Annualized Burden Hours and Costs

Exhibit 2 shows the estimated annualized burden hours for the respondents' time to participate in this research. The web-based survey will be completed by each participant and, based on pretesting conducted across all participating states, is expected to take 30 minutes. With 4,800 total respondents in mind, the total burden is estimated to be 2,400 hours.

Exhibit 3 shows the estimated annualized cost burden associated with the respondents' time to participate in this research. The total cost burden is estimated to be $40,048.00.

Exhibit 2: Hours Burden Estimate[8]

Respondent Type	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Direct service workers	2,400	1	0.5	1,200
Front Line Supervisors and Managers	800	1	0.5	400
Agency Administrators and Directors	800	1	0.5	400
Self-Advocates and Guardians	800	1	0.5	400
Total	**4,800**	**1**		**2,400**

Exhibit 3: Cost Burden Estimate[9]

Respondent Type	Number of respondents	Total burden hours	Hourly Rate	Total cost burden
Direct service workers	2,400	1,200	$9.57[10]	$11,484.00
Front Line Supervisors and Managers	800	400	$18.41[11]	$7,364.00
Agency Administrators and Directors	800	400	$30.99[12]	$12,396.00
Self-Advocates and Guardians	800	400	$22.01[13]	$8,804.00

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[8] The hours burden was calculated using the formula (Number of Respondents) x (Hours Per Response)
[9] The cost burden was calculated using the formula (Total Burden Hours) x (Hourly Rate)
[10] May 2012 BLS Occupational Data: Personal Care Aids
[11] May 2012 BLS Occupational Data: First-Line Supervisors of Personal Service Workers
[12] May 2012 BLS Occupational Data: Social and Community Service Managers
[13] May 2012 BLS Occupational Data: All Occupations

| Total | 4,800 | 2,400 | - | $40,048.00 |

13—Respondent Burden

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

14—Cost to Federal Government

Exhibit 4 shows the estimated total and annualized cost to the federal government over 18 months. The total cost to the federal government of this data collection effort is $61,477.11. This figure includes development of draft and final survey instruments, pre-testing activities, recruitment materials for all four sites, consent forms, logistics coordination including securing facility space; recruitment of participants; and analyzing and summarizing findings as well as preparing final reports. It also includes the costs associated with the CMS project officers' time in overseeing the entirety of the survey.

Exhibit 4: Estimated Total Cost

Cost Component	Total Cost
Survey Instrument Development	$15,094.75
Data Collection Activities	$4,493.27
Data Processing and Analysis	$17,762.15
Publication of Results	$13,383.05
Project Management	$3,597.70
CMS	$7,146.19
Total Cost	**$61,477.11**

15—Changes in Burden

This request for clearance does not involve a change in burden due to any program changes or adjustments. It concerns a new data collection effort not previously submitted to OMB for review.

16—Plans for Tabulation and Publication and Project Time Schedule

This section contains a) plans for tabulating and analyzing results, and b) the publication plans and time schedule for completing the project.

a. Tabulation and Statistical Analysis

This project uses entirely new data from the survey. Once responses from all surveys are in the survey software, the Direct Service Workforce Resource Center will perform basic descriptive analysis of the survey data using SPSS, SAS, or other statistical software at the population sector level (e.g. direct service workers), service population (e.g. aging), state level, and aggregate

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

Calculations will include, at a minimum, the percentage of respondent agreement per each skill statement within each of 14 core-competency areas, regarding:

- ▶ **Content Validity:** Whether the statement describes skills that workers need to perform their jobs.
- ▶ **Current Training Practices:** Whether workers currently receive enough training to achieve skills described in the statement.
- ▶ **Possession of Skills:** Whether the direct service workforce currently possesses the skills reflected in the core competencies.
- ▶ **Impact of training:** Whether quality of direct services would improve after training in the set of core competencies.
- ▶ **Future training:** The mode through which trainings should be delivered.
- ▶ **Investments in training:** How states and agencies should incentivize and finance direct service workers in training.

In addition to aggregate totals, all calculations will include stratified results by sector, by population and by state, as well as combinations of these three (e.g. Front Line Supervisors of Direct Service Workers in aging in one of the participating states).

Responses to the open-ended survey questions will be reviewed to identify major themes and codes will be assigned to each of these themes. After the first round of coding, findings will be reviewed and data will be re-coded as appropriate. After final coding, frequencies of the categories of responses will be assessed.

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

Exhibit 5 shows an example of how data will be presented by sector.

Exhibit 5: Example Analysis of Survey Responses across Respondent Types

Sector	Direct Service Worker (N=_)	Front-Line Supervisors (N=__)	Agency Administrators (N=_)	Self-Advocates and Guardians (N=_.__)
Most workers currently possess	N (%)	N (%)	N (%)	N (%)

the skills				

b. Publication Schedule for Project

The analysis of data collected from this evaluation will be synthesized in a final report, available on the Direct Service Workforce Resource Center website and from CMS, in accordance with appropriate guidelines. Highlights of evaluations and analyses may be on the CMS website and used in testimonies and speeches by CMS officials. The target audience for the final report will be stakeholders across the direct service workforce industry, including policymakers, state agency staff, service organization administrators, front line supervisors, direct service workers and self-advocates and family guardians. Also, as an incentive to complete the survey, agencies that participate in the Employer Survey will receive a copy of the aggregate results for their states.

The timetable for data collection, analysis and publication is presented in Exhibit 6.

Exhibit 6: Data Analysis and Publication Schedule

Activity/Deliverable	Expected Date of Completion (month after OMB approval)	Target Month(s)
OMB Approval		April, 2014
Data Collection	1-3 months	April-June, 2014
Data Processing	4 months	June-July, 2014
Data Analysis	4-5 months	July, 2014
Report Preparation	4-6 months	June-August, 2014

17—Reason(s) Display of OMB Expiration Date is Inappropriate

CMS does not seek this exemption. All data collection instruments will display the OMB approval number and expiration date.

18—Exceptions to Certification for Paperwork Reduction Act Submissions

Exception to the certification statement is not requested.