

# Findings from a Survey of MI Choice Provider Organizations

## Understanding Michigan's Long-Term Supports and Services Workforce

**A report prepared for:  
Michigan Office of Services to the Aging  
Michigan Department of Community Health**

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**March 2013**

**Funded by the Centers for Medicare & Medicaid Services, State Profile Tool Project**

## Acknowledgements

Thanks and appreciation to the organizations that provided assistance and feedback in the development of the MI Choice Employer Workforce Survey and this report, including:

Data Processing Services

So What? Consulting

Area Agency on Aging of Northwest Michigan

Detroit Area Agency on Aging

Northeast Michigan Community Services Agency (NEMCSA)

The Information Center



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that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

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**Appendix A: Michigan Choice Employer Workforce Survey (Pilot)**

**Appendix B: Michigan Choice Employer Workforce Survey (Final)**

# Introduction

In 2010, the Office of Services on Aging (OSA) of the Michigan Department of Community Health (MDCH), along with similar agencies in seven other states,<sup>1</sup> was awarded federal funding through the State Profile Tool (SPT) to collect basic data on the direct-care workforce in home and community-based services (HCBS) programs. In consultation with the SPT consumer advisory council, OSA opted to conduct surveys of provider organizations serving participants in the MI Choice HCBS waiver program. MI Choice is a Medicaid HCBS waiver program that allows seniors and younger people living with physical disabilities to receive services and supports in their own homes at the same intensity as at a nursing home. MI Choice services are also delivered to people living in licensed adult foster care homes and homes for the aged.

The MI Choice Employer Workforce (MEW) Survey represents the first attempt by state agencies in Michigan to quantify the direct-care workforce specific to a large part of the MI Choice waiver program and capture basic workforce data and issues specific to the program. OSA engaged PHI to develop and implement the MEW Survey and prepare this report.

In the white paper, *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*, the National Direct Service Workforce Resource Center (DSW-RC) provided recommendations to states on how to develop a minimum data set (MDS) based on three key pieces of workforce data:

- **Workforce Volume**—Number of full-time and part-time direct-care workers
- **Workforce Stability**—Turnover and vacancy rates
- **Workforce Compensation**—Average hourly wages and availability of benefits

The national survey tool that was the basis for the MEW Survey focuses on these three topics—volume, stability, and compensation. The eight states awarded funding through the State Profile Tool were also given the flexibility to expand these basic MDS data elements and collect other data related to the workforce, including information on training, career advancement, and injury rates. States were also allowed to customize some of the language to reflect state-specific programs.

## Survey Tool Development

The MEW survey has its roots in an earlier survey that was developed in Michigan in early 2011 with assistance from a group of MI Choice waiver agents who volunteered to provide feedback on its development and assist with pilot testing.<sup>2</sup> This initial Michigan survey tool was developed using the recommendations and guidance provided in the DSW-RC white paper.

The initial 20-question Michigan survey tool (**Appendix A**) focused on collecting data on direct-care workforce volume, stability, compensation, and recruitment and retention challenges. MI Choice waiver agents also felt it was important to capture some data on registered nurses (RNs) and licensed practical nurses (LPNs).

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1 The seven other states involved in the State Profile Tool Project are: Arkansas, Florida, Kentucky, Maine, Massachusetts, Minnesota, and Ohio.

2 Area Agency on Aging of Northwest Michigan, Detroit Area Agency on Aging, Northeast Michigan Community Services Agency (NEMCSA), and The Information Center participated in the development of the MI Choice Employer Workforce Survey.

The survey tool was tested with a total of 20 MI Choice provider organizations, chosen and recruited by the volunteer waiver agents in the summer of 2011. Fifteen providers attended focus groups to discuss the survey tool, and five were interviewed individually by phone. Provider organizations that participated in the pilot testing found the survey tool easy to understand and were comfortable providing the information and data requested in the tool.

Michigan's initial survey tool informed the development of the SPT national survey tool, which became the basis for the final MEW Survey (**Appendix B**). The final survey tool included questions on recruitment and retention, training, and cultural competency. The MEW Survey was tested with the same small group of Michigan providers who tested the initial survey tool. Feedback on this survey tool was also positive.

# Methodology

With permission from MI Choice waiver agents, PHI worked with their Center for Information Management (CIM) to secure a list of MI Choice provider organizations—largely home care agencies, adult day centers, licensed adult foster care homes, and licensed homes for the aged—from their payment and service utilization databases. The list focused on those organizations that delivered the following services and supports to MI Choice participants:

- Adult Day Services
- Community Living Supports
- Homemaking
- Personal Care
- Private Duty
- Residential Services
- Respite

Two Michigan waiver agents did not participate in CIM's services—Area Agency on Aging 1-B and HHS Health Options. Those waiver agents provided their MI Choice provider lists directly to PHI to compose the entire survey sample.

In early 2011, the MI Choice provider list was refined with assistance from subcontractors.<sup>3</sup> Through internet searches and telephone calls, duplicate agencies and agencies that no longer offer services were removed. Specific contact names and headquarters addresses for corporate or multisite agencies were also identified through this process.

In late March 2012, paper surveys were mailed to 539 unduplicated provider organizations across Michigan. Based on previous surveys of independently employed direct-care workers, SPT set a goal of a 40 percent response rate for this survey effort. Respondents were given the option of completing the paper survey that was sent to them or logging on to a secure national website to complete the survey online. Approximately two weeks prior to the survey being mailed, providers were sent a postcard informing them that they would be receiving the survey.

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<sup>3</sup> Data Processing Services completed the printing, mailing, and data entry for the MEW Survey and assisted with cleaning the mailing list. So What? Consulting completed pre-survey and follow-up phone calls to provider organizations.

Individual MI Choice waiver agents also announced the survey release and encouraged participation. In May 2012, reminder telephone calls were made to 98 providers—25 percent of the survey population that had not responded to the survey.

The survey was closed in June 2012 with 167 survey respondents, a 31 percent response rate representing all waiver agents across the state. The majority of the respondents (148) chose to complete the paper survey. The timing of the survey may have contributed to the lower-than-expected response rate. Many providers received the survey at the same time as their contract renewals and during early discussions on moving home and community-based services to an integrated care model.

## Key Findings and Analysis

The MI Choice Employer Workforce (MEW) Survey provides a picture of provider organizations that deliver long-term supports and services (LTSS) to participants in the MI Choice program. These organizations include home care agencies, adult foster care (AFC) homes, and homes for the aged (HFA) that deliver long-term supports and services to seniors and people with disabilities. The survey findings can be broken down into five topic areas:

**Table 1 – Services Provided by MI Choice Provider Organizations**

Which of the following services does your organization currently provide? (Check all that apply)	
Personal Care	86%
Respite	72%
Homemaker/Chore	67%
Community Living Supports	36%
Private Duty Nursing	33%
Residential Services	29%
Adult Day Services	25%
Other	15%

- Type of services provided
- Workforce volume
- Workforce stability
- Workforce compensation
- Training needs and interests

### Type of MI Choice Services Provided

The MEW Survey focused on provider organizations that employ direct-care staff who provide personal care and home health services in participants’ homes, AFC homes, or HFAs. Among

the provider organizations that responded, personal care, respite, and homemaker/chore are the most common MI Choice services delivered (**Table 1**).

The survey also captured information on the types of businesses—whether independent entities or part of a chain or larger organization—within the MI Choice network of provider organizations. MEW Survey respondents are largely independent, stand-alone employers and companies. Three-fourths of respondents are independent entities; only 14 percent of MI Choice provider organizations belong to a chain or larger organization. The survey also found that just over half of respondents (55%) have only one business location or office in Michigan.

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**Table 2 – Size of Direct-Care Staff by MI Choice Provider Organizations**

Number of Direct-Care Staff	Percent
Fewer than 10	21%
11 to 50	55%
51 to 100	15%
Over 100	9%

**Table 3 – Employees vs. Contract Staff by MI Choice Provider Organizations**

Does your organization contract with <i>direct service workers</i> who are not employees of your organization to provide services?	
Yes	17%
No	81%
I am not sure/don't know	2%
Does your organization contract with <i>RNs or LPNs</i> who are not employees of your organization to provide services?	
Yes	20%
No	80%

## MI Choice Workforce Volume

The MEW Survey sought to quantify the workforce volume, or size, of provider organizations delivering the MI Choice program services. Workforce volume is defined in the STP survey by three data elements:

- Number of direct-care workers, RNs, and LPNs employed or contracted
- Percentage of direct-care workers, RNs, and LPNs employed full-time (36 hours or more per week)
- Percentage of direct-care workers, RNs, and LPNs employed part-time (35 hours or fewer per week)

Survey results show that direct-care workers (home health aides, personal care attendants, CNAs,

etc.) represent a sizeable part of the MI Choice waiver workforce. Respondents to the MEW Survey employ 4,841 direct-care workers and 736 licensed nurses—382 RNs and 354 LPNs. On average, survey respondents report having 40 direct-care workers, 3 RNs, and 2 LPNs employed in each business, with 76 percent of responding providers reporting having 50 direct-care workers or fewer on staff (Table 2).

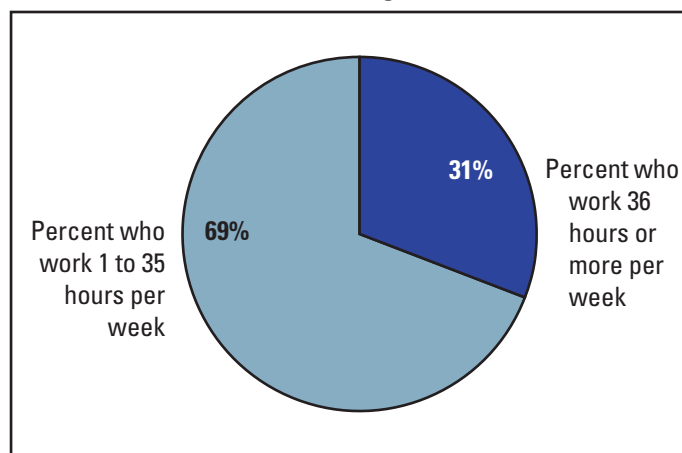
The vast majority of these MI Choice provider organizations employ nurses and direct-care workers as employees and not as contract workers (Table 3).

Respondents confirm that direct-care workers must work 36 hours per week to be considered full-time employees. Just over two-thirds (69%) of direct-care workers employed by respondents are part-time employees working fewer than 36 hours a week (Chart 1).

In contrast, MI Choice RNs and LPNs have to work fewer hours—32 and 29, respectively—to be considered full-time employees by their employer organization.

Respondents report that 58 percent of their RN staff and 62 percent of their LPN staff work 1 to 35 hours per week. From this data, however, it is not possible to determine the percentage of licensed nurses working full-time or part-time for the responding MI Choice employers.

**Chart 1 – Full-Time vs. Part-Time Direct-Care Workers, MI Choice Provider Organizations**



## MI Choice Workforce Stability

MEW Survey respondents provided information on workforce stability, as defined by the following elements in the national survey tool:

- Average turnover rate for direct-care workers, RNs, and LPNs
- Number of direct-support job vacancies for direct-care workers and licensed nurses within one week’s period

In addition to these data elements, respondents were also asked to assess their level of difficulty recruiting and retaining direct-care workers and to identify their recruiting and retention challenges.

Respondents were asked to provide the number of direct-care workers that left their organization’s employment for any reason over the previous 12 months. On average, MI Choice provider organizations report 13 direct-care workers leaving their organizations during that period. With an average of 40 direct-care workers per organization, this represents a 32 percent turnover rate for direct-care workers of provider organizations that responded to this survey. The turnover rate was higher for LPNs than for RNs, with one of two LPNs at responding organizations leaving employment over the previous year.

**Table 4 – Ability to *Recruit and Hire* Direct-Care Workers to Deliver MI Choice Services**

How would you describe your organization’s ability to recruit and hire qualified direct service workers?	
Easy/no problem	8%
Moderately easy	36%
Somewhat difficult	43%
Difficult	11%
Almost impossible	1%
It depends on the time of year	1%

**Table 5 – Ability to *Retain* Direct-Care Workers to Deliver MI Choice Services**

How would you describe your organization’s ability to retain qualified direct service workers once they are hired?	
Easy/no problem	15%
Moderately easy	44%
Somewhat difficult	35%
Difficult	6%
Almost impossible	0%
It depends on the time of year	1%

In the week that MI Choice provider organizations responded to this survey, the number of reported job vacancies totaled 280 for direct-care workers, 35 for RN jobs, and 46 for LPN jobs. On average, the 167 responding organizations reported needing to hire two direct-care workers and no RNs or LPNs per organization during the week that the survey was sent.

The MEW Survey also asked provider organizations to identify their level of difficulty recruiting, hiring, and retaining direct-care workers. Respondents report finding it harder to recruit and hire direct-care workers than it is to retain them. Just over half (56%) report some level of difficulty recruiting and hiring direct-care workers, compared to 59 percent reporting relative ease in retaining workers (**Table 4** and **Table 5**).

The three most significant direct-care worker recruitment challenges reported by responding MI Choice provider organizations are: finding people to work on a part-time or intermittent basis (49%), finding people to



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work for the offered wage rate (36%), and finding people to work evenings or weekends (31%) (Table 6). Other notable challenges include those related to: lacking the skills necessary to support participants, obtaining child care and transportation, not being offered employer-sponsored health insurance, and having issues securing a clear criminal background check.

**Table 6 – Recruitment and Hiring Challenges for MI Choice Provider Organizations**

What are the three most significant recruitment challenges for your organization? (check up to three)	
Finding people to work part-time or intermittently	49%
Finding people who are willing to work for the wage that we offer	36%
Finding people who will work evenings, weekends, or holidays	31%
Finding people with reliable transportation	25%
Finding workers with the skills needed to serve the people we support	25%
Finding people who are willing work in a position that doesn't offer health insurance	19%
Finding people with a clear criminal background check	19%
Finding people willing to give up their unemployment benefits	17%
Finding workers with reliable child care	14%
Recruitment is not a problem for this organization	11%
Finding people who can communicate effectively with the people they will support	11%
Other types of jobs are more attractive	11%
Finding people who meet the minimum education or experience requirements	9%
Finding people with a clean driving record	4%

**Table 7 – Retention Challenges for MI Choice Provider Organizations**

What are the three most significant retention challenges for your organization? (check up to three challenges)	
Full-time positions or sufficient hours are not available	55%
Wages are not high enough	48%
Gas prices or public transit fares are too high	38%
Other personal stressors faced by workers	33%
Paid health insurance is not offered	26%
Workers do not have reliable transportation	24%
Workers unable to do the essential job duties	14%
Workers do not have reliable child care	14%
Conflict among direct service workers, supervisors, and/or managers	12%

Among the challenges related to retaining direct-care workers, the most significant are lack of full-time positions or enough hours (55%), low wage rates (48%), and high transportation costs (38%) (Table 7).

### Compensation and Benefits Offered by MI Choice Provider Organizations

Medicaid MI Choice provider organizations were asked to report information regarding compensation and benefit levels for direct-care workers, RNs, and LPNs. Compensation and benefits are defined and collected by the following data elements in the national SPT tool:

- Average hourly wage by setting and job title
- Number (or percentage) of employer/provider organizations offering health insurance to direct-care workers and their share of premium costs
- Number (or percentage) of direct-care workers enrolled in employer-provided health insurance
- Number (or percentage) of direct-care workers with paid sick or vacation leave

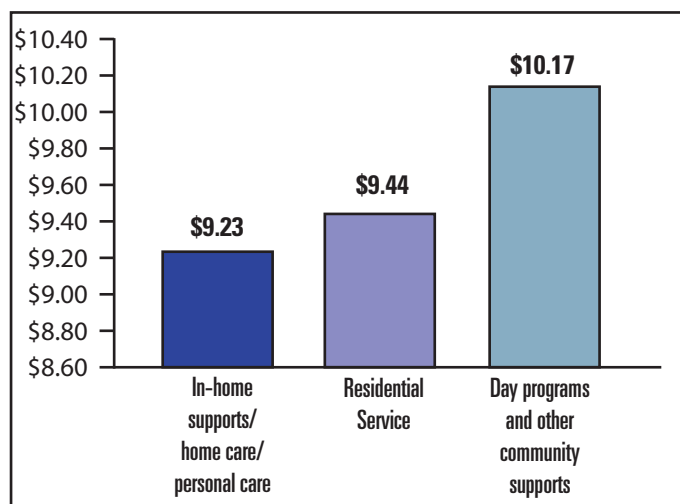
On average, the *starting* hourly wage for direct-care workers in MI Choice provider organizations is \$9.09, with an overall *current hourly wage* of \$9.87 for all employed direct-care workers.

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RNs and LPNs, as expected, have a higher starting hourly wage at \$23.54 and \$15.43, respectively. However, current wage rates increase to \$17.15 per hour for LPNs, and do not change for experienced RNs.

In addition to providing overall current wage rates, provider organizations were also asked to indicate direct-care worker wage rates by service setting. Wage rates for MI Choice direct-care workers vary depending on the service provided, with wages for workers in day programs/community supports<sup>4</sup> being the highest at \$10.17 per hour and in-home personal care rates the lowest at \$9.23 (Chart 2). This survey did not capture wage data by setting for RNs and LPNs.

**Chart 2 – Current Direct-Care Worker Wage Rates by MI Choice Service Setting**



Paid time off is largely unavailable to direct-care workers in responding provider organizations. Only 56 percent of these Medicaid-funded provider organizations indicate that full-time direct-care workers can earn and use paid vacation time, while only 40 percent indicate that full-time direct-care workers can earn and use paid sick time.

These benefits are less widely available to part-time MI Choice workers, the majority of the direct-care workforce at responding organizations. Only 37 percent of responding MI Choice organizations offer paid vacation time to part-time direct-care workers, and 25 percent offer paid sick time.

Provider organizations that responded to the survey provide health insurance to 668 direct-care workers—or 14 percent of the 4,841 direct-care workers they employ. The survey did not ask if these organizations' direct-care staff receive health coverage outside of their employer-sponsored plan. However, other data from the U. S. Census shows that 41 percent of Michigan's direct-care workers employed in home care are uninsured.<sup>5</sup>

This low level of insurance coverage is likely due to the lack of affordable options for providers and workers, and the resulting low number of employers offering any health insurance coverage to this workforce. Of MI Choice providers responding to the survey, 41 percent do not offer health coverage to direct-care workers. When health insurance is available, providers are more likely to offer coverage to full-time workers (48%) than to their largely part-time workforce (16 percent).

In addition, the offered health coverage is likely unaffordable for workers. The common threshold for premiums to be considered affordable for low-income individuals is at or below 5 percent of income.<sup>6</sup> Over half (57%) of responding MI Choice provider organizations report that

<sup>4</sup> Day programs and community support programs are defined in the national survey tool as supports provided outside an individual's home, such as adult day services.

<sup>5</sup> PHI (September 2011). "State Facts: Michigan's Direct-Care Workforce." Available online: <http://www.directcareclearinghouse.org/download/PHI-StateFacts-MI.pdf>.

**Table 8 – Percent of Premium Paid by MI Choice Provider Organizations that Offer Health Insurance**

For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization?	
Percent of Premium Paid	Percent Responded
0%	44%
1% – 25%	13%
26% – 50%	6%
51% – 75%	7%
76% or more	18%
I am not sure/don't know	13%
Different percentages for different direct service workers	3%

they pay 25 percent or less of the health insurance premium for their direct-care staff—with the majority of those paying none of the health insurance premium (Table 8).

Given that 38 percent of provider organizations note transportation costs as a retention challenge for their direct-care workforce, findings related to their transportation policies are relevant. Almost two-thirds (61%) of providers report they do not compensate for mileage or only do so under certain limited circumstances (Chart 3).

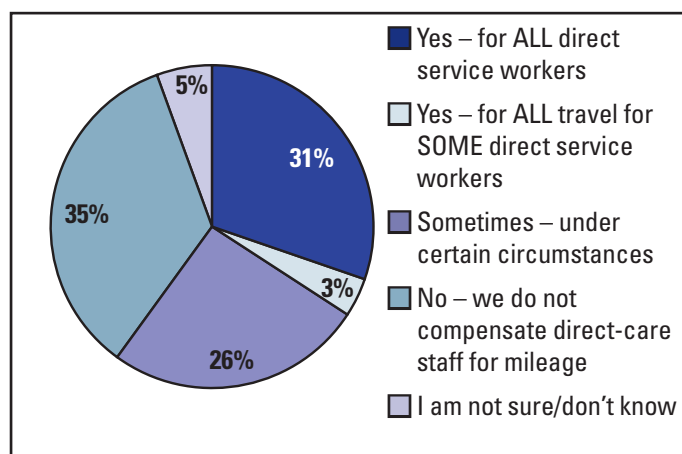
### MI Choice Training Needs and Interests

The final area for analysis of the MEW Survey findings is related to training needs and interests. The survey sought to gain information on how training is delivered now, what topics providers require for training, and the topics that are considered a critical need. The majority (88%) of MI Choice provider organizations indicate that they offer directly, or contract with another entity to deliver, training to direct-care workers.

Organizations were also asked to identify both their current training requirements and their critical training needs from a list of 30 training topics. The training topics were developed by the DSW-RC technical assistance team to reflect training areas and competencies that would be common across all eight states participating in this survey effort. They were not specific to the MI Choice program or other Medicaid home and community-based services in Michigan, and do not include some required topics, such as person-centered planning.

The top three current required training topics are infection control, safety/emergency, and personal care. Table 9 (see page 9) shows the top 10 current training requirements identified by responding organizations.

**Chart 3 – MI Choice Provider Organizations' Mileage Reimbursement Policies**



6 Kaiser Family Foundation (January 2007). "Health Coverage for Low-Income Americans: An Evidence-Based Approach to Policy." Available online: <http://www.kff.org/uninsured/upload/7475.pdf>.

**Table 9 – Top 10 Required MI Choice Provider Training Topics**

For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training for (check at least three, and all that apply)	
Training Topic	Response Percent
Infection Control	90%
Safety/Emergency	90%
Personal Care	85%
Transferring/Lifting	81%
Confidentiality	79%
Documentation	74%
Consumer Rights	72%
Communication	62%
Providing Services to Meet Needs	62%
CPR	61%

The MEW Survey also asked provider organizations to identify the areas that are considered a critical training need for workers. While there were no clear majority responses from topics presented, the highest ranking areas include:

- Documentation (47%)
- Ethics (43%)
- Communication (40%)
- Direct service professionalism (38%)
- Administering medications (33%)

## Summary of Findings

This analysis of the basic findings from the MI Choice Employer Workforce Survey is meant to guide state policymakers in designing and implementing strategies to improve the ability of MI Choice employers to recruit and retain a competent, valued workforce to deliver services to Medicaid participants.

### Provider organizations identified low wages, part-time hours, and lack of mileage reimbursement as significant challenges to attracting direct-care staff.

- Findings from the MEW Survey show that the average starting (\$9.09) and current (\$9.87) hourly wages offered by these provider organizations are lower than the average hourly wages reported in May 2011 by the Bureau of Labor Statistics for Michigan home health aides (\$10.45), personal care aides (\$9.96), and nursing assistants (\$12.11).<sup>7</sup> Given these comparative figures, MI Choice HCBS providers are at a competitive disadvantage in recruiting and retaining direct-care staff compared to nursing home and other Michigan direct-care worker employers. Medicaid reimbursement rates and methodologies could better reflect competitive market labor costs or a family self-sufficient wage rate.<sup>8</sup>

<sup>7</sup> Bureau of Labor Statistics. May 2011 State Occupational Employment and Wage Estimates, Michigan. Available on-line: [http://www.bls.gov/oes/current/oes\\_mi.htm#39-0000](http://www.bls.gov/oes/current/oes_mi.htm#39-0000).

<sup>8</sup> According to the Michigan League for Public Policy (MLPP), the self-sufficiency wage for a single person is \$10.83 per hour. MLPP defines economic self-sufficiency as “the level at which a household is able to meet all of its basic expenses without relying on government or non-profit assistance.” *Economic Self-Sufficiency in Michigan: A Benchmark for Family Well-Being* (June 2011). Available online: <http://www.milhs.org/wp-content/uploads/2010/07/SSJune2011.pdf>.

- The majority (69%) of direct-care workers employed by responding provider organizations work part-time, at less than 36 hours per week. This high level of part-time work compounds the challenges of the low wage rates, creating the significant recruitment and retention challenge identified by survey respondents. Employer organizations list the inability to offer full-time hours as the top recruitment and retention barrier.
- Mileage reimbursement is not common, with only one-third (31%) of respondents saying they reimburse direct-care staff for mileage and/or gas for travel between participants. Direct-care workers are often required to drive between participants' homes throughout the course of a workday. In 2006, the National Association for Home Care and Hospice estimated that home care workers in Michigan travel 161.3 million miles annually.<sup>9</sup>

With gas prices regularly exceeding \$3.50/gallon, getting to participants' homes can be difficult for workers. Given the wages that direct-care staff earn, it is likely that a significant portion of their wages for a given day goes directly to their own transportation costs to get from worksite to worksite, making the work financially unsustainable. Yet, there is no clear policy that either a) includes transportation costs in the calculation of the rate paid to providers, or b) requires providers to reimburse workers for their transportation costs incurred while serving participants.

### Retaining staff is a challenge for many organizations.

MI Choice providers that responded to this survey report a turnover rate of 32 percent, with an average of 13 direct-care staff leaving employment in the previous 12 months. A sizeable percentage of provider organizations (41%) reported that retaining staff was difficult or almost impossible. A 2004 report shows that an organization spends an average of \$2,500 to recruit, screen, train, and hire a new worker.<sup>10</sup> Given these figures, a MI Choice provider organization would spend approximately \$32,500—a total of approximately \$5.4 million across all respondents—to replace those who left employment over the last 12 months.

Research shows that the reasons for turnover are varied, but the most consistent ones are low wages and transportation costs. In fact, Michigan's own *Voices from the Front* study in 2004 showed that increasing wages by \$1 per hour reduced the likelihood that a worker would leave by 15 percent.<sup>11</sup> Several other studies from across the country link wages and transportation costs to turnover, including a Wyoming study showing a 20 percent decrease in turnover as wages increased and a Maine study demonstrating that reimbursing workers for transportation lowered turnover as much as a significant wage increase.<sup>12 13</sup>

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9 National Association for Home Care and Hospice (June 2008). "Escalating Energy Costs Threaten Health Care for Critically Ill and Homebound Seniors: Home Care Nurses, Aides, and Therapists Drive 4.8 Billion Miles per Year to Reach Shut-In Patients." Available online: <http://www.docstoc.com/docs/40740920/Escalating-Energy-Costs-Threaten-Health-Care-for-Homebound-Seniors>.

10 D. Seavey (October 2004). *The Cost of Frontline Turnover in Long-Term Care*, Better Jobs Better Care Report, Washington, DC: Institute for the Future of Aging Services, American Association of Homes and Services for the Aging. Available online: <http://phinational.org/sites/phinational.org/files/clearinghouse/TOCostReport.pdf>.

11 M. Mickus, C.C. Luz, A. Hogan (2004). *Voices from the Front: Recruitment and Retention of Direct Care Workers in Long Term Care Across Michigan*, Michigan State University. Available online: [http://phinational.org/sites/phinational.org/files/clearinghouse/MI\\_vocices\\_from\\_the\\_front.pdf](http://phinational.org/sites/phinational.org/files/clearinghouse/MI_vocices_from_the_front.pdf).

12 B.D. Sherard (2002). *Report to the Joint Appropriations Committee on the Impact of Funding for Direct Staff Salary Increases in Adult Developmental Disabilities Community-Based Programs*, Wyoming Department of Health. Available online: [http://www.pascenter.org/documents/WY\\_2002.pdf](http://www.pascenter.org/documents/WY_2002.pdf).

13 L. Morris (2009) "Quits and Job Changes Among Home Care Workers in Maine," *The Gerontologist*, 49(5): 635-50. Available online: <http://gerontologist.oxfordjournals.org/content/49/5/635.abstract>.



### **Providing affordable health care coverage is difficult for MI Choice provider organizations.**

The largely part-time nature of home and community-based services—and the small size of many of the provider organizations—directly impacts the ability of provider organizations to make affordable health insurance coverage accessible to their staff.

- Only 14 percent of direct-care workers employed by responding provider organizations receive employer-sponsored health insurance.
- Of MI Choice provider organizations, 41 percent do not offer health insurance to their direct-care staff.
- For those that do offer health insurance, over half (57%) pay less than one-fourth of the premium costs—including 44 percent who do not pay any of those costs.

These factors contribute to an uninsured rate of 41 percent among Michigan’s home care workers, a rate substantially higher than that of certified nursing assistants working in the state’s nursing homes.<sup>14</sup> This disparity adds to home and personal care jobs being less attractive compared to others in the LTSS sector. The implementation of the Affordable Care Act—including the expansion of Medicaid to individuals with income under 138 percent of the federal poverty level and the availability to enroll in coverage through the Health Insurance Exchange, both slated to begin in October 2013—provides new coverage options for direct-care workers. MDCH has an opportunity to inform LTSS providers and their staff about critical decisions to be made regarding health care coverage in the coming year.

### **Core competencies and training for the MI Choice workforce must be expanded.**

The survey results provide a broad picture of essential training topics and methodologies for the MI Choice workforce from the responding provider organizations’ perspectives. Almost all provider organizations are providing some training to their staff directly or through contracts; a small number (12%) report that no training is offered. Combining the responses from the workers serving self-directing MI Choice participants<sup>15</sup>, the survey responses provide important information on the core competencies important to employers and workers. These results align well with the competencies found in the 77-hour initial core curriculum being tested in the Michigan Office of Services to the Aging’s “Building Training...Building Quality” (BTBQ) federal demonstration grant funded by the Health Resources and Services Administration.<sup>16</sup>

These resources and findings can aid state agencies, waiver agents, provider associations, and others in crafting effective training programs and an infrastructure to support better preparation for the workforce.

14 PHI (September 2011). “State Facts: Michigan’s Direct-Care Workforce.” Available online: <http://phinational.org/sites/phinational.org/files/clearinghouse/PHI-StateFacts-MI.pdf>.

15 PHI (October 2011). “Self-Determination and the MI Choice Medicaid Waiver Program.” Available online: [www.phinational.org/michigan](http://www.phinational.org/michigan)

16 The “Building Training...Building Quality” training demonstration, funded with a Health Resources and Services Administration (HRSA) grant to OSA, is identifying training competencies for personal care attendants in the MI Choice program and providing support to employers in delivering that training. This pilot is being implemented across six waiver agencies in four areas of the state. For more information, visit <http://phinational.org/policy/state-activities/phi-michigan/priorities/training/btbq>.

# Conclusion

The MI Choice Employer Workforce Survey provides the foundation for OSA or another state agency to create a data warehouse on the direct-care workforce, and possibly other occupations that serve home and community-based programs. Findings from this survey and the other surveys that were a part of the State Profile Tool provide baseline data on workforce volume, stability, and compensation, establishing an initial minimum data set to inform state goals, programs, and priorities.

States are encouraged to collect workforce data on an ongoing basis to identify workforce trends, plan for program changes, and develop and analyze interventions to address workforce challenges. Only by having reliable program-specific information and data on the needs of workers and employers can Michigan adequately meet the growing demand and shifting preferences regarding delivery models for long-term supports and services.

# Appendix A: Michigan Choice Employer Workforce Survey (Pilot)



MI Choice Provider Workforce (Pilot)

## Survey

As an organization that contracts with a waiver agency that administers the MI Choice Home and Community Based Services (HCBS) Waiver program, you are being asked to complete this MI Choice Provider Workforce Survey. With funding from a grant from the Centers for Medicare and Medicaid services and cooperation from the Michigan Department of Community Health, the Michigan Disability Rights Coalition has contracted with PHI to conduct this survey to ensure your responses are confidential and anonymous.

DCH is conducting this survey to gather data on the volume, stability, and compensation of registered nurses (RNs), licensed practical nurses (LPNs), and direct-care workers that your organization employs or contracts with to provide the following services:

- ▶ **Adult Day**
- ▶ **Community Living Supports**
- ▶ **Homemaking**
- ▶ **Personal Care**
- ▶ **Private Duty**
- ▶ **Residential Services**
- ▶ **Respite**

When completing this survey, please include all staff or contractors in the above categories and not just those that provide services to consumers in the MI Choice program.

For the purpose of this survey, “direct-care workers” are defined as staff who provide hands-on assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) or provide back up or supervisory services, but are not RNs and LPNs. The most common names for these staff members are:

- ▶ **Certified Nursing Assistants (CNA)**
- ▶ **Homemakers**
- ▶ **Home health direct-care workers**
- ▶ **Housekeepers**
- ▶ **Personal care aides /attendants**

Please complete this pilot survey prior to attending the focus group on your scheduled date during the week of April 4, 2011

Pilot # \_\_\_\_\_



- 1.** Which of the following MI Choice services does your organization provide? (Check all that apply.)
- Adult Day
  - Community Living Supports
  - Homemaking
  - Personal Care
  - Private Duty Nursing
  - Residential services
  - Respite
- 2.** Which of the following MI Choice waiver agents does your organization contract with for services to provide the services listed in Question #1? (Check all that apply.)
- A&D Home Health Care, Inc.
  - Area Agency on Aging of Northwest Michigan
  - Area Agency on Aging of Western Michigan, Inc.
  - Area Agency on Aging, 1B
  - Detroit Area Agency on Aging
  - HHS, Health Options
  - Macomb-Oakland Regional Center, Inc.
  - Northeast Michigan Community Service Agency
  - Northern Lakes Community Mental Health/Northern Healthcare Management
  - Region 2 Area Agency on Aging
  - Region 3B Area Agency on Aging
  - Region 4 Area Agency on Aging
  - Region 7 Area Agency on Aging
  - Senior Resources
  - Senior Services, Inc.
  - The Information Center, Inc.
  - The Senior Alliance
  - Tri-County Office on Aging
  - U.P. Area Agency on Aging (UPCAP)
  - Valley Area Agency on Aging
- 3.** Does your organization contract with RNs, LPNs, or direct-care workers that are not employees of your organization to provide the services listed in Question #1?
- Yes
  - No

**Volume**

The following questions are related to the number of registered nurses (RNs), licensed professional nurses (LPNs), and direct-care workers your organization employs or contracts with to provide the services listed in Question #1.

- 4.** Please indicate the **total** number of RNs, LPNs, and direct-care workers currently employed (as of February 28, 2011) by your organization.  
 RNs  
 LPNs  
 Direct-care workers
  
- 5.** Please indicate the number of RNs, LPNs, and direct-care workers currently employed (as of February 28, 2011) **full-time** (32 hours or more per week).  
 RNs  
 LPNs  
 Direct-care workers
  
- 6.** Please indicate the number of RNs, LPNs, and direct-care workers currently employed (as of February 28, 2011) **part-time** (less than 32 hours per week).  
 RNs  
 LPNs  
 Direct-care workers

**Stability**

The following information will be used to calculate the turnover and vacancy rates for RNs, LPNs, and direct-care workers your organization employs or contracts with to provide the services listed in Question #1. For the questions below, include individuals who work both full-time and part-time.

- 7.** Please indicate the number of RNs, LPNs, and direct-care workers who left employment for any reason – voluntary or involuntary – during calendar year (CY) 2010.  
 RNs  
 LPNs  
 Direct-care workers
  
- 8.** Please indicate the average number of RNs, LPNs, and direct-care workers employed by your organization during CY 2010.  
 RNs  
 LPNs  
 Direct-care workers

- 9.** Please indicate the number of vacant RN, LPN, and direct-care worker positions as of February 28, 2011.
- \_\_\_\_\_ RNs
  - \_\_\_\_\_ LPNs
  - \_\_\_\_\_ Direct-care workers
- 10.** How would you describe your organization’s overall ability to **recruit** qualified direct-care 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
- 11.** What are the challenges your organization faces in **recruiting** qualified direct-care workers? (Check the top three challenges.)
- Wages are not high enough to attract workers
  - Health insurance is not offered
  - Candidates cannot clear a criminal background check
  - Other jobs in my area are more attractive
- 12.** How would you describe your organization’s overall ability to **retain** qualified direct-care 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

- 13.** What are the challenges your organization faces in **retaining** qualified direct-care workers once they are hired? (Check top three challenges.)
- Wages are not high enough to keep workers
  - Health insurance is not offered
  - Full-time hours are not available
  - Tension between workers and supervisor/management
  - Lack of reliable transportation
  - Lack of reliable child-care
  - Interpersonal stressors faced by workers
  - Other jobs in my area are more attractive

**Compensation**

The following information will be used to determine average wage rates and benefit levels for RNs, LPNs, and direct-care workers your organization employs or contracts with to provide the services listed in Question #1.

- 14.** Please indicate the average hourly wage paid to RNs, LPNs, and direct-care workers.
- \_\_\_\_\_ RNs
  - \_\_\_\_\_ LPNs
  - \_\_\_\_\_ Direct-care workers
- 15.** Does your organization offer health insurance?
- Yes
  - No
- 16.** If yes to #15, please indicate the number of RNs, LPNs, and direct-care workers enrolled in health insurance offered by your organization.
- \_\_\_\_\_ RNs
  - \_\_\_\_\_ LPNs
  - \_\_\_\_\_ Direct-care workers
- 17.** How does your organization compensate staff for mileage costs for travel between consumer’s homes? (Check all that apply.)
- Gas card
  - Mileage rate
  - Provide bus pass
  - Pay for ferry costs
  - We do not compensate for mileage costs
  - Other \_\_\_\_\_

- 18.** If your organization compensates staff for mileage costs, which categories of workers is this compensation available? (Check all that apply.)
- RNs
  - LPNs
  - Direct-care workers
- 19.** Does your organization offer paid sick time for the following categories of workers? (Check all that apply.)
- RNs
  - LPNs
  - Direct-Care Workers
  - My organization does not offer paid sick time
- 20.** Does your organization offer paid vacation leave for the following categories of workers? (Check all that apply.)
- RNs
  - LPNs
  - Direct-Care Workers
  - My organization does not offer paid vacation time



**PHI Michigan**, a regional office of PHI ([www.PHInational.org](http://www.PHInational.org)), works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, and employers, and policymakers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect and independence. For more information, contact PHI Midwest Director Hollis Turnham, [hturnham@phinational.org](mailto:hturnham@phinational.org), Ph: 517.327.0331.

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# Appendix B: Michigan Choice Employer Workforce Survey (Final)

## Michigan MI Choice Employer Workforce Survey

### Survey Instructions

#### Purpose of the Survey:

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

- ▶ Adult day care
- ▶ 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 service 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 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](mailto:tbridges@phinational.org)

Survey ID# MI12345  
CMS-10404 (exp. date 2/28/15)

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### Michigan MI Choice Employer Workforce Survey

#### 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 <<MI1272>> 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](http://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

#### **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.

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### Michigan MI Choice 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** 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:

- 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).
- 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 services.
- 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 12<sup>th</sup> 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 describe) \_\_\_\_\_

**2. Is your organization... (check only one)**

- 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)**

- 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 service 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 service workers who are not employees of your organization to provide the services listed in Question #1? (check only one)**

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

**Michigan MI Choice Employer Workforce Survey**

7. How many total direct service workers did your organization employ or contract with on February 29, 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)  
 I am not sure/don't know  
 If you used a date other than last day of past month, please indicate (MM/DD/YYYY)  
\_\_\_\_\_

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

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

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

11. How many total RNs did your organization employ or contract with on February 29, 2012?

- Number who work 36 or more hours per week, RN  
 Number who work 1 to 35 hours per week, RN  
 Total number of RNs (the sum)  
 I am not sure/don't know

**Michigan MI Choice Employer Workforce Survey**

12. How many total LPNs did your organization employ or contract with on February 29, 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

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

### Michigan MI Choice Employer Workforce Survey

#### 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

I am not sure/don't know

This organization does not employ any RNs or LPNs **[SKIP QUESTION 18 AND GO DIRECTLY TO QUESTION 19]**

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, or intermittent direct service workers who were hired by your organization over the last 12 months?

\$ \_\_\_\_\_.\_\_\_\_ (per hour)

I am not sure/don't know

20. 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?

\$ \_\_\_\_\_.\_\_\_\_ (per hour) Residential services

\$ \_\_\_\_\_.\_\_\_\_ (per hour) In-home supports/Home care

\$ \_\_\_\_\_.\_\_\_\_ (per hour) Day programs and other community supports

\$ \_\_\_\_\_.\_\_\_\_ (per hour) Job or vocational services

\$ \_\_\_\_\_.\_\_\_\_ (per hour) **Current average hourly wage across all services and settings**

I am not sure/don't know

**Michigan MI Choice Employer Workforce Survey**

**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 receiving 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)**

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

**Michigan MI Choice Employer Workforce Survey**

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

- 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 by your organization over the last 12 months?

\$\_\_\_\_.\_\_\_\_ (per hour) for RNs

\$\_\_\_\_.\_\_\_\_ (per hour) for LPNs

- I am not sure/don't know
- This organization does not employ any RNs or LPNs **[SKIP QUESTIONS 28-34 AND GO DIRECTLY TO QUESTION 35]**

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

**Michigan MI Choice Employer Workforce Survey**

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

- 0%
- 1% to 25%
- 26% to 50%
- 51% to 75%
- 76% or more
- I am not sure/don't know
- Different percentages for employees (please describe) \_\_\_\_\_

### Michigan MI Choice Employer Workforce Survey

**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
- 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.<sup>1</sup>

**35. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served? (check only one)**

- 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? (check only one)**

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

**37. Does your organization have a written policy concerning cultural competence? (check only one)**

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

**38. If yes, which of the following populations are included in the cultural competency 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

<sup>1</sup> 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

39. Does staff at your organization receive training in cultural competence? (check only one)

- Yes
- 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? (check only one)

- 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)

- 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 willing to 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

**PHI Michigan** is a regional program of PHI ([www.PHInational.org](http://www.PHInational.org)). PHI works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence. For more information, contact PHI Midwest Director Hollis Turnham, [hturnham@phinational.org](mailto:hturnham@phinational.org), Ph: 517.327.0331.

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