

Findings from a Survey of Home Help 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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Data Processing Services

So What? Consulting

About this Project

The Home Help Employer Workforce Survey is a part of a survey effort by the Michigan Office of Services to the Aging to study the size, stability, and compensation levels of the direct-care workforce supporting participants in Michigan's Medicaid-funded home and community-based services programs. Summaries and detailed analysis of survey findings are available at www.PHInational.org/michigan.



PHI Michigan is a regional program of PHI (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.

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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,¹ was awarded federal funding through the State Profile Tool (SPT) and the National Balancing Indicators Project to collect data on the direct-care workforce in home and community-based services (HCBS) programs. In consultation with the SPT consumer advisory council and the Michigan Department of Human Services (MDHS), the agency that administers the Home Help program, OSA opted to conduct surveys of providers and workers supporting self-directing participants in three of its HCBS programs,² including those that provide personal care and home care services to individuals in the Medicaid Home Help program. OSA engaged PHI to develop and implement the Home Help Employer Workforce (HH-EW) Survey and prepare this report.

The HH-EW Survey represents the first attempt by state agencies in Michigan to quantify the direct-care workforce specifically employed by Home Help provider agencies. Although the overwhelming majority of services provided to individuals in the Medicaid Home Help program are done by independent providers (direct-care workers hired directly by the person needing services), there is a growing number of provider organizations now delivering these services.³ Provider organizations are brought in to deliver services when a worker cannot be identified to support the individual or in instances when MDHS has determined that the individual is at risk for abuse or neglect.

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) provides 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 rates and job vacancies
- **Workforce Compensation** – Average hourly wages and availability of benefits

The national survey tool that the HH-EW Survey is based on focuses on these three topics—volume, stability, and compensation. The eight states participating in the survey project 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.

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

2 Michigan conducted surveys of providers in the MI Choice, Home Help, and the Habilitation Supports Waiver (HSW) and 1915 (b)/(c) waiver programs. Surveys were also completed of self-directing workers in HSW and MI Choice.

3 The Medicaid Home Help program provides services to over 60,000 Medicaid recipients. In 2011, these recipients employed approximately 70,000 workers directly, not through an employer organization.

Survey Tool Development

The HH-EW Survey has its roots in an earlier survey developed under the SPT grant to collect workforce data from providers in the MI Choice program in early 2011. For the initial effort, a group of waiver agents volunteered to provide feedback on the survey's development and assist with pilot testing. This initial survey tool was developed based on recommendations and guidance provided in the DSW-RC white paper and the volunteer group of Michigan waiver agents.

The initial 20-question survey tool (**Appendix A**) focused on collecting data on volume, stability, compensation of direct-care workers, and workforce recruitment and retention challenges. The survey tool was tested with a total of 20 providers, 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. Providers that participated in the pilot testing found the survey tool easy to understand and were comfortable providing the information and data requested.

The development and testing of Michigan's initial survey tool informed the development of the survey tool that became a part of the national SPT project and the final HH-EW Survey (**Appendix B**). In addition to the volume, stability, and compensation questions, this new survey tool also included questions on recruitment and retention, training, and cultural competency. This survey was tested with a small group of randomly chosen Home Help provider organizations. Feedback on this survey tool was positive.

Methodology

In early 2012, PHI worked in coordination with the Michigan Department of Human Services (MDHS) to obtain a mailing list of all provider organizations that deliver services to Home Help participants. Although provider organizations in the Home Help program primarily deliver personal care services, the survey also asked them to identify any other services that they provide, including:

- Adult Day Services
- Personal Care
- Private Duty Nursing
- Respite

The provider list was refined with assistance from subcontractors. Through internet searches and telephone calls, duplicate agencies that provide services in other Medicaid HCBS programs that were a part of this survey effort, as well as agencies that no longer offer services, were removed. Specific contact names and headquarters addresses for corporate or multi-site agencies were also identified through this process.⁴

In late March 2012, surveys were mailed to 190 unduplicated Home Help providers across Michigan. Based on previous workforce surveys, specifically with direct-care workers, SPT set a goal of a 40 percent response rate for all states participating in this survey effort. Respondents

⁴ Data Processing Services completed the printing, mailing, and data entry for the HH-EW Survey and assisted with cleaning the mailing list. So What? Consulting completed pre-survey and follow-up phone calls to provider organizations.

were given the option of completing the survey that was mailed or logging on to a secure website to complete the survey online. MDHS also announced the survey release and encouraged participation. Approximately two weeks prior to the survey being mailed, provider organizations were sent a postcard informing them that they would be receiving the survey. In May 2012, reminder telephone calls were made to 34 providers representing 20 percent of survey recipients who had not responded to the survey.

The survey was closed in June 2012, with 40 survey respondents, for a response rate of 21 percent. The low response rate is likely due to the size of the provider organizations surveyed and the unreliability of the mailing list provided by MDHS. Even with this low response rate, providers represented a wide geographic area of Lower Michigan—there were no respondents from the Upper Peninsula. The majority of the respondents (35) chose to complete the paper survey.

Key Findings and Analysis

The Home Help Employer Workforce (HH-EW) Survey provides a picture of provider organizations that deliver long-term supports and services (LTSS) to participants in the Medicaid-funded Home Help program.⁵ These organizations are primarily home health or private-duty home care agencies. The survey findings can be broken down into five categories:

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

Table 1 – Services Provided by Home Help Organizations

Which of the following services does your organization currently provide? (Check all that apply)	
Personal Care	100%
Respite	53%
Other	31%
Private Duty Nursing	26%
Adult Day Services	13%
Chore	13%

Type of Services Provided

The HH-EW Survey focused on provider organizations that employ direct-care staff who provide personal care and home health services in participants’ homes or residential settings. Of the providers that responded, all indicate that they provide personal care services, and just over half provide respite (**Table 1**). Almost one-third state that they

provide “other” services, with the written responses primarily noting homemaker/homemaking as the provided service.

⁵ The Home Help program provides “personal care services” to qualified Medicaid recipients. This includes activities of daily living (assistance with bathing, toileting, dressing, etc.) and some independent activities of daily living (shopping, cooking, etc.). The program serves over 60,000 people, more than any other Medicaid-funded HCBS program.

Workforce Volume

The HH-EW Survey sought to quantify the workforce volume for providers in the Home Help program. Workforce volume is defined by three data elements:

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

Direct-care workers are a sizeable part of the Home Help workforce. Respondents to the HH-EW Survey employ 1,320 direct-care workers. On average, survey respondents report employing 44 direct-care workers per organization. Most organizations (84%) directly employ direct-care workers and do not contract with them.

Respondents were also asked to identify the service setting that direct-care staff work in. The majority of respondents indicate that their direct-care staff work in an in-home supports/personal care setting (60%), with the remaining in residential services or day programs or other community supports (**Chart 1**).

Respondents report that the average number of hours that direct-care workers must work to be considered full-time is 36 hours/week. However, over half (55%) of direct-care workers employed by respondents work 1 to 35 hours per week (**Chart 2**).

Workforce Stability

HH-EW Survey respondents provided information on workforce stability, as defined by the following elements:

- Average turnover rate for direct-care workers
- Number of job vacancies for direct-care workers

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.

Chart 1 – Setting Where Direct-Care Workers Work, Home Help Provider Organizations

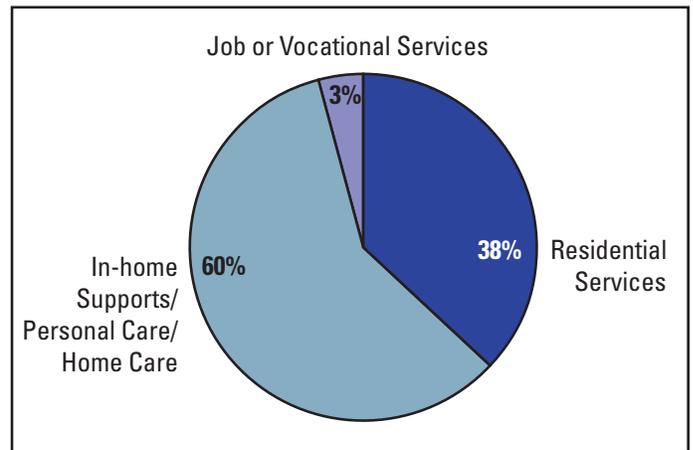
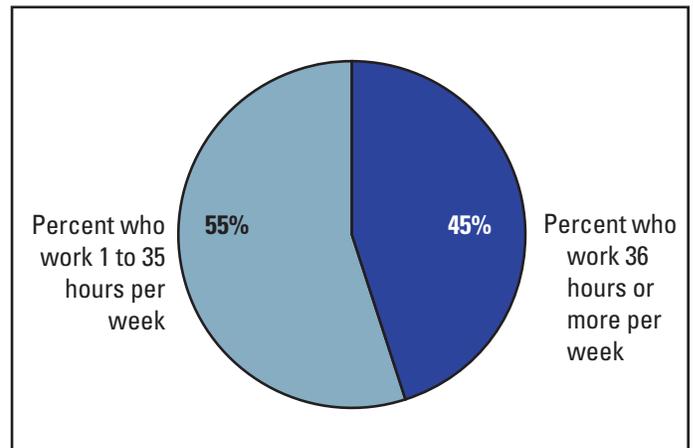


Chart 2 – Full-Time vs. Part-Time Direct-Care Workers, Home Help Provider Organizations



Findings from a Survey of Home Help Provider Organizations

Table 2 – Ability to *Recruit and Hire* Direct-Care Workers to Deliver Home Help Services

How would you describe your organization’s ability to recruit and hire qualified direct service workers?	
Easy/no problem	8%
Moderately easy	30%
Somewhat difficult	51%
Difficult	8%
Almost impossible	3%

Table 3 – Ability to *Retain* Direct-Care Workers to Deliver Home Help Services

How would you describe your organization’s ability to retain qualified direct service workers once they are hired?	
Easy/no problem	8%
Moderately easy	60%
Somewhat difficult	27%
Difficult	3%
Almost impossible	2%

Respondents were asked to provide the number of direct-care workers that left their organization over the previous 12 months. On average, providers report 17 direct-care workers leaving each organization. With an average of 44 direct-care workers per organization, this represents a potential turnover rate of 39 percent for direct-care workers employed by Medicaid Home Help provider organizations that responded to this survey.

Though reported turnover rates were relatively high, organizations did not report a high job vacancy level. At the time providers responded to this survey, they reported a total of 56 vacancies in their organizations. On average, respondents said they needed to hire one direct-care worker in the

week that the survey was completed.

The HH-EW 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. Almost two-thirds (62%) report some level of difficulty recruiting and hiring direct-care workers, compared to slightly more (68%) reporting ease in retaining workers (**Table 2** and **Table 3**).

Findings from a Survey of Home Help Provider Organizations

Table 4 – Recruitment and Hiring Challenges for Home Help Provider Organizations

What are the three most significant recruitment challenges for your organization? (check up to three)	
Finding people who will work evenings, weekends, or holidays	42%
Finding people who are willing to work for the wage that we offer	40%
Finding people to work part-time or intermittently	37%
Finding people with reliable transportation	32%
Finding workers with the skills needed to serve the people we support	24%
Finding people who are willing to work in a position that doesn't offer health insurance	21%
Finding people who can communicate effectively with the people they will support	18%
Finding people willing to give up their unemployment benefits	16%
Finding people who meet the minimum education or experience requirements	16%
Finding workers with reliable child care	16%
Finding people with a clean driving record	11%
Finding people with a clear criminal background check	5%
Recruitment is not a problem for this organization	5%
Other types of jobs are more attractive	3%

The three most significant recruitment challenges responding organizations report are: finding people to work evenings, weekends, or holidays (42%); finding people to work for the offered wages (40%); and finding people to work part-time or intermittently (37%) (Table 4). Other notable challenges include those related to securing reliable transportation, having the skills necessary to support participants, and not being offered health insurance coverage.

Among the challenges related to retaining direct-care workers, wages not being high enough (60%) is the single greatest challenge. Gas prices and lack of full-time hours are other major barriers (Table 5).

Table 5 – Retention Challenges for Home Help Provider Organizations

What are the three most significant retention challenges for your organization? (check up to three challenges)	
Wages are not high enough	60%
Gas prices or public transit fares are too high	54%
Full-time positions or sufficient hours are not available	51%
Paid health insurance is not offered	27%
Workers do not have reliable transportation	24%
Other personal stressors faced by workers	22%
Workers unable to do the essential job duties	19%
Workers do not have reliable child care	16%
Conflict among direct service workers, supervisors, and/or managers	5%

Compensation and Benefits Offered by Home Help Provider Organizations

Medicaid Home Help provider organizations were asked to report information regarding compensation and benefit levels for direct-care workers. Compensation and benefits are defined by the following data elements:

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

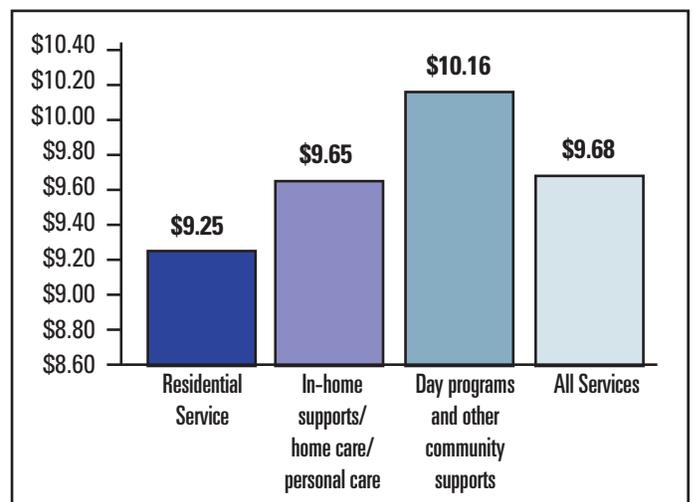
On average, the starting hourly wage for direct-care workers working for Home Help provider organizations is \$9.09 with an overall current wage of \$9.68.

Even with the majority of Home Help provider organizations directly employing direct-care staff in in-home/personal care settings, the survey did ask organizations to indicate wage rates by service type. Wage rates for direct-care workers are somewhat comparable across all service settings, with hourly wages for workers in day programs and community supports being the highest at \$10.16 (**Chart 3**).

Paid time off is largely not available to direct-care workers in responding provider organizations. Of responding organizations, more than half (53%) offer no paid sick time and 45 percent offer no vacation time.

Providers that responded to the survey provide health insurance to 203 direct-care workers—or 15 percent of the direct-care workers they employ. The survey did not ask if these organizations' direct-support workers receive health coverage outside of their employer-sponsored plan. However, other data shows that 41 percent of home care workers in Michigan are uninsured.⁶

Chart 3 – Home Help Employer Worker Survey – Wage Rates by Service



⁶ PHI (September 2011). "State Facts: Michigan's Direct-Care Workforce." Available online: <http://www.directcareclearinghouse.org/download/PHI-StateFacts-MI.pdf>.

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Table 6 – Percent of Premium Paid by Home Help Provider Organizations

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%	49%
1% - 25%	6%
26% - 50%	15%
51% - 75%	15%
76% or more	9%
I am not sure/don't know	6%
Different percentages for different direct service workers	3%

This low level of insurance coverage is likely due to the limited eligibility and lack of affordable options that providers reported. Of respondents, 47 percent indicate that they do not offer health insurance coverage at all. When offered to their employees, provider organizations are more likely to offer coverage to full-time workers (45%) rather than part-time workers (5%). In addition, it appears that the coverage that is offered is unaffordable. More than half (55%) of provider organizations report that they pay 25 percent or less of the health insurance premium, with

49 percent not paying any portion of the premium (Table 6).

As indicated previously, high gas prices are reported as a significant retention challenge. A majority of provider organizations (69%) indicate that they limit mileage reimbursement paid to direct-care staff (Chart 4).

Chart 4 – Home Help Provider Organizations' Mileage Reimbursement Policy

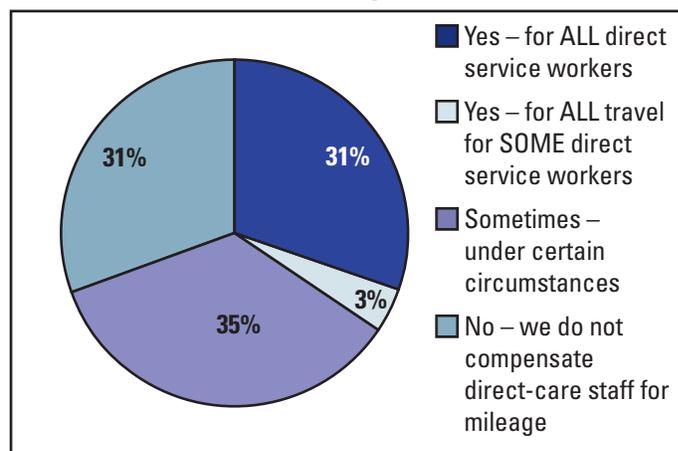


Table 7 – Top 10 Home Help Provider Organization Required Training Topics

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
Personal Care	78%
Safety and Emergency	73%
Documentation	71%
Infection Control	62%
Providing Services Based on Needs of the Individual	59%
Nutritional Support	58%
Consumer Rights	58%
Consumer Confidentiality	58%
CPR	57%
Administering Medications	55%

Home Help Training Needs and Interests

The final area for analysis of the HH-EW Survey findings is related to training needs and interests. The HH-EW Survey sought to gain information on how training is delivered, what topics providers require for training, and the topics that are considered a critical need. All responding organizations indicate that they either do their own training or contract with another entity.

Organizations were asked to identify both their current training requirements and their critical training needs from a list of 30 training topics. The top three required training topics were personal care, safety and emergency, and documentation.

Table 7 shows the top 10 currently required training topics identified by responding organizations.

The HH-EW also asked provider organizations to identify the areas that are considered a critical training need for workers. Stress management/personal safety/wellness was the one training topic identified as a critical need that was not listed among the top required training topics for direct-care workers.

Summary of Findings

Analysis of the basic findings from the Home Help Employer Workforce Survey provided in this report is meant to guide state policymakers in designing and implementing strategies to improve the ability of Home Help provider organizations to recruit and retain a competent, valued workforce to deliver supports and services to Medicaid participants.

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

- Findings from the HH-EW Survey show that the average starting (\$9.09) and current (\$9.68) 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 home health aides (\$10.45), personal care aides (\$9.96), and nursing assistants (\$12.11).⁷ Given these comparative figures, Home Help provider organizations are at a competitive disadvantage in recruiting and retaining direct-care staff compared to nursing homes and other long-term supports and services employers. Reimbursement rates and methodologies could better reflect competitive market labor costs or a family self-sufficient wage rate.⁸
- The majority (60%) of direct-care workers employed by responding provider organizations work part-time, or less than 36 hours per week. This high level of part-time work compounds the challenges of the low wage rates, creating a significant recruitment and retention challenge, according to survey respondents. Employer organizations list the inability to offer full-time hours as a top recruitment and retention barrier.
- Mileage reimbursement is not common, with only one-third (31%) of respondents saying they reimburse direct-care staff for all mileage and/or gas for travel between participants. Direct-care workers are often required to drive between participants' homes or to drive participants for medical appointments 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.⁹ 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 supporting participants.

Retaining staff is a challenge for many organizations.

HH-EW Survey respondents report a turnover rate of 39 percent, with an average of 17 direct-care staff leaving employment in the previous 12 months. Almost one-third of the surveyed provider organizations (32%) report that retaining staff is difficult or almost impossible. A 2004 report shows that an organization spends an average of \$2,500 to recruit, screen, train, and hire

7 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.

8 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>.

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>.

a new worker.¹⁰ Given these figures, a Home Help provider organization would spend approximately \$42,500—a total of \$1.7 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.¹¹ 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 for direct-support workers increased and a Maine study demonstrating that reimbursing workers for transportation lowered turnover as much as a significant wage increase.^{12,13}

Providing affordable health care coverage is difficult for Home Help provider organizations.

The largely part-time nature of home and community-based services directly and negatively impacts the ability of provider organizations to access and make health insurance coverage affordable for their staff.

- Only 15 percent of direct-care workers employed by responding Home Help provider organizations across all three programs receive employer-sponsored health insurance.
- Of Home Help provider organizations, 47 percent do not offer health insurance to their direct-care staff.
- For providers that do offer health insurance, over half (55%) pay less than one-fourth of the premium costs, with the majority not contributing to the premium at all.

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.¹⁴ This disparity adds to home and personal care jobs being less attractive compared to others in the long-term services and supports (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 Home Help workforce must be expanded.

Currently the Medicaid Home Help program does not require, pay for, or provide training to this workforce. Provider organizations and independent providers have to meet only the basic

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.

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.

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>.

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>.

requirements to work in the program, none of which are related to specific skills or competencies. Personal care, safety and emergency, and documentation are the top three training topics that provider organizations require of their staffs, while stress management/personal safety/wellness is seen as the most critical training need.

These training topics are similar to those that were identified as competencies that shaped core curriculum in the Michigan Office of Services to the Aging's "Building Training... Building Quality" project.¹⁵ 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 Home Help workforce.

Conclusion

The Home Help 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.

¹⁵ 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. Learn more at: <http://phinational.org/policy/state-activities/phi-michigan/priorities/training/btbq>.

Appendix A: MI Choice Provider Workforce Survey



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), 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, Ph: 517.327.0331.

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Appendix B: Michigan Home Help Employer Workforce Survey

Michigan CMH Provider Organization Workforce Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to provide services through the Community Mental Health system for people of all ages with physical or intellectual or developmental disabilities and/or mental illness with the following services:

- ▶ Adult Day Services
- ▶ Chore Services
- ▶ Community living supports
- ▶ Job/Vocational Services
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Residential services
- ▶ Respite services

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

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct 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 government and state develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Michigan by September 2012.

Notice of Privacy:

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

If you have any questions or concerns about the survey, please contact PHI's Senior Workforce Advocate, **Tameshia Bridges** at **(517) 643-1049** or by email at **tbridges@phinational.org**

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

Findings from a Survey of Home Help Provider Organizations

Michigan CMH Provider Organization Workforce Survey

Directions:

We encourage you to complete your survey online at:

<https://www.research.net/s/Michigan-CMH-Provider-Organization-Workforce-Survey>

If you complete the survey online, please enter <<MI3037>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **PHI Michigan, P.O. Box 505, Linden, MI 48451-9912.**, by mail using the stamped return envelope enclosed.

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

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

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

Definitions: Types of Workers

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

- ▶ Direct support professionals
- ▶ Direct support worker
- ▶ Personal care attendant
- ▶ Homemakers
- ▶ CLS Worker
- ▶ Job Coach

Please include in your responses:

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

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Michigan CMH Provider Organization 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 provided through waiver programs administered by the Community Mental Health system in Michigan:

- ▶ Adult Day Services
- ▶ Chore Services
- ▶ Community living supports
- ▶ Job/Vocational Services
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Residential services
- ▶ Respite services

Please include in your responses if applicable for your organization:

Direct service workers in the following settings:

- 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.

Do not include employees in the following settings:

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

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Michigan CMH Provider Organization Workforce Survey

Survey Questions

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

- Adult day services
- Chore Services
- Community Living Supports
- Homemaker
- Job/Vocational Services
- Personal Care
- Private Duty nursing
- Residential Services
- Respite
- Other (please 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 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

Findings from a Survey of Home Help Provider Organizations

Michigan CMH Provider Organization Workforce Survey

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

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 the last day of past month please indicate (MM/DD/YYYY)

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

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

Individuals Served

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

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

10. How many individuals with a disability and/or mental illness does your organization currently support in each of the following settings and in total?

- A. Residential services
 B. In-home supports/home care/personal care
 C. Day programs and rehabilitative or medical supports
 D. Job or vocational services
 Total number of people supported (the sum of A-D)
 I am not sure/don't know

Michigan CMH Provider Organization Workforce Survey

Workforce Stability

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

Direct Service Workers

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

Number of new workers needed

I am not sure/don't know

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

Total direct service workers who left the organization

I am not sure/don't know

Worker Compensation and Benefits

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

Direct Service Workers

13. 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

14. 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 CMH Provider Organization Workforce Survey

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

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

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

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

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

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

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

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

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

- 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 CMH Provider Organization Workforce Survey

20. 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

Organizational Cultural Competence

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

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

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

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

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

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

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

24. 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

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

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

Michigan CMH Provider Organization Workforce Survey

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

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

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

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

Direct Service Workforce Challenges

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

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

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

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

Michigan CMH Provider Organization Workforce Survey

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

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

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

Direct Service Workforce Qualifications and Training

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

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

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

- Yes, we do training directly
- Yes, we contract out training
- Yes, we train both directly and through contracts
- No
- I am not sure/do not know

Findings from a Survey of Home Help Provider Organizations

Michigan CMH Provider Organization Workforce Survey

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

- | | |
|--|--|
| <input type="checkbox"/> Advocacy
<input type="checkbox"/> Administering medications
<input type="checkbox"/> Assessing consumer needs
<input type="checkbox"/> Assisting with wound care, dialysis, catheter and/or ostomy care
<input type="checkbox"/> Behavior Management
<input type="checkbox"/> Cardiopulmonary resuscitation (CPR)
<input type="checkbox"/> Communication
<input type="checkbox"/> Consumer confidentiality
<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Consumer empowerment
<input type="checkbox"/> Consumer rights
<input type="checkbox"/> Crisis prevention and intervention
<input type="checkbox"/> Cultural competence ²
<input type="checkbox"/> Direct service professionalism
<input type="checkbox"/> Documentation
<input type="checkbox"/> Ethics
<input type="checkbox"/> Facilitation of services (e.g., finding and getting services for the individual)
<input type="checkbox"/> Health and wellness | <input type="checkbox"/> Household management
<input type="checkbox"/> Infection control
<input type="checkbox"/> Interpersonal relationship skills
<input type="checkbox"/> Nutritional support
<input type="checkbox"/> Organizational participation
<input type="checkbox"/> Participant-directed service planning and implementation
<input type="checkbox"/> Personal care
<input type="checkbox"/> Problem solving
<input type="checkbox"/> Providing services based on needs of individual
<input type="checkbox"/> Safety and emergency training
<input type="checkbox"/> Stress management/personal safety and wellness
<input type="checkbox"/> Teamwork
<input type="checkbox"/> Transferring or lifting
<input type="checkbox"/> Vocational, educational, and career support
<input type="checkbox"/> I am not sure/don't know |
|--|--|

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

- | | |
|---|--|
| <input type="checkbox"/> Advocacy
<input type="checkbox"/> Administering medications
<input type="checkbox"/> Assessing consumer needs
<input type="checkbox"/> Assisting with wound care, dialysis, catheter and/or ostomy care
<input type="checkbox"/> Behavior Management
<input type="checkbox"/> Cardiopulmonary resuscitation (CPR)
<input type="checkbox"/> Communication
<input type="checkbox"/> Consumer confidentiality
<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Consumer empowerment
<input type="checkbox"/> Consumer rights
<input type="checkbox"/> Crisis prevention and intervention
<input type="checkbox"/> Cultural competence
<input type="checkbox"/> Direct service professionalism
<input type="checkbox"/> Documentation
<input type="checkbox"/> Ethics
<input type="checkbox"/> Facilitation of services (e.g., finding and getting services for the individual) | <input type="checkbox"/> Household management
<input type="checkbox"/> Infection control
<input type="checkbox"/> Interpersonal relationship skills
<input type="checkbox"/> Nutritional support
<input type="checkbox"/> Organizational participation
<input type="checkbox"/> Participant-directed service planning and implementation
<input type="checkbox"/> Personal care
<input type="checkbox"/> Problem solving
<input type="checkbox"/> Providing services based on needs of individual
<input type="checkbox"/> Safety and emergency training
<input type="checkbox"/> Stress management/personal safety and wellness
<input type="checkbox"/> Teamwork
<input type="checkbox"/> Transferring or lifting
<input type="checkbox"/> Vocational, educational, and career support
<input type="checkbox"/> I am not sure/don't know |
|---|--|

² Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

Michigan CMH Provider Organization Workforce Survey

Health and wellness

Thank you for completing this survey.

For paper surveys:

Please return it in the postage paid envelope provided to:

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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 1 hr per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Survey ID# MI12345
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PHI Michigan is a regional program of PHI (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, Ph: 517.327.0331.

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