

Self-Determination and the MI Choice Medicaid Waiver Program

**A survey of direct-care workers serving
people using the MI Choice
self-determination option**

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Michigan Department of Community Health**

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MICHIGAN

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Introduction

In 2009, the Michigan Department of Community Health (DCH) was awarded technical assistance through the National Direct Service Workforce Resource Center (DSW-RC), a program funded by the Centers for Medicare and Medicaid Services (CMS). PHI was assigned to be the lead technical assistance (TA) consultant for this work.

Initially, DCH requested assistance in developing surveys for participants and workers in the Money Follows the Person program to better understand how to support the growing number of Medicaid participants who requested the self-determination (SD) option, particularly in the state's home and community-based waiver, MI Choice. With additional funding from a separate CMS-funded project, the State Profile Tool, PHI began working with DCH and other stakeholders in 2010 to develop a survey tool and methodology to conduct this survey. Through the work of the DSW-RC, CMS has an increased interest in collecting data on the direct-care workforce. With the growth in home and community-based services, and consumer direction in particular, this Individual Workers in Self-Direction Survey is timely. Michigan is one of the first states among those participating in the State Profile Tool project to collect data on consumer-directed workers.

The goals of the survey, which was sent to direct-care workers serving participants using the MI Choice SD option, were to:

- Collect baseline demographic information on workers supporting the SD option;
- Understand the motivations, job satisfaction, and training needs of workers providing services and supports to self-directing participants; and,
- Identify strategies to strengthen and support the recruitment and retention of workers in self-determination programs.

This report provides background on the MI Choice SD option, a description of the survey tool and methodology, an overview of the findings and observations, and recommendations related to the goals of the survey.

Consumer-Direction in the MI Choice Home and Community-Based Waiver

Consumer-direction options became available in the early '70s, as people living with disabilities began advocating for greater control over the supports and services available in the community. Early versions of this new model were called "Cash and Counseling" and were funded jointly by the U.S. Department of Health and Human Services and the Robert Wood Johnson Foundation.

Under Cash and Counseling demonstrations, consumers manage their supports and services (not actual cash), determining the amount and kinds of services received. Since the initial Cash and Counseling demonstration programs, consumer direction has grown and shifted to include different delivery models and programs throughout the country. A 2007 survey showed that all but one state had at least one Medicaid-funded consumer-direction program.

MI Choice provides services and supports to older adults aged 65 and over and adults over 18 living with disabilities who need nursing-facility level of care. In fiscal year (FY) 2010, MI

Choice served 10,876 individuals. The program allows participants to maintain independence in the community and still receive necessary services and supports, including personal and home care services. Traditionally, these services have been managed and delivered by a home health or personal care aide employed by a home care agency.

Michigan was selected as one of 11 states to receive the second round of Cash and Counseling grants in 2006. Michigan's version of consumer direction—known as the self-determination (SD) in long-term care option—began in 2004 as a pilot program within the MI Choice home and community-based services (HCBS) waiver program. The pilot program was administered by four waiver agents. In 2008, the Michigan Department of Community Health (DCH) expanded the SD option statewide. Since its inception as a pilot in 2006 to 2010, the MI Choice SD option has served 2,023 participants.

In the MI Choice SD option, participants make decisions and manage the long-term care services and supports (LTCSS) they receive. For example, participants decide which of the 10 waiver services available under SD to order, how the services are to be delivered, and the cost that will be paid. The waiver agent, under contract with DCH, administers the MI Choice program and performs the level of care determination for the participant. From there, the waiver agent and the participant use the person-centered planning process to identify the participant's choices and preferences in their care plan and select services that best meet their needs. Available services in the SD option are:

- Chore
- Community Living Supports
- Fiscal Intermediary
- Environmental Accessibility Adaptations
- Goods and Services
- Homemaker
- Non-Medical Transportation
- Personal Care
- Private Duty Nursing
- Respite Care

Based on the care plan, an individual budget is developed that reflects the participant's needs and preferences regarding the delivery of services and supports. The participant then manages his or her individual budget, hires and supervises staff, and purchases necessary goods and services. The individual budget is a reflection of the funding available to the participant to meet the needs identified in the plan of care. The individual budget does not provide guidelines or rules on the how much providers, including direct-care workers, are to be paid, beyond meeting minimum wage requirements.

Additional support is provided to the participant from a fiscal intermediary (FI), a required service under the SD option. The FI handles the payroll functions, including processing paychecks and making sure that all necessary employer and employee taxes are paid. The FI also provides a monthly financial report to the participant and the waiver agent and notifies them when the budget is 10 percent over or under the approved amount.

The primary component of the MI Choice SD option is the ability for participants to hire and supervise the workers that provide services and supports to them. Workers in the SD option can

be family members, friends, or someone that the participant does not have a relationship with or previously know. Workers in the SD option cannot be the participant's MI Choice program representative, spouse, or legal guardian.

Each paid staff person who provides services in the participant's home must undergo a criminal background check through the Michigan State Police prior to the provision of services. The results of that check are shared with the participant. There is no statewide list of crimes that would exclude a potential worker from providing services to a participant in the MI Choice SD program. Each waiver agent develops their own policy concerning criminal background checks, and which crimes prohibit individuals from providing services to MI Choice participants.

The minimum requirements for providers of SD services are that workers must:

- Be at least 18 years old
- Have effective written and oral communication skills and be able to follow instructions
- Be trained in universal precautions and blood-borne pathogens

There is currently no centralized or standardized mechanism within the waiver agents or DCH to support and assist MI Choice participants in finding or recruiting workers.

Although worker training is not formally provided by the waiver agent for the SD option, the waiver agent and the participant together determine the training needs of selected workers, beyond the minimum requirements. It is the responsibility of the MI Choice participant to assure that the worker receives appropriate training. The participant also is responsible for training the worker on issues specific to their unique needs or conditions. There is currently no uniform, regional or state-based system for ensuring that MI Choice workers have met the minimum training requirements. When calculating the funds needed to serve a participant, identified training costs are not available or included. Each waiver agent handles how workers meet minimum training requirements according to their own internal policies.

Table 1 – Age of MI Choice SD Option Participants, FY 2010

Age Group ¹	Total Enrollment	Percentage
49 and under	88	15%
50 – 59	105	17%
60 – 69	98	16%
70 – 79	145	24%
80 and over	167	28%

According to DCH data, a cumulative, unduplicated total of 2,023 individuals have used the SD option since the program began in 2006. During this time, an annual average of 1,076 hours of service has been provided per participant. The average annual budget for SD option participants is \$20,732.97. For the FY 2010, 603

participants received services through the SD option. Most participants are over the age of 60, as shown in **Table 1**.

¹ According to DCH, 27 individuals did not indicate a date of birth.

Information on Workers Supporting the Self-Determination Option

Basic information and data on the workers providing services and supports to participants in the MI Choice SD option is scarce. Although labor market data (size, wage rates, projections for need) exists on Michigan's direct-care workforce working for other LTCSS employers, workers supporting self-directing individuals are not represented for several reasons. First, workforce occupational and industry data collected by the federal and state governments track data only on workers employed by traditional employer organizations.² Workers supporting the SD option tend to be independent providers, and hence are excluded as "self-employed." Additionally, neither DCH nor the waiver agents responsible for overseeing and administering the MI Choice program track specific information on these workers. This is largely in keeping with the philosophy of self-determination, which promotes autonomy and independence for participants in choosing their workers. As such, participants are not required to report data related to their employees to the state.

Survey Methodology

DCH staff worked with the two MI Choice fiscal intermediaries to secure lists of all workers who had provided services and supports to SD participants during the six-month period of February 2010 to August 2010, resulting in 2,109 individual workers. From this pool, a random sample of 1,500 workers was selected to be surveyed.

The Individual Workers in Self-Direction survey tool consisted of 59 questions (**Appendix A**). In keeping with the survey goals, the questions focused on gathering basic demographics, employment characteristics, worker satisfaction, relationships and interactions, and training needs and interests. The survey tool was piloted with six workers who provide services to MI Choice SD participants. One month prior to the administration of the survey, the selected 1,500 workers received a notice of the coming survey with their paychecks (**Appendix B**).

A survey packet was sent by mail to 1,500 MI Choice workers supporting self-directing participants in mid-November 2010, including an introductory letter, the survey tool itself, a self-addressed stamped envelope for the return of the survey, and the promise of a \$10 Wal-Mart gift card upon its return. Selected workers were sent a reminder postcard after three weeks (**Appendix C**) and the survey period ended after six weeks. By the end date, 624 surveys were returned and analyzed for a response rate of 42 percent.

² The most common federal and state databases are the from the U.S. Bureau of Labor statistics – www.bls.gov – and the Michigan Labor Market Information from the Department of Technology Management and Budget (DTMB) – www.milmi.org.

Key Findings and Analysis

The Individual Workers in Self-Direction survey provides a picture of workers who provide services to participants in the SD option of the MI Choice HCBS waiver program. The findings can be broken down into five categories:

- Demographic characteristics
- Employment characteristics
- Worker satisfaction
- Relationships and interactions
- Training needs and interests

Table 2 – Characteristics of Workers Supporting the MI Choice Self-Determination Option

Characteristics	Percentage of Respondents
Gender	
Female	82%
Male	18%
Race/Ethnicity	
White	69%
Black	28%
Native American	4%
Latino or Hispanic	2%
Asian and Pacific Islander	1.3%
Other	1.4%
Highest Education Level	
Some High School	9%
High School Diploma/GED	31%
Vocational Diploma/Certificate	10%
Attending Community College or University	7%
Associate's Degree	8%
Some College	26%
Bachelor's Degree	5%
Master's Degree	3%
Annual Household Income	
Less than \$22,000	57%
\$22,001 - \$29,000	14%
\$29,001 - \$38,000	11%
\$38,001 - \$44,000	6%
\$44,001 - \$55,000	3%
Above \$55,000	9%

Demographics

The survey respondents were overwhelming female (82%), averaged 44 years of age, and were primarily White (69%). Respondents reported diverse educational backgrounds. Nearly half of respondents reported having a high school diploma/ GED or less, and 16 percent reported having a college degree. Just over half (57%) reported an annual household income of less than \$22,000.

These statistical findings are outlined in **Table 2**.

The results of this survey point to some differences between SD workers and data known about other direct-care workers in Michigan, outlined in **Appendix D**. The average age of respondents was higher than for DCWs generally in the state (44 vs. 40), and a higher percentage of SD workers are men (18% vs. 11%).

Zip code information was provided by 605 survey respondents. Respondents were asked to report the zip code for their home address. This information was sorted by waiver agent and Area Agency on Aging (AAA) region

and compared with available zip code data on self-determination enrollment for calendar year (CY) 2010 (**Table 3**).³ Although this data is not a direct indicator of where services are provided, it does provide a picture of where survey respondents and participants in the SD option are concentrated geographically.

Table 3 – Respondents by Waiver Region⁴

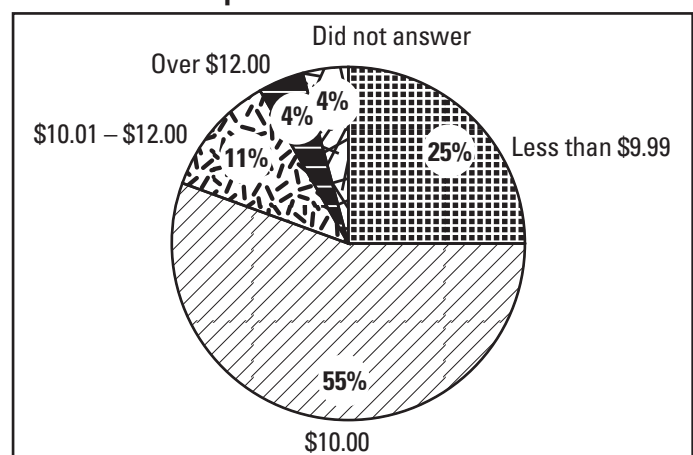
Waiver Region	Number of Respondents	CY 2010 Waiver Enrollment
Region 1A – Detroit AAA	73	37
Region 1B – AAA 1B and Macomb Oakland Regional Center	73	57
Region 1C – Senior Alliance and The Information Center	76	27
Region 2 – AAA	30	34
Region 3 – AAA 3B, and Senior Services	71	160 ⁵
Region 4 – AAA 3 and AAA 4	79	
Region 5 – Valley AAA	14	44
Region 6 – Tri-County Office on Aging	37	14
Region 7 – AAA 7 and A&D Home Health Care	36	55
Region 8 – AAA of Western MI and HHS, Health Options	37	53 ⁶
Region 9 – Northeast Michigan Community Service Agency (NEMSCA)	11	38
Region 10 – AAA Northwest MI and Northern Lakes Community Mental Health	21	23
Region 11 – Upper Peninsula Commission for Area Progress (UPCAP)	35	37
Region 14 – Senior Resources and HHS, Health Options	12	8

Wages and Benefits

The average wage reported by MI Choice workers supporting the SD option is \$9.72 per hour. Wages for these SD workers are largely concentrated at \$10.00 per hour, as shown in (**Chart 1**). Only 15 percent of respondents reported wages higher than this level.

Over one-third of workers (38%) supporting MI Choice self-directing participants are uninsured. The rate of uninsurance is higher than that found in other studies of all DCWs in Michigan (32%) and three times that of all residents in the state of Michigan (13%).⁷

Chart 1 – Wage Distribution of Workers Supporting the SD Option



3 Listing of MI Choice waiver agents and area agency on aging regions is available online at: http://www.michigan.gov/mdch/0,1607,7-132-2943_4857_5045-16263--,00.html#list.

4. Appendix E lists counties covered by each waiver region.

5 This is a combined figure for AAA 3, AAA 4, and Senior Services because both MI Choice waiver Region 3 and Region 4 include AAA3. DCH data does not distinguish which enrollees from AAA4 are in which waiver region.

6 Only includes count for AAA of Western MI. HHS, Health Options provides services for waiver Regions 8 and 14. HHS, Health Options had 20 SD enrollees for CY 2010.

7 Kaiser Family Foundation (2011). State Health Facts. Available on line at <http://www.statehealthfacts.org/>

Table 4 – Source of Health Insurance Coverage⁸

Sources of Coverage	Percentage of Respondents
Medicaid	29%
Covered on spouse's insurance	24%
Medicare	18%
Buy my own insurance	15%
Another job	11%
Retirement/pension plan	9%
Covered on parent's plan	4%
County health plan	3%
Tri-Care/VA	3%
Other	2%

Table 5 – Motivating Factors for SD Work

Motivating Factor	Percentage of Respondents
Friend or family member needed care	78%
Gives me personal satisfaction	55%
I can work a flexible schedule	48%
Need the income the job provides	34%
Good entry-level position for health care job	22%
Only job I can find	6%

support (78%), followed by personal satisfaction (55%), and ability to work a flexible schedule (48%) (Table 5).

For the respondents who reported having health insurance, the most common sources were Medicaid, a spouse, or Medicare (Table 4). The reliance of workers supporting self-directing participants on publicly funded health coverage (Medicaid and Medicare) appears to be much higher than that of Michigan's DCWs overall (47% vs. 15%).

Employment Characteristics

In addition to demographics, these survey results also provide information on the motivations, tenure, workload, and living situation of the respondents. This information is helpful in understanding the experience of working in a self-determination environment and what attracts and keeps workers in this kind of LTCSS employment.

The most popular motivation for people choosing to work for a self-directing participant is that a family member or friend needed

Comments about the motivation behind choosing to support a self-directing participant...

Direct-support care is a wonderful experience. It allows me to become more involved with the consumer. That is very important to me. The people I work with become part of my family and I love them as such.

I enjoy taking care of my cousin. He is now learning how to walk. Communication, cognition is very challenging for him. But if we were in a home, I don't think he would be as far as he is now.

I love taking care of my son. I have peace of mind knowing his care is coming from someone who cares about him and his needs being met, and no one, trained or otherwise, cares about this or understand this like I do!

⁸ Respondents were allowed to choose more than one type of coverage.

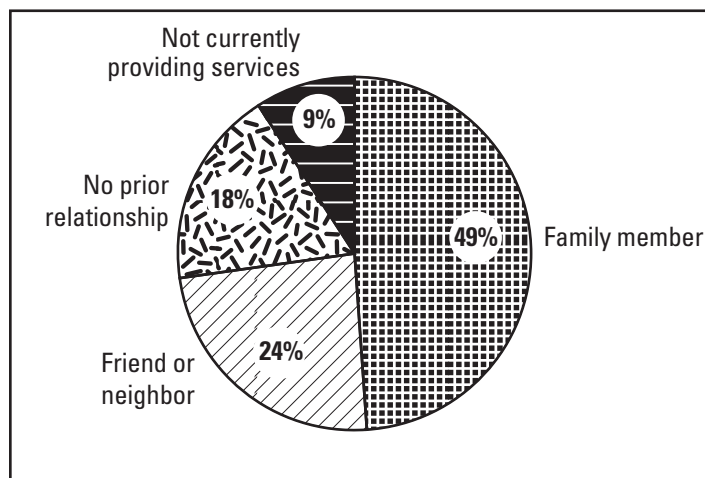
Workers supporting self-directing participants show a fairly long tenure working in the LTCSS field overall, and with an SD participant in particular. Almost two-thirds of respondents (63%) have been in the LTCSS field for up to five years, with 68 months (5.7 years) being the average. The average length of time that workers indicated they have been providing care to an SD participant is 39 months (3.3 years).

A majority of surveyed workers (51%) intend to stay in the job with their current participant over the next year. Almost one-third (29%) are unsure of their plans to leave, and one-fifth (20%) say that they are likely to leave in the next year. Almost 60 percent of these paid family and friends express a willingness to work for a non-related participant. However, almost all workers indicate that they have not been contacted by the waiver agent or any other agency to work for another self-directing participant.

Nearly three-fourths (73%) of respondents identified themselves as family members or friends of the participant they serve (**Chart 2**).

It is very common for workers providing services to participants in the SD option to provide uncompensated services, including transportation. Of all survey respondents, 60 percent reported having provided services and supports for which they are not paid; 63 percent report providing transportation to participants. However, only 21 percent report being reimbursed for gas and/or mileage.

Chart 2 – Relationship Between the Worker and Participant



A comment about mileage reimbursement...

When driving my consumer around, I am not paid mileage anymore. It was taken away about two years ago. This can be costly when the miles pile up. It comes out of my pocket. This needs to change.

Satisfaction

Job satisfaction can help employers, MI Choice participants, waiver agents, and funders understand what factors influence the likelihood of workers staying in a position as well as the worker's perception of job quality. Satisfaction is used to understand a worker's experience with the various aspects of the job—use of skills and competencies, workload, hours worked, and wages and benefits.

Table 6 – Job Satisfaction Measures

Satisfaction Measure	Percentage Responded Agree/Strongly Agree
My work is rewarding	91%
I am satisfied with my job	87%
My job uses my skills well	86%

Survey respondents indicated a clear understanding of their roles and responsibilities as workers providing services to participants in the MI Choice SD program. The majority (82%) reported that the SD program or self-determination was explained to them in terms of how they

do their job. Similarly, almost all indicated that they have an understanding of which tasks are or are not their responsibility (92%) and what the participant wants them to do (96%).

Comments about job satisfaction...

I love my job. I like to help others in need of help and I like to make people feel better about themselves. I would enjoy continuing to do work like this and to learn more to better my skills in taking care of others.

Overall, survey respondents express satisfaction and feel that their skills are used well, and feel the work is rewarding (**Table 6**, page 8).

Considering the low wages that workers supporting self-directing participants are paid (see **Chart 1**, page 6) and the number who perform work for which they are not paid, it is not surprising that their satisfaction regarding pay and workload is lower than other areas of job satisfaction. Only 69 percent of workers agreed or strongly agreed with the statement, “I am satisfied with my wages.” Just over half (56%) agreed or strongly agreed with the statement, “I am satisfied with the number of hours I work.”

Comments about job compensation...

I do put in more hours than I am allowed for his needs and at times money is very tight, but he is still alive and I am there for his benefit so he is around to take care of and he is at home and not in an elderly home and that is what he wants, as do I.

Ever since I was a teenager, I knew I was going to be a caregiver of some sort and I enjoy caring for the elderly. I just wish there was more support financially/better wages and even health care. I just want to make a living and provide the kind of care our elderly deserve!

Relationships and Interactions

The survey also asked questions on workers’ relationships with MI Choice participants and their interactions with waiver agents and fiscal intermediaries.

Workers indicate good relationships with the self-directing participants they support. They also showed a positive outlook regarding their roles and relationships with participants. Workers value helping individuals stay independent and they appreciate the contribution of home and community-based services (**Table 7**, page 10). On the other hand, almost one-third (29%) of the workers report that they have had disagreements with the participants they support.

Supports coordinators and fiscal intermediaries are responsible for assisting the MI Choice participant in the development of the care plan and ensuring that bills, including payroll, are paid. Workers expressed satisfaction with supports coordinators and fiscal intermediaries. Of respondents, 75 percent agreed or strongly agreed with the statement, “I am able to reach the case manager at the waiver agency or AAA when I have a question or concern”; 83 percent

Table 7 – Relationship and Interaction with Consumer

Relationship Measure	Percentage Responded Agree/Strongly Agree
My role is important in helping the consumer stay independent	94%
I am comfortable talking with the consumer about the services he or she needs	90%
The consumer I work for tells me I do a good job	88%
I like working with individuals who are elderly or have a disability	85%
I get a lot of respect from the consumer I provide support for	84%

agreed or strongly agreed with the statement, “I am able to reach the fiscal intermediary when I have a question or concern.” Finally, 89 percent agreed or strongly agreed that their paychecks are processed in a timely manner.

Training

MI Choice SD participants employ workers with varying levels of skills and competency depending on their previous work experience and training and their relationship to the participant. As stated previously, there is no state or regional

guidance, policy, or specifically designed infrastructure for training workers hired to support participants in the SD option. Consistent with the philosophy of self-direction, the training necessary to work in the SD option is based on the participant’s care needs, and it is up to participants to ensure that workers have the training to provide services and supports.

Even without a standard training program or prerequisites, workers feel that they have the skills necessary to do the job well (97% agreed or strongly agreed) and that the job responsibilities have been explained (91% agreed or strongly agreed). The survey respondents’ high level of confidence in their skills is reflected in the fact that most indicated they came to the work with training in several areas (Table 8). Most frequently, these workers have been trained in activities of daily living (ADLs) and instrumental activities of daily living (IADLs). However, almost half of the workers also expressed an interest in training in specific clinical topics and communication skills. Workers also gave varying answers about whether they are given opportunities for more training (Table 9, page 11).

Table 8 – Training Interest of SD Workers

Training Topic	Already Received	Somewhat/Very Interested
Home skills – cleaning, meal preparation and shopping	70%	15%
Care skills – bathing, toileting, eating, dressing	66%	20%
First aid, CPR, and universal precautions	64%	31%
Communicating with consumers	59%	32%
Understanding social needs	53%	39%
Understanding the disease/condition specific to the consumer	51%	43%
Health conditions (e.g. caring for bed sores, handling incontinence)	49%	36%
Using technology to support the consumer	48%	39%
Principles of person centered planning	44%	43%
Reducing pain	42%	50%
Understanding dementia	41%	48%
Stress management	39%	50%

Table 9 – Opportunities for more Training

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I am given opportunities for more training	8%	18%	36%	24%	13%

A comment on training...

Direct care providing is an awesome job. Very moving helping people. I would like to get more training. I would like to be the best I can be for these people. They deserve it. They have taken care of us. Now it's time to look after them.

...waiver programs need to offer more training on different things and offer training centers in different areas.

Types of Workers—Family, Friends, and Strangers

As indicated in **Chart 2** (page 8), almost three-fourths of respondents report having a relationship with participants—either as a family member or friend. This finding is not unique to this survey—in fact, several other surveys and reports on workers in self-determination programs show the same thing. Because of this make-up of survey respondents, it is important to look closer at these three types of caregivers—family members, friends or neighbors, and those with no prior relationship—individually and compared with one another. While in many aspects the three types of workers are indistinguishable, there are some remarkable differences among the groups. This section highlights some of the key findings and notable differences among the three types of workers.

General Demographic Information

Direct-care work is a female-dominated occupation. However, among paid family members supporting a participant in the SD option, a larger concentration of men (25%) do this work (**Table 10**). This concentration of males is larger than the overall survey population (18%) and Michigan's direct-care workers (DCWs) (11%) overall.

Table 10 – Gender

Gender	Family Members	Friend/ Neighbor	No Relation
Female	75%	86%	91%
Male	25%	14%	9%

The education level among each of these three worker types varies (**Table 11**, page 12). Family members are more likely to report a high school diploma as their highest level of education, while those with no relationship as well

as friends/neighbors have a tendency to have somewhat higher levels of education.

Table 11 – Educational Level, by Worker Type

Highest Educational Level	Family Members	Friend/Neighbor	No Relation
Some high school	11%	8%	4%
High school diploma/GED	33%	31%	28%
Vocational diploma/certificate	6%	13%	16%
Associate's degree	8%	10%	8%
Currently attending community college or university	6%	5%	10%
Some college	24%	28%	28%
Bachelor's degree	5%	2%	6%
Master's degree	5%	.7%	1%

Table 12 – Wages, by Worker Type

Wage Level	Family Members	Friend/Neighbor	No Relation
Less than \$9.99	28%	28%	17%
\$10.00	58%	58%	44%
\$10.01 – \$12.00	9%	9%	24%
More than \$12.01	2%	2%	13%

Table 13 – Age of Consumer, by Worker Type

Age of Consumer	Family Members	Friend/Neighbor	No Prior Relationship
Under 65	48%	59%	52%
65 and Over	52%	41%	48%

Wages for all workers in the Michigan Choice SD program are concentrated at the \$10 or less range, with family members and friends/neighbors making approximately the same amount. However, workers with no relationship to the hiring participant are far more likely to have wages in excess of \$10 per hour (Table 12).

Employment Characteristics

There are notable differences in this area related to the three different worker relationships to the participant. As stated previously, the MI Choice program provides services to older adults and individuals living with disabilities who would otherwise require care in a nursing facility. Seniors are defined as those 65 and over, while those under 65 have a disability.

Both family members and those with no relationship are almost evenly split between working for seniors and individuals with a disability. However, more friends/neighbors are found working for individuals with a disability rather than elders. (Table 13).

Workers in the SD program who are family members or friends indicate an interest in continuing to work in the LTCSS field. Just over half (58%) of the survey respondents who are family members or friends indicated they want to continue working as a direct-care worker once their participant no longer needs services.

As is expected, more family members live with the participant they work for (43%) than friends/neighbors (11%) and those with no relationship (6%). However, it is important to note that the majority of family members do not live with the MI Choice participant.

Below, Table 14 shows the occurrence of workers providing services and supports—and transportation—for which they are not paid. Workers with a relationship to the participant are far more likely to provide services, supports and transportation that are unpaid than workers who have no relationship.

Table 14 – Providing Unpaid Services and Transportation

Service Provided		Family Members	Friend/ Neighbor	No Prior Relationship
Do you provide services and supports to the consumers for which you are not paid?	Yes	72%	54%	34%
	No	28%	46%	66%
Do you provide transportation for the consumer?	Yes	76%	57%	47%
	No	24%	43%	53%
If yes, are you reimbursed for gas and/or mileage?	Yes	15%	29%	29%
	No	85%	71%	71%

Comments about being a family caregiver...

As a caregiver for my relative I have a tough time going home because I always want to do more, even when I am done. I am working to keep my hours clear and concise as I am on the clock and keep a division between “brother” and “caregiver.”

As a support worker I’ve learned that caring for a relative is more difficult than caring for nonrelatives.

Satisfaction

Overall, workers expressed satisfaction with their jobs, regardless of their relationship with the participant. Of friends/neighbors, 87 percent agreed or strongly agreed with the statement, “I am satisfied with my job”; 88 percent of family members and those with no prior relationship likewise felt that way. In addition, workers expressed a positive outlook regarding their relationship with the participant, regardless of relational status (Table 15).

Table 15 – Relationships and Interactions

Relationship Measure	Percentage Responded Agree/Strongly Agree		
	Family Member	Friend/Neighbor	No Prior Relationship
My role is important in helping the consumer stay independent	95%	94%	97%
I get a lot of respect from the consumer I provide support for	89%	86%	79%
I am comfortable talking with the consumer about the services he or she needs	91%	92%	94%

Even with this positive outlook, just under one-third (32%) of family members and those with no prior relationship and one-fourth (25%) of friends/neighbors agree or strongly agree with the statement, “I sometimes had disagreements with the consumer I provide support for.”

Satisfaction rates with wages and hours worked were consistent across all relationship status groups. However, these measures, hovering around 60 percent, are substantially lower than the satisfaction measures of 86 percent and higher described above. Overall, the majority of workers agreed or strongly agreed with the statement, “I am satisfied with the number of hours I work,”

regardless of relationship status. However, the level of agreement varied depending on relationship status (Table 16), with family members expressing lower levels of satisfaction than friends/neighbors and those with no prior relationship.

Table 16 – Satisfaction with Hours and Wages

Relationship Measure	Percentage Responded Agree/Strongly Agree		
	Family Member	Friend/Neighbor	No Prior Relationship
I am satisfied with the number of hours I work	55%	61%	64%
I am satisfied with my wages	59%	58%	53%

Interaction with Supports Coordinators (Case Managers)

Family members are often involved in the planning of care and support for a participant. It is not surprising that they expressed a greater ability to contact supports coordinators than do other workers (Table 17).

Table 17 – Interaction with Case Managers

Interaction with Case Managers	Percentage Responded Agree/Strongly Agree		
	Family Member	Friend/Neighbor	No Prior Relationship
I am able to reach the case manager at the waiver agency or AAA when I have a question or concern	82%	70%	69%

Training

Workers with no prior relationship indicated that they have already received training in such topics as communications, using technology, and health conditions at a higher level than family members or friends and neighbors. In every topic surveyed, a higher percentage of MI Choice

Table 18 – Previous Training

Training Topic	Already Received Training – Family Members	Already Received Training – Friend/Neighbor	Already Received Training – No Relation
Using technology to support consumer	38%	49%	70%
Health conditions (e.g. caring for bedsores, incontinence, etc.)	42%	47%	70%
Reducing pain	41%	40%	55%
Understanding the disease/condition specific to the consumer	53%	44%	59%
Understanding social needs	51%	53%	64%
Understanding dementia	36%	41%	56%
Communicating with consumers	54%	61%	71%
Stress management	34%	43%	48%
Consumers rights and responsibility	50%	56%	65%
Principles of person centered planning	40%	44%	53%

workers with no prior relationship to the participant already received training compared with the other two groups. (Table 18, page 14).

A substantial percentage of family members and friends/neighbors expressed interest in receiving training in a wide array of topic areas. Reducing pain, understanding dementia, principles of person-centered planning, understanding the disease/condition specific to the participant, and stress management are the areas of most interest to workers. Levels of interest vary depending on the topic, with reducing pain and stress management the most requested topics (Table 19).

Table 19 – Training Topics of Interest – Family and Friends/Neighbors

Training Topic	Somewhat/Very Interested – Family Member	Somewhat/Very Interested – Friends/Neighbors
Communicating with consumers	35%	32%
Health conditions (e.g. bed sores, handling incontinence, etc.)	39%	40%
Understanding social needs	40%	43%
Understanding the disease/condition specific to the consumer	40%	53%
Technology	45%	40%
Principles of person centered planning	47%	44%
Reducing pain	49%	57%
Understanding dementia	49%	50%
Stress management	53%	40%

Summary of Findings

As outlined above, the goals of this survey of workers serving participants using services in the MI Choice SD option were to:

- Collect baseline demographic information on workers in the SD option;
- Understand the motivations, job satisfaction, and training needs of workers providing services and supports to self-directing participants; and,
- Identify strategies to strengthen and support the recruitment and retention of workers in self-directed programs.

Satisfaction

This survey indicates that workers supporting self-directing participants are, overall, satisfied with their job and find the work rewarding. They understand the role that they play in maintaining the independence of the participants they support. Even with the high levels of satisfaction, there are areas where worker satisfaction falters, which can inform strategies to recruit and retain workers in this growing service delivery model.

Surveyed workers indicate low satisfaction with their wages and the number of hours they work.

- It is not surprising that this was an area with lower levels of satisfaction. Workers' wages for those supporting self-directing clients among those providing services in the SD program are among the lowest of direct-care workers in Michigan, significantly lower than wages earned by CNAs in nursing facilities. Workers supporting the SD option also experience levels of uninsurance that are higher than other direct-care workers in Michigan. Since participants themselves are the employers, health insurance is not offered as a part of employment, as may be offered to agency-based or facility-based direct-care workers.
- The survey does not specifically ask whether the workers want more or fewer hours. However, the written comments by respondents and the number of workers providing support for which they are not paid point to a desire for more paid hours of work or to shift paid or unpaid hours to others. Workers who are family members and friends reported more hours of unpaid care and support. These figures indicate that the self-determination model is built on the informal, unpaid support that these caregivers provide. Though this may be true, there is a need to balance this to ensure that workers are valued for the work they provide.

Relationship Between Workers and Participants

This survey shows that workers who are family members and friends are critical to actualizing the self-determination option within the MI Choice program. Across the country, consumer direction is a long-term care service delivery model that has been shown to utilize a large number of family members and friends as workers.⁹

Common assumptions about family members and friends working in the SD option are not reflected in the survey findings.

Unexpectedly, the survey indicated that a significant number of paid family members want training and a majority of the family members do not live with the participant they support.

- Since family and friends support many SD participants, it is commonly assumed that "they know the needs of consumers," and do not need or want training. For some, this assumption is correct (Chart 4, page 17). However, the survey findings also point to topics where training is of interest to 32 percent to 57 percent of family members and friends/neighbors. For example, friends and neighbors specifically show an interest in receiving training in clinical topics, such as reducing pain (57%), understanding dementia (50%), and the diseases specific to the participant (53%). Another area where there is a high level of interest is in stress management (53%).
- Another assumption that is not consistent with the data is that most workers who are family members live with the participant and are doing this work to reap financial rewards from the program. This assumption is based on the notion or fear that family members and participants are attracted to this type of working arrangement to "game the system" and increase family income. However, less than half of family workers live with the participant they are paid to support. In addition, the survey results reveal that family members and friends make lower wages than those with no prior relationship to the participant and many are dissatisfied with what they are paid. MI Choice participants in the SD option who rely on family and friends are paying those family and friends a substantially lower wage than the wage rates earned or commanded by workers with no prior relationship to participants.

⁹ Mathematica Policy Research (August 2005). "Experiences of Workers Hired Under Cash and Counseling: Findings from Arkansas, Florida, and New Jersey." Available online: <http://www.cashandcounseling.org/resources/20060627-160736/workerexp.pdf>.

Recruiting and Retaining Workers

Like every LTCSS employer, the MI Choice program is challenged to find and retain qualified, competent workers to service self-directing participants. Direct-care workers must be found to actualize the strong preference to remain at home and receive services.

Workers in the MI Choice SD option who begin by serving family and friends are a pool of experienced workers who can be trained and encouraged to serve other MI Choice clients.¹⁰ Workers have shown in this survey that they understand the value of their role as caregivers to participants in the SD option and enjoy working for elders and individuals living with disabilities. Even with high levels of satisfaction, only half (51%) of workers intend to continue working for the consumer they currently provide support to, pointing to a potentially significant level of turnover among these workers.

Recommendations and Strategies

In addition to providing valuable insight about workers in the SD option, this survey also identifies areas where the program can be strengthened to support workers and participants. The following recommendations and strategies are an opportunity for DCH, waiver agents, and others to work together to address the challenges and opportunities presented from this survey.

Develop mechanisms to ensure that workers have the opportunity to receive training on topics that are relevant and of interest to them.

The survey results reveal that a substantial number of workers supporting participants in the SD option have an interest in receiving training in topics related to diseases and conditions of clients, communication, and stress management to address the unique challenges they face (**Table 8**, page 10).

Generally, consumer-directed programs such as the MI Choice SD option operate under the philosophy that the consumer is best equipped to train the worker to meet their support needs. While this philosophy is empowering to participants in ensuring that they receive supports and services in the preferred manner, this philosophy or approach has some pitfalls.

First, it does not support participants in having access to workers who are trained to meet the variety of medical or social needs that they may have over time. Moreover, this approach does not provide financial support for the participant to pay for their worker to attend available training. Finally, this approach does not help workers to feel equipped to perform the job.

The survey results point to an opportunity to balance consumer-directed training with more formal training that addresses the interests and needs of participants. Michigan is not alone in lacking a formal training program for these workers. Less than half of consumer-directed programs identified in a national Office of the Inspector General study included a formal training requirement.¹¹ Michigan can look to states that do have training requirements as models for how the state can build a formal training program or mechanism.¹²

10 Matthias, R.E. & Benjamin, A.E. (2005). "Intent to stay" among paid home care workers in California. *Home Care Services Quarterly*, 24(3), 39-56.

11 Department of Health and Human Services, OIG (December 2006). "States' Requirements for Medicaid-Funded Personal Care Service Attendants." Available online: <http://oig.hhs.gov/oei/reports/oei-07-05-00250.pdf>.

12 National DSW Resource Center (December 2007). "Training for Workers Who Provide Participant-Directed Services." Available online: <http://www.dswresourcecenter.org/tiki-index.php?page=Consumer+Direction>

Since local waiver agents are responsible for administering this program and are the closest point of contact for both workers and participants, PHI recommends developing a training system in partnership with the waiver agents. The state should consider providing financial incentives to waiver agents that would be used to offer training for workers in the SD option. Initially, this funding can be used to provide basic training to workers; future trainings can be developed based on what topics workers indicate an interest in or participants report a need for. The foundation for such training is being developed in the *Better Training...Better Quality* program, through Michigan's Personal and Home Care Aide State Training (PHCAST) grant.

Provide training opportunities and resources for participants to be effective employers in the MI Choice SD option.

PHI encourages DCH and waiver agents to identify a mechanism to make more training and resources available to participants on how to be an employer and supervisor. Seniors and individuals living with disabilities are generally well-equipped to identify their support needs and desires; however, they may not be prepared to manage the responsibilities of being an employer.

Training participants in communication, problem solving, and negotiation skills is necessary to give them the skills to build healthy relationships in which the caregiver feels valued and respected, and the participant feels a minimal amount of stress as he or she assumes the new role of employer.

In addition to these skills, participants should also have information and resources regarding recruiting and screening staff, and information on wage rates within both the MI Choice SD option and their specific labor market that will attract and retain quality workers.

Offer more and continuing work to current workers to build and sustain a workforce willing to serve SD participants.

DCH is dedicated to preserving and building the SD option in MI Choice and other Medicaid programs. A corps of workers to serve those participants is essential. The survey results find that 60 percent of the workers serving family members, friends and neighbors are willing to serve others and that those potential connections are not currently being made. The results also tell a story of what attracts people to this job that can be used in recruitment efforts. Pursuing this expressed willingness to serve others is the best strategy to recruit and retain a workforce.

Plus, many workers reported the desire for more paid hours of work now.

With relatively modest efforts, best practices for connecting with workers who want more work can and should be identified and implemented. These workers should be offered opportunities to serve more clients now and in the future.

Explore opportunities to maximize outreach and enrollment in the Affordable Care Act (ACA) to secure health care for uninsured and underinsured workers.

Many workers in the SD option will become eligible for health care coverage with the full implementation of the ACA in 2014. Based on the income levels reported by workers in this survey, many workers will be able to receive health care coverage through Medicaid when eligibility

is expanded to those with household income up to 133 percent of the federal poverty level—\$29,726 for a family of four. Over half of the surveyed workers (57%) report annual household income less than \$22,000 per year, and will be eligible for Medicaid. Workers with income above 133 percent of FPL will receive considerable subsidies under the ACA to help pay for private health insurance through an Exchange that will offer quality, affordable health insurance options to individuals.

Given DCH's role in the state's implementation of the ACA, it is in a position to address the high rates of uninsured and underinsured among these and all direct-care workers. Within the various outreach and enrollment mechanisms related to the ACA, DCH can secure clear paths for coverage and health care for these workers.

From the survey results, it appears that workers are spread geographically across both urban and rural areas. As the state moves forward with implementation, it should ensure that there are opportunities for individuals to learn about their coverage options through a variety of mediums and determine what role area agencies on aging, waiver agents, and other community-based organizations can play in providing information to both participants and workers about their coverage options under ACA.

Identify mechanisms and opportunities for workers to identify and address workload imbalances and concerns.

DCH should consider establishing a mechanism that allows workers to identify and address workload imbalances and concerns within a participant self-direction model. Both the survey results and the narrative responses indicate that workers, particularly family members, are providing services and support for which they are not paid. These results point to a need for greater effort to balance informal caregiving and paid support in order to strengthen the goals of self-determination.

While the self-determination approach is grounded in providing participants control and autonomy in determining the level and type of support needed as well as hiring and supervisory responsibilities, that participant control and autonomy is actualized, in large part, through healthy, respectful relationships between workers and participants. Currently, there are no resources or protocols for workers to raise questions or concerns. While always honoring self-determination values and principles, resources and protocols that address worker concerns will likely help to retain and expand this workforce.

PHI appreciates the opportunity to conduct this important survey to hear directly from the workers that provide support to participants in the MI Choice Self-Determination Option. It is our hope that this information will be helpful as the self-determination option in Michigan continues to grow, and that these recommendations will help to strengthen opportunities for participants and workers to explore the SD option as a valuable way to ensure caring, stable relationships between participants and workers, so that both may live with dignity, respect, and independence.

Appendix A: Survey Tool



Individual Workers in Self-Direction

Survey

You are being asked to complete this survey because you are working or have worked, in the last 6 months, for a person who needed help in their home. Since 2008, Michigan has offered the option for people who get services at home to directly hire workers with the help of a fiscal intermediary (GT Financial Services or PAS). This in-home services program is called "Self Determination in Long Term Care".

The Michigan Department of Community Health (MDCH) would like to know more about the experiences of directly hired workers so it can make improvements to the program for the benefit of both workers like you and the people you serve. MDCH has asked PHI to send out this survey in order to keep your responses confidential.

- ▶ Filling out this survey is voluntary and confidential. You have been assigned a number which appears at the bottom of the first page of this survey. This number will be used to identify you and send your gift card when you return the survey. This number will only be known by PHI.
- ▶ No one from any part of state government or the person you provide support for will be able to connect your name to the answers that you give.
- ▶ Your name and contact information will *only* be used by PHI to send you a \$10 gift card when you return the completed survey.

Definitions of language used in this survey:

In order to make sure that we understand your answers, we are using the following definitions in this survey:

- **Fiscal Intermediary** — the organization responsible for processing your paycheck (i.e. GT Financial or PAS)
- **Self-determination or self-direction** — a program that allows consumers to hire and supervise their own direct-support worker, like you, without using a home care or employment agency.
- **Self-Directed Consumer** — the person for whom you provide supports and services.
- **Direct support worker** — an individual, like you, who provides long-term care services and supports to an elder or person living with a disability.
- **Waiver Agent/Area Agency on Aging (AAA)** — the agency (usually serving elders or people with disabilities) that works with the consumer to set up services and supports.

Thank you for your help!

Survey # _____

Individual Workers in Self-Direction

Survey

PHI-Michigan

Think about your **services and supports you provide now. (If you no longer work for a self-directed consumer, think about the services and supports you used to provide.)**

1. What motivated you to take a job providing services and supports for a self-directed consumer? (Check all that apply)
 - ☐ A friend or family member needed care
 - ☐ It gives me personal satisfaction
 - ☐ I can work a flexible schedule
 - ☐ This is the only job I can find
 - ☐ It is a good entry level job to other health care related jobs
 - ☐ I need the income this job provides
2. How long have you been providing services for a self-directed consumer? (Specify months/years) _____ Years _____ Months
3. Do you provide services for a... (Check one)
 - ☐ Family member
 - ☐ Friend or neighbor
 - ☐ Someone you didn't know before
 - ☐ I am not providing services at this time.
4. What age is the consumer you provide services for?

☐ Under 25 years old	☐ 55 to 64 years old
☐ 25 to 34 years old	☐ 65 to 74 years old
☐ 35 to 44 years old	☐ 75 to 84 years old
☐ 45 to 54 years old	☐ Over 85 years old
5. If caring for a family member or friend, would you consider working as a direct-support worker for another consumer after the person you are currently supporting no longer needs your help?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Not working for a family member or friend
6. How long have you been working in the long-term care field? (This includes any work for a self-directed consumer and work in a nursing home, assisted living, home health, or home care agency) _____ Years _____ Months
7. Do you live with the consumer you are being paid to provide support to?
 - ☐ Yes
 - ☐ No

Individual Workers in Self-Direction

Survey

PHI-Michigan

- 8.** Do you provide services or supports to the consumer for which you are not paid?
☐ Yes
☐ No
- 9.** Do you provide transportation for the consumer?
☐ Yes
☐ No
- 10.** If yes, are you reimbursed for gas and/or mileage?
☐ Yes
☐ No
- 11.** When you began this job, was the Self-Determination program, or self-direction, explained to you in terms of how you do your job?
☐ Yes
☐ No

For each statement below, please indicate whether you: Strongly Disagree (1), Disagree (2), Neither Agree Nor Disagree (3), Agree (4), or Strongly Agree (5) by **CIRCLING** the appropriate number. (Choose one response per question)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
12. I understand which job tasks are my responsibility and which tasks are not my responsibility.	1	2	3	4	5
13. I have a clear understanding of what the consumer wants me to do.	1	2	3	4	5
14. I feel that I have enough input into the care the consumer receives.	1	2	3	4	5
15. The consumer I work for tells me I do a good job.	1	2	3	4	5
16. The consumer I work for has needs that are not being met.	1	2	3	4	5

Think about your **current or most recent job as a direct support worker for a self-directed consumer**. For each statement below, please indicate whether you: Strongly Disagree (1), Disagree (2), Neither Agree Nor Disagree (3), Agree (4), or Strongly Agree (5) by **CIRCLING** the appropriate number. (Choose one response per question)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
17. My work is rewarding.	1	2	3	4	5

Individual Workers in Self-Direction		Survey				PHI-Michigan
		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
18.	My job uses my skills well.	1	2	3	4	5
19.	I am satisfied with my job.	1	2	3	4	5
20.	I am satisfied with my wages.	1	2	3	4	5
21.	I am satisfied with the number of hours I work.	1	2	3	4	5

Think about your **relationship with the consumer you provide support for now. (If you no longer work for a self-directed consumer, think about your relationship with the most recent consumer.)** For each statement below, please indicate whether you: Strongly Disagree (1), Disagree (2), Neither Agree Nor Disagree (3), Agree (4), or Strongly Agree (5) by **CIRCLING** the appropriate number. (Choose one response per question)

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
22.	I like working for individuals who are elderly or have a disability.	1	2	3	4	5
23.	My role is important in helping the consumer stay independent.	1	2	3	4	5
24.	I get a lot of respect from the consumer I provide support for.	1	2	3	4	5
25.	I sometimes have disagreements with the consumer I provide support for.	1	2	3	4	5
26.	I am comfortable talking with the consumer about the services he or she needs.	1	2	3	4	5

Think about your **working with staff from the waiver agent/Area Agency on Aging (AAA) and the fiscal intermediary (GT Financial or PAS).** For each statement below, please indicate whether you: Strongly Disagree (1), Disagree (2), Neither Agree Nor Disagree (3), Agree (4), or Strongly Agree (5) by **CIRCLING** the appropriate number. (Choose one response per question)

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
27.	I am able to reach the case manager at the waiver agency or AAA when I have a question or concern.	1	2	3	4	5

Individual Workers in Self-Direction		Survey				PHI-Michigan	
		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
28.	I am able to reach the fiscal intermediary (GT Services or PAS) when I have a question or concern.	1	2	3	4	5	
29.	My paychecks are processed in a timely manner.	1	2	3	4	5	

Think about your **training and skill level for your current or previous job as a direct support worker for self-directed consumers**. For each statement below, please indicate whether you: Strongly Disagree (1), Disagree (2), Neither Agree Nor Disagree (3), Agree (4), or Strongly Agree (5) by **CIRCLING** the appropriate number. (Choose one response per question)

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
30.	The job responsibilities have been clearly explained.	1	2	3	4	5	
31.	I have enough skills to do my job well.	1	2	3	4	5	
32.	I am given opportunities for more training.	1	2	3	4	5	
33.	I am comfortable using the technology and equipment that the consumer uses.	1	2	3	4	5	
34.	I have had enough training to do my job well.	1	2	3	4	5	

Direct support workers often receive training in the following topics. We want to know more about your interest in these training topics. Please indicate whether you are Not Interested (1), Somewhat Interested (2), Very Interested (3), or Have Already Received (4) training in these areas. **CIRCLE one response per question.**

		Not Interested	Somewhat Interested	Very Interested	Have Already Received	
35.	First aid, CPR, and universal precautions	1	2	3	4	
36.	Care skills such as helping with bathing, toileting, eating, and dressing	1	2	3	4	
37.	Home skills, such as cleaning, meal preparation, and food shopping	1	2	3	4	

Individual Workers in Self-Direction		Survey			PHI-Michigan
		Not Interested	Somewhat Interested	Very Interested	Have Already Received
38.	Using technology to support consumers (e.g. hooyer lift, automatic pill dispenser, blood pressure monitor and other devices)	1	2	3	4
39.	Health conditions (e.g. caring for bed sores, handling incontinence, etc.)	1	2	3	4
40.	Reducing pain	1	2	3	4
41.	Understanding the disease/ condition specific to the consumer	1	2	3	4
42.	Understanding social needs	1	2	3	4
43.	Understanding dementia	1	2	3	4
44.	Communicating with consumers	1	2	3	4
45.	Stress management	1	2	3	4
46.	Consumer rights and responsibilities	1	2	3	4
47.	Principles of person centered planning for consumers	1	2	3	4
48.	What is your gender? ☐ Male ☐ Female				
49.	With what ethnicity (ies) do you identify yourself? (Check all that apply) ☐ White or Caucasian ☐ Black or African-American ☐ Latino or Hispanic ☐ Other (please indicate) _____ ☐ Native American ☐ Asian ☐ Native Hawaiian or other Pacific Islander				
50.	What is your age? _____ (years)				

Individual Workers in Self-Direction

Survey

PHI-Michigan

- 51.** What is your home zip code? _____ (zip code)
- 52.** What is the highest education level you have completed? (check one)
- ☐ Some high school
 - ☐ High school diploma/GED
 - ☐ Vocational diploma/certificate (i.e. CNA certificate)
 - ☐ Associate's degree
 - ☐ Some college
 - ☐ Bachelor's degree
 - ☐ Master's degree
 - ☐ Currently attending community college or university
 - ☐ Other _____
- 53.** What is the wage you currently receive as a direct-support worker for self-directed consumers?
- \$ _____ (per hour)
- 54.** What was the total income for your household last year?
- | | |
|---|---|
| ☐ Less than \$22,000 | ☐ \$38,001 to 44,000 |
| ☐ \$22,001 to 29,000 | ☐ \$44,001 to \$55,000 |
| ☐ \$29,001 to 38,000 | ☐ Above \$55,000 |
- 55.** How many individuals are in your household? _____
(Please include yourself, your spouse/partner and any children under 18 that you have custody of.)
- 56.** Do you have health insurance coverage? (This includes Medicaid, Medicare, VA or insurance that you have from your spouse, parent or that you buy on your own)
- ☐ Yes
 - ☐ No
- 57.** If you have health insurance, where do you get it from? (Check all that apply)
- ☐ I'm covered on my spouse's insurance
 - ☐ Retirement (pension) plan
 - ☐ I'm covered on my parent's plan
 - ☐ Medicaid
 - ☐ Medicare
 - ☐ VA/TriCare
 - ☐ I buy my own health insurance
 - ☐ Other _____

Individual Workers in Self-Direction

Survey

PHI-Michigan

58. Have you been contacted by the waiver agent or AAA to work for another self-directed consumer?

☐ Yes

☐ No

59. How likely is it that you will leave this job within the next year?

☐ Very likely

☐ Somewhat likely

☐ Not likely at all

☐ Don't know

Comments: Please add anything else you would like us to know about your experience as a direct-support worker for self-directed consumers.

THANK YOU for completing this survey. Please return your completed survey in the enclosed self-addressed, stamped envelope. If you have lost your envelope, you can mail the survey to:

PHI

349 E. 149TH Street – 10th Floor

Bronx, NY 10451

You will receive a \$10 Wal-Mart gift card in the mail in 2–3 weeks after your survey is received at the PHI office.



MICHIGAN

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.



Appendix B: Survey Notification

Paycheck Stuffer

We need your



Sometime in the next few weeks you may be receiving an important survey from PHI and the Michigan Department of Community Health. We want to learn more about your experiences providing services to an elder or person with disability.

The information you provide will help us to better understand you and why you chose this work, and how we can more effectively support the self-determination option in the MI Choice waiver program.

When we receive your completed survey, we will send you a \$10 Meijer gift card as small token of our thanks for your participation.

Your feedback is important. Look for the envelope from PHI that may show up in your mailbox soon!

For more information, or if you have any questions or concerns, feel free to contact Tameshia Bridges, PHI–Michigan Senior Workforce Advocate at 517.643.1049 or tbridges@phinational.org.



Help us out...
watch for our

Survey

in the next few weeks!



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 C: Survey Reminder Postcard



A friendly reminder...

A couple of weeks ago, you received an important survey from PHI to find out about your experiences in providing support services to a senior or person with a disability. Your participation is very important, and this is just a friendly reminder asking you to complete the survey.

- ▶ **If you haven't completed the survey yet,** please do so as soon as possible! Mail your survey to: PHI
349 E. 149th Street, 10th Floor
Bronx, NY 10451
- ▶ **If you have misplaced your survey,** please contact Tameshia Bridges at 517-643-1049 to receive a new one.
- ▶ **If you have already returned the survey,** *we thank you!*

As a token of our appreciation, when you return your survey you will receive a \$10 gift card to Wal-Mart.

Questions? Contact Tameshia Bridges at 517-643-1049.

Appendix D: Direct-Care Workers in Michigan “At a Glance”

Characteristics	Percentage of Respondents
Gender	
Female	88%
Male	12%*
Race/Ethnicity	
White	66%
Black	27%
Latino/a	4%*
Other	4%*
Highest Education Level	
High School or less	47%
Some college, no degree	31%
Associates degree	10%*
Bachelor's degree or higher	13%*
Some college or degree	54%
Insurance Status	
Uninsured	32%
Employer provided, private	50%
Other private	4%*
Public insurance (includes Medicaid and Medicare)	15%*
Labor Force Participation	
Year round, full-time	56%
Year round, part-time	23%
Part year, full-time	12%*
Part year, part-time	7%*
Household Income	
Median	\$29,476
Mean	\$53,924
Individual Annual Earnings (for full-time, full year work)	
Median	\$20,000
Mean	\$28,760
Individual Annual Earnings	
Median	\$15,500
Mean	\$21,325

SOURCE: PHI analysis of U.S. Census Bureau, Current Population Survey, pooled data from 2008, 2009, and 2010 Annual Social & Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueiredo.

* The asterisk (*) indicates small cell size.

Appendix E: County Listing of MI Choice Waiver Regions

Region 1A

Wayne County—Cities of Detroit, Hamtramck, Highland Park, Grosse Pointe Shores, Grosse Pointe Woods, Grosse Pointe Farms, and Harper Woods

Region 1B

Livingston, Macomb, Monroe, Oakland, Washtenaw, and St. Clair Counties

Region 1C

Southern Wayne County and cities not covered by Region 1A

Region 2

Jackson, Hillsdale, Lenawee Counties

Region 3

Barry, Branch, Calhoun, Kalamazoo, and St. Joseph Counties

Region 4

Berrien, Cass, and Van Buren Counties

Region 5

Genesee, Lapeer, and Shiawassee Counties

Region 6

Clinton, Eaton, and Ingham Counties

Region 7

Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola Counties

Region 8

Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola Counties

Region 9

Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Ostego, Presque Isle, and Roscommon Counties

Region 10

Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford Counties

Region 11

Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties

Region 14

Muskegon, Oceana, and Ottawa Counties

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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