



2019 Industry Survey Report

May 2020

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Executive Summary

ARRM, an association representing nearly 200 providers, businesses and advocates engaged in community-based services that support people with disabilities, conducted a survey of the providers in its membership in the fall of 2019. Most of the questions were derived from the ARRM Industry Survey conducted in the summer of 2018ⁱ and many were modified to be consistent with the format used in the DWRS Labor Market Survey conducted by the Minnesota Department of Human Services (DHS).ⁱⁱ

The 2019 ARRM survey referenced experience from calendar year 2018. Responses were received from 76 member organizations out of 146 surveyed, for a response rate of 52.1%. The providers that responded to this survey represented 18,599 people served by Minnesota's home and community-based waiver programs, which was 39.0% of the total people served by these waivers in Minnesota in 2018. Similarly, the total revenues reported by the respondents from these waivers was over \$773 billion, or 30.8% of total 2018 state expenditures for these programs. The vast majority of the revenue received by the members surveyed (86%) came from residential services.

The organizations in this survey employed a total of 25,690 people in 2018, 39.4% of whom worked part-time. However, key findings from this survey illustrate the staffing crisis of this industry. The vacancy rate for direct support professionals (DSPs) was nearly 20% (19.6%) in 2018, and the DSP turnover rate was a staggering 50.4%. Of all DSPs that left their positions in 2018, 44.6% left in 6 months or less, while 64.1% lasted less than a year. These statistics are consistent with other Minnesota and national surveys. More than one quarter of the responding providers (21/27.6%) reported that they were unable to accept new referrals due to staffing shortages in 2018.

One of the factors that contributes to the high vacancy and turnover rates among DSPs is low pay for the work and responsibility they require. The average starting wage for DSPs in 2018 reported by the responding organizations was \$12.45 per hour, which increased to \$12.87 per hour for DSPs who had been in their positions for at least a year. While these are higher than hourly wages reported nationally, they are lower than many low-skill positions such as fast food workers, and they are below the state's "livable wage." The 2019 Minnesota Legislature approved a 4.7% Competitive Workforce Factor to supplement direct staffing rates. It will be phased in during 2020.

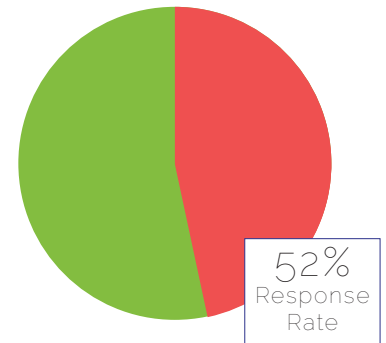
When asked about program changes made in 2018, responding organizations indicated that a total of 198 people served in traditional 4-person group homes or intermediate care facilities for people with intellectual and developmental disabilities were moved to less restrictive/more independent settings. It is unclear whether this demonstrates that people served in residential settings are generally well-placed and satisfied with their arrangements, and therefore do not wish to move, or whether such movement is artificially restrained by staff shortages and/or availability of more independent settings. Roughly half of the organizations supported a total of 756 individuals who use assistive/monitoring technology, which is quite low. ARRM and the state of Minnesota are working together to expand the use of such tools.



Introduction

As an association representing nearly 200 providers, businesses and advocates dedicated to leading the advancement of community-based services that support people with disabilities in their pursuit of meaningful lives, ARRM strives to provide its members with information to help them manage their operations and provide their employees with substantial career opportunities. As part of that effort, ARRM conducts periodic surveys of its members to gather information on the status of the workforce, in terms of compensation and retention, and on forces that impact providers of home and community-based services (HCBS). Where appropriate, data is trended with past member surveys, and compared with other relevant industry reports.

The 2019 ARRM Industry Survey was conducted in the fall of 2019 and referenced experience from calendar year 2018. Responses were received from 76 member organizations out of 146 surveyed, for a response rate of 52.1%. Most of the questions were derived from the ARRM Industry Survey conducted in the summer of 2018ⁱ and many were modified to be consistent with the format used in the DWRS Labor Market Survey conducted by the Minnesota Department of Human Services (DHS)ⁱⁱ. Other sources referenced for comparison are the 2018-19 Direct Support Workforce surveyⁱⁱⁱ, conducted by the Minnesota DHS, and the Case for Inclusion 2020 Report^{iv}.



Methodology

The 2019 ARRM Industry Survey was conducted in the fall of 2019 and asked member organizations about their experience from calendar year 2018. The questions were largely modeled after a similar survey conducted by ARRM in the summer of 2018, and input on survey content was solicited from the ARRM Board of Directors as well as the Financial Resources and Service Innovations Committees. The wording of questions of a similar nature was taken from the DHS survey when practical to enhance the degree of comparability between the two surveys.

PDF and electronic versions of the survey were created, with respondents being directed to complete the questions online at typeform.com. A notice was included in the ARRM Weekly Update newsletter. Reminders were then sent in the following three weekly newsletters, and a paper version was mailed to all organization primary contacts, targeted to be delivered approximately two weeks after the link was first sent. Separate, targeted email reminders were also sent to organizations several times during the process, removing those whose responses had been received. The survey response window was three weeks, and was extended an additional four weeks to allow more submissions.

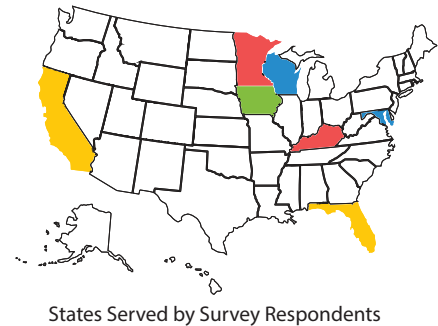


Profile of Survey Respondents

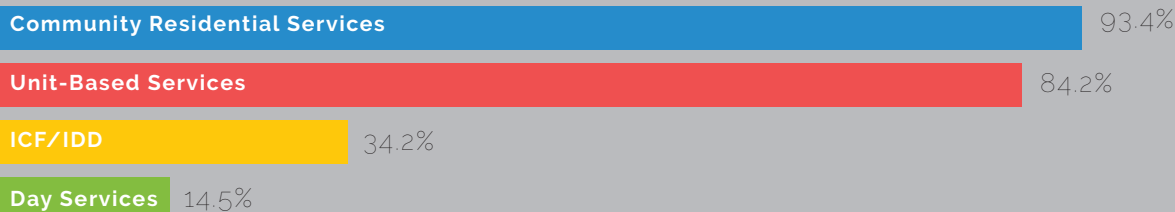
Of the 76 members who responded, 48.7% maintain a for-profit tax status, as defined by the Internal Revenue Service. 51.3% of respondents maintain a not-for-profit status.

Six respondents reported serving people with disabilities in states other than Minnesota.

The vast majority of responding organizations served people in Community Residential Services (CRS) (93.4%) and Unit-Based Services (UBS) (84.2%) as of December 31, 2018. Fewer organizations served people in Intermediate Care Facilities for People with Intellectual and Developmental Disabilities (ICF/IDD) (34.2%) and Day Services (14.5%).



Service Buckets Served by Respondents



The total number of people served by those responding in the four service buckets was 19,854.

18,599 were covered by the five HCBS waivers. Interestingly, survey respondents represented 39.0% of the state's total average monthly waiver recipients in 2018, and over half of those on the Developmental Disability waiver.

People Served by Waiver Program, 2018

Waiver Program	# People Served	%	State Average Monthly # Served, 2018*	%
Elderly Waiver	67	0.4%	2,474	2.7%
Brain Injury Waiver	511	2.7%	1,190	42.9%
Community Alternative Care Waiver	37	0.2%	502	7.4%
Community Access for Disability Inclusion Waiver	7,562	40.7%	24,934	30.3%
Developmental Disability Waiver	10,422	56.0%	18,615	56.0%
TOTALS	18,599	100.0%	47,715	39.0%

*Source: MN Department of Human Services, Financial Reports and Forecasts, February 2020, accessed at <https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp> on February 27, 2020.

The number of people served by responding organizations ranged from four to 3,436 people, looking at all service buckets combined.

Four organizations served more than 1,000 people, and a total of 8 served more than 500. As a result, 89.5% of the responding organizations served 500 or fewer people. Given that amount of skew in the range, the median is the best statistic to describe the "average" number of people served. For this survey, the median was 103.5.



Reported Revenue

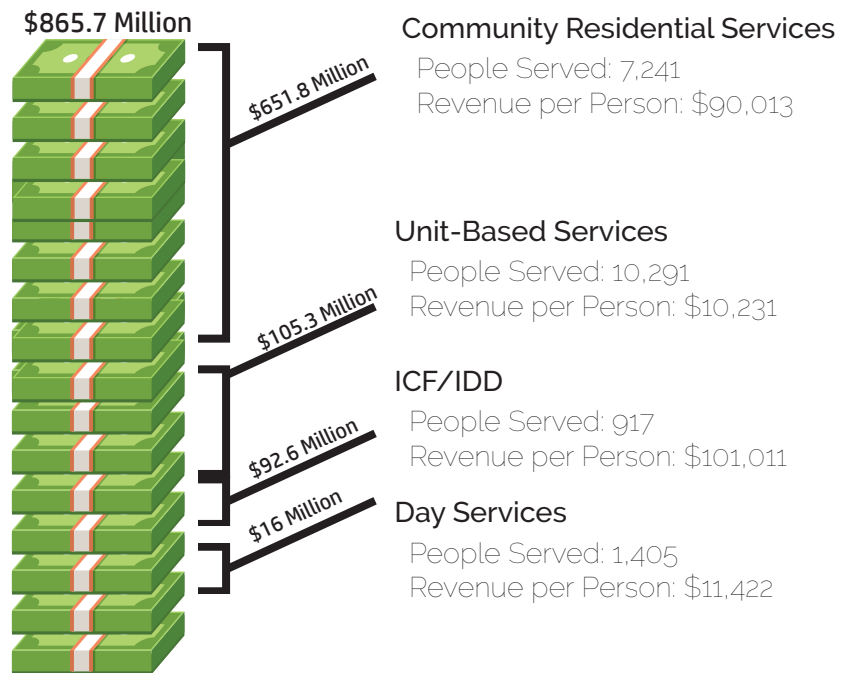
In 2018, revenue generated by CRS providers accounted for roughly 75% of total revenue, according to survey respondents.

Responding member organizations reported total combined revenues received from HCBS waivers and ICF/IDD services to be \$865,744,729.

Also shown is the average revenue received per person served, with the two residential buckets being the highest. It's notable that the average revenue (cost) per person served in the ICF/IDD bucket is 12.2% higher than in the CRS bucket, indicating a cost savings.

As was the case for the number of people served by organization, the total revenue reported from disability services in 2018 had a very wide range, from a low of just over \$50,000 to a high of over \$50 million. The median disability services revenue received from responding organizations in 2018 was \$5.4 million.

Total state expenditures, including both the federal and state shares, for each of the HCBS waiver programs totalled \$773,117,432, which represents 30.8% of the total state expenditures. This excludes revenues received for ICF/IDD services,



Waiver Program	Total State Expenditures, 2018*	%
Elderly Waiver	\$54,317,622	2.2%
Brain Injury Waiver	\$98,123,941	3.9%
Community Alternative Care Waiver	\$41,946,420	1.7%
Community Access for Disability Inclusion Waiver	\$921,611,323	36.8%
Developmental Disability Waiver	\$1,390,401,108	55.5%
TOTALS	\$2,506,400,414	100.0%

ARRM Survey Total Medicaid Revenue (excluding ICF/IDD):

	\$773,117,432	30.8%
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+Source: MN Department of Human Services, Financial Reports and Forecasts, February 2020, accessed at <https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp> on February 27, 2020.

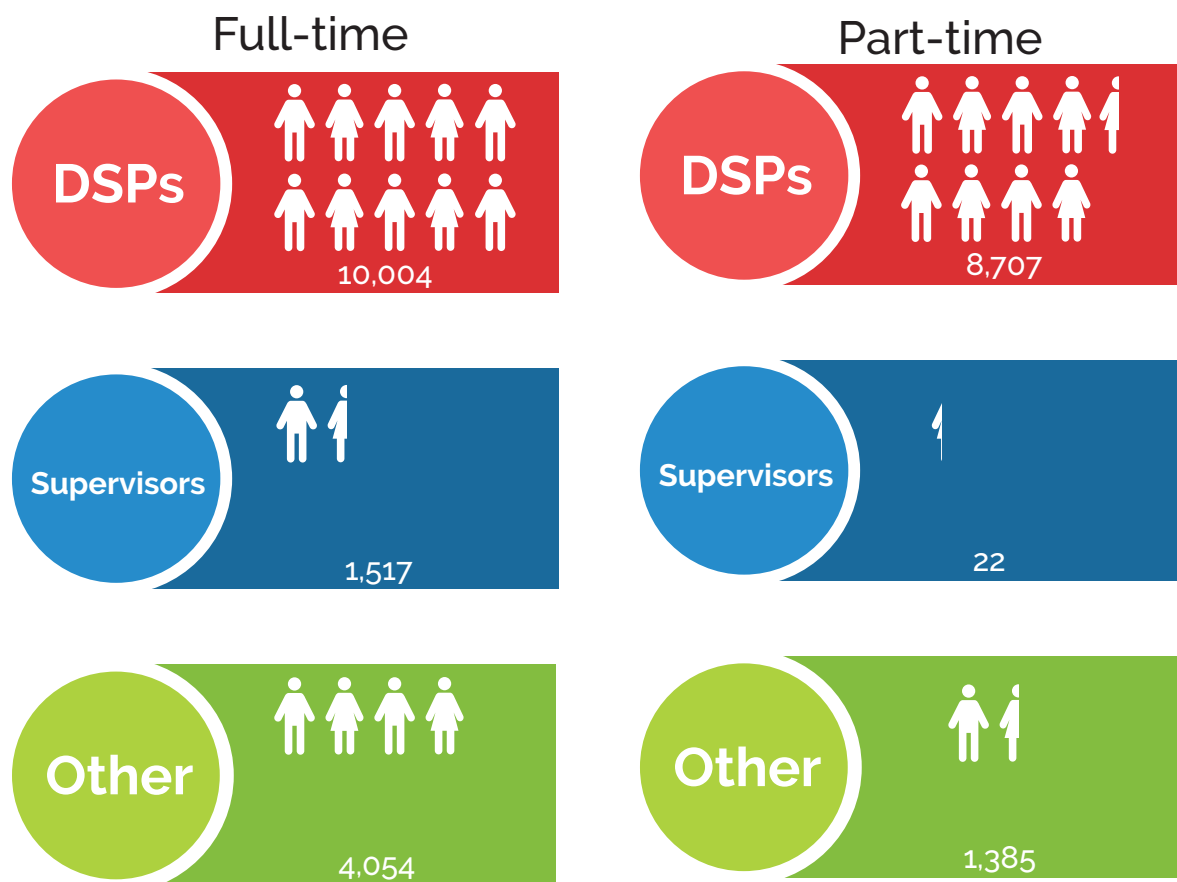


Workforce and Employment

There has been a worsening workforce crisis in HCBS across the country for many years, and providers, associations and advocates have been fighting for more resources to reverse the trend. In Minnesota, efforts have focused on legislative and regulatory action to increase investment and simplify policies and rules. The Minnesota Legislature did approve a much-needed funding increase for providers, called the Competitive Workforce Factor, in 2019.

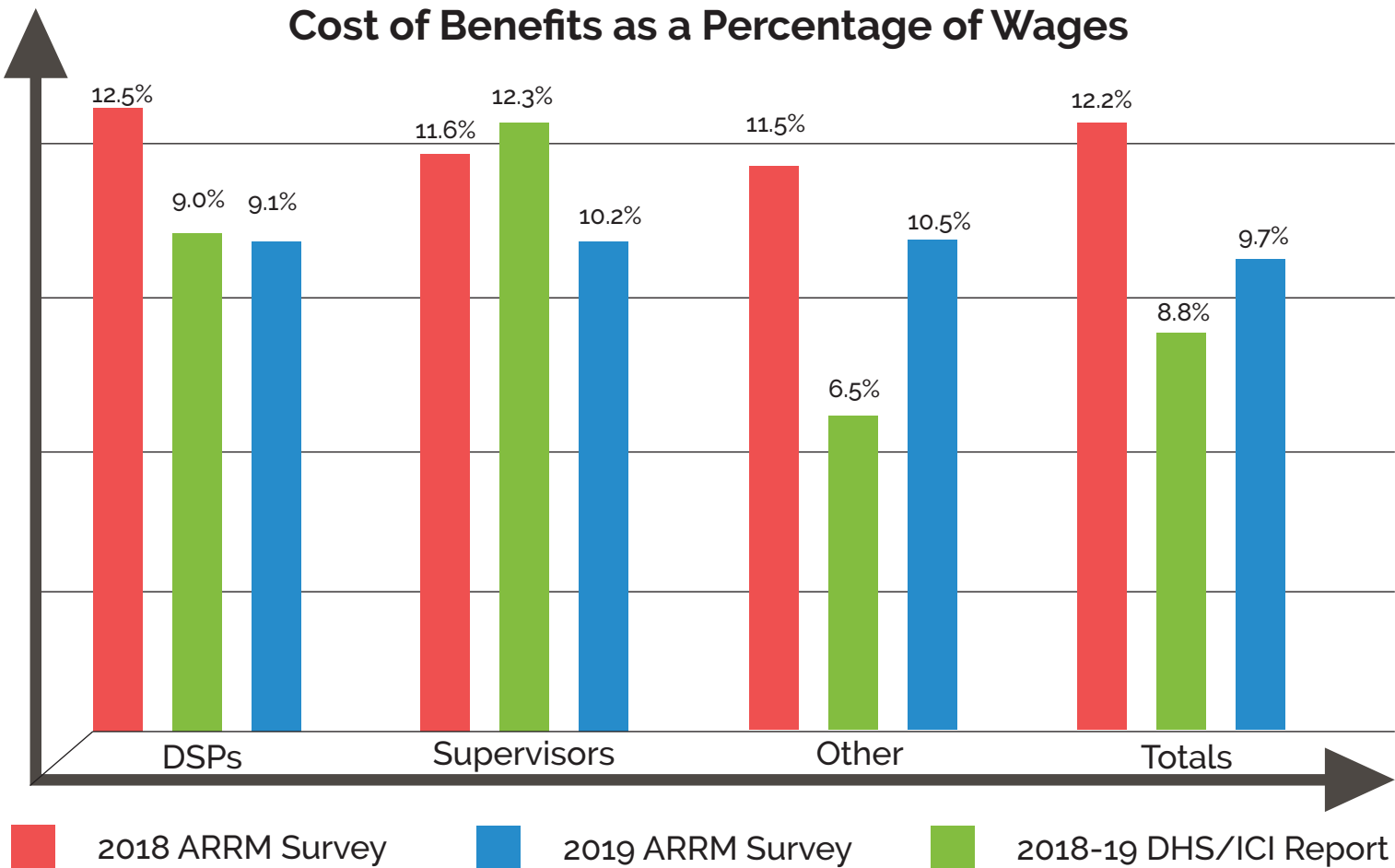
The ARRM member organizations that responded to the survey reported total employment of 25,690 as of December 31, 2018. That total includes 18,711 direct support professionals (DSPs), 1,540 supervisors and 5,439 employees classified as 'other'. 60.6% of all employees worked full-time, including 53.4% of DSPs, 98.5% of supervisors, and 74.5% of other employees.

Number of Employees



Member organizations reported spending a total of \$714,785,563 on wages and \$69,050,892 on benefits for all employees, which represented 9.7% of total wages. We compared the percentage of wages spent on benefits for three employee categories and overall, with comparisons to the 2018 ARRM Industry Survey and the 2018-19 DHS/ICI survey. All employee categories showed smaller percentages of wages spent on benefits among ARRM members than the comparisons from 2018-2019. This is most likely explained, at least in part, by the larger sample size for the 2019 survey, which included more smaller providers who are less likely to offer comprehensive benefit plans.

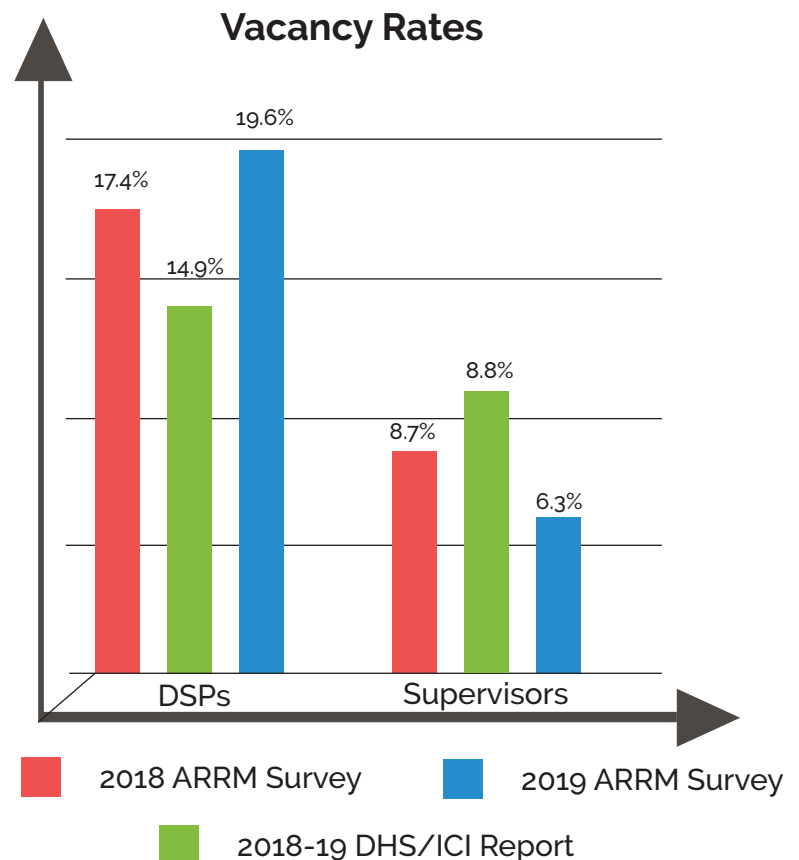
The DHS/ICI survey showed significantly higher investment in benefits for supervisors, and significantly lower investment for other employees than was shown in the ARRM surveys. Because the sampling methodology for the state survey was so different from the others, this comparison may not be as instructive. The inclusion of day service providers, PCA organizations and state-operated services, along with deliberate oversampling from specific regions, makes the respondent profile very different. The benefits percentage for DSPs is relatively similar to the most recent ARRM survey,



Vacancy and Turnover Rates

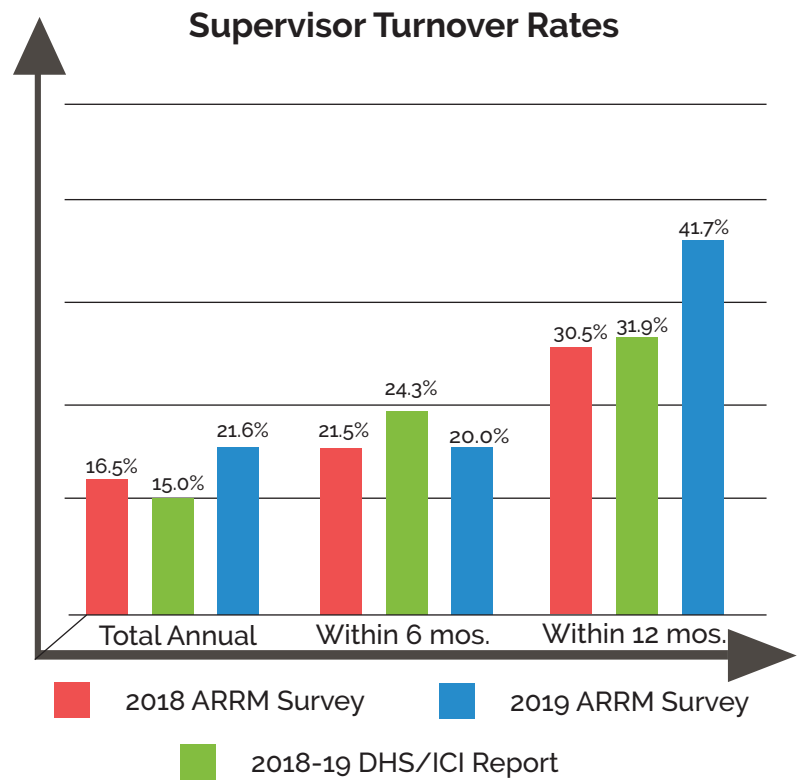
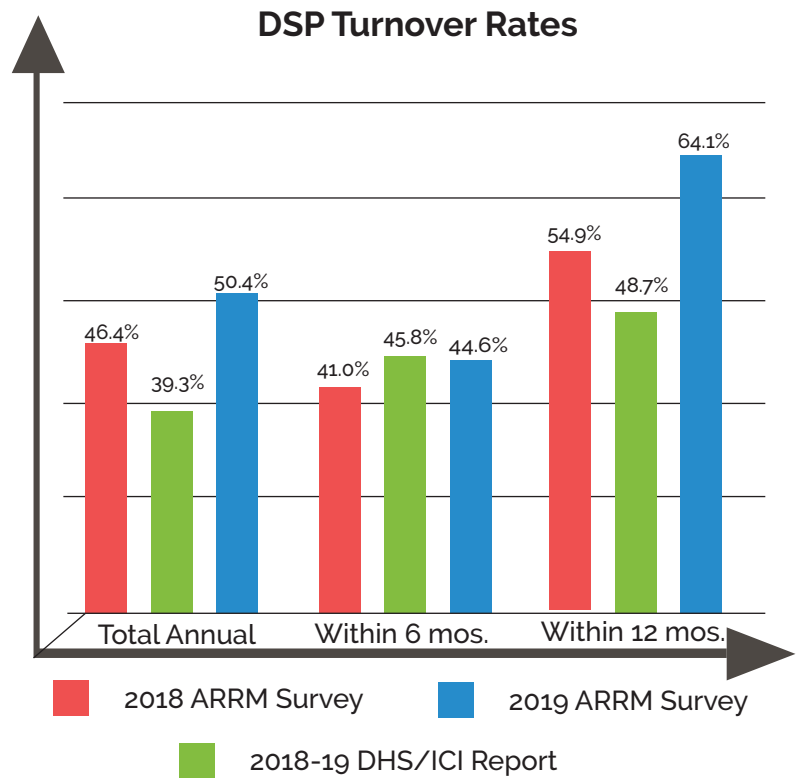
Vacancy rates^v for DSPs, one of the primary metrics used to describe the staffing crisis in HCBS, showed an increase from 2018 (17.4%) to 2019 (19.6%) in the ARRM surveys, although the difference was not statistically significant. The vacancy rate for supervisory positions is smaller. While smaller, this rate is still a concern because supervisors are often needed to perform the responsibilities of DSPs when staff is short, and as vacancy rates for DSPs remain high, there is a smaller pool of experienced staff that would be promotable to a supervisory role.

Turnover rates are another metric that demonstrates the workforce crisis and the stress that providers are under to keep their facilities operating. ARRM members reported a turnover rate for DSPs of 50.4% in 2019, which was slightly higher than in 2018. The difference was not statistically significant. This means that half of the DSPs that worked for the responding organizations during the measurement year left their positions. This is a staggering number for any industry, but especially for one where the health and safety of the people served depend on a steady and reliable workforce. The proportion of DSPs that left their positions in the first 6 months of employment was also staggeringly high at 44.5% in 2019, while those who left in the first year of employment was nearly two-thirds. Despite the efforts of providers to screen and prepare new hires for the skills and traits necessary to be a DSP, nearly half of those hired don't make it past 6 months. This also has a direct impact on the individuals served, because they are not able to develop strong, trusting relationships with their caregivers. Also, when shifts are short-staffed, it may not be possible to take people to activities and events in the community, or support all the things they may want to do.



Vacancy and Turnover Rates

The turnover rates for supervisors, shown in Chart 7, are lower than for DSPs, but equally concerning. When skilled and experienced leadership leaves an organization, it takes time to bring replacements up to speed, whether through promotions or new hires. The 2019 ARRM survey showed a 41.7% 12-month turnover rate for supervisors. Given the extra responsibilities supervisors have to take on when DSP staffing is low, it is not surprising to see an increase from 2018 to 2019. Providers are desperate for regulatory and legislative support to reverse these trends.

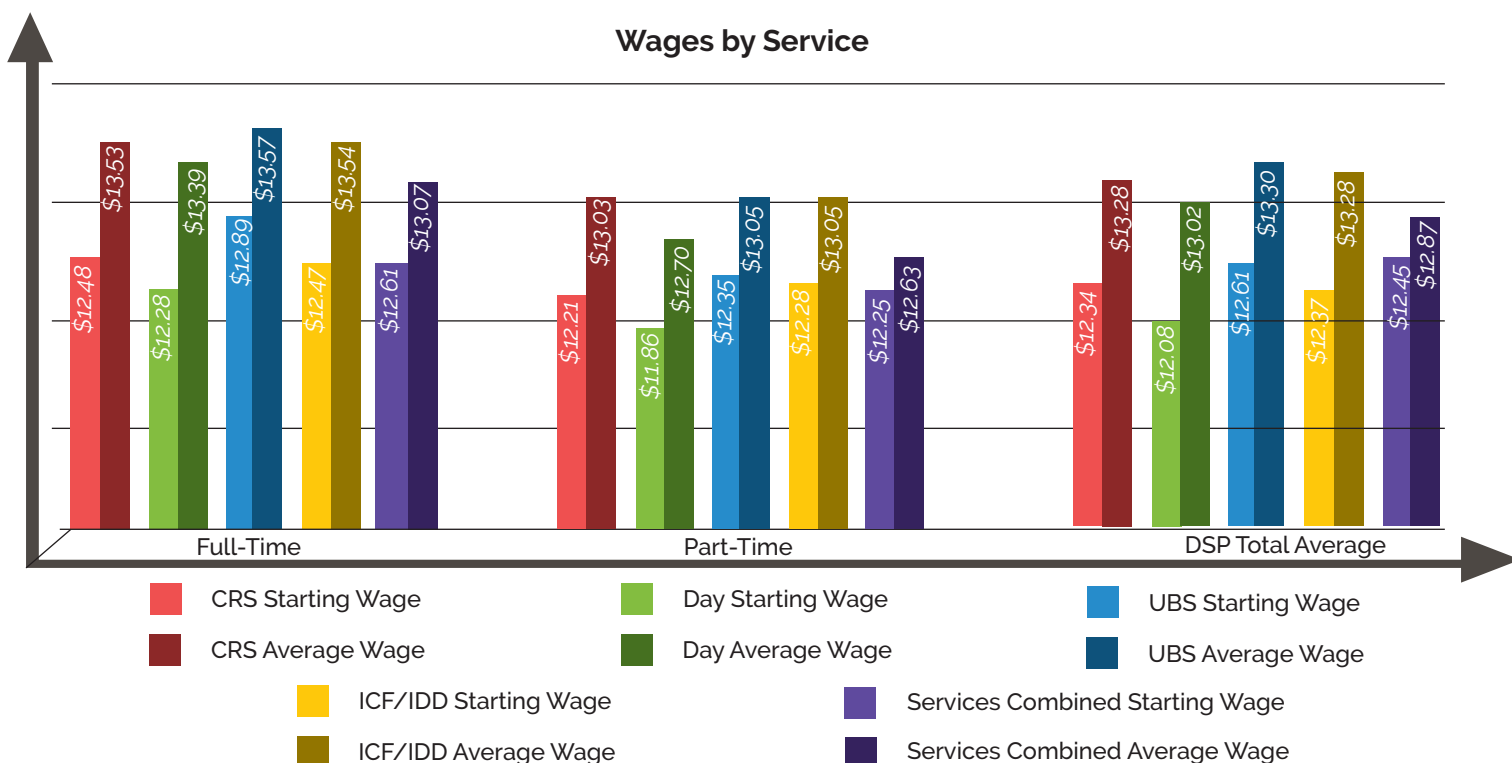


Wages

Wages for direct support professionals in HCBS are very low, given the level of tasks and responsibilities they assume. In many cases, they are paid lower wages than other service jobs that have fewer demands, such as fast-food or retail workers. The Minnesota DHS produced a report showing a wage gap of 17% between DSPs and other jobs with similar education and experience requirements.^{vii}

The 2019 survey of ARRM members asked providers to report the average wages they paid their DSPs in 2018, including average DSP starting hourly wages and hourly wages for experienced DSPs (with their organization for more than one year) for both full-time and part-time positions. Not surprisingly, starting wages were lower than wages for established DSPs, but in both cases, day service providers paid the lowest wages while unit-based service providers paid the highest. The average starting hourly wage for all DSPs across all service buckets was \$12.45, while for established DSPs it was \$12.87. For comparison, the average starting DSP wage reported in the 2018 ARRM survey (paid in 2017) was \$12.18, which demonstrates an increase of 2.2% from 2017 to 2018.

Interestingly, the average wage for DSPs showed a decrease of 2.3% from \$13.18 in 2017. It is important to note that the questions on non-starting DSP wages were asked differently in the two surveys; whereas the 2019 survey asked for the average wage for DSPs who have been with their organizations for more than a year, the 2018 survey asked about the average wage "for DSPs," with no qualification as to length of service. Responders may have interpreted that question as a combined average for all DSPs, including those who had been with their organizations for less than a year. The effect of such an interpretation would have been to depress the average wage, so it is feasible that the average wage for just experienced DSPs in the 2018 survey was actually higher. And again, the larger sample size in the 2019 survey with more smaller providers included may affect the comparison.

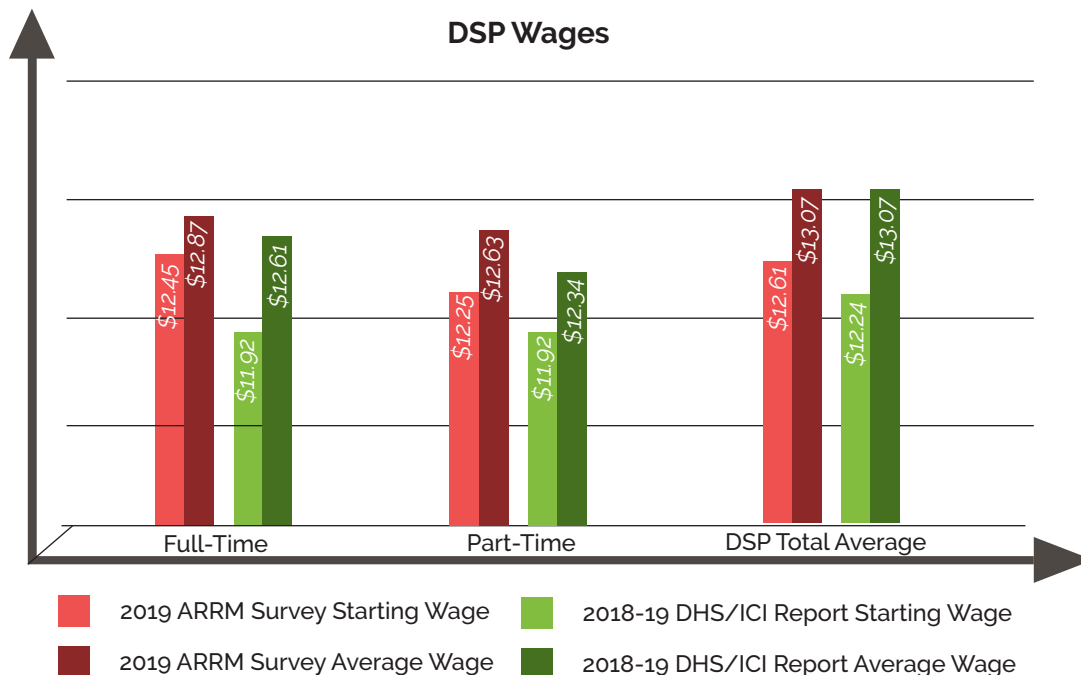


Wages

The wages paid by provider organizations during the period covered by the 2 ARRM surveys were influenced by a cumulative rate increase of 7% for waived services that the Minnesota Legislature approved and was implemented in 2014 and 2015, but which was overturned by the federal Center for Medicare and Medicaid Services in mid-2018. Providers had invested most of the increases in compensation for employees, with emphasis on the direct support workforce. When the 7% was taken away, providers did not roll back the wages, so they had to absorb additional financial strain. Based on the comparison of the two years, providers invested more in starting wages than in wages for experienced DSPs. It is possible that they also made investments in benefits, bonuses, or other non-wage compensation for their employees.

The 2019 Competitive Workforce Factor mentioned earlier, which added 4.7% to the direct support awake staffing components of the waiver rate frameworks did help to restore some of the 7%, but it amounted to less than half of what was lost. Providers who made good-faith efforts to boost wages are still behind to this day. Also, it must be pointed out that providers that operate intermediate care facilities for people with intellectual and developmental disabilities (ICF/IDD) paid wages that were very much in line with the waiver providers, despite the fact that they also lost the 7% cumulative rate increase, but were not included in the 4.7% competitive workforce factor, which leaves them on precarious financial footing.

The average wages paid by the ARRM member providers were generally higher than those paid by the broader provider groups included in the stratified random sample of the DHS/ICI report. Chart 10 also shows comparable results from the DWRS Labor Market Survey, where starting salaries were similar to the ARRM survey, despite the fact that the ARRM survey sample included ICF/IDD providers and the DWRS survey sample did not. Minnesota's averages are higher than the national average and may provide some encouragement, but it doesn't diminish the challenges Minnesota's providers face every day.



Program Changes

The ARRM survey included a series of questions on program changes for 2018. Six of the 71 responding provider organizations (8.5%) that provided community residential services (CRS) reported reducing capacity by a total of 43 people, which was 0.60% of the people served in CRS. There were also 14 among the 71 CRS providers (19.7%) that operated 51 programs that served more than five people in the same home.

Also among CRS providers, 26 (36.6%) reported that 91 people they served in traditional four-person homes transitioned to less restrictive, more independent settings within their organization, which represented 1.3% of the total reported number of persons served in CRS settings. In addition, 27 (38.0%) providers reported that 69 people they served in traditional 4-person homes transitioned to less restrictive, more independent settings at other organizations, which represented 0.94% of the total number of reported persons served in CRS settings.

Seven of the 73 respondents (9.6%) that reported they provided CRS or ICF/IDD services had a total of 13 instances where a lead agency representative rejected a person's request to move to an unlicensed individual home, such as a one-person apartment. Three ICF/IDD providers (11.5%) had 38 people (4.2%) transition to a more independent setting. Finally, four of the 26 ICF/IDD providers (15.4%) reported that they reduced capacity by a total of 64 people (7.0%).

Reported Program Changes for CRS and ICF/IDD Providers

	#	%	# People	%
Reduced community residential services capacity	6	8.5	43	0.60
Operated community residential services programs serving 5 or more people in the same home	14	19.7	51*	
People served in traditional 4-person community residential services/adult foster care homes transitioned to less restrictive setting within the same organization	26	36.6	91	1.3
People served in traditional 4-person community residential services/adult foster care homes transitioned to less restrictive setting with a different organization	27	38.0	69	0.94
Lead agency rejected a person's request to move from a community residential services facility or ICF/IDD to an unlicensed individual home, such as a 1-person apartment	7	9.6	13*	
People transitioned from ICF/IDD to a more independent setting	3	11.5	38	4.1
Reduced ICF/IDD capacity	4	15.4	64	7.0

* Represents number of instances, not number of people



Program Changes

A number of providers indicated they made program changes in 2018. Over one-quarter of them were no longer accepting new referrals due to staffing shortages.

Examining the program change data as a whole, it is apparent that there was little movement between programs, particularly to less restrictive/more independent settings. Given that person-centered planning and supporting people in the most independent settings of their choice are goals of the state and the Olmstead plan, greater movement may have been expected. One interpretation of the data may be that the people served by the responding provider organizations are generally satisfied with their living arrangements, since Minnesota has a very low number of institutional settings left. But the data may also show that short staffing and few open beds keep the amount of movement down. Providers point out that supporting people in settings that are more independent than the traditional four-person group home which is prevalent in Minnesota does not necessarily mean less effort is required, especially since a safety net needs to be available should a person not succeed in a more independent setting.

Reported Program Changes

Change	#	%
No longer accepting new referrals due to staffing shortages	21	27.6
No longer serving or taking on new people who require significant unreimbursed transportation	16	21.1
No longer offering or taking on new people with unit-based services	11	14.5
No longer serving or taking on new people with high behavior needs	10	13.2
No longer serving or taking on new people with high medical needs	7	9.2
No longer serving or taking on new people with low behavior needs	1	1.3



Technology

Just over half of the responding organizations (39 of 76, 51.3%) indicated that people they supported used some form of assistive/monitoring technology to meet their day-to-day needs. However, the number of people supported in this way was low at 756, with a range of 0 to 100. Eight provider organizations reported that they operated a total of 24 programs using an alternative overnight supervision license, while just 4 of those reported ten programs where the alternative license replaced overnight asleep staff.

Consistent with other sources, including ARRM's Technology Workgroup, the uptake of assistive technology is very slow. With the staffing crisis, there is an urgent need for alternative models to on-site staff, especially overnight. ARRM was successful in advocating for a Technology First Workgroup at the state level, convened by DHS, in the 2019 legislative session. That workgroup has been established, with ARRM representation, but has been slow to get started and develop plans to identify barriers and move the agenda forward.



Discussion

The results of the 2019 ARRM Industry Survey reveal few surprises, but illustrate the severe challenges that face providers of services to people with disabilities in Minnesota. With approximately half of ARRM's members responding, and the high proportion of the state's disabled population served by them, these results carry substantial weight.

The crisis in staffing is clearly demonstrated through the vacancy and turnover rates reported here, as well as the low wages paid to support workers with high-stress, demanding jobs. Because the rates paid to providers for people on waivers are set in detail in statute, constant and sustained advocacy is required. While the legislature must balance many requests for resources in every legislative session, chronic underfunding of the home and community-based sector that supports people with disabilities places many of the most vulnerable members of our society at even greater risk. The personal stories that are shared through rallies, legislative testimony, town halls, letters to the editor and individual law makers are moving, compelling and in many cases tragic. ARRM hopes that this report will help provide evidence to back up the stories that it is time for action.



Endnotes

ⁱ The 2018 ARRM Industry Survey was conducted in the summer of 2018 and asked about 2017 experience. 56 out of 160 organizations responded for a response rate of 35.0%.

ⁱⁱ The Disability Waiver Rate System (DWRS) Labor Market Survey was conducted by the Minnesota Department of Human Services in the fall of 2019 and collected information from DWRS providers about calendar year 2018. A sample of 79 providers was randomly selected from a pool of 862 eligible providers and 67 completed surveys were received, for a response rate of 84.8%. This was sufficient to achieve or exceed a confidence interval of 90%, a margin of error of 10% and a response distribution of 50%.

ⁱⁱⁱ The 2018-19 Direct Support Workforce survey was conducted in November 2018-March 2019 by the Minnesota Department of Human Services and the Institute on Community Integration at the University of Minnesota. ARRM was a partner organization. A random stratified sampling method was used to yield data that was representative of three geographic regions (Metro, Regional Center and Greater Minnesota) and five service types (Waiver Day, Waiver Residential, Waiver Unit, PCAs and State Plan Home Health Organizations). Responses were received from 185 organizations out of the 444 that were sampled, for a response rate of 41.7%.

^{iv} The Case for Inclusion 2020 is a joint report produced by United Cerebral Palsy and the ANCOR Foundation. It is a compendium of data drawn from third-party sources on key measures that assess the extent to which state programs are meeting the needs of people with intellectual and developmental disabilities. See www.caseforinclusion.org for complete data and documentation of each of the measures.

^v Vacancy rates are commonly calculated as the number of vacant positions divided by the number of current employees plus the number of vacancies.

^{vi} Turnover rates are commonly calculated as the number of employees who left in a year divided by the number of current employees plus the number of vacancies.

^{vii} https://mn.gov/dhs/assets/Workforce-shortage-work-plan_tcm1053-347847.pdf



Appendix A: Survey





ARRM

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Industry Survey 2019

Instructions and some questions in this survey have been modified from previous years to align with the 2019 DWRS Labor Market Report Survey conducted by the Minnesota Department of Human Services (DHS). Please read carefully. If you have any questions, email kbence@arrm.org. We ask that you submit your responses by the end of the day on Friday, November 1.

Survey Definitions:

- **Direct Support Professional (DSP):** Employees whose primary responsibilities (more than 50 percent of their role) include providing support, training, supervision and personal assistance to people with disabilities. This does NOT include nurses and other licensed professional staff (e.g. LPN, RNs, licensed social workers, etc.). This also does NOT include staff that does not provide direct support tasks (e.g. cooks, janitors, administrative staff, etc.). Consumer directed community supports (CDCS) and Consumer Support Grant workers are NOT included in the DSP definition.
- **Front Line Supervisor (FLS):** Employees whose primary responsibility (more than 50 percent of their role) is the supervision of direct support professionals. While these individuals may perform direct support tasks, their primary job duty is to supervise employees and manage programs. These individuals may or may not be licensed.
- **Benefits:** Please include the following benefits when reporting your costs:
 - Health insurance
 - Dental insurance
 - Vision insurance
 - Life insurance
 - Short-term disability
 - Long-term disability
 - Retirement
 - Tuition reimbursement
 - Wellness programs

Instructions:

- This survey asks questions about your organization's practices and employees for the period from Jan. 1, 2018, through Dec. 31, 2018. Please answer questions based on that period of time, unless otherwise specified. We understand that practices or wages may have changed since that time, so please keep the reporting period in mind.
- Report information for your entire organization (unless otherwise asked for specific subsets of employees). The organization, for the purpose of this survey, is all business under your legal entity or Federal Employer Identification Number (FEIN). If your organization has multiple legal entities, report as a Minnesota aggregate.
- When calculating average wages include the calculation of average regular hourly wage, do not include overtime wages.
- With the exception of hourly wage information, report in whole numbers.

Section 1: Organization Information

1. What is the name of the organization you are responding for? _____
2. What is the name of primary contact completing the survey? _____
3. Primary contact phone number _____
4. Primary contact email address _____
5. Does your organization serve people with disabilities in states other than Minnesota?
Yes _____ No _____
6. If yes, what states? _____ (Please use 2-letter postal abbreviations)
7. Are you able to report revenue, staffing and wage information for Minnesota alone?
Yes _____ No _____
If yes, please do.
8. Otherwise, describe the geographic area covered by the data you will be reporting.
9. For tax purposes, is your organization considered for profit or not-for-profit?
For Profit _____ Not-for-Profit _____
10. What were your organization's total Medical Assistance revenues for calendar year 2018? Please break out your revenue into the following categories:
 - a. Community Residential Services \$ _____
 - b. Day Services \$ _____
 - c. Unit Based Services \$ _____
 - d. ICF/IID \$ _____
11. How many people were you serving through each of the following services on 12/31/2018? If none, enter 0.
 - a. Community Residential Services _____
 - b. Day Services _____
 - c. Unit Based Services _____
 - d. ICF/IID _____
12. How many people were you serving in each the following waiver programs on 12/31/2018? If none, enter 0.
 - a. Elderly Waiver (EW) _____
 - b. Brain Injury Waiver (BI) _____
 - c. Community Alternative Care Waiver (CAC) _____
 - d. Community Access for Disability Inclusion Waiver (CADI) _____
 - e. Developmental Disability Waiver (DD) _____
13. What was the total number of DSPs employed at your organization as of Dec. 31, 2018?
 - a. Full-time _____
 - b. Part-time _____

14. What was the total wages amount paid for all DSPs (including all pay types and taxes) for calendar year 2018? _____
15. What was the total overtime wages amount paid for DSPs during calendar year 2018 including payroll taxes? (Include the entire wage paid or 150% of the hourly wage)
16. What was the total benefits amount paid for DSPs (including only employer expenses) for calendar year 2018? _____
17. What was the total number of regular hours (excluding any paid time off) for all DSPs during calendar year 2018? _____
18. What was the total number of overtime hours for all DSPs during calendar year 2018?

19. What was the total number of Front Line Supervisors employed at your organization on 12/31/18?
a. Full-time _____ b. Part-time _____
20. What was the total salary amount paid for these employees, including payroll taxes, for the calendar year 2018 (1/1/2018-12/31/2018)? \$ _____
21. What was the total benefits amount paid for these employees for the calendar year 2018 (1/1/2018-12/31/2018)? \$ _____
22. What was the total number of all other employees not counted in questions 3 and 4 employed at your organization on 12/31/18? Please include all employees, regardless of the section of business they support.
a. Full-time _____ b. Part-time _____
23. What was the total salary amount paid for these employees, including payroll taxes for the calendar year 2018 (1/1/2018-12/31/2018)? \$ _____
24. What was the total benefits amount paid for these employees for the calendar year 2018 (1/1/2018-12/31/2018)? \$ _____

Section 2: Workforce Data

25. How many DSPs left your agency during calendar year 2018? _____
26. How many left in the first 0-6 months of employment? _____
27. How many left in the first 7-12 months of employment? _____
28. How many DSPs would you have had to hire as of Dec. 31, 2018, to fill all funded, but vacant positions?

29. How many supervisors left your agency during calendar year 2018? _____
30. How many left in the first 0-6 months of employment? _____
31. How many left in the first 7-12 months of employment? _____
32. What was the number of total supervisor position vacancies at your organization on Dec. 31, 2018?

33. The following questions are about **Community Residential Services**:
What was the average starting wage per hour in calendar year 2018 for DSPs who provide awake direct support day services? (include decimals)
- a. Full-time \$ _____ b. Part-time \$ _____
- What was the average wage per hour in calendar year 2018 for DSPs who have been with your organization for more than one year who provide awake direct support day services? (include decimals)
- c. Full-time \$ _____ d. Part-time \$ _____
- e. What was the average starting salary for supervisors for calendar year 2018? \$ _____
- f. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2018? \$ _____
34. The following questions are about **Day Services**:
What was the average starting wage per hour in calendar year 2018 for DSPs who provide awake direct support day services? (include decimals)
- b. Full-time \$ _____ b. Part-time \$ _____
- What was the average wage per hour in calendar year 2018 for DSPs who have been with your organization for more than one year who provide awake direct support day services? (include decimals)
- d. Full-time \$ _____ d. Part-time \$ _____
- g. What was the average starting salary for supervisors for calendar year 2018? \$ _____
- h. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2018? \$ _____
35. The following questions are about **Unit Based Services**:
What was the average starting wage per hour in calendar year 2018 for DSPs who provide awake direct support day services? (include decimals)
- a. Full-time \$ _____ b. Part-time \$ _____
- What was the average wage per hour in calendar year 2018 for DSPs who have been with your organization for more than one year who provide awake direct support day services? (include decimals)
- c. Full-time \$ _____ d. Part-time \$ _____

- e. What was the average starting salary for supervisors for calendar year 2018? \$ _____
- f. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2018? \$ _____
36. The following questions are about ICF/IID Services
What was the average starting wage per hour in calendar year 2018 for DSPs who provide awake direct support day services? (include decimals)
- a. Full-time \$ _____ b. Part-time \$ _____
- What was the average wage per hour in calendar year 2018 for DSPs who have been with your organization for more than one year who provide awake direct support day services? (include decimals)
- c. Full-time \$ _____ d. Part-time \$ _____
- e. What was the average starting salary for supervisors for calendar year 2018? \$ _____
- f. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2018? \$ _____
37. What was your organization's total overtime wages amount paid in calendar year 2018 including payroll taxes? \$ _____

Section 3: Program Changes

38. Did your organization reduce your CRS capacity in 2018?
Yes _____ No _____
39. If yes, by how many people? _____
40. Did you operate any CRS programs that served 5 people in the same home in 2018?
Yes _____ No _____
41. If yes, please provide the number of these programs you operated as of 12/31/2018. _____
42. Did your organization make any of the following program changes in 2018 (Y/N)?
- a. _____ No longer serving children
 - b. _____ No longer serving or taking on new people with high behavior needs
 - c. _____ No longer serving or taking on new people with low behavior needs
 - d. _____ No longer serving or taking on new people with high medical needs
 - e. _____ No longer offering or taking on new people with unit based services
 - f. _____ No longer serving or taking on new people who require significant un-reimbursed transportation
 - g. _____ No longer accepting new referrals due to staffing shortages
43. Provide the number of agency-initiated discharges your organization had in the following calendar years 2017.
- a. 2017 _____
 - b. 2018 _____
44. How many people not appealing the discharge did you serve past the 60-day discharge notice period in the following calendar years?
- a. 2017 _____
 - b. 2018 _____
45. How many people appealed the discharge notice in the following calendar years?
- a. 2017 _____
 - b. 2018 _____
46. How many people that you provided services to on 12/31/18 transitioned from a traditional 4 person CRS/AFC home to a less restrictive, more independent setting within your organization? _____
47. How many people that you provided services to on 12/31/18 transitioned from a traditional 4 person CRS/AFC home to a less restrictive, more independent setting outside your organization?

48. In calendar year 2018, did any lead agency representative reject a person's request to move from a CRS or ICF/IID to an unlicensed individual home, such as a one-person apartment?
Yes _____ No _____
49. If yes, how many instances did you have in 2018? _____
50. If you operated ICF/IID units, did you reduce your ICF/IID capacity during calendar year 2018?

Yes _____ No _____

51. If yes, by how many people? _____

52. How many people that you provided services to on 12/31/18 had transitioned from an ICF/IID to a more independent setting? _____

53. Indicate whether you operated the following services at a profit or a loss in 2018:

a. Community Residential Services	Profit	____	Loss	____	Break even	____	N/A	____
b. Day Services	Profit	____	Loss	____	Break even	____	N/A	____
c. Unit Based Services	Profit	____	Loss	____	Break even	____	N/A	____
d. ICF/IID Services	Profit	____	Loss	____	Break even	____	N/A	____

54. Given that banded rates will be phased out and the new Competitive Workforce Factor will be phased in over the course of 2020, what financial result to you project for your organization in 2020?

Profit ____ Loss ____ Break even ____ N/A ____

55. The Minnesota Department of Human Services is required to study value-based models and outcome-based payment strategies for home and community-based services, and report to the legislature in 2020. What questions, issues, or concerns would you want to make sure they address?

Section 4: Technology

56. How many people that you support utilize some form of assistive/monitoring technology to meet their day-to-day needs as of 12/31/2018? _____
57. What was your organization's total overnight sleep staff hours for 2018? _____
58. How many programs do you operate that are using an alternative overnight supervision license?

59. How many programs that use an alternative overnight supervision license replaced overnight sleep staff? _____
60. How many programs that use an alternative overnight supervision license were created with that license? _____
61. If you would like to make any additional comments, enter them here.

Responses are due by Friday, November 1 so we can present some initial results at the Business and Finance Forum on November 13.

Thank you for your support of this survey.



Enter your responses online here:

<https://arrmsurveys.typeform.com/to/lzSPK6>