

2021 Industry Survey

Please Note: You will enter responses to this survey online. Use this printable version to gather information and write responses before entering them. They need to be entered in one session because the online portal DOES NOT allow users to save their entries while in process.

Please read all questions carefully. If you have any questions, email kbence@arrm.org. We ask that you submit your responses by the end of the day on Wednesday, June 30, 2021.

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 January 1 through December 31, 2020. 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, such as in questions 42-45, include the calculation of average regular hourly wage, do not include overtime wages.
- With the exception of hourly wage information, report in whole numbers.
- **This printable version of the survey is provided to make gathering and recording the information easier, but the survey should be completed online. When it is completed online, some questions may be automatically skipped based on responses to prior questions.**

The survey can be completed at <https://arrmsurveys.typeform.com/to/AHYuOrP3>



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. For tax purposes, was your organization considered for profit or not-for-profit in 2020?
For Profit _____ Not-for-Profit _____
6. What were your organization's TOTAL revenues from ALL sources in calendar year 2020?
\$ _____
7. Were your 2020 total revenues higher or lower than you had forecast at the beginning of the year? Higher _____ Lower _____ About the same _____
8. By how much? \$ _____
9. What were the primary drivers for this difference? _____

10. How many people were you serving through each of the following services as of December 31, 2020? If none, enter 0.
 - a. Community/Family Residential Services _____
 - b. Day Services _____
 - c. Unit Based Services _____
 - d. ICF/DD _____
11. What were your organization's total Medical Assistance (Medicaid, including waivers) revenues for calendar year 2020? Please break out your revenue into the following categories:
 - a. Community/Family Residential Services (CRS/FRS) \$ _____
 - b. Day Services \$ _____
 - c. Unit Based Services \$ _____
 - d. ICF/DD \$ _____

For Residential Services Providers (CRS/FRS):

12. What were your organization's total basic (room and board) Housing Support (formerly known as Group Residential Housing or GRH) revenues for calendar year 2020? \$ _____
13. What were your organization's total Housing Support supplemental service revenues for calendar year 2020? \$ _____
14. What were your organization's total housing expenses for the individuals you supported in calendar year 2020? Include rent/lease/mortgage, utilities, food, household supplies and other necessities. \$ _____

For All Providers:

15. How many days of cash reserves did your organization have on December 31, 2020? \$ _____
16. What was the percentage of authorized units your organization was paid for in calendar year 2020 (absence factor)?
 - a. Community/Family Residential Services _____%
 - b. Day Services _____%
 - c. Unit Based Services _____%
 - d. ICF/DD _____%

17. What was your organization's average daily census as a percentage of licensed capacity in calendar year 2020 (utilization factor)?
 - a. Community/Family Residential Services _____% b. Day Services _____%
 - b. c. ICF/DD _____%

18. How many people were you serving in each the following waiver programs as of December 31, 2020? 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) _____

19. What was the total number of **DSPs** employed at your organization as of December 31, 2020?
 - a. Full-time _____ b. Part-time _____

20. What was the total wages amount paid for all DSPs (including all pay types and taxes) for calendar year 2020? (Include increases in wages that were implemented due to the COVID-19 pandemic ONLY IF they became part of the standard compensation in 2020.) \$ _____

21. What was the total overtime wages amount paid for DSPs during calendar year 2020 including payroll taxes? (Include the entire wage paid or 150% of the hourly wage) \$ _____

22. What was the total benefits amount paid for DSPs (including only employer expenses) for calendar year 2020? (Refer to the definition of benefits on page 1) \$ _____

23. What was the total amount paid to DSPs for supplements to compensation related to the COVID-19 pandemic, such as bonuses and hazard pay, in calendar year 2020? (Include wage increases only if they DID NOT become part of the standard compensation for DSPs in 2020) \$ _____

24. What was the total number of regular hours (excluding any paid time off) for all DSPs during calendar year 2020? _____

25. What was the total number of overtime hours for all DSPs during calendar year 2020? _____

26. What was the total number of **Front Line Supervisors** employed at your organization as of December 31, 2020? Full-time _____ b. Part-time _____

27. What was the total wage/salary amount paid for these employees, including payroll taxes, for the calendar year 2020? (Include increases in wages/salaries that were implemented due to the COVID-19 pandemic ONLY IF they became part of the standard compensation in 2020.) \$ _____

28. What was the total benefits amount paid for these employees for the calendar year 2020? (Refer to the definition of benefits on page 1) \$ _____

29. What was the total amount paid to supervisors for supplements to compensation related to the COVID-19 pandemic, such as bonuses and hazard pay, in calendar year 2020? (Include wage or salary increases only if they DID NOT become part of the standard compensation for supervisors in 2020) \$ _____

30. What was the total number of **all other employees** not counted above employed at your organization as of December 31, 2020? Please include all employees, regardless of the section of business they support.
- a. Full-time _____ b. Part-time _____
31. What was the total wage/salary amount paid for these employees, including payroll taxes for the calendar year 2020? (Include increases in wages/salaries that were implemented due to the COVID-19 pandemic ONLY IF they became part of the standard compensation in 2020.)
\$ _____
32. What was the total benefits amount paid for these employees for the calendar year 2020? (Refer to the definition of benefits on page 1) \$ _____
33. What was the total amount paid to these employees for supplements to compensation related to the COVID-19 pandemic, such as bonuses and hazard pay, in calendar year 2020? (Include wage or salary increases only if they DID NOT become part of the standard compensation for these employees in 2020) \$ _____

Section 2: Workforce Data

34. How many DSPs left your agency during calendar year 2020? _____
35. How many left in the first 0-6 months of employment? _____
36. How many left in the first 7-12 months of employment? _____
37. How many DSPs would you have had to hire as of December 31, 2020, to fill all funded, but vacant positions? _____
38. How many supervisors left your agency during calendar year 2020? _____
39. How many left in the first 0-6 months of employment? _____
40. How many left in the first 7-12 months of employment? _____
41. What was the number of total supervisor position vacancies at your organization on December 31, 2020? _____

Below is a series of questions about average wages and salaries. Include increases in compensation that were implemented due to the COVID-19 pandemic ONLY IF they became part of the standard compensation, such as hourly wage or salary increases, for the relevant employees in 2020.

42. The following questions are about **Community/Family Residential Services:**
- What was the average starting wage per hour in calendar year 2020 for DSPs who provide awake direct support services? (include decimals)
- a. Full-time \$ _____ b. Part-time \$ _____
- What was the average wage per hour in calendar year 2020 for DSPs who have been with your organization for more than one year who provide awake direct support services? (include decimals)
- c. Full-time \$ _____ d. Part-time \$ _____
- What was the average starting wage per hour in calendar year 2020 for DSPs who provide asleep direct support services? (include decimals)
- e. Full-time \$ _____ f. Part-time \$ _____
- What was the average wage per hour in calendar year 2020 for DSPs who have been with your organization for more than one year who provide asleep direct support services? (include decimals)
- g. Full-time \$ _____ h. Part-time \$ _____
- i. What was the average starting salary for supervisors for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____
- j. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____

43. The following questions are about **Day Services**:

What was the average starting wage per hour in calendar year 2020 for DSPs who provide direct support services? (include decimals)

- a. Full-time \$ _____ b. Part-time \$ _____

What was the average wage per hour in calendar year 2020 for DSPs who have been with your organization for more than one year who provide direct support services? (include decimals)

- c. Full-time \$ _____ d. Part-time \$ _____

e. What was the average starting salary for supervisors for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____

f. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____

44. The following questions are about **Unit Based Services**

What was the average starting wage per hour in calendar year 2020 for DSPs who provide awake direct support services? (include decimals)

- a. Full-time \$ _____ b. Part-time \$ _____

What was the average wage per hour in calendar year 2020 for DSPs who have been with your organization for more than one year who provide awake direct support services? (include decimals)

- c. Full-time \$ _____ d. Part-time \$ _____

What was the average starting wage per hour in calendar year 2020 for DSPs who provide asleep direct support services? (include decimals)

- e. Full-time \$ _____ f. Part-time \$ _____

What was the average wage per hour in calendar year 2020 for DSPs who have been with your organization for more than one year who provide asleep direct support services? (include decimals)

- g. Full-time \$ _____ h. Part-time \$ _____

i. What was the average starting salary for supervisors for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____

j. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____

45. The following questions are about **ICF/DD Services**

What was the average starting wage per hour in calendar year 2020 for DSPs who provide awake direct support services? (include decimals)

- a. Full-time \$ _____ b. Part-time \$ _____

What was the average wage per hour in calendar year 2020 for DSPs who have been with your organization for more than one year who provide awake direct support services? (include decimals)

- c. Full-time \$ _____ d. Part-time \$ _____

What was the average starting wage per hour in calendar year 2020 for DSPs who provide asleep direct support services? (include decimals)

- e. Full-time \$ _____ f. Part-time \$ _____

What was the average wage per hour in calendar year 2020 for DSPs who have been with your organization for more than one year who provide asleep direct support services? (include decimals)

g. Full-time \$ _____ h. Part-time \$ _____

i. What was the average starting salary for supervisors for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____

j. What was the average salary for supervisors who have been with your organization for more than one year for calendar year 2020? (If paid hourly, convert to an annualized salary) \$ _____

46. What was your organization's total overtime wages amount paid in calendar year 2020 including payroll taxes? \$ _____

Section 3: Program Changes

47. Did your organization reduce your CRS/FRS capacity in 2020? Yes _____ No _____

48. If yes, by how many people? _____

49. Did you operate any CRS/FRS programs that served 5 people in the same home in 2020?

Yes _____ No _____

50. If yes, please provide the number of these programs you operated as of 12/31/2020.

51. Did your organization discontinue any service lines at any time in 2020, whether temporarily or permanently, due to COVID-19?

Yes _____ No _____

52. If yes, how many?

a. CRS/FRS _____

b. Day Services _____

c. Unit Based Services _____

d. ICF/DD _____

53. If yes, how many individuals were affected? _____

54. Did your organization permanently close any programs/facilities, or surrender any site licenses, in 2020 due to COVID-19?

Yes _____ No _____

55. If yes, how many?

a. CRS/FRS _____

b. Day Services _____

c. Unit Based Services _____

d. ICF/DD _____

56. If yes, how many individuals were affected? _____

57. Did your organization temporarily close any programs/facilities, or surrender any site licenses, in 2020 due to COVID-19?

Yes _____ No _____

58. If yes, how many?

a. CRS/FRS _____

b. Day Services _____

c. Unit Based Services _____

d. ICF/DD _____

59. If yes, how many individuals were affected? _____

60. Did any of the individuals being supported by your organization in a residential setting or ICF/DD exceed 18 days of temporary absence in 2020 because they had moved home with their families? Yes _____ No _____

61. If yes, how many? _____

62. How much revenue did your organization lose in 2020 due to these cases? \$ _____

63. Are you currently supporting individuals in residential settings for whom you intend to file 60-day notices of termination once the eviction moratorium is lifted? Yes _____ No _____

64. If yes, how many? _____

65. The federal and state governments allowed the expansion of remote services in 2020 due to the COVID-19 pandemic.
- In what ways did this ability make supporting individuals in residential settings easier for your organization? _____
 - In what ways did this ability make supporting individuals in residential settings more difficult for your organization? _____
 - In what ways did this ability make supporting individuals in day and employment services easier for your organization? _____
 - In what ways did this ability make supporting individuals in day and employment services more difficult for your organization? _____
66. How many people that you provided services to in 2020 successfully transitioned from a traditional 4 person CRS/AFC home to a less restrictive, more independent setting within your organization as of 12/31/20? _____
67. How many people that you provided services to in 2020 successfully transitioned from a traditional 4 person CRS/AFC home to a less restrictive, more independent setting outside your organization as of 12/31/20? _____
68. In calendar year 2020, did any lead agency representative reject a person's request to move from a CRS or ICF/DD to an unlicensed individual home, such as a one-person apartment?
 Yes _____ No _____
69. If yes, how many instances did you have in 2020? _____
70. If you operated ICF/DD units, did you reduce your ICF/DD capacity during calendar year 2020?
 Yes _____ No _____
71. If yes, by how many people? _____
72. How many people that you provided services to on 12/31/20 had transitioned from an ICF/DD to a more independent setting in 2020? _____
73. Indicate whether you operated the following services at a profit or a loss in 2020:
- | | | | | | | | | |
|--|--------|-----|------|-----|------------|-----|-----|-----|
| a. Community/Family 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/DD Services | Profit | ___ | Loss | ___ | Break even | ___ | N/A | ___ |
74. Given what you know now, what overall financial result do you project for **waivered programs** for calendar years 2021 and 2022?
- 2021: Profit ___ Loss ___ Break even ___ N/A ___
 - 2022: Profit ___ Loss ___ Break even ___ N/A ___
75. Given what you know now, what overall financial result do you project for **ICFs/DD** for calendar years 2021 and 2022?
- 2021: Profit ___ Loss ___ Break even ___ N/A ___
 - 2022: Profit ___ Loss ___ Break even ___ N/A ___

Section 4: Technology

76. How many people that you support utilize some form of assistive/monitoring technology to meet their day-to-day needs as of 12/31/2020? _____
77. What was your organization's total overnight sleep staff hours for 2020? _____
78. How many programs do you operate that were using an alternative overnight supervision license as of 12/31/20? _____
79. Did you implement, or attempt to implement, any new assistive/monitoring technology in 2020?
Yes _____ No _____
80. If yes, what, if any, barriers did you encounter in the implementation or attempt at implementation? _____
81. What were the costs to your organization in 2020 associated with these new technologies?
\$ _____
82. What were the costs to your organization to implement technology for administrative or supervisory functions such as recruiting, hiring, on-boarding and supporting staff?
\$ _____
83. If you would like to make any additional comments, enter them here. _____

Responses are due by Wednesday, June 30, 2021.

Thank you for your support of this survey.



Enter your responses online here:
<https://arrmsurveys.typeform.com/to/AHYuOrP3>