

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

*Private Duty Staff
Compensation Survey™*

**Home Care
Alliance of Maine**

January, 2001

Fazzi Associates

**RA
997.5
.M2
F3
2001**

RA 997.5.M2
F3
2003

LAW & LEGISLATIVE
REFERENCE LIBRARY
43 STATE HOUSE STATION
AUGUSTA ME 04333

Private Duty Staff Compensation Survey™

**Home Care
Alliance of Maine**

January, 2001

Fazzi Associates

MAR 21 2013

Handwritten text, possibly a signature or date, located in the top left corner of the page.

Table Of Contents

I.	Executive Summary	1
II.	The Survey	5
III.	Findings	8
IV.	Conclusions	18
V.	Attachments	19

I. Executive Summary

Introduction. In September 2000, 24 agencies in the State of Maine reported that a shortage of private duty direct care staff results in a combined total of approximately 5,200 hours of private duty health care service needs going unstaffed each week. These agencies comprise approximately 20% to 33% of all private duty organizational providers in Maine. Based on a statewide average work week of 17 hours per private duty provider, this translates into a shortage of over 300 private duty workers of those agencies surveyed

Awareness of this shortage of private duty staff prompted the Home Care Alliance of Maine, to engage Fazzi Associates, a national consulting and research firm specializing in home healthcare, to conduct a survey of private duty direct care staff compensation in the State of Maine.

Survey Participants. Fazzi Associates obtained private duty direct care staff compensation and benefits data from 30 organizational and individual private duty providers in the State of Maine. One-half (50%) of respondents are multi-service healthcare organizations; approximately one third (30%) are standalone providers and 20% are individual providers. Half of all respondents have been providing private duty services for six years or more. Some salient characteristics of providers participating in the survey are:

- They employ a combined total of nearly 2,500 direct care private duty staff.
- Over 40,000 hours of private duty services are provided weekly.

Survey Findings. Compensation and benefits data were obtained for private duty direct care staff only.

Results of the survey were segmented into seven cross-tabulated samples:

1. All respondents
2. Multi-service agencies
3. Standalone private duty agencies
4. Agencies providing services for less than 6 years
5. Agencies providing services for 6 or more years
6. Agencies serving the southernmost counties of Maine
7. Agencies serving all but the southernmost counties of the State

Statistics were produced for each sample.

Compensation Data. All but two respondents reported compensating private duty staff on an hourly basis. Only one RN received an annual salary, and among respondents, use of per diem compensation is rare. Table 1 below shows the hourly wage rates for each type of private duty direct care provider:

Table 1 - Hourly Wages by Provider Type

Position	Mean Hourly Wage	Minimum Hourly Wage	Maximum Hourly Wage
RN	18.83	15.00	30.00
LPN	13.13	10.00	17.00
CNA/HHA	8.73	7.19	10.00
PCA	7.76	6.75	9.25
Homemakers	7.24	6.24	8.50

Respondent agencies reported the most vacancies for CNA/HHA and PCA positions. These positions are currently paid in the middle of the full range of all private duty position types. Their hourly wages are higher than homemakers and lower than RNs and LPNs. Both positions require training and certification. With the average hourly wage for these two types of private duty staff in the \$7.76 to \$8.73 range, non-health care businesses requiring less training or certification can easily compete with private duty agencies for personnel in the present economy.

Multi-service providers tend to compensate at lower hourly rates than standalones, while only slight differences exist between agencies providing services for under six years and agencies providing services for more than six years.

Benefits Data. At best, less than a tenth (8.5%) of all private duty personnel receive insurance benefits.

While most providers offer various insurance benefits, few staff are able to receive them because of the eligibility requirements. Approximately 8% of the private duty staff reported in this study utilize health insurance. Of this percentage, few workers work enough hours to qualify for significant coverage. This is a significant disincentive for potential staff to consider employment in private duty direct care.

Table 2 - Private Duty Insurance Benefits

Insurance	Eligibility Requirement (Hrs Worked per Week)	# of Staff Receiving Paid Time
Health	29.47	209
Life	25.43	131
Disability	25.60	86
Retirement	32	169
Summary	Mean 24.87	Maximum 209

Similarly, with regard to paid time off, there is little incentive for becoming employed as a private duty direct care worker. Only about 5% of private duty staff receive paid time-off.

Table 3 - Private Duty Paid Time-Off

Paid Time	Eligibility Requirement (Hrs Worked per Week)	# of Staff Receiving Paid Time
Earned Time	27.10	138
Holidays	28.00	
Sick	32.00	15
Vacation	32	
Summary	Mean 29.53	Maximum 138

Most private duty agencies use earned time in lieu of some combination of vacation, sick and holiday time. Relatively few staff are able to take advantage of paid-time off because of they do not work sufficient hours per week to be eligible for time-off.

Conclusions

- **There is shortage of private duty direct care workers based on data supplied by survey participants.**
- **The shortage has considerable negative effects on private duty patients in terms of service availability, quality of care provided and patients with decreased or even no services being left at risk.**
- **The problem is more acute in the southernmost counties of Maine.**
- **The present levels of compensation for private duty workers do not provide a livable wage based on data available from the Maine Economic Growth Council.**
- **Benefits and insurance are unable to offset low pay rates because the part-time nature of private duty work makes only a minority of workers eligible for insurance and paid time benefits.**
- **The compensation and benefits available to private duty workers is based on the reimbursement rates provided by the State of Maine. Agencies providing private duty services pay workers within the limits set by State reimbursement rates.**
- **Without changes in reimbursement, the private duty worker shortage is likely to increase, as will the detrimental effects on patients.**

II. The Survey

Introduction. Member agencies of the Home Care Alliance of Maine have been reporting for several years a constant shortage of private duty direct care staff resulting in continuous recruitment efforts. Despite these ongoing recruitment campaigns, a shortage of direct care staff continues. Anecdotal reports by member agencies show increasing waiting lists and patients not receiving services. To address this problem, the Home Care Alliance of Maine created the Private Duty Livable Wage and Benefit Task Force composed of representatives from member agencies.

The Approach. The failure of continuous recruitment to eliminate the staff shortage suggested to the Task Force that the compensation and benefits available to direct care staff through present reimbursement rates was insufficient to attract staff to or retain them in private duty positions. To determine the extent of this problem, the Task Force's principal approach was to conduct a survey of private duty providers in Maine. The goals of the survey were:

1. To document the shortage of private duty direct care staff.
2. To identify the affects of the shortage on patients.
3. To document the present levels of private duty direct care staff compensation and benefits.

Fazzi Associates, a national consulting and research firm in the home care field, was engaged to conduct the survey and worked with the Home Care Alliance of Maine to develop the survey and generate a list of private duty direct care providers to participate in the survey.

Data Collection. The survey data collection was held from August through November and involved two stages of data collection to obtain complete information on compensation and benefits. The data collection methodology was a combination of printed questionnaires and telephone interviews. Respondents first received the printed questionnaire and were then interviewed over the telephone to collect their responses.

Respondents. The Task Force compiled a list of 70 individual and agency providers of private duty direct care services. Thirty (30%) or 42% of these providers responded to the survey. Twenty-four (24) of the 53 agency providers responded for a return of 45%. Of the individual providers, 6 or 35% responded.

The majority of respondents 80% were agency providers of direct care private duty services. The remainder 20% were individual providers.

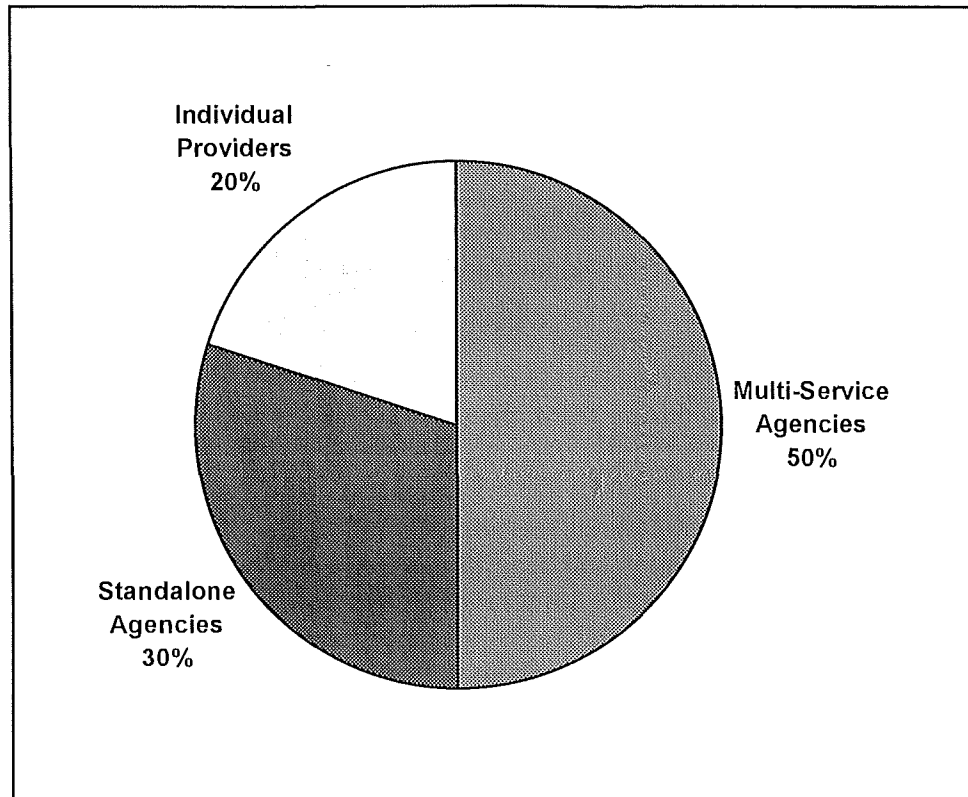


Figure 1 – Multi-Service, Standalone & Individual Respondents as a Percent of All Respondents

One half (50%) of respondents are multi-service healthcare organizations; Approximately one third (30%) are standalone providers and 20% are individual providers. Half of all agency respondents have been providing private duty services for six years or more.

Most (76%) of the respondent agencies participating in the survey classified themselves as Home Health agencies.

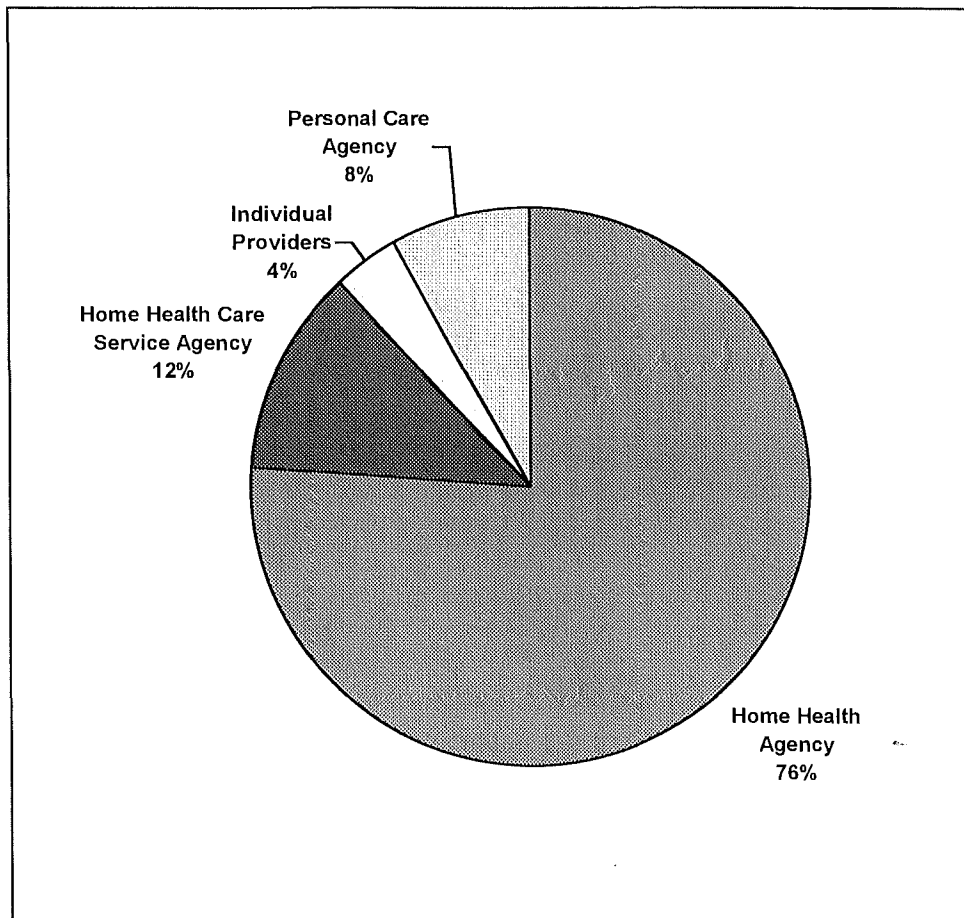


Figure 2 - Survey Participants by Type of Agency

Only two (8%) classified themselves as exclusively Personal Care agencies

III. Findings

Document the Shortage of Private Duty Direct Care Staff. To determine whether in fact a shortage of private duty direct care staff exists, we asked respondents to tell us about their direct care private duty services and staff.

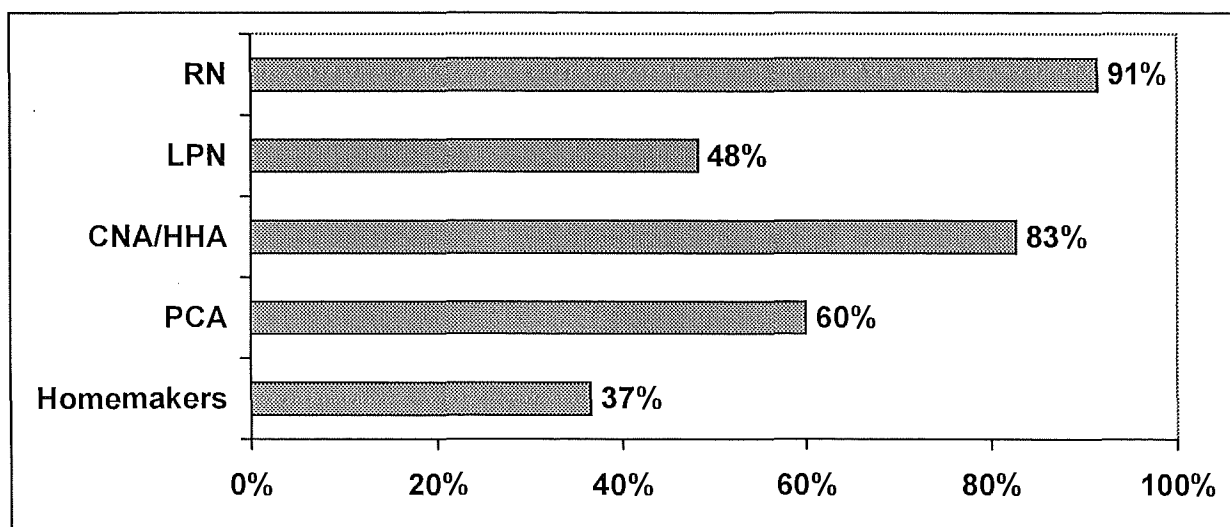


Figure 3 - Percent of Respondents Employing Private Duty Positions

Nearly all respondents (91%) employ Registered Nurses (RN) with Certified Nurses Assistants/Home Health Aides (CNA/HHA) being employed by more than three quarters (82%). Fewer (37%) respondents employ Homemakers. The highest percentage of respondents employing private duty workers was in the multi-service agency group. Multi-service agencies rely more on CNA/HHAs than other groups of respondents and as a group had the highest percent of respondents employing each of the five service positions providing direct care on a private duty basis.

Some of the basic data about private duty workers provided through the survey has significant implications to the extent it is representative of all employers of private duty workers participating in the survey:

- Respondents employ a combined total of nearly 2,500 direct care private duty staff representing over 700 Full-Time Equivalents (FTEs).
- Over 40,000 hours of private duty services are provided weekly but less than 2% of these hours are guaranteed weekly among all private duty staff.
- Each week, respondents are seeking to fill vacancies in private duty staff. Most (85%) of these reported weekly vacancies occur in agencies providing services in the more

populous southernmost counties of Maine – York, Cumberland, Androscoggin and Sagadahoc counties.

Most (73%) of the vacancies reported are for CNA/HHA and Personal Care Attendant (PCA) positions.

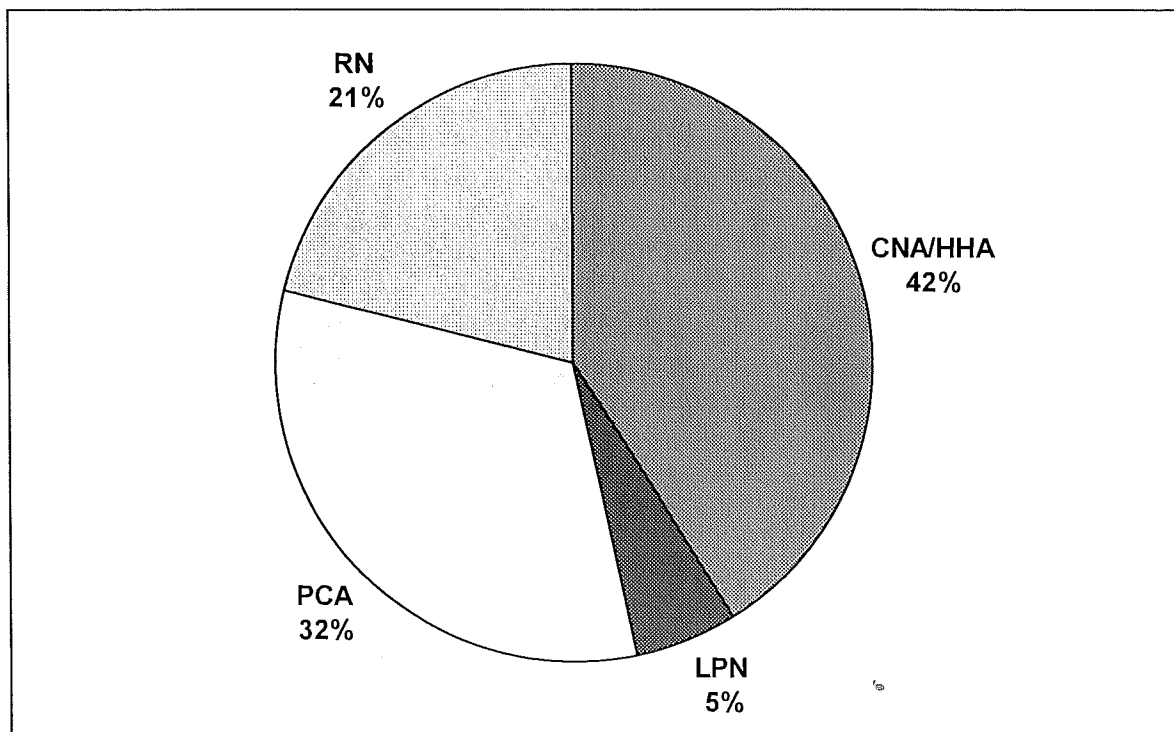


Figure 4 - Private Duty Vacancies by Position

Assuming the group of agencies responding to the survey represents a fourth to a third of all agency providers in the State, these numbers become even more significant.

Further documentation on the extent of the shortage of private duty workers was found in the responses to two questions we asked of all respondents:

1. On a weekly basis, how many new patients go on a waiting list or are turned down because of a shortage of staff?
2. On a weekly basis, how many hours can you not staff for existing patients?
 - Respondents said they turned down or waitlisted nearly two hundred (175) new patients a week because of staff shortages. The hours of service not provided to existing patients totaled over 5,000 hours per week among all respondents. Based on a statewide average work week of 17 hours per private duty provider, this translates into a shortage of over 300 private duty workers of those agencies surveyed.

Based on these findings, we can conclude that the shortage of private duty workers in the state of Maine is well documented.

Identify the affects of the shortage on patients. We asked respondents to identify the problems resulting from the private duty worker shortage and the effects of the shortage on patients.

Responses to these questions were grouped in categories according to common themes. The results provided graphic descriptions of the effects of the private duty worker shortage on patients:

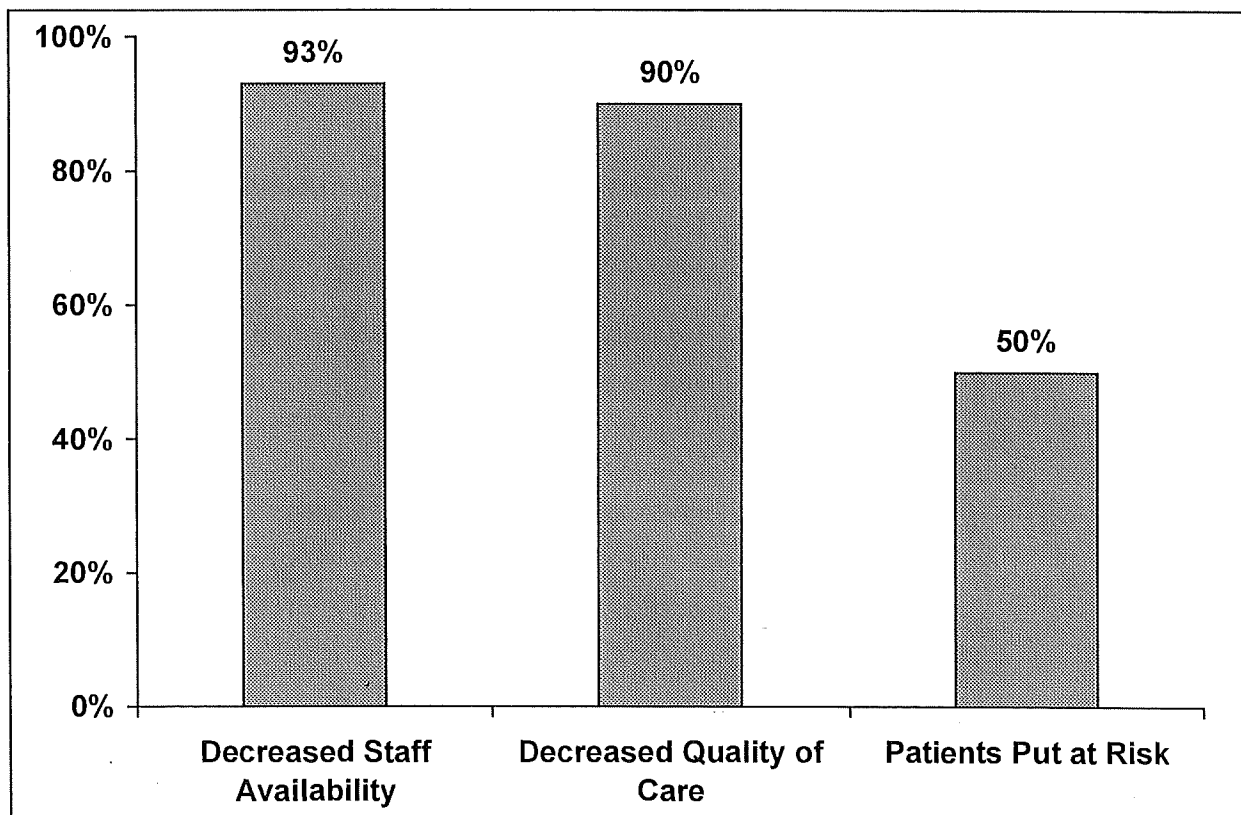


Figure 5 - Effects of Private Duty Worker Shortage on Patients

Decreased Staff Availability. Over 93% of the survey respondents identified decreased staff availability as a major effect on patients. Frequent comments were made regarding the lack of services available to patients, the inability to provide staff at the times needed by patients, and increasingly uncovered shifts.

Decreased Quality of Care. Ninety percent (90%) of respondents identified decreasing quality of care as a major effect. Almost all respondents identifying concerns in these areas referenced the need to make continuous changes in staff assigned to a patient. The inability to provide consistent staffing to patients led to poor continuity of care. It is well documented that the key to quality care is the relationship between patient and the home care worker. (Eustis et al., 1993,1994). Frequent changes in staff provide no opportunity for relationships to build.

Patients at Risk. Half (50%) of the respondents noted that patient’s health, safety, independence and family life is being put at risk as a result of staff shortages. Respondents cited increasing nutritional problems, increased stress on families, increased isolation and safety issues when patients can’t be staffed because of shortages.

When we asked respondents to identify the problems that affected agencies, they identified low staff retention and recruitment problems, inadequate resources to attract staff and difficulty hiring quality staff.

Based on these findings, we conclude that patients do experience negative effects of the private duty worker shortage.

The present levels of private duty direct care staff compensation and benefits. Compensation and benefits are the primary incentives that employers have to attract employees. Even assuming prospects for employment desire a specific type of work, the level of compensation and benefits may be insufficient incentive for employment if better wages and benefits are available elsewhere. For home care workers, decent wages are a key factor in assuring good care. Workers will be caring and competent if they are paid decent wages and given adequate training and respect for their roles. (Eustis et al, 1994, Feldman et al. 1994.)

Private Duty staffs are part-time staff. The most salient characteristic of private duty direct care employment is that it is overwhelmingly part-time employment. Respondents reported total direct care staff of 2,439 working 41,862 hour per week. The average workweek for direct care staff is 17 hours. The industry relies so heavily on part-time employees because the resources available do not allow employers to come close to covering the demand with the financial commitment entailed in supporting full-time staff.

Private Duty Compensation – Hourly Wage. The present hourly wage structure for private duty workers derived from the survey results serves as a useful background to the topic of private duty hourly wages.

Position	Mean Hourly Wage	Minimum Hourly Wage	Maximum Hourly Wage	Range	Range as % of Minimum
RN	18.83	15.00	30.00	15.00	100%
LPN	13.13	10.00	17.00	7.00	70%
CNA/HHA	8.73	7.19	10.00	2.81	39%
PCA	7.76	6.75	9.25	2.50	37%
Homemakers	7.24	6.24	8.50	2.26	36%

Table 4 - Private Duty Hourly Wage Ranges by Position for All Survey Respondents

Table 4 shows the mean, minimum, maximum hourly wages for private duty workers as well as the range. The range customarily is an indication of both market considerations (the going rate) and the employer's desire to retain workers in a specific position. The wider the range, the more the employer can pay and provide incentives for workers to continue their employment. As expected, the range for CNA/HHAs, Homemakers and PCAs is lower than LPNs and RNs requiring higher levels of training and certification.

Employers responding to the survey move employees through the pay range based on merit, market considerations (maintaining competitive compensation) or a combination of both.

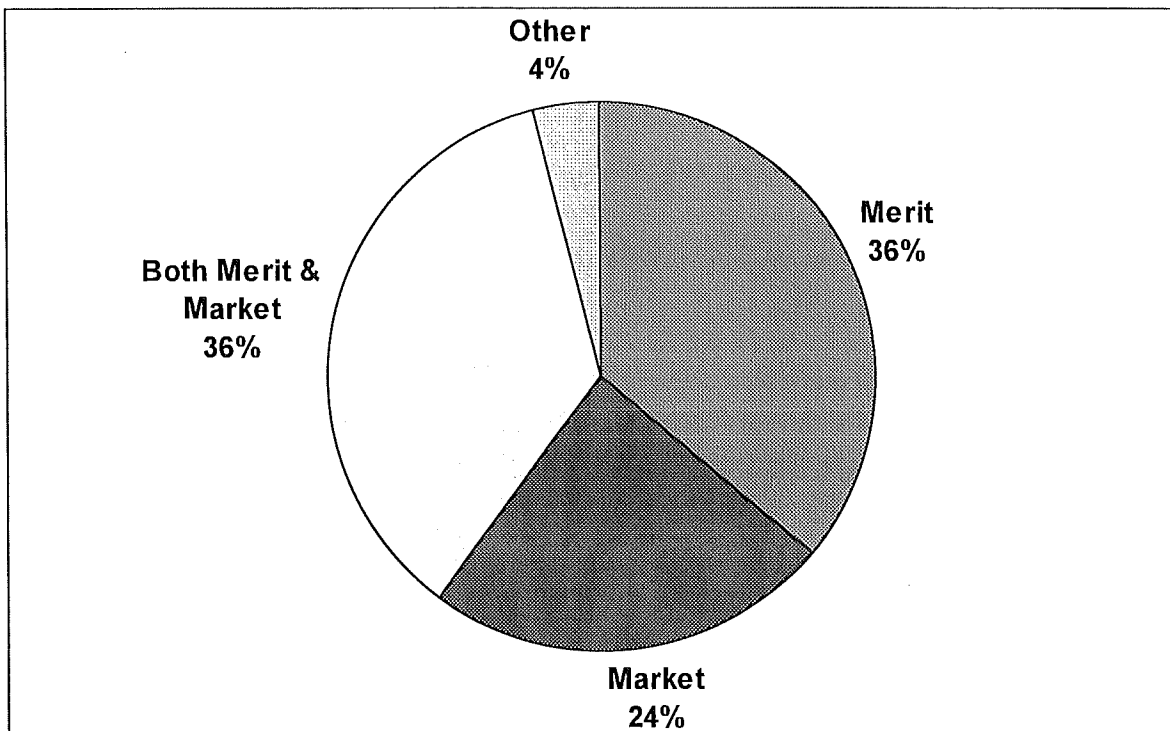


Figure 6 - Methods for Handling Pay Increases - All Respondents

Slightly more than a third (36%) of respondents award increases based on merit and another third (36%) use a combination of merit and market considerations. About a quarter (24%) base increases on market considerations alone and 4% use some other method.

Hourly wages for private duty workers were recently impacted by a fifty-cent per hour increase funded and mandated by the state of Maine. Nearly two-thirds (62%) of respondents had implemented the mandated hourly increase.

To illustrate the present state of hourly compensation for private duty workers, we will focus on the southernmost Maine counties described earlier. The hourly wage data collected for this survey shows that agency providers serving the four southern counties have the highest mean hourly wage for private duty workers. In addition, three fourths (75%) of agency respondents from this area have implemented the mandated hourly increase.

Position	Mean Hourly Wage	Minimum Hourly Wage	Maximum Hourly Wage	Range	Range as % of Minimum
RN	19.41	16.50	30.00	13.50	81%
LPN	13.46	10.00	17.00	7.00	70%
CNA/HHA	8.88	8.00	9.81	1.81	23%
PCA	7.80	6.75	9.25	2.50	37%
Homemakers	6.73	7.37	8.50	1.13	15%

Table 5 - Hourly Wage Ranges by Provider Type in Respondent Agencies Providing Private Duty Direct Care in York, Cumberland, Androscoggin and Sagadahoc Counties

The minimum starting hourly wage for the position types where the greatest shortage occurs – CNA/HHAs and PCAs - is below the \$9.66 hourly livable wage for computed in the Measures of Growth—2001 by the Maine Economic Growth Council.

At 17 hours per week, the annual income for these part-time workers from private duty employment is:

CNA/HHA - \$7,072 Annually
 PCAs - \$5,967 Annually

With the Maine Economic Growth Council’s annual livable wage of \$20,107.65, private duty workers in these categories need to earn an additional \$13,000 - \$14,000 per year from other sources to sustain a basic livable income.

With these constraints, employable individuals are more likely to consider employment other than private duty direct care or if they do become private duty workers are likely to remain only until more gainful employment becomes available.

Private Duty Employee Benefits – Insurances. Again, under 10% of private duty workers are able to utilize health (8.5%), life (5%), disability (4%) or retirement (7%) insurance because of the part-time nature of their work.

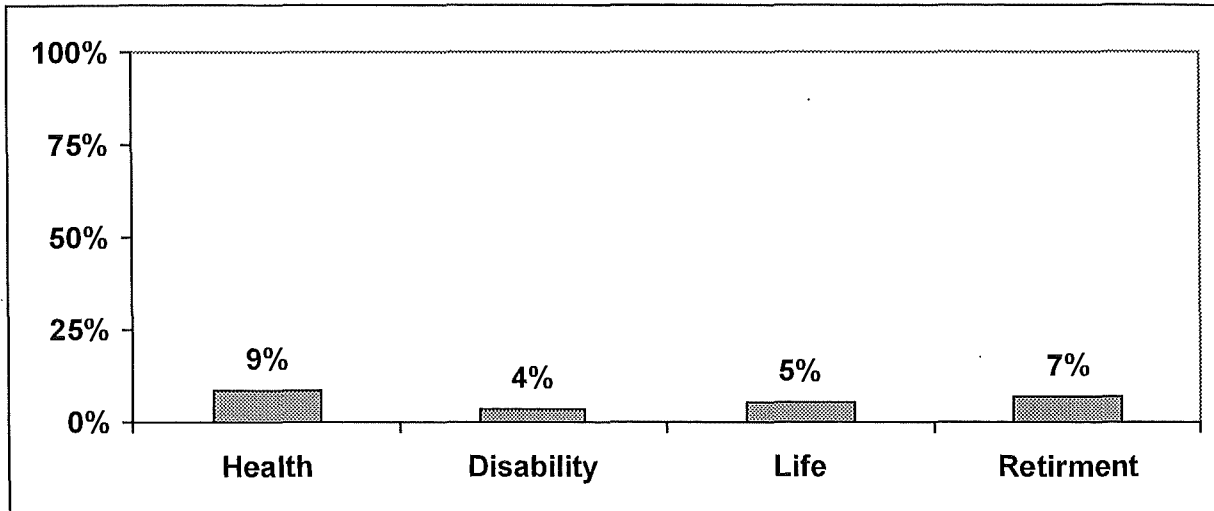


Figure 7 - Percent Utilization of Insurance Benefits by Private Duty Workers

Survey respondents reported eligibility requirements in the form of minimum weekly work hours at 24 or more hours per week. With average weekly work at 17 hours per week, only a small portion of these staff becomes eligible for health insurances. Life insurance, which is the least costly, is more utilized than any other insurance.

Private Duty Employee Benefits – Paid Leave. Private duty workers do slightly better on utilization of paid leave than with insurance benefits.

Earned Time. Most private duty agencies provide paid leave under the earned time system where vacation, sick leave and often holidays are combined under a single system. Workers “earn” a specific unit of paid leave for every unit of time worked (hour, day or week) they work and use that time for vacation, illness or personal reasons.

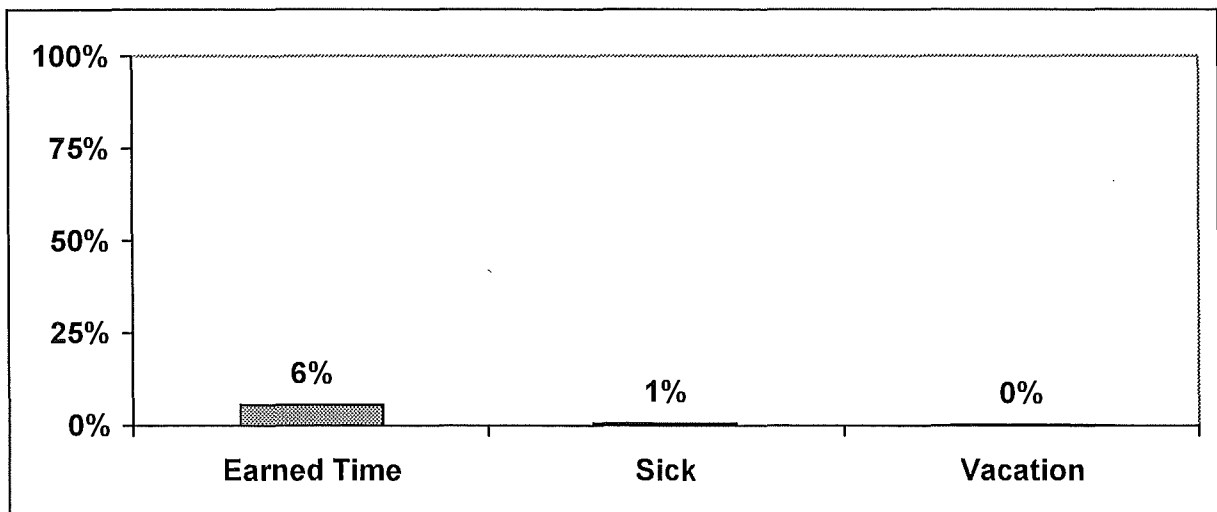


Figure 8 - Percent Utilization of Paid Leave by Private Duty Workers

Slightly more than one-twentieth (6%) of private duty workers reported in this study utilize earned time under the earned time systems available at respondent agencies.

Holidays. In a minority (25%) of respondent agencies, holiday time is incorporated under earned time. About half of respondents do not provide paid-time off on holidays but do pay time-and-a-half for private duty workers.

Sick Leave. Unless sick time is covered under an earned time policy, only a small minority of respondent agencies (5%) provides sick time. Many private duty workers are under a system where if they are sick they are not paid.

Private Duty Benefits – Travel. Because private duty direct care workers often must travel between patient’s home to provide care, travel in their personal vehicles is necessary. Nearly all agency respondents (92%) provide travel expense of some kind to private duty workers. The basis on which travel expense is provided varies.

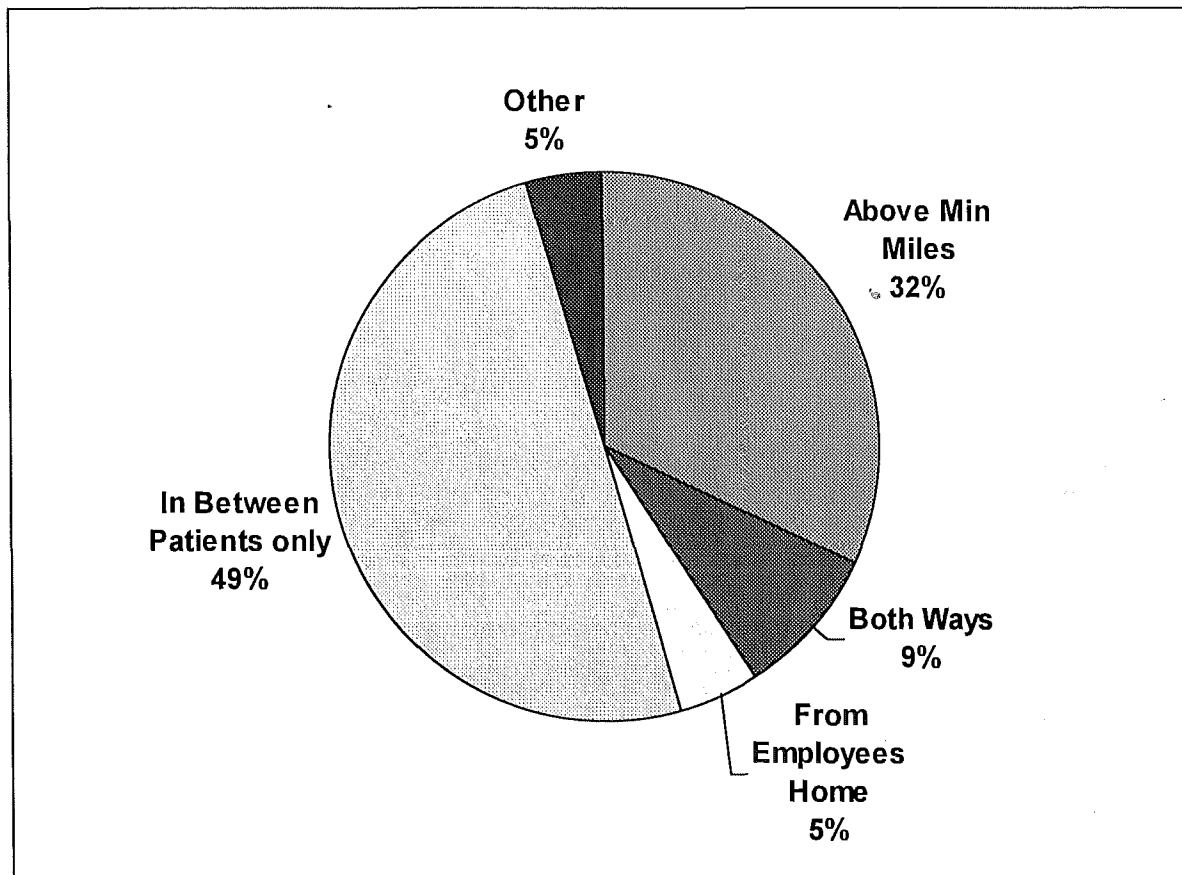


Figure 9 - Methods for Reimbursing Travel Expense for Private Duty Workers

About half (49%) of survey respondents reimburse travel in between patient homes only. Another third (32%) have set minimum mile limits and only pay for miles traveled above that limit. Very few (14%) pay for travel to or from the workers home.

IV. Conclusions

The basic conclusions of this survey are as follows:

- 1. There is shortage of private duty direct care workers based on data supplied by survey participants.**
- 2. The shortage has considerable negative effects on private duty patients in terms of service availability, quality of care provided and patients with decreased or even no services being left at risk.**
- 3. The problem is more acute in the southernmost counties of Maine.**
- 4. The present levels of compensation for private duty workers do not provide a livable wage based on data available from the Maine Economic Growth Council.**
- 5. Benefits and insurance are unable to offset low pay rates because the part-time nature of private duty work makes only a minority of workers eligible for insurance and paid time benefits.**
- 6. The compensation and benefits available to private duty workers is based on the reimbursement rates provided by the State of Maine. Agencies providing private duty services pay workers within the limits set by State reimbursement rates.**
- 7. Without changes in reimbursement, the private duty worker shortage is likely to increase as will the detrimental effects on patients.**

V. Attachments

1.	Basic Data.....	A-1
2.	Private Duty Hourly Compensation by Position.....	A-3
3.	Private Duty Insurance Benefits.....	A-4
4.	Private Duty Paid Leave Benefits.....	A-6
5.	Pay Increase Methods	A-8
6.	State Rate Increase Implementation	A-9
7.	Travel Expense Reimbursement.....	A-10
8.	Travel Reimbursement Methods	A-11
9.	Respondent Characteristics – Home Health Agency Types.....	A-12
10.	Respondent Characteristics – Standalone or Multiservice	A-13
11.	Private Duty Benefit Comparability Within Agencies.....	A-14
12.	Multi-Service Agency, Staffing, FTEs and Revenues	A-15
13.	Service Delays and Declines	A-16
14.	Survey Participants	A-17
15.	Effects of Shortage on Patients and Agencies	A-20
16.	Private Duty Survey Questionnaire	A-28

Home Care Alliance of Maine - Private Duty Staff Survey

Basic Data

<i>Position</i>	<i>Percent Employing Position</i>	<i>Total Staff?</i>	<i>Hours per week</i>	<i>Guaranteed hrs per week</i>
All				
RN	91.30%	266.00	3,894.00	210.5
LPN	48.28%	91.00	1,481.00	50.0
CNA/HHA	82.76%	1,038.00	16,210.50	448.0
PCA	60.00%	940.00	19,774.00	110.0
Homemakers	36.67%	104.00	503.00	40.0
Total		2,439.00	41,862.50	858.50
MultiService				
RN	92.86%	184.00	2,668.00	146.0
LPN	66.67%	70.00	1,146.00	50.0
CNA/HHA	100.00%	532.00	9,839.50	294.0
PCA	66.67%	591.00	10,846.00	70.0
Homemakers	40.00%	19.00	207.00	
Total		1,396.00	24,706.50	560.00
Standalone				
RN	87.50%	82.00	1,226.00	64.5
LPN	37.50%	21.00	335.00	
CNA/HHA	100.00%	506.00	6,371.00	154.0
PCA	77.78%	349.00	8,928.00	40.0
Homemakers	55.56%	85.00	296.00	40.0
Total		1,043.00	17,156.00	298.50
Provided Services <6yrs				
RN	84.62%	93.00	649.00	50.0
LPN	50.00%	35.00	621.00	
CNA/HHA	92.86%	315.00	7,042.00	70.0
PCA	64.29%	540.00	10,479.00	30.0
Homemakers	35.71%	10.00	146.00	
Total		993.00	18,937.00	150.00
Provided Services >=6yrs				
RN	100.00%	173.00	3,245.00	160.5
LPN	46.67%	56.00	860.00	50.0
CNA/HHA	73.33%	723.00	9,168.50	378.0
PCA	56.25%	400.00	9,295.00	80.0
Homemakers	37.50%	94.00	357.00	40.0
Total		1,446.00	22,925.50	708.50

<i>Position</i>	<i>Percent Employing Position</i>	<i>Total Staff?</i>	<i>Hours per week</i>	<i>Guaranteed hrs per week</i>
N.ME				
RN	88.89%	97.00	833.00	100.0
LPN	50.00%	38.00	777.00	
CNA/HHA	90.00%	477.00	8,339.50	240.0
PCA	63.64%	464.00	8,502.00	40.0
Homemakers	45.45%	86.00	257.00	
Total		1,162.00	18,708.50	380.00
S.ME				
RN	90.91%	138.00	2,352.00	80.0
LPN	53.85%	33.00	697.00	50.0
CNA/HHA	92.31%	352.00	8,775.00	80.0
PCA	64.29%	588.00	11,940.00	40.0
Homemakers	42.86%	85.00	205.00	40.0
Total		1,196.00	23,969.00	290.00

Home Care Alliance of Maine - Private Duty Survey

Hourly Compensation by Position

<i>Position</i>	<i>Mean</i>	<i>Minimum</i>	<i>Maximum</i>
All			
CNA/HHA	\$8.73	\$7.19	\$10.00
Homemakers	\$7.24	\$6.24	\$8.50
LPN	\$13.13	\$10.00	\$17.00
PCA	\$7.76	\$6.75	\$9.25
RN	\$18.83	\$15.00	\$30.00
Average for Sample	\$11.14	\$9.04	\$14.95
MultiService			
CNA/HHA	\$8.61	\$7.19	\$9.81
Homemakers	\$7.04	\$6.24	\$8.20
LPN	\$12.68	\$10.00	\$14.00
PCA	\$7.64	\$6.75	\$8.60
RN	\$18.54	\$15.00	\$25.00
Average for Sample	\$10.90	\$9.04	\$13.12
Standalone			
CNA/HHA	\$8.97	\$7.85	\$10.00
Homemakers	\$7.48	\$6.62	\$8.50
LPN	\$15.38	\$13.75	\$17.00
PCA	\$7.98	\$6.82	\$9.25
RN	\$18.23	\$16.00	\$20.00
Average for Sample	\$11.61	\$10.21	\$12.95
Provided Services <6yrs			
CNA/HHA	\$8.97	\$7.85	\$10.00
Homemakers	\$7.48	\$6.62	\$8.50
LPN	\$15.38	\$13.75	\$17.00
PCA	\$7.98	\$6.82	\$9.25
RN	\$18.23	\$16.00	\$20.00
Average for Sample	\$11.61	\$10.21	\$12.95
Provided Services >=6yrs			
CNA/HHA	\$8.84	\$7.85	\$10.00
Homemakers	\$6.95	\$6.24	\$8.50
LPN	\$12.38	\$10.00	\$13.75
PCA	\$7.78	\$6.82	\$9.25
RN	\$19.79	\$16.00	\$30.00
Average for Sample	\$11.15	\$9.38	\$14.30

Home Care Alliance of Main - Private Duty Survey

Insurance Benefits

<i>Insurance Type</i>	<i>Weekly Hrs Eligibility</i>	<i># Staff Receiving</i>
All		
Disability Insurance	25.60	86
Health Insurance	29.47	209
Life Insurance	25.43	131
Retirement	19.00	169
Sample Summary	24.87	595
MultiService		
Disability Insurance	26.67	131
Health Insurance	27.55	199
Life Insurance	26.00	86
Retirement	21.80	168
Sample Summary	25.50	584
Standalone		
Disability Insurance	24.00	0
Health Insurance	33.00	10
Life Insurance	24.67	0
Retirement	14.33	1
Sample Summary	24.00	11
Provided Services <6yrs		
Disability Insurance	21.00	25
Health Insurance	30.50	70
Life Insurance	23.20	5
Retirement	14.00	93
Sample Summary	22.18	193
Provided Services >=6yrs		
Disability Insurance	28.67	106
Health Insurance	28.56	139
Life Insurance	26.67	81
Retirement	24.00	76
Sample Summary	26.97	402

<i>Insurance Type</i>	<i>Weekly Hrs Eligibility</i>	<i># Staff Receiving</i>
N.ME		
Disability Insurance	25.71	22
Health Insurance	29.17	68
Life Insurance	25.71	17
Retirement	26.00	92
Sample Summary	26.65	199
S.ME		
Disability Insurance	25.20	73
Health Insurance	29.86	118
Life Insurance	25.00	45
Retirement	12.00	128
Sample Summary	23.01	364

Home Care Alliance of Maine - Private Duty Survey

Paid Time

<i>Paid Time Type</i>	<i>Weekly Hrs Eligibility</i>	<i># Staff Receiving</i>
All		
Earned Time	27.10	138
Holidays	28.00	
Sick	32.00	15
Vacation	31.00	8
Sample Summary	29.53	138
MultiService		
Earned Time	23.86	132
Holidays	28.00	
Sick	32.00	15
Vacation	31.00	
Sample Summary	28.71	132
Standalone		
Earned Time	34.67	6
Holidays		
Vacation		
Sample Summary	34.67	6
Provided Services <6yrs		
Earned Time	31.00	3
Holidays		
Sick	32.00	15
Vacation	31.00	
Sample Summary	31.33	15
Provided Services >=6yrs		
Earned Time	26.13	135

<i>Paid Time Type</i>	<i>Weekly Hrs Eligibility</i>	<i># Staff Receiving</i>
Holidays	28.00	
Sample Summary	27.06	135
N.ME		
Earned Time	29.50	62
Holidays	32.00	
Sample Summary	30.75	62
S.ME		
Earned Time	28.20	48
Holidays	28.00	
Sample Summary	28.10	48

Home Care Alliance of Maine - Private Duty Survey

By what method do you handle pay increases?

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
All		
1 - Merit	9	36.00%
2 - Market	6	24.00%
3 - Both	9	36.00%
4 - Other	1	4.00%
Total for Sample	25	100.00%
MultiService		
1 - Merit	6	40.00%
2 - Market	5	33.33%
3 - Both	4	26.67%
Total for Sample	15	100.00%
Standalone		
1 - Merit	3	33.33%
3 - Both	5	55.56%
4 - Other	1	11.11%
Total for Sample	9	100.00%
Provided Services <6yrs		
1 - Merit	4	33.33%
2 - Market	3	25.00%
3 - Both	5	41.67%
Total for Sample	12	100.00%
Provided Services >=6yrs		
1 - Merit	5	38.46%
2 - Market	3	23.08%
3 - Both	4	30.77%
4 - Other	1	7.69%
Total for Sample	13	100.00%

Home Care Alliance of Maine - Private Duty Survey

Have you increased rates based on state's recent per hour increase?

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
All		
No	9	37.50%
Yes	15	62.50%
Total for Sample	24	100.00%
MultiService		
No	4	33.33%
Yes	8	66.67%
Total for Sample	12	100.00%
Standalone		
No	3	33.33%
Yes	6	66.67%
Total for Sample	9	100.00%
Provided Services <6yrs		
No	3	27.27%
Yes	8	72.73%
Total for Sample	11	100.00%
Provided Services >=6yrs		
No	6	46.15%
Yes	7	53.85%
Total for Sample	13	100.00%

Home Care Alliance of Maine - Private Duty Survey

Do you provide compensation for any kind of travel expense?

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
All		
No	2	8.00%
Yes	23	92.00%
Total for Sample	25	100.00%
MultiService		
Yes	15	100.00%
Total for Sample	15	100.00%
Standalone		
No	1	11.11%
Yes	8	88.89%
Total for Sample	9	100.00%
Provided Services <6yrs		
No	2	15.38%
Yes	11	84.62%
Total for Sample	13	100.00%
Provided Services >=6yrs		
Yes	12	100.00%
Total for Sample	12	100.00%

Home Care Alliance of Maine - Private Duty Survey

Travel Type

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
All		
Above min miles	7	31.82%
Both ways	2	9.09%
From employees home	1	4.55%
In between patients only	11	50.00%
Other	1	4.55%
Total for Sample	22	100.00%
MultiService		
Above min miles	5	35.71%
Both ways	1	7.14%
In between patients only	8	57.14%
Total for Sample	14	100.00%
Standalone		
Above min miles	2	25.00%
Both ways	1	12.50%
From employees home	1	12.50%
In between patients only	3	37.50%
Other	1	12.50%
Total for Sample	8	100.00%
Provided Services <6yrs		
Above min miles	5	50.00%
Both ways	1	10.00%
In between patients only	3	30.00%
Other	1	10.00%
Total for Sample	10	100.00%
Provided Services >=6yrs		
Above min miles	2	16.67%
Both ways	1	8.33%
From employees home	1	8.33%
In between patients only	8	66.67%
Total for Sample	12	100.00%

Home Care Alliance of Maine - Private Duty Survey

Type of Organization

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
All		
Home Health Agency	19	76.00%
Home Health care Service agency	3	12.00%
Other	1	4.00%
Personal Care Agency	2	8.00%
Total for Sample	25	100.00%
MultiService		
Home Health Agency	12	80.00%
Home Health care Service agency	3	20.00%
Total for Sample	15	100.00%
Standalone		
Home Health Agency	6	66.67%
Other	1	11.11%
Personal Care Agency	2	22.22%
Total for Sample	9	100.00%
Provided Services <6yrs		
Home Health Agency	10	83.33%
Home Health care Service agency	1	8.33%
Personal Care Agency	1	8.33%
Total for Sample	12	100.00%
Provided Services >=6yrs		
Home Health Agency	9	69.23%
Home Health care Service agency	2	15.38%
Other	1	7.69%
Personal Care Agency	1	7.69%
Total for Sample	13	100.00%

Home Care Alliance of Maine - Private Duty Survey

Standalone or Multi-Service

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
All		
Multi-Service	15	62.50%
Standalone	9	37.50%
Total for Sample	24	100.00%
MultiService		
Multi-Service	15	100.00%
Total for Sample	15	100.00%
Standalone		
Standalone	9	100.00%
Total for Sample	9	100.00%
Provided Services <6yrs		
Multi-Service	8	66.67%
Standalone	4	33.33%
Total for Sample	12	100.00%
Provided Services >=6yrs		
Multi-Service	7	58.33%
Standalone	5	41.67%
Total for Sample	12	100.00%

Home Care Alliance of Maine - Private Duty Survey

Are benefits/compensation for direct care staff comparable between private duty and other programs in the organization?

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
All		
No	3	20.00%
Yes	12	80.00%
Total for Sample	15	100.00%
MultiService		
No	3	20.00%
Yes	12	80.00%
Total for Sample	15	100.00%
Provided Services <6yrs		
No	2	25.00%
Yes	6	75.00%
Total for Sample	8	100.00%
Provided Services >=6yrs		
No	1	14.29%
Yes	6	85.71%
Total for Sample	7	100.00%

Home Care Alliance of Maine Private Duty Survey

Multi-Service Staffing, FTEs and Revenues

<i>Descr</i>	<i>Private Duty</i>	<i>Whole Organization</i>
All		
Annual Gross Revenues	1,095,940	5,071,877
FTEs	20	106
Staff	92	198
MultiService		
Annual Gross Revenues	1,095,940	5,071,877
FTEs	20	106
Staff	92	198
Provided Services <6yrs		
Annual Gross Revenues	1,378,095	2,955,358
FTEs	18	92
Staff	97	166
Provided Services >=6yrs		
Annual Gross Revenues	894,401	7,611,701
FTEs	22	126
Staff	84	243

Home Care Alliance of Maine Private Duty Survey

Service Delays and Declines

Patients on waiting list or declined services weekly.

All	173
MultiService	108
Standalone	65
Provided Services <6yrs	26
Provided Services >=6yrs	147

Hours per week not staffed for existing patients.

All	5,203
MultiService	822
Standalone	4,351
Provided Services <6yrs	609
Provided Services >=6yrs	4,595

Private Duty Survey Respondent

<i>Type</i>	<i>Respondent</i>	<i>City</i>
<i>Agency</i>		
	Admiral Home Care Services	South Portland
	Androscoggin Home Care & Hospice	Lewiston
	Anytime Services for Seniors, Inc.	Buxton
	Arcadia Health Care	Sanford
	Aroostook Home Health Services	Caribou
	Assistance Plus	Benton
	Bridges Home Health Division	Augusta
	Care & Comfort	Waterville
	Clover Home Health Care	Auburn
	Gentiva Health Services	Bangor
	Home Health and Hospice of St. Joseph	Bangor
	Home Resources of Maine, Inc.	Gardiner
	Interim Assisted Care	Kennebunk
	Interim HealthCare	So. Portland
	Kno-Wal-Lin Help at Home	Rockland
	Madigan Home Health Care, Inc	Houlton
	New England Home Health Care	Bangor
	Personal Health Services	Falmouth
	Saco River Senior Services	Buxton
	St. Andrews Home Health	Boothbay Harbor
	Staff Builders, Inc.	Portsmouth
	Sunrise County HomeCare Services	Machias
	Viking Home Health Services	Portland
	Visiting Nurse Service	Saco
	Visiting Nurses of Aroostook	Caribou
<i>Individual Provider</i>		
	Jeannette Vienneay	Waterville
	Mary E. Bemier	Winslow
	Mona Michael	Caribou
	Nell Davies	So. Portland
	Ruth Cunningham	Sidney

Effects of Staff Shortage on Patients

<i>Question</i>	<i>Response</i>	<i>Comment</i>
27 What are the top three effects on patients of these problems?	<p><i>Decreased quality of care.</i></p> <p>Higher turnover leads to continuity of care issues.</p> <p>Continuity of staff</p> <p>Lack of continuity of staff</p> <p>Care not consistent</p> <p>Decreased efficiency and intimacy issue with patient.</p> <p>No stability</p> <p>Quality of care decreased.</p> <p>Decreased quality of care</p> <p>Increased learning experience with each new person.</p> <p>Decreased quality of life</p> <p>Continuous changes in staff</p> <p>Increased threat of doing business.</p> <p>Inconsistency</p> <p>Care is inconsistent due to multiple staff</p> <p>patients have multiple care givers</p> <p>Staff not consistent</p> <p>Lack of continuity of care</p> <p>Change of staff</p> <p>Decreased quality of care</p> <p>Decreased quality of care</p> <p>Lack of quality care.</p> <p>Inconsistency</p> <p>Decreased quality of care due to inconsistency</p> <p>Less continuity of care</p> <p>Decreased quality of care</p> <p>Decreased quality of care</p> <p>Decreased quality of care</p>	

<i>Question</i>	<i>Response</i>	<i>Comment</i>
	<i>Decreased quality of staff.</i>	
	Quality of the caregiver "bottom of the barrel"	
	Lesser quality of employee	
	Quality of staff giving care	
	Inexperience of new staff	
	<i>Decreased staff availability</i>	
	Go unstaffed	
	No services	
	Uncovered shifts	
	patients don't get staffing at the time they want	
	Decreased hours of services	
	No care for patient if nurse is not available.	
	No services	
	Call outs	
	Immediate availability of 24 hour staffing	
	Shortage of staff - many more workers go in the home	
	Patients in York county are not being served.	
	Unstaffed hours	
	Do not receive services that they are entitled to	
	Lack of services	
	Decrease and elimination of staff	
	Decreased availability	
	Going without care	
	Lack of care	
	Consumers going without care	
	No services received or delay in services	
	Lack of service.	
	Lack of services	
	Complaints regarding staff not available at the requested time.	
	Patient suffers from loss of service and care.	
	Staffing to desired schedule of patients.	
	Decreased services	
	Lack of services	
	Decreased service	

<i>Question</i>	<i>Response</i>	<i>Comment</i>
	<i>Increased utilization of hospitals, Long Term Care.</i>	
	Increased hospitalization and overtaking limited nursing facilities and forcing patient to leave home environment.	
	Fear of not being able to live in their own home	
	Expense to patient	
	Burden of care on family	
	<i>Patient health safety and independence at risk</i>	
	Decreased dependability of services	
	Continuity on long term cases. Ex. Family can't assume responsibility for quality care so patient suffers or is neglected.	
	Increased anxiety due to lack of coverage or different people in different days.	
	More compromised at home therefore increased hospital admissions	
	Deep depression	
	Decreased nutritional needs leading to health problems. If homebound - need increased social stimulation	
	Unstaffed hours/safety. Clients are not in safe situations.	
	Decreased socialization	

<i>Question</i>	<i>Response</i>	<i>Comment</i>
26 What are the top three problems you experience related to providing private duty	<i>Inadequate resources to hire staff.</i>	
	Wages that you can pay relative to compensation	
	Compensation	
	Low reimbursement rates from the state	
	Lack of funds.	
	Pay staff relative to compensation received	
	Reimbursements	
	Lack of appropriate funds to be competitive	
	Reimbursement	
	Competition	
	Compensation	
	Staff workload/maintenance	
	Not having resources to attract more staff	
	Benefits	
	Lack of mileage reimbursement for patients in rural areas.	
	Payment due to reimbursement	
	Wages in general are a big issue (increased competition with other agencies and non-medical companies)	
	Poor payor source reimbursement	
	Having available staff at times client requests them	
	State mandates	
	Staffing split blocks of time - AM and PM	
	Compensation issue (what you pay vs what you are compensated)	
	Recent transition of charges per client per day.	
	Extremely low reimbursement rates	
	Reimbursement rates	
	Very few private pay clients in northern Maine	
	Cost to run program including travel distances, wages, & what we have to charge patients	
	Ability to increase pay rates to attract staff	
	Staffing evening times	

<i>Question</i>	<i>Response</i>	<i>Comment</i>
	<i>Inadequate services</i>	
	Inconsistent staff	
	Misconception/expectation of client/family relative to staff capabilities.	
	Difficult patients	
	Loss of consistency for staff lack of long term employment, decreased employment potential, 85% turnover	
	<i>Inadequate staff quality</i>	
	Lack of affordable training in this area	
	Lack of experience - especially at PCA level	
	Onsight supervision	
	Hiring PCA's that have PCA training	
	Agency is not responsive to your needs.	
	Staff charting notes properly	
	Staff workload	
	Available ongoing education	
	Inadequate assessment of patient.	
	Job satisfaction for staff	
	Standard decrease	
	Burn out of staff	
	<i>Increased administrative problems</i>	
	Difficult reimbursement system to navigate through	
	Time limits to bill are short and short appeal process	
	Decreased medicare forces state to take over	
	Inadequate bureaucracy in the state of Maine	

<i>Question</i>	<i>Response</i>	<i>Comment</i>
	<i>Low staff recruitment and retention</i>	
	Retention	
	Retention of staff	
	Competition with non-HC providers	
	Retention of staff	
	Commitment of staff to agency	
	Nursing shortage	
	Recruitment	
	Staffing of Certified Nurse's Aides.	
	Lack of available staff	
	Services sporadic and fluctuates all the time (difficult to plan and juggle)	
	Recruitment	
	No incentives to go into homecare	
	Aides don't like block times, so staffing is more difficult to focus staff to certain levels of care.	
	Replacement of staff is difficult	
	Every Client wants service at the same time	
	Lack of money and qualified staff	
	Staffing	
	Turnover	
	Staffing	
	Competing for wages/jobs in mid-coast area	
	Retention of staff	
	Inadequate numbers of staff	
	Never given respite care	
	Agency not providing enough coverage for patients	
	Lack of available staff	
	No relief available to take time off.	
	Offer 10 week course of paid training and employee leaves	
	No back up ever.	
	Lack of staff	
	Retention of staff	
	Nurse refuses care if violence/drug abuse	
	Scheduling	
	Competition with other HC providers	
	Recruitment of qualified staff	
	High turnover	

<i>Question</i>	<i>Response</i>	<i>Comment</i>
	Certified Nurse's Aides looking for better wages/benefits	
	Retention of staff	
	Staffing	
	Lack of staff	
	Nurse refuses care if wild pets not controlled and if patient verbally abuses nurse.	
	Increase in complicated cases leads to problems in finding specialized staff	
	<i>Patients put at risk</i>	
	Time limits to bill are short and short appeal process	
	Inadequate bureaucracy in the state of Maine	
	Decreased medicare forces state to take over	
	Difficult reimbursement system to navigate through	

Home Care Alliance of Maine Private Duty Survey

Agency ID: _____

Interviewer: _____

This survey applies only to Private Duty staff who provide direct care to patients.

1. Please provide the following information about your private duty staff:

	Do you employ staff in this Position?	<u>Total Bodies</u> Presently, how many people are employed in this position/	<u>Hours/Week</u> What is the total hours of service per week provided by staff in this position Hrs per Week	FTEs (Calculated)	What is the number of guaranteed hours per week for staff working in this position,	How many vacancies (in FTEs) exist for this position?	How many staff are you presently recruiting to fill this position?
RN,							
LPN,							
CNA/HHA							
PCA							
Homemakers							
Totals							

Effective what date was the last salary adjustment for these staff? _____

7. Based on the State's recent 50 cent per hour increase for Private duty staff, have you increased base salary rates? ____ Yes ____ No

8. Do you provide any differentials or incentives above basic rates for:

Weekends ____ If Yes, Amount _____
Holidays ____ If Yes, Amount _____
Evenings ____ If Yes, Amount _____
Hours Worked Bonuses If Yes, Amount _____
Shifts Worked If Yes, Amount _____
Difficult Assignments If Yes, Amount _____
Other(Describe) If Yes, Amount _____

9. Do you provide compensation of any kind for Travel Expense: _____

10. If Yes:

Travel Type	Mileage (Rate)	Time (Hourly Compensation)
All		
Above certain level e.g. # of miles		
One way		
Both ways		
In between patients only		
From employee's Home		

11. If you compensate travel time, do you compensate at a rate that is different than the base rate for the position?

____ Yes ____ No

If Yes, please describe: _____

12. On what basis are the following benefits available to private duty direct care providers:

	Do you offer this benefit? (Yes/No)	What percent is Paid by the Agency:	What percent is paid by the Employee ?	What criteria or requirements must Private Duty Direct Care staff meet in order to be eligible for these benefits?			How many of your Direct Care Staff Receive this Benefit?	What % is this of all Priv. Duty Dir. Care Staff	Note
				Minimum (Hrs/Wk)	Minimum LOS (Weeks)	Other			
Health Insurance									
Life Insurance									
Disability Insurance									
Retirement									

13. On what basis are the following Paid Time off benefits available to private duty direct care providers:

Time Off	Do you offer this benefit? (Yes/No)	What criteria or requirements must Private Duty Direct Care meet in order to be eligible for these benefits? Minimum Minimum LOS Other (Hrs/Wk) (Weeks)			What is the amount of Paid Leave available to Eligible staff.	If Paid leave is given on an accrual basis, by what method is the leave accrued?	How many of your Private Duty Direct Care Staff Receive this Benefit	What % is this of all Priv. Duty Dir. Care Staff	What is the average amount of this type of paid leave that staff use in a year?
Vacation					___ Hrs per Mo ___ Days per year ___ Weeks per year _____ per _____				
Sick					___ Hrs per Mo ___ Days per year ___ Weeks per year _____ per _____				
Holidays					___ Hrs per Mo ___ Days per year ___ Weeks per year _____ per _____				
Earned Time					___ Hrs per Mo ___ Days per year ___ Weeks per year _____ per _____				

Demographics

14. From the following list, please circle the one which best describes the type of organization in which your private duty program resides. Also please place a check (✓) next to all of the types of programs you (or a related party) provide.

- Home health agency
- Home Health Care Service agency
- Hospice
- Personal care Agency
- Long-Term care Facility
- Other (*Describe*)

15. Please indicate whether your only service is Private Duty (“Standalone”) or if you provide other healthcare services in addition to Private Duty (“Multi-Service”). Examples of Multi-Service Providers may include but are not limited to: Home Health Agencies, Hospices, Long Term Care Facilities, or organizations checking off multiple boxes in question 16.

Standalone

Multi-Service

If you checked the standalone box, please skip to question 22 on the next Page

16. Provide the following information for both the private duty component of your organization and the whole organization.

	Private Duty	Whole Organization
Number of FTEs		
Number of Staff		
Annual Gross Revenue		

17. Are direct care staff shared by both private duty and other services in the organization?

Yes

No

18. Are benefits/compensation for direct care staff comparable between private duty and other programs in the organization?

Yes

No

19. How long have you provided Private Duty services? _____ years.

20. In what counties of the State of Maine do you provide Private Duty Services?

County	Whole County	Part of County
		1 - <25% 2 - 26% to 50% 3 - 51% to 75% 4 - 76% to 100%
Androscoggin		
Aroostook		
Cumberland		
Franklin		
Hancock		
Kennebec		
Knox		
Lincoln		
Oxford		
Penobscot		
Piscataquis		
Sagadahoc		
Somerset		
Waldo		
Washington		
York		

21. On a weekly basis, how many new patients go on a waiting list or are turned down because of lack of staff? _____

22. On a weekly basis, how many hours can you not staff for existing patients? ____

23. What are the Top three problems you experience related to providing private duty services?

24. What are the top 3 effects on patients of these problems.
