

Wisconsin Long Term Care Advisory Council

REVISED MEETING AGENDA

Tuesday, November 8, 2016

9:30 a.m. – 3:30 p.m.

Clarion Suites at the Alliant Energy Center
2110 Rimrock Road
Madison, WI 53713
(608) 284-1234

9:30 AM	Meeting Call to Order <ul style="list-style-type: none"> · Introductions · Review of agenda and approval of minutes · Implementation of new charges 	Heather Bruemmer <i>Long Term Care Advisory Council Chair</i>
9:45 AM	Department Updates	Curtis Cunningham <i>DHS - Interim Administrator of the Division of Long Term Care</i> Carrie Molke <i>DHS - Director of the Bureau of Aging and Disability Resources</i>
10:15 AM	Workforce Workgroup Findings (Feedback due Nov. 30)	Heather Bruemmer Curtis Cunningham
10:30 AM	Break	
10:45 AM	Communications Charge Introduction	Curtis Cunningham Karen Kopetskie <i>DHS – Communications Specialist with the Division of Long Term Care</i>
11:30 AM	Comments from the Public	Heather Bruemmer
11:45 AM	Lunch (catered)	
12:30 PM	Presentation: National Core Indicators http://www.nationalcoreindicators.org/	Mary Lou Bourne <i>Director of NCI and Quality Assurance, National Association of State Directors of Developmental Disabilities Services</i>
1:45 PM	Break	
2:00 PM	Quality Discussion Workgroups	Kevin Coughlin <i>DHS - Policy Initiative Advisor with the Division of Long Term Care</i> JoAnna Richard <i>DHS – Associate Director, Bureau of Managed Care</i> Betsy Genz, RN <i>DHS – Associate Director, Bureau of Managed Care</i>
3:00 PM	Quality Discussion Workgroups Report Out	Council Members

3:15 PM	Council Business	Heather Bruemmer
3:30 PM	Adjourn	Heather Bruemmer



Wisconsin Long Term Care Advisory Council

Meeting Date: September 13, 2016

Meeting Topic: Long-Term Care Workforce Development

At the Long Term Care Advisory Council on September 13, 2016, economist Dennis Winters shared his insight into long-term care workforce trends with data from the Wisconsin Department of Workforce Development (DWD). Due to an aging workforce population, the DWD's data shows a decreasing overall long-term care labor force despite a continued increase in general population and also the population of those we serve. Jobs in community care and home health industries together grew 50% between 2005-2015, and that trend continues for community care and home health employment projections for the next ten years from 2014-2024 with 54% and 40% job growth, respectively. An aging workforce of registered nurses coupled with an increasing need for long-term care is causing significant challenge to our industry.

The council broke into three workgroups to discuss long-term care workforce development. Each work group of advocates, providers, and public agencies reported their findings and ideas for the top workforce challenges, potential solutions, and barriers to workforce success.

The public agencies workgroup reported that the top long-term care workforce challenges are the quality of work, the quantity of workers, and the compensation of the workforce. The group's solutions to the challenges include:

- creating or utilizing technology for tasks, such as matching clients with services, offering transportation, allowing remote care, and providing medical advice,
- researching businesses and their technologies for potential partnerships that would improve care and serve needs,
- reviewing benefits under long-term care programs to allow group care incentives,
- offering workforce apprenticeships and training opportunities,
- replacing traditional tasks with creative solutions from the community, such as involving our retired workforce and offering meal and grocery delivery from the marketplace,
- creating a professional caregiving organization and creating industry advancement models to retain employees and improve quality of workforce,
- creating a job corps that would encourage young workers to start in the system by offering health and education benefits, on-site training, management opportunities, and other incentives, much like the military,
- improving programs to empower natural care networks, and
- encouraging workers to share their solution ideas.

The perceived barriers to workforce success are regulations of the industry, lack of public system agility, lack of technology infrastructure, and motivating employees.

The providers work group found the following top three challenges to be workforce wages, skills and motivation in the workforce, and job difficulty related to pay. Additionally, increasing costs of business, stagnant pay for care, regulations, and silos for regulation are causing some of the challenges. Potential solutions for the workforce are:

- using incentives in reimbursement to improve quality of care,
- better correlating rates and costs in order to improve careworker pay,
- using media campaigns to attract careworkers,
- offering careworking apprenticeships, and
- bringing together a summit to break down silos.

The group's barriers to success are improving collaboration and instilling change, the costs of workforce expansion, the immediate need for workers, and the difficulty of care work.

The work group of advocates presented their top workforce challenges as low wages and lack of benefits, provider rate caps preventing wages from increasing like other industries, and recruiting and retaining talent that seeks a career path. Other challenges are transportation to and from work sites, lack of appropriate skill development and job coaching, worker screening requirements such as bonding requirements and background checks, work impediments for persons with disabilities, the difficult and intimate care needs of the job, and a lack of affordable child care in some communities to allow individuals to enter workforce. There are many potential solutions, including:

- increasing provider rates to allow wage growth,
- exploring employee-owned business models to incentivize tenure and improve engagement,
- building creative employee benefit packages and incentives,
- lessening criminal past restrictions,
- creating workforce transportation networks,
- creating a database that matches labor force with clients and providers,
- building partnerships with tech colleges and universities to develop career paths,
- building partnerships with health care systems to share and develop the workforce, and
- exploring exemptions to the IRIS 40 hour rule for certain tasks/services, and
- retaining and building natural support.

Barriers to success include a lack of adequate long-term care funding, lack of promotion about careworking, and lack of a professional direct-care workers organization.

The council shared many compelling ways we can positively influence the workforce by strategizing and employing creative solutions. Council members have expressed their enthusiasm for the format of the workgroup discussion, and they are passionate about improving the workforce outlook. The council members appreciated being engaged and sharing their solutions to this critical industry problem.

For comments or revisions, please send to hannah.cruckson@wi.gov.



Long Term Care Advisory Council Meeting

Communications Charge Introduction
November 8, 2016



Agenda

- 1) Council Charge
- 2) Examples of Upcoming Communications
- 3) To Whom Do We Communicate?
- 4) How Do We Communicate?
- 5) Types of Communications to Members



Agenda, continued

- 6) How Do We Receive Solicited and Unsolicited Feedback?
- 7) Role of Long-Term Care Boards, Committees, and Councils in Achieving Effective Communications
- 8) Questions for Council Members



LTC Advisory Council Charge

Communications: Develop plans to communicate to all long-term care stakeholders. Responsibilities will include:

- ∅ Ensuring consistent messaging to all entities in the long-term care system.
- ∅ Ensuring that policies are being accurately communicated to consumers.
- ∅ Ensuring the Department of Health Services is receiving accurate consumer feedback.



Examples of Upcoming Communications

- ∅ Home and Community-Based Settings Rule
- ∅ Managed Care Rule
- ∅ Legislative changes
- ∅ Policy changes
 - § IRIS 40-Hour Health and Safety Rule
 - § Room and Board change



Examples of Upcoming Communications

- ∅ New IRIS consultant agencies (ICAs), IRIS fiscal employer agents (FEAs, managed care organizations (MCOs), etc.
- ∅ Waiver corrective action plans:
 - § Waivers Service Rates
 - § Wisconsin Provider Management



To Whom Do We Communicate?



- ∅ Participants in long-term care programs and their families
- ∅ Direct care workers
- ∅ Providers
- ∅ MCOs
- ∅ ICAs and FEAs



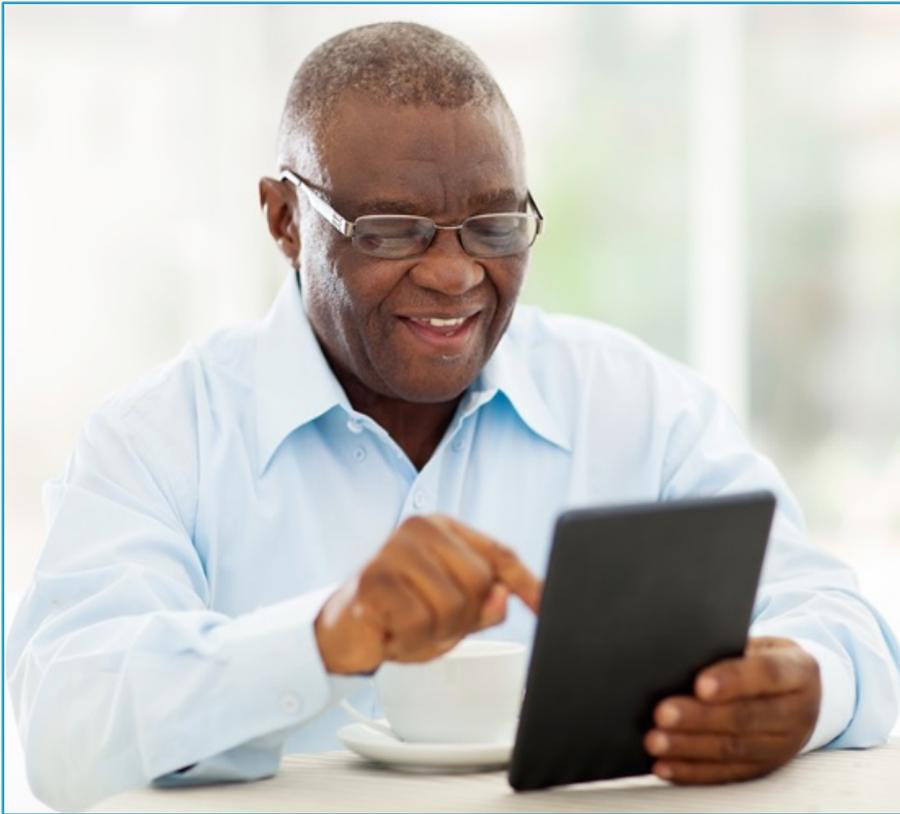
To Whom Do We Communicate?

- ∅ County waiver agencies
- ∅ Advocates and advocacy groups
- ∅ Ombudsmen
- ∅ Aging & Disability Resource Centers (ADRCs)
- ∅ Centers for Medicare & Medicaid Services (CMS)





How Do We Communicate?



- ∅ Public notices in newspapers and on the DHS web:
 - § Waiver changes
 - § Nursing home bed counts
- ∅ Letters
 - § IRIS Guardian Letter
 - § MCO Merger
- ∅ Family Care expansion member meetings



How Do We Communicate?

- ∅ Department staff meetings with stakeholders
 - § Board for People with Developmental Disabilities (BPDD)
 - § Disability Rights Wisconsin (DRW)
- ∅ DHS Website
 - § Family Care
<https://www.dhs.wisconsin.gov/familycare/index.htm>
 - § IRIS <https://www.dhs.wisconsin.gov/iris/index.htm>
- ∅ Updates at boards, committees, and councils



How Do We Communicate?

Numbered Memos

<https://www.dhs.wisconsin.gov/dltc/memos/index.htm>

- Ø CLTS Grandfathered Allocation
- Ø Social Services Block Grant – 2017 Eligibility Requirements
- Ø Rate Information For Billing For Services Provided by the Centers For Persons With Developmental Disabilities



Partners & Providers

Memos Library

DLTC Numbered Memos

DLTC Numbered Memos





How Do We Communicate?

Information Memos

<https://www.dhs.wisconsin.gov/dltc/memos/info/index.htm>

- Ø Influencing the Exercise of Participant Freedom of Choice
- Ø Long Term Care Fiscal Update Memos 1 through 4



Partners & Providers

Memos Library

DLTC Information Memos

DLTC Information Memos





How Do We Communicate?

∅ Handbooks

§ IRIS Work Instructions

<https://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf>

§ IRIS Policy Manual

<https://www.dhs.wisconsin.gov/publications/p0/p00708.pdf>

∅ MCO Contract

<https://www.dhs.wisconsin.gov/familycare/mcos/cy2016mcocontract.pdf>

Types of Communications to Members

Eligibility Communications



- ∅ Pamphlets from ADRCs
- ∅ In-person meetings with ADRC
- ∅ Communication from the ADRC regarding functional screen

Types of Communications to Members

Eligibility Communications, cont'd

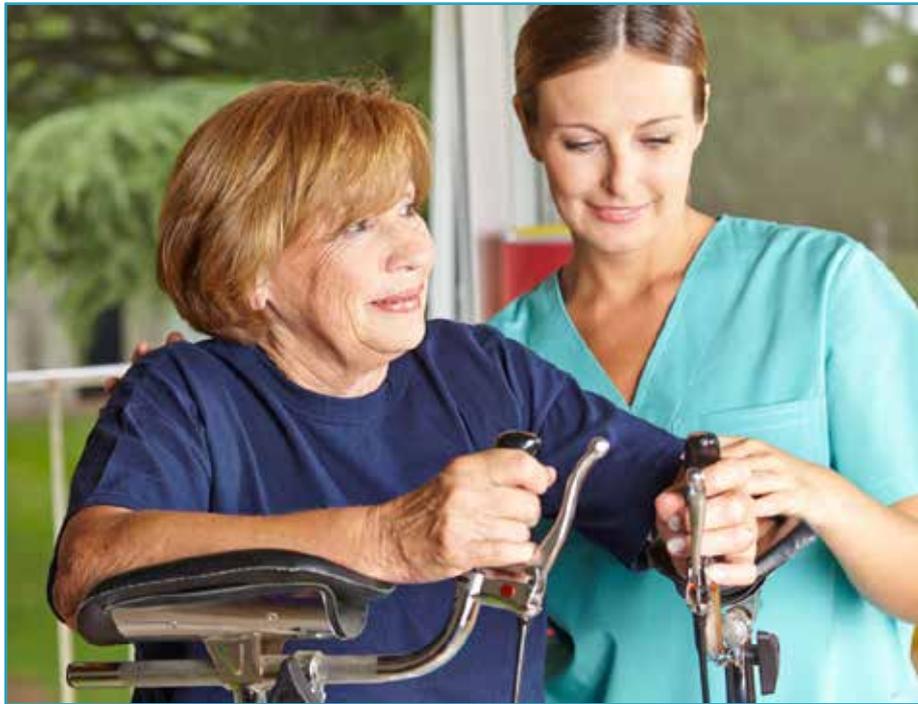
- ∅ Letter from Income Maintenance regarding financial eligibility
- ∅ Letter from the ADRC documenting results of functional screen





Types of Communications to Members

Enrollment Communications



- ∅ Welcome letter from MCO or ICA
- ∅ Member Handbook from MCO or ICA
- ∅ Provider Directory from MCO



Types of Communications to Members

Policy Communications

∅ Letters

- § MyChoice Family Care new entity notification
- § IRIS 40-Hour Health and Safety Assurance notification

∅ Official Memos

- § New Requirements for the Adult Medicaid Waiver Programs: Incident Reporting

∅ Handbooks

- § Medicaid HCBS Waiver Manual



How Do We Receive Solicited and Unsolicited Feedback?

Member phone calls, emails, and letters to:

- Ø MCOs
- Ø ICAs
- Ø FEAs
- Ø Legislators
- Ø Advocates
- Ø DHS





How Do We Receive Solicited and Unsolicited Feedback?

- ∅ Public hearings
- ∅ Member meetings
- ∅ Advocate meetings
- ∅ Member surveys
- ∅ Message sent to DHS web
- ∅ Comments on DHS social media





Charge Questions for Council Members

How do we:

- ∅ Ensure consistent messaging to all entities in the long-term care system?
- ∅ Ensure that policies are being accurately communicated to consumers?
- ∅ Ensure we are receiving accurate consumer feedback?



Additional Questions for Council Members

- Ø What is the communication strategy for policy development?
- Ø How do we address resistance when policy is issued?
- Ø At what level should each group engage in the process?
- Ø What is the role of long-term care boards, committees, and councils in achieving effective communications?



Questions



National Core Indicators™ as a Foundation of Quality Management: Wisconsin Long Term Care Advisory Council November 8, 2016



Mary Lou Bourne
Director of NCI and Quality Assurance
National Association of State Directors of
Developmental Disabilities Services



Agenda



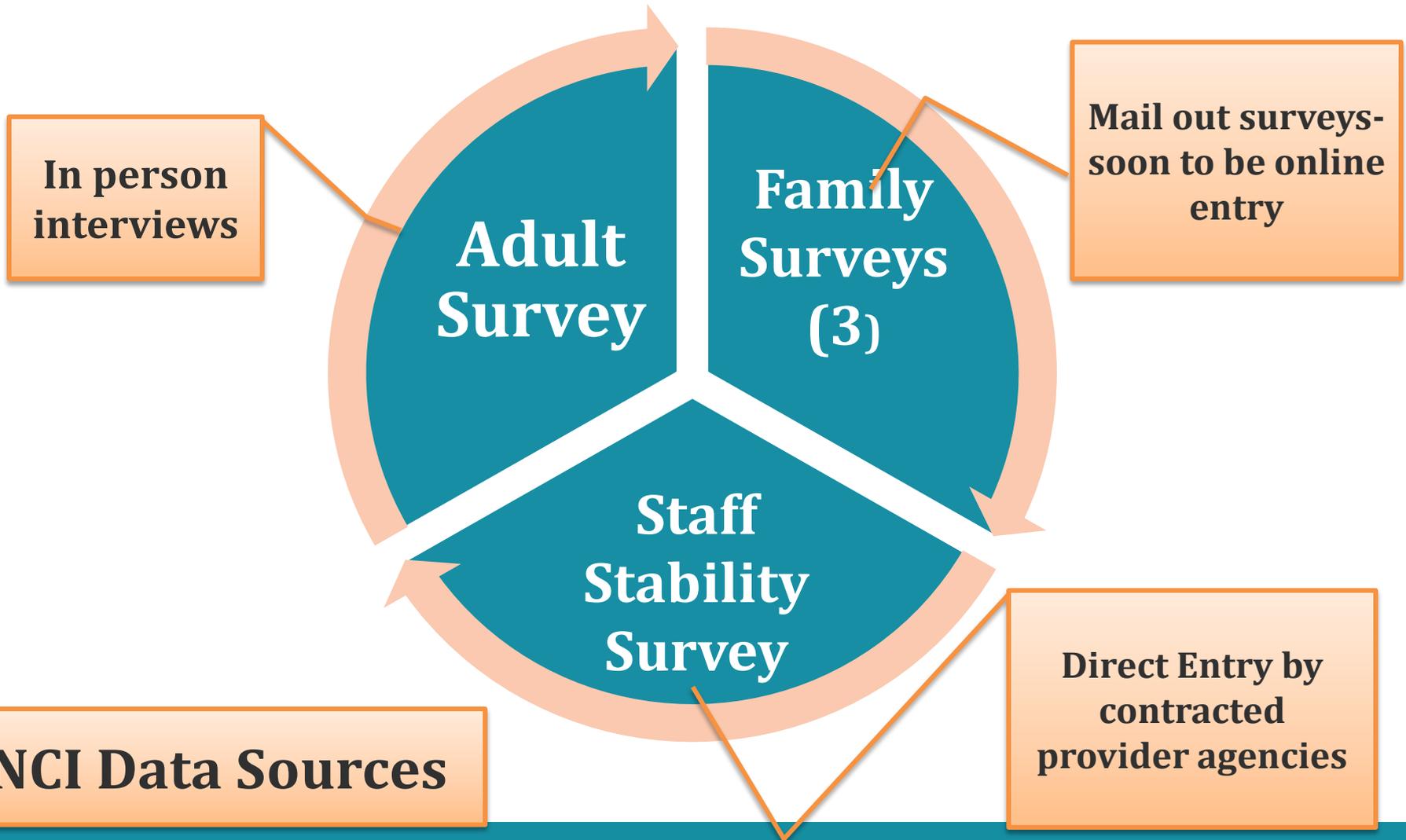
- Introduction to National Core Indicators and NCI-Aging and Disability
- Some Wisconsin Specific results
- Quality Improvement Efforts – potential and existing
- Staff Stability Data - backbone to the service delivery system
- Wrap Up

What is NATIONAL CORE INDICATORS (NCI)?

- NASDDDS, HSRI and State DD Directors
 - Multi-state collaboration
 - Launched in 1997 in 13 participating states – now in 47 states (including DC) and 22 sub-state areas
- Goal: Measure performance of public systems for people with intellectual and developmental disabilities by looking at **outcomes**
 - Help state DD systems assess performance by benchmarking, comparing to other states
 - Domains: employment, community inclusion, choice, rights, health, safety, relationships, service satisfaction etc.



How Does NCI Collect Data?



National Core Indicators Background

- Launched in 1997 in 13 participating states
- Collaboration between NASDDDS, HSRI and 47 participating state DD agencies (including DC) and 22 sub-state regional entities.
- Current data base includes approximately 20,000 individuals receiving services and supports
- NCI tools assess performance in several areas, including: employment, community inclusion, choice, rights, and health and safety



NCI Domains



Individual Outcomes

- Employment
- Community Inclusion
- Choice & Decision making
- Personal Relationships
- Self Determination



Family Outcomes

- Choice and Control
- Family Involvement
- Information & Planning
- Access, community connections
- Crisis Response



Health, Welfare, System

- Health and Welfare
- Respect for Rights
- Medications
- Safety
- Service Coordination
- Staff Stability



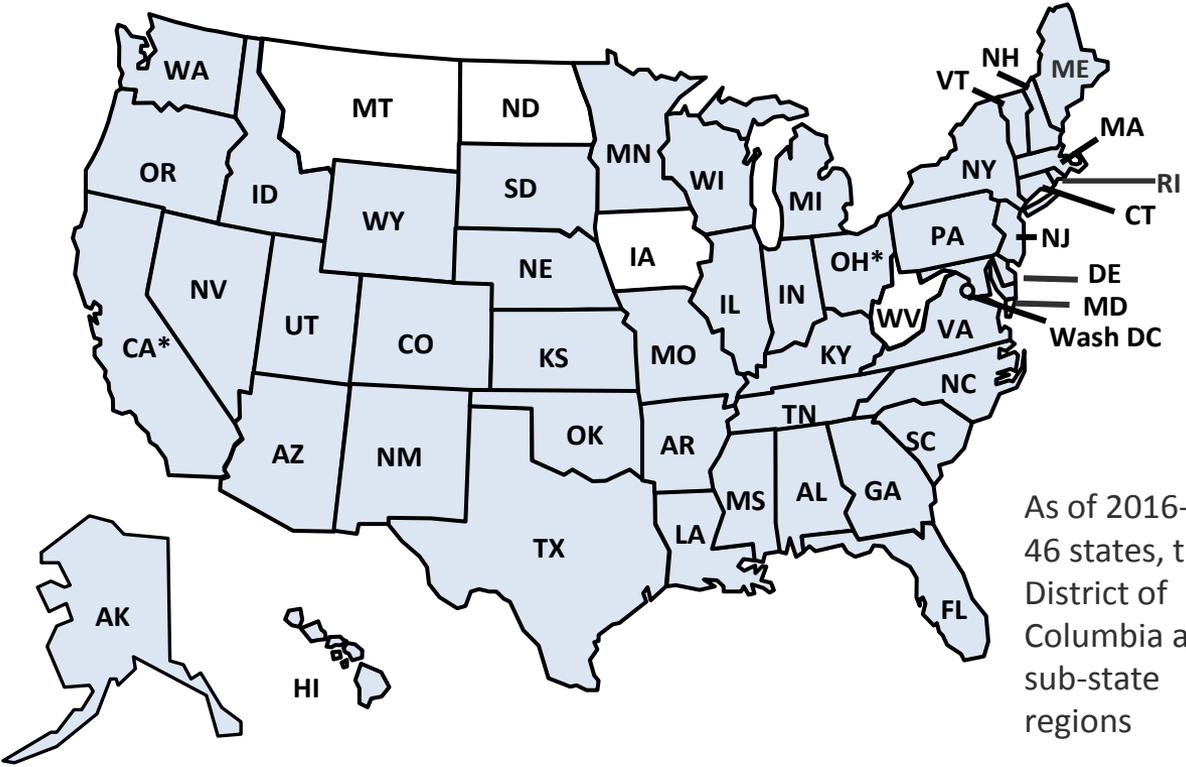
NCI-AD Measures

Consumer Outcomes:

- Community Participation
- Choice and Decision-making
- Relationships
- Satisfaction
- Service and Care Coordination
- Access
- Self-Direction of Care
- Work/Employment
- Rights and Respect
- Health Care
- Medications
- Safety and Wellness
- Everyday Living and Affordability
- Planning for the Future
- Control



National Core Indicators^(TM) State Participation



Adult Consumer Survey



- Standardized, face-to-face interview with a sample of individuals receiving services
 - Background Information - includes health information
 - Section I (no proxies allowed)
 - Section II (proxies allowed)
- No pre-screening procedures
- Conducted with adults only (18 and over) receiving at least one service in addition to case management
- Section I and Section II together take 50 minutes (on average)

Staff Stability Survey



STAFF STABILITY SURVEY
2015

Agency Profile		Write answer in this column
1)	Agency name or code number (optional)	
For Questions 2, 3 and 4, please check "YES" for all services provided by your agency.		
2)	<p>Does your agency provide residential supports to adults with ID/DD? <i>Residential supports— Supports provided to a person who is living outside of the family home. This can include 24 hour supports such as group home or ICF/IID. It can also include people living in supported housing or supported living getting less than 24 hours of support.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
2a)	<p>If YES to Question 2), please check all residential supports your agency provides:</p> <p><input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), 4-8 residents with disabilities <input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), 7-15 residents with disabilities <input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), 16 or more residents with disabilities <input type="checkbox"/> Other Specialized Institutional Facility <input type="checkbox"/> Group Home, 2-3 people with disabilities; or agency-operated apartment. <input type="checkbox"/> Group Home, 4-6 people with disabilities <input type="checkbox"/> Group Home, 7-15 people with disabilities <input type="checkbox"/> Supported Living Services <input type="checkbox"/> Other (Please explain: _____)</p>	
2b)	If YES to Question 2), how many adults with ID/DD were you providing residential supports to as of [December 31, 2015]?	

- 17 states
- 2400 providers
- 125,000+ people supported
- 187,700+ DSP's represented
- Avg. wages \$10.60-\$11.00
- 44.8% avg. turnover (range is 17.7%-75.6%)



NCI & NCI-AD Validity and Reliability

- Face and Contents validity evaluations
- Inter-rater reliability evaluations
- Shadow interviews
- Internal Consistency
- Special Studies – Research Reviews (e.g, background validity study underway)

2014-15 NCI Risk Adjustment factors

- Age
- Level of Intellectual Disability
- Mobility
- Behavioral Support needed for self –injury, disruptive or destructive behavior

Risk adjustment applied to impacted indicators only – primarily Choice and Community Inclusion.



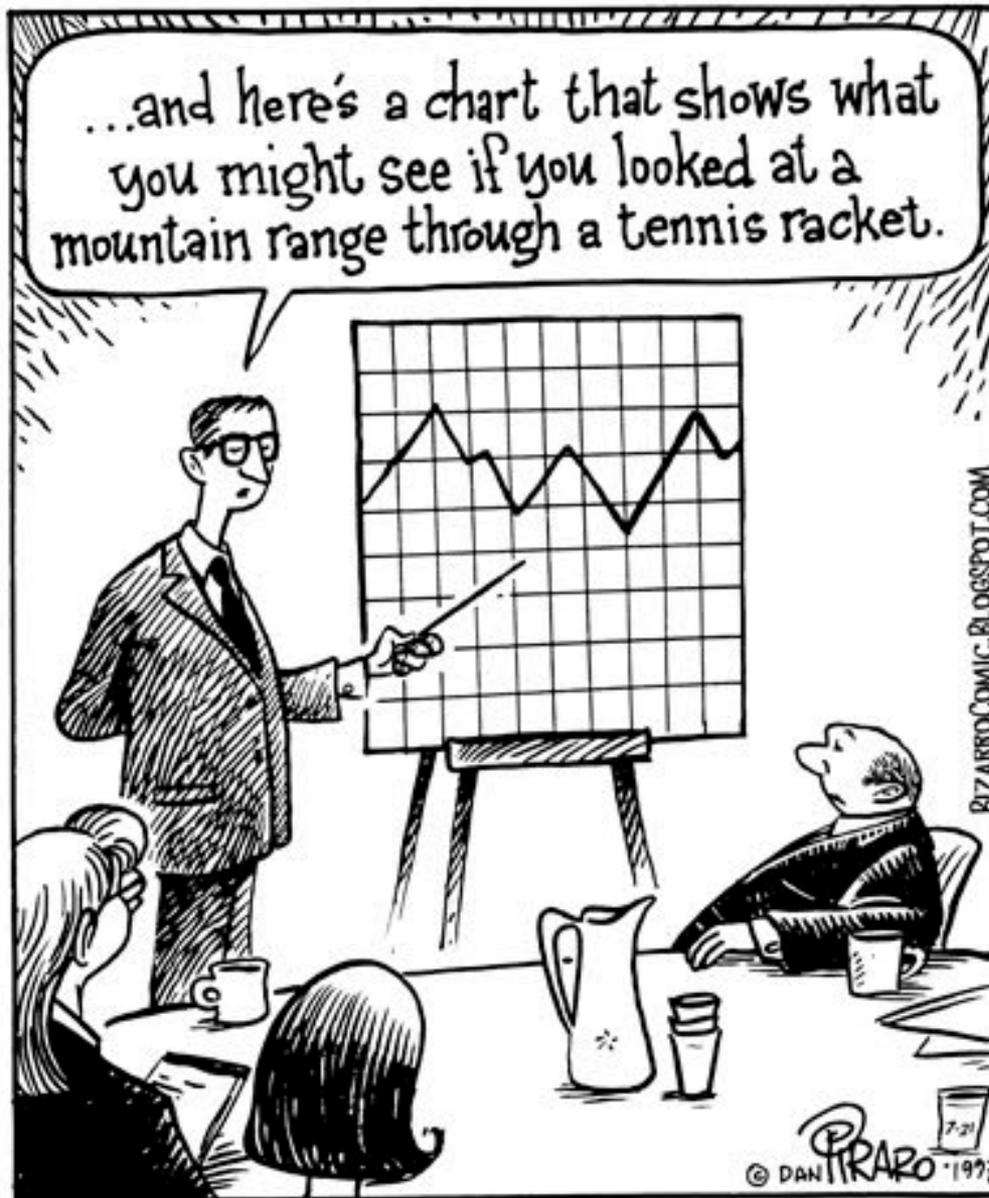
Data for This Presentation:

- NCI Consumer Survey Data, 2014-15 National
 - 32 States & Washington DC
 - 25,820 individual surveys
- Staff Stability Survey Data, 2015

And some early release (sneak peek!) at

- 2015-16 Adult Consumer Survey data from Wisconsin
- 413 valid Surveys (**Congratulations!!**)

**What Do NCI data show
about employment,
community engagement, and
relationships in Wisconsin?**





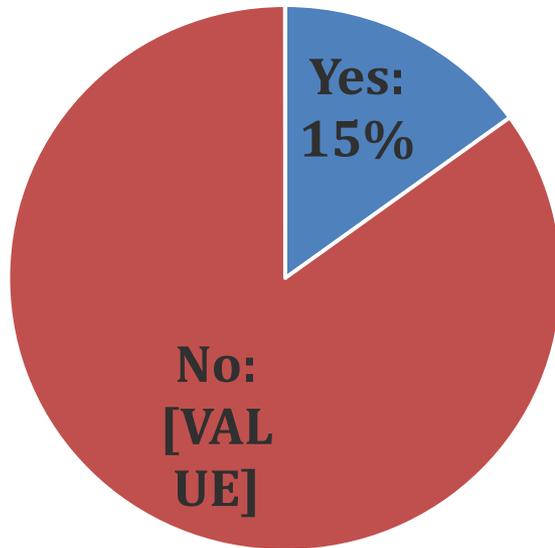
Caution: the data you are about to see is preliminary; while it is very close to final data, for validity it requires further analysis prior to distribution.

- The charts you are about to see are early release versions--- they may differ slightly from the final set of validated data to be released to Wisconsin in January. These data are for demonstration only, and should not be the basis of decision making until final reports are issued.

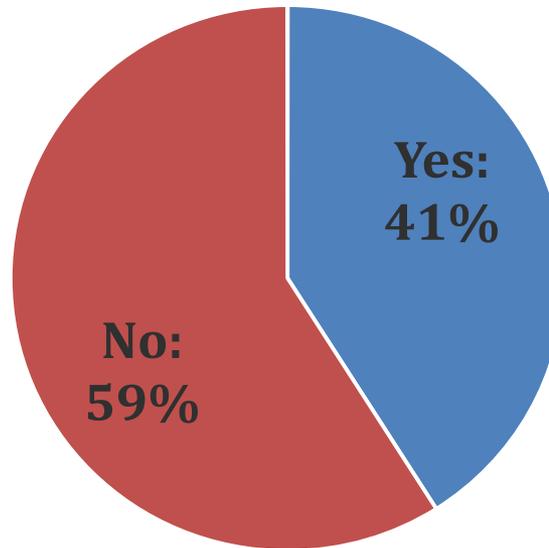


Paid Job in the Community

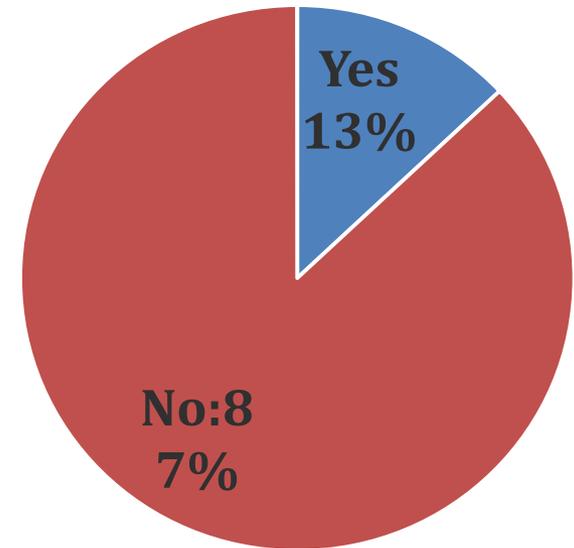
Has a paid job in the community



Of those without a paid job in the community, would like a job in the community



Of those without a paid job in the community who would like a paid job in the community, has employment as goal in ISP



Sample of Questions

Do you have a paid job in the community?

- 2 Yes → Code Question 8 as 'Not Applicable'
- 1 No → Ask Question 8
- 99 Don't know, no response, unclear response → Code Questions 8-10 as 'Don't know, no response, unclear response'

If No, ask: Would you like to have a job in the community?

- 98 Not Applicable – has job in the community
- 2 Yes
- 3 In-between
- 1 No
- 99 Don't know, no response, unclear response

If yes, would like a job in the community, then BI Q 50 is analyzed:

BI-50 Is community employment a goal in this person's service plan?

- 1 No
- 2 Yes
- 99 Don't know



Employment and other Daily Activity

Definitions:

Community-based setting a place where most people do not have disabilities.

Facility-based setting is a place where most people do have disabilities.

- **Paid individual job in a community-based setting**
- **A person working at an individual job in a local business alongside peers who do not have disabilities. Job is part of the typical labor market (e.g., competitive employment)**
- **Paid small-group job in a community-based setting**
- **The activity is done in an integrated setting, as part of a group of not more than 8 people with disabilities (e.g., enclave, work crew)**
- **Unpaid activity in a community-based setting (e.g., volunteer activities, skills training, community supports)**
- **Paid work performed in a facility-based setting (e.g., workshop, activity center, or business that primarily hires people with disabilities)**
- **Unpaid activity in a facility-based setting (e.g., day habilitation, seniors programs, drop-in centers)**



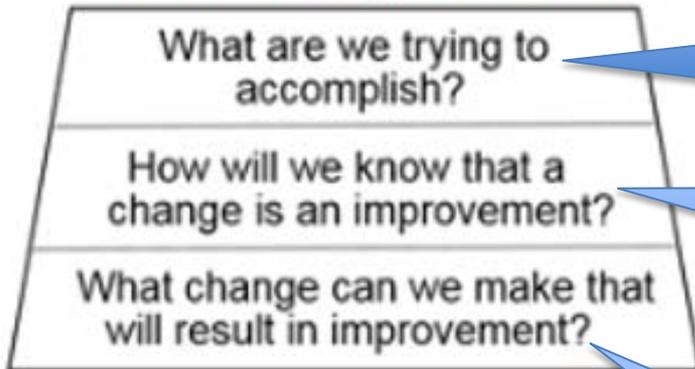
EXAMPLE:

Quality Improvement Strategy: Employment

- Goal: All people who want a job and do not currently have a job, have a goal and related services to acquire a job.
- Regional Deployment – Quality Councils
- Measures identified in each Support Coordination agency --- 86% threshold
- Quarterly monitoring
- Improvement Strategies using Root Cause Analysis and PDCA.

Process for QI: Employment

Model for Improvement

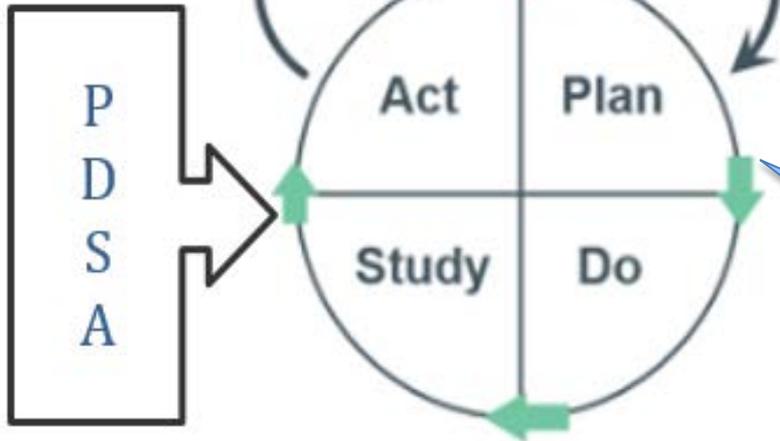


Goal: Increase rates of paid, community employment

Identify NCI measures/indicators to monitor

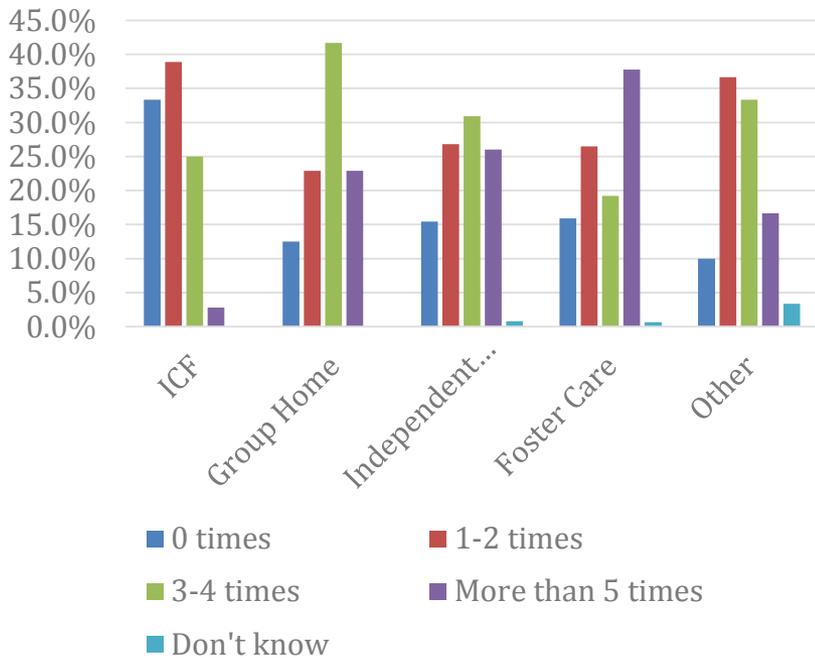
What changes/ improvements can we make to achieve the goal?

Utilize Formal Quality Improvement Structures: PDSA and the 7 Quality Tools

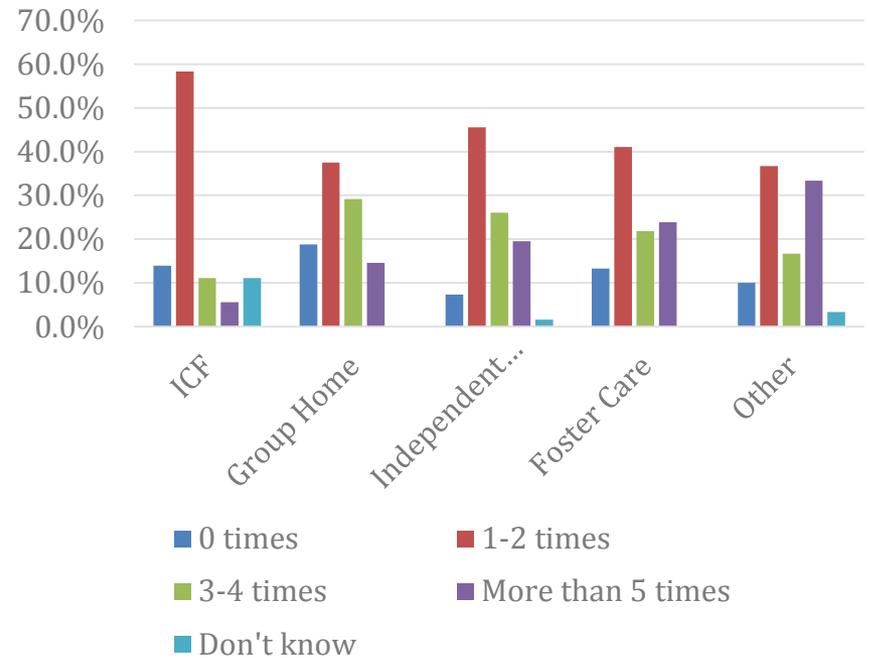


Community Inclusion

How many times has this person gone shopping in the past month?

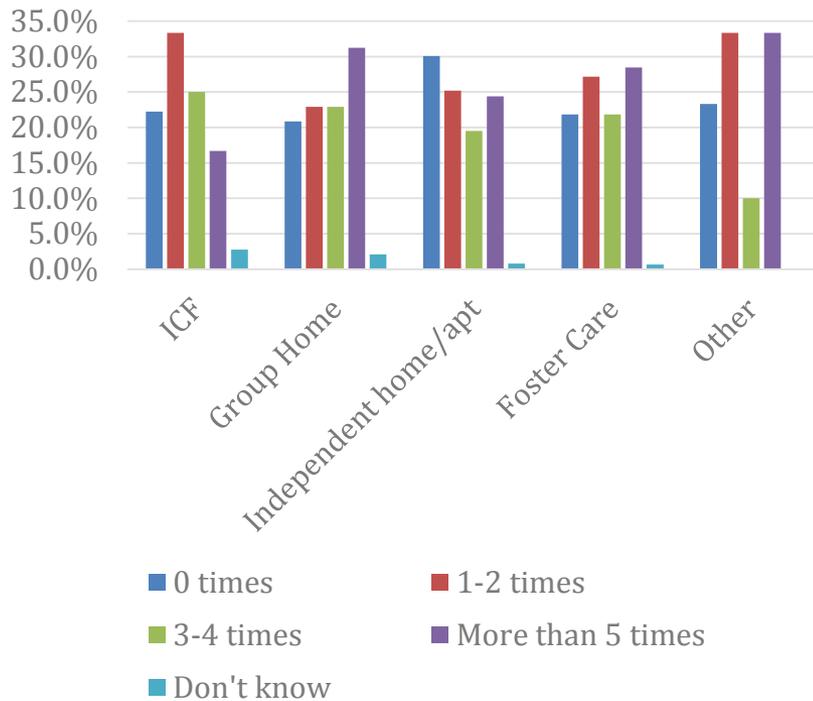


How many times has this person gone out for errands in the past month?

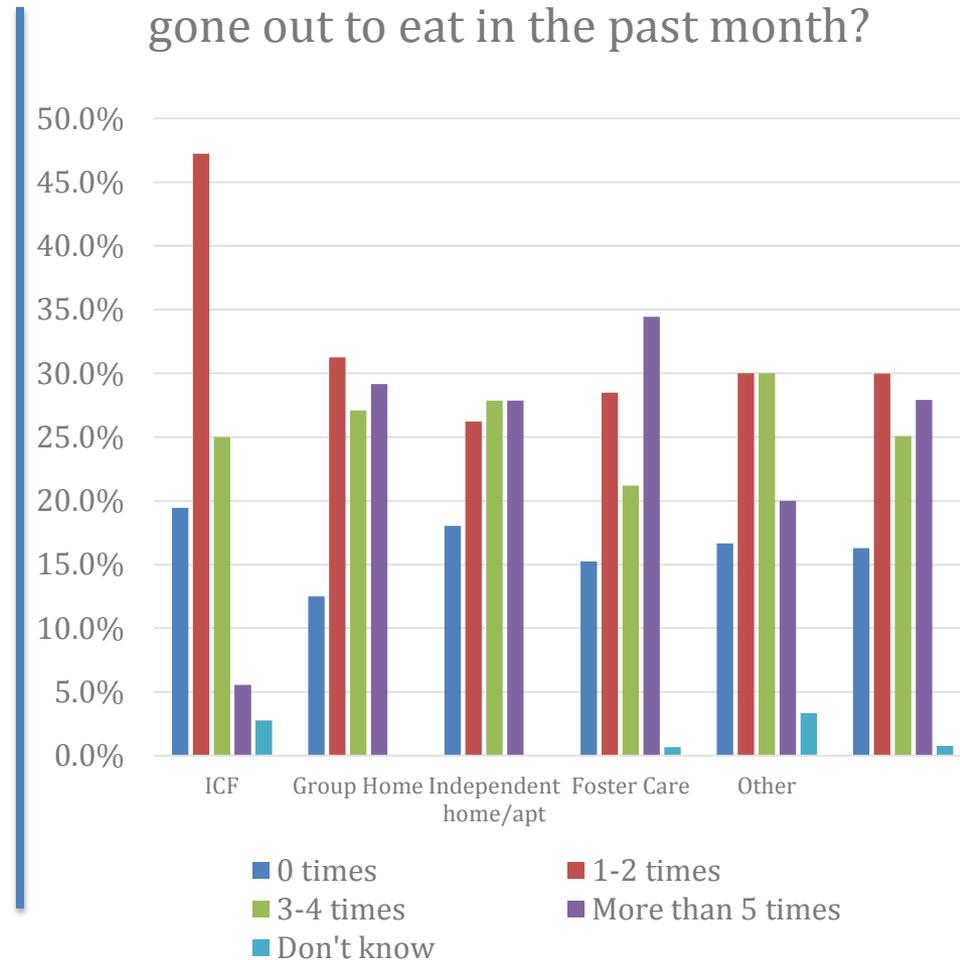


Community Inclusion

How many times has this person gone out for entertainment in the past month?

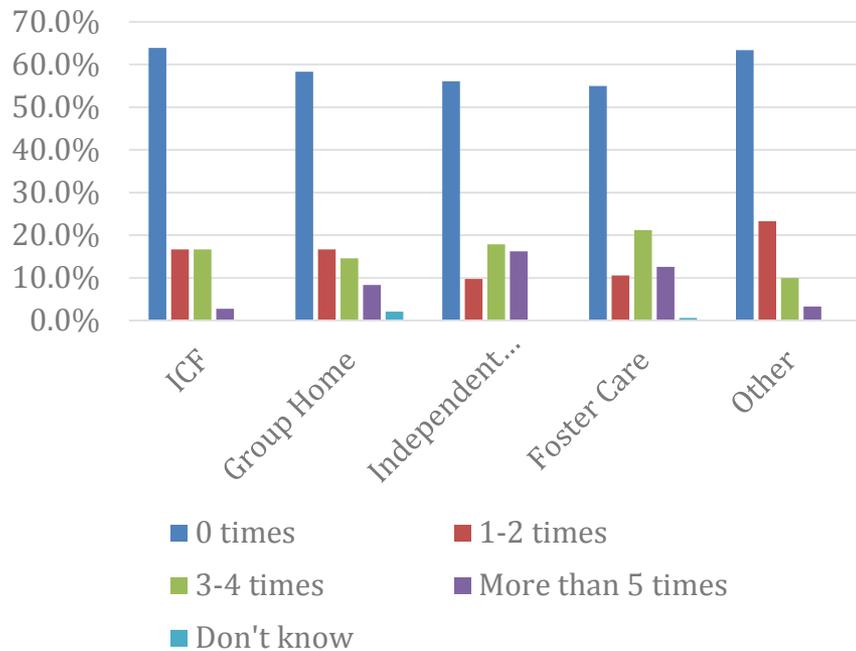


How many times has this person gone out to eat in the past month?

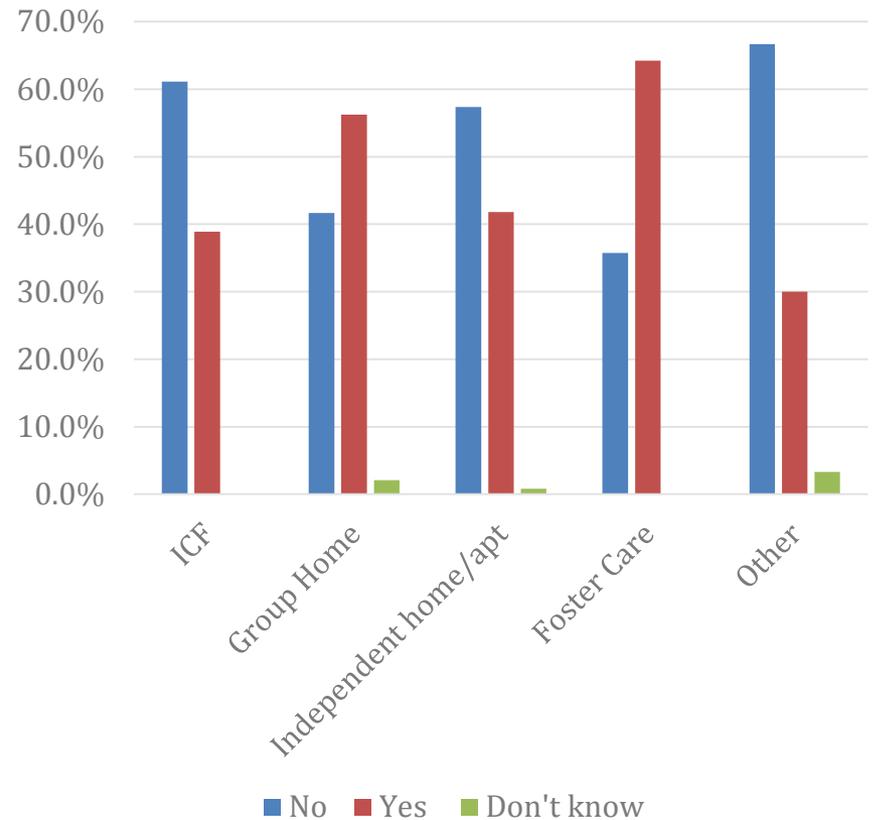


Community Inclusion

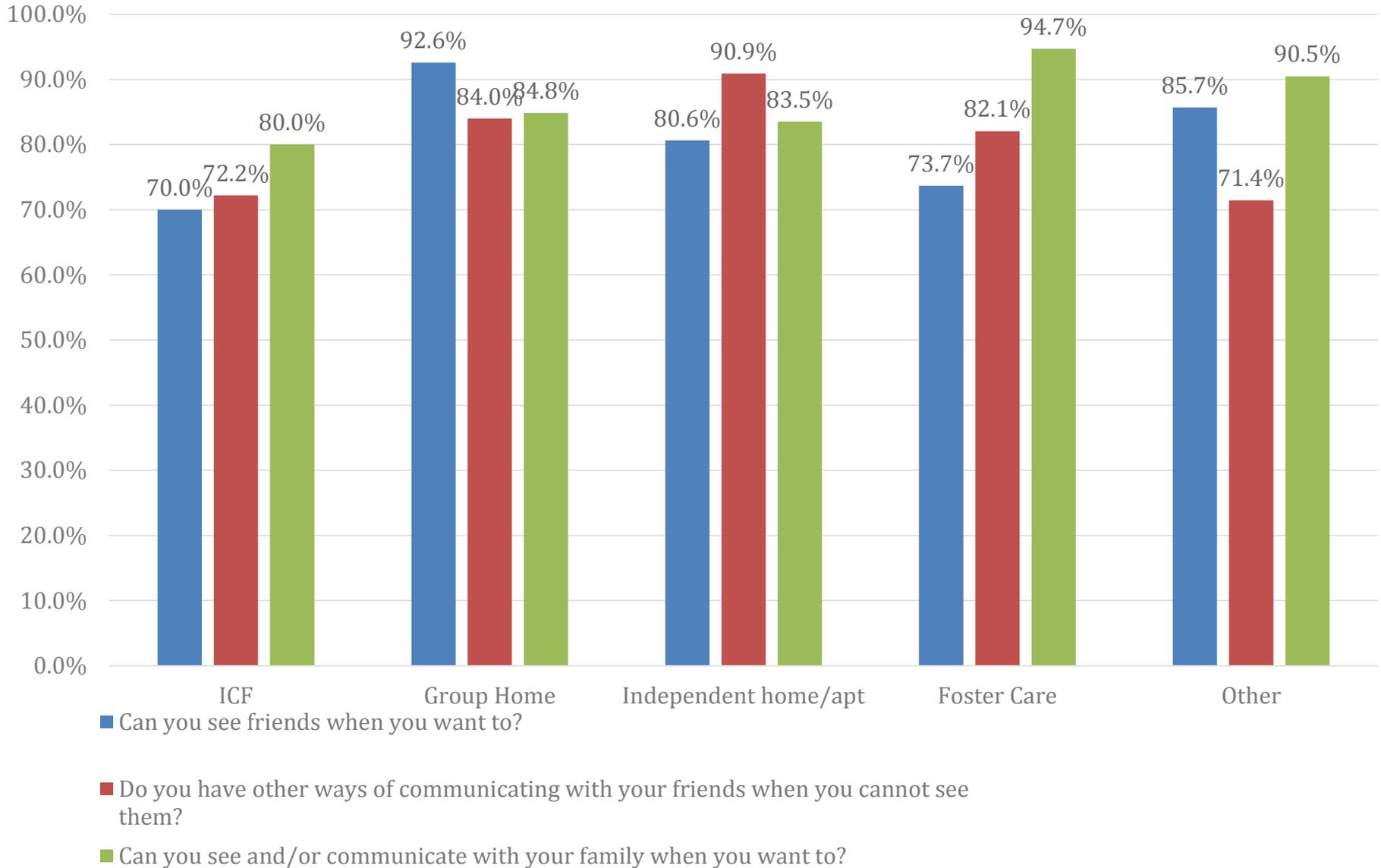
How many times has this person gone out to a religious or spiritual practice in the past month



Did this person go out on vacation in the past year?



Relationships



A little lesson on Monitoring



And the message is:

monitoring alone is not
enough – your system needs
to know how and when to
act

Quality Improvement System

Example: MA

- NCI (and other surveys) indicated that loneliness was an issue.
- Observed small, provider-based program
 - used trainings, consultation and informational materials to help adults with IDD develop and maintain friendships.
- Working with Arc of MA., expanded the program throughout the state: ***Widening the Circle***
- ***Creating our Commonwealth*** – statewide initiative
- Continue to monitor progress using NCI data and Licensure and Certification data

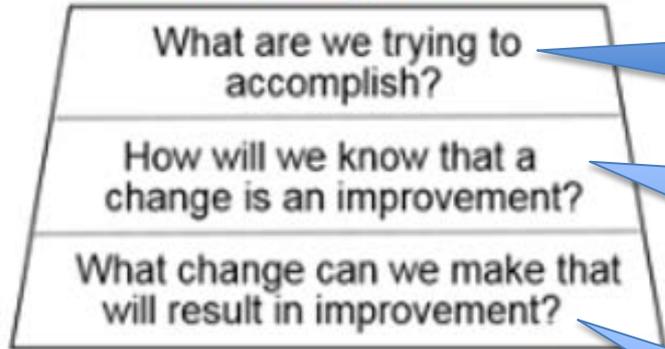
<http://thearcofmass.org/programs/widening-the-circle/adults/>



Process for QI: Friendship

Slice/dice data to identify target population, if necessary.
Residence type, race/ethnicity, mobility, etc.

Model for Improvement

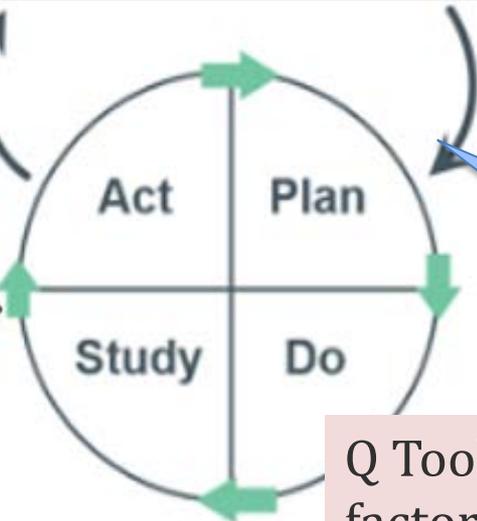


Goal: Make sure individuals receiving state services feel that they have friends besides staff and family

Identify NCI measures or other indicators to monitor

What changes/improvements can we make to achieve the goal?

Utilize Formal Quality Improvement Structures: PDSA and the 7 Quality Tools



Q Tools help ensure you identify all contributing factors:

- Employment
- Health
- Community Inclusion



NCI and Quality

- Measures provide a bird's eye view
- Statewide - how are we doing?
- Rely on effective Quality Knowledge and practice to successfully improve outcomes
- Long-term measures to check effectiveness

BUT: what matters to Wisconsin is what matters most!



What Do You Want in Wisconsin?

- Quality Councils set standards – based on history or values
- Start Slow – choose areas to learn from
- Across several areas of importance to your state-
Health and Wellbeing; Access to Services;
Community Integration; Relationships
- Develop local quality boards
- Knowledge of Quality as a BOK

Why measure what we measure?

Compliance

- Effectiveness and meeting pre-set standards

Customer Experience

- Customer satisfaction
- Outcome measures

Management practices: Both Efficiency and Effectiveness

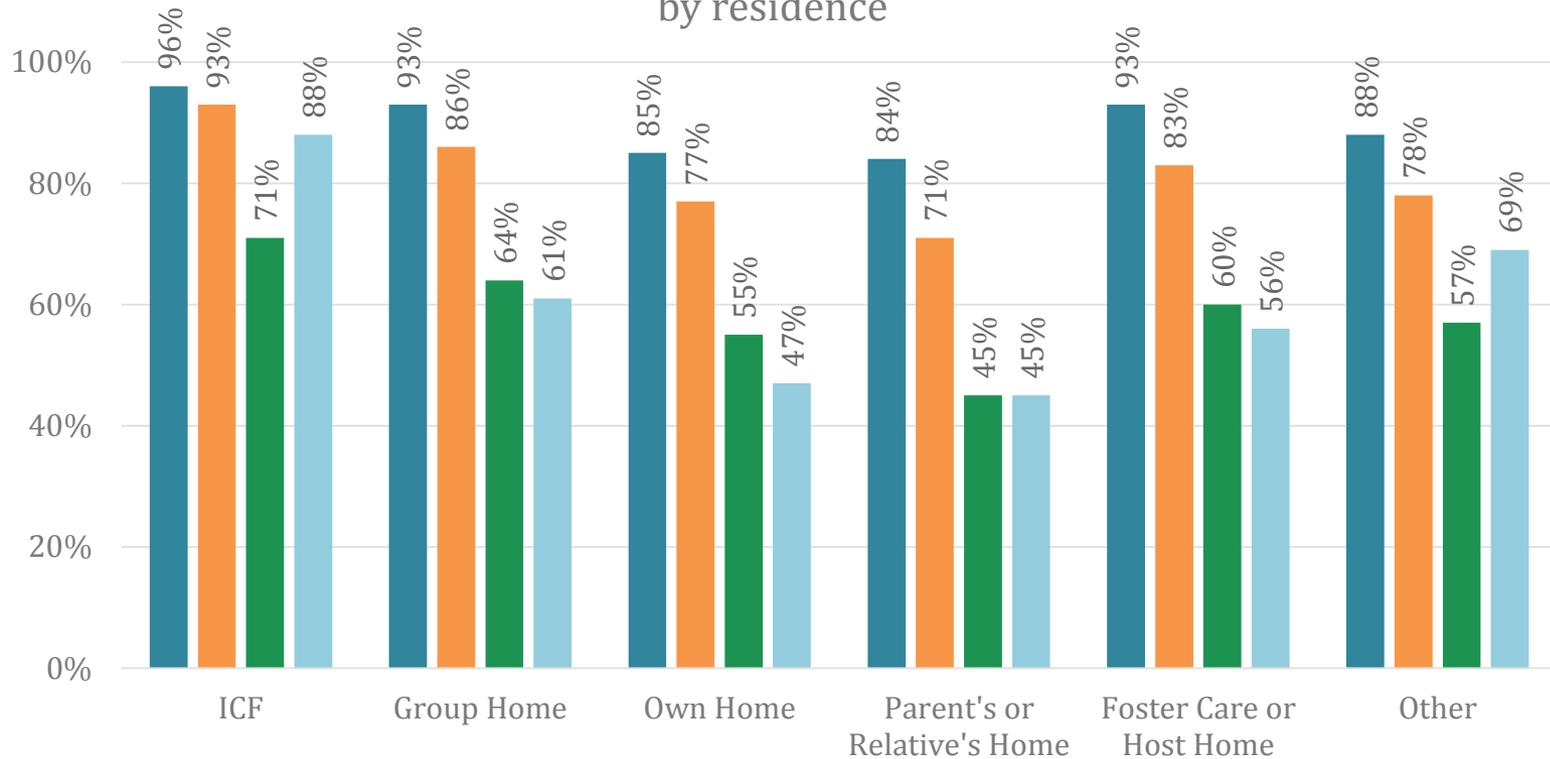
- Process improvement
- Timeliness / efficiency
- Employee Experience
- Financial limitations or Cost



Examples from Other States – Not Wisconsin Specific

Basic Exams and Screenings*

Health Exams and Screenings
by residence



- Physical Exam in Past Year (N=24,340)
- Dental Exam Within Past Year (N=23,154)
- Eye Exam/Vision Screening in Past Year (N=21,484)
- Hearing Test Within Past 5 Years (N=17,756)

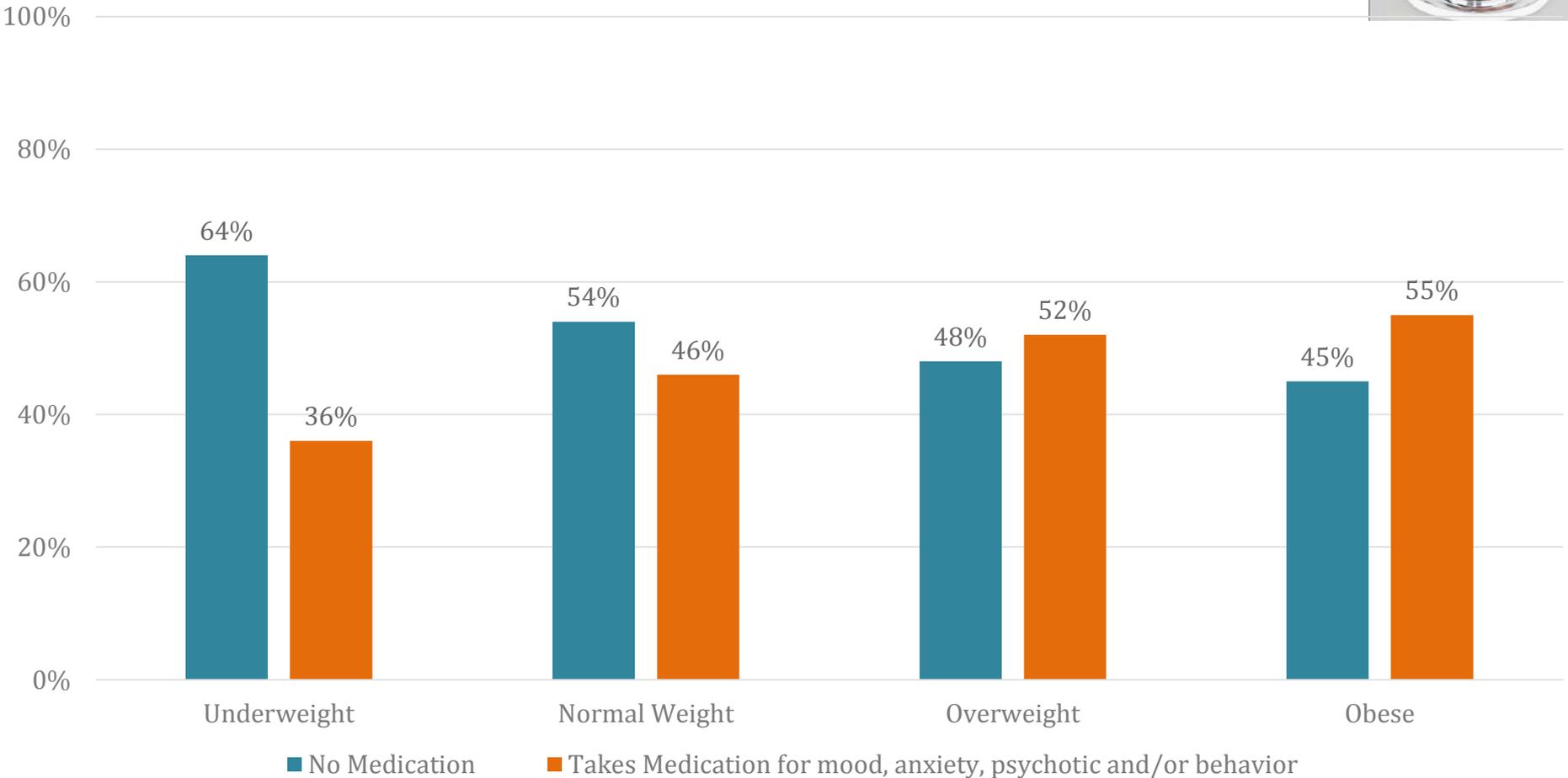


National Data: Use of Psychotropic Medications

and Obesity*

N=22,402

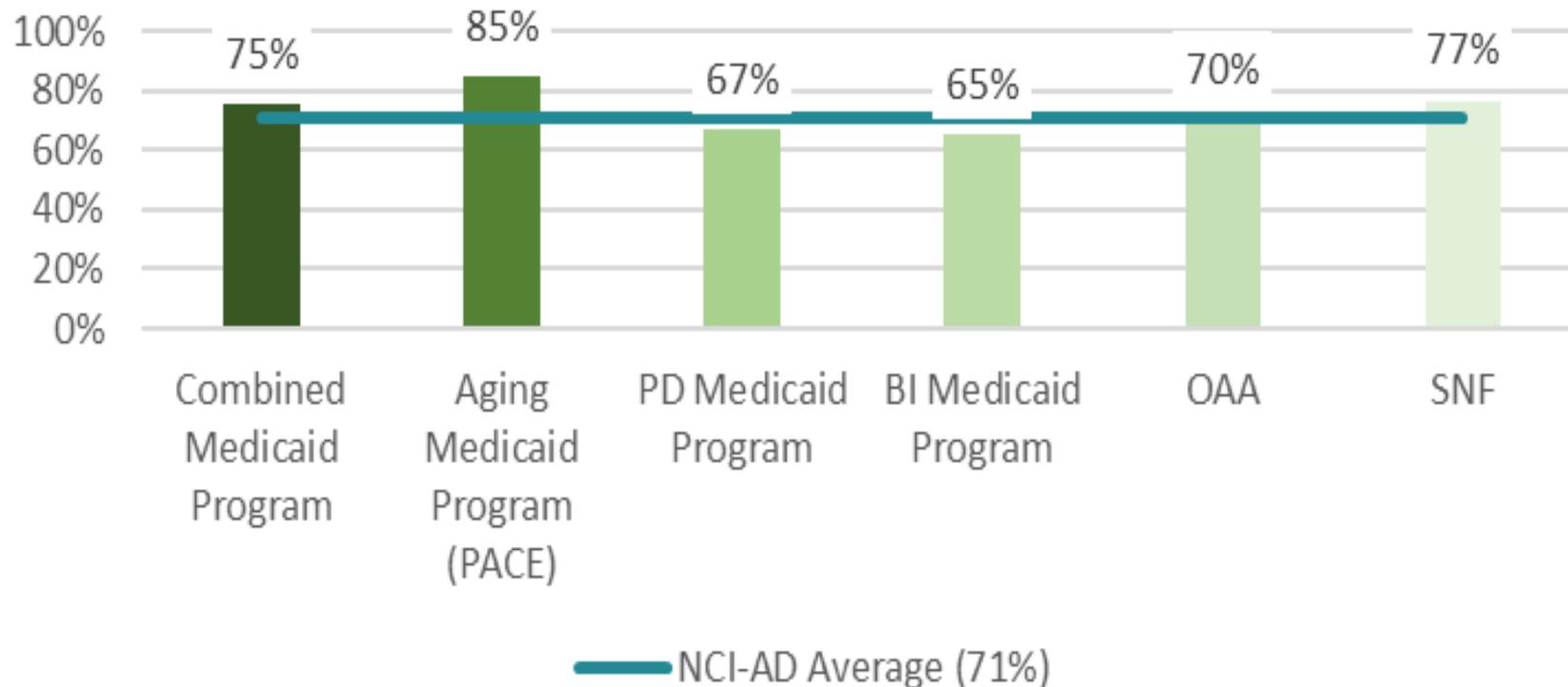
BMI and Medication



*From 2014-15 NCI National Data Set

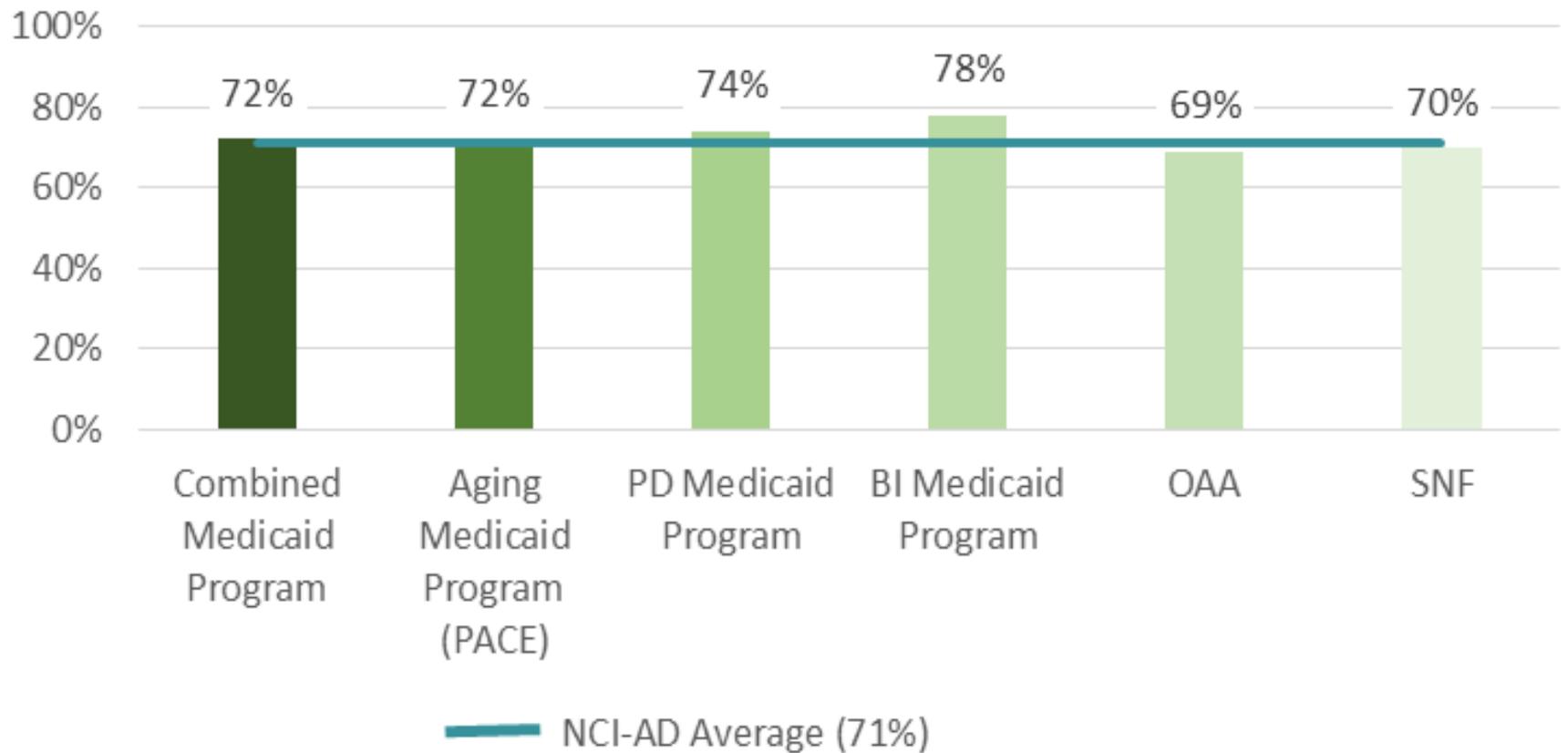
Safety NCI-AD

Someone Talked or Worked With Person to Reduce Risk of Falling
(If There Were Concerns About Person's Stability)



Transportation

Has Transportation When Wants to Do Things Outside of Home



Issues Being Faced by DSP Workforce

- Low supply and high demand for DSPs accentuated by:
 - Low salaries
 - Erratic/unpredictable hours: Part time
 - Few benefits
 - High levels of emotional and physical stress
 - High injury rate



Demographics: Supply

Demand for New Direct-Care Workers Outstrips Number of Women Entering Labor Force (aged 25-54)



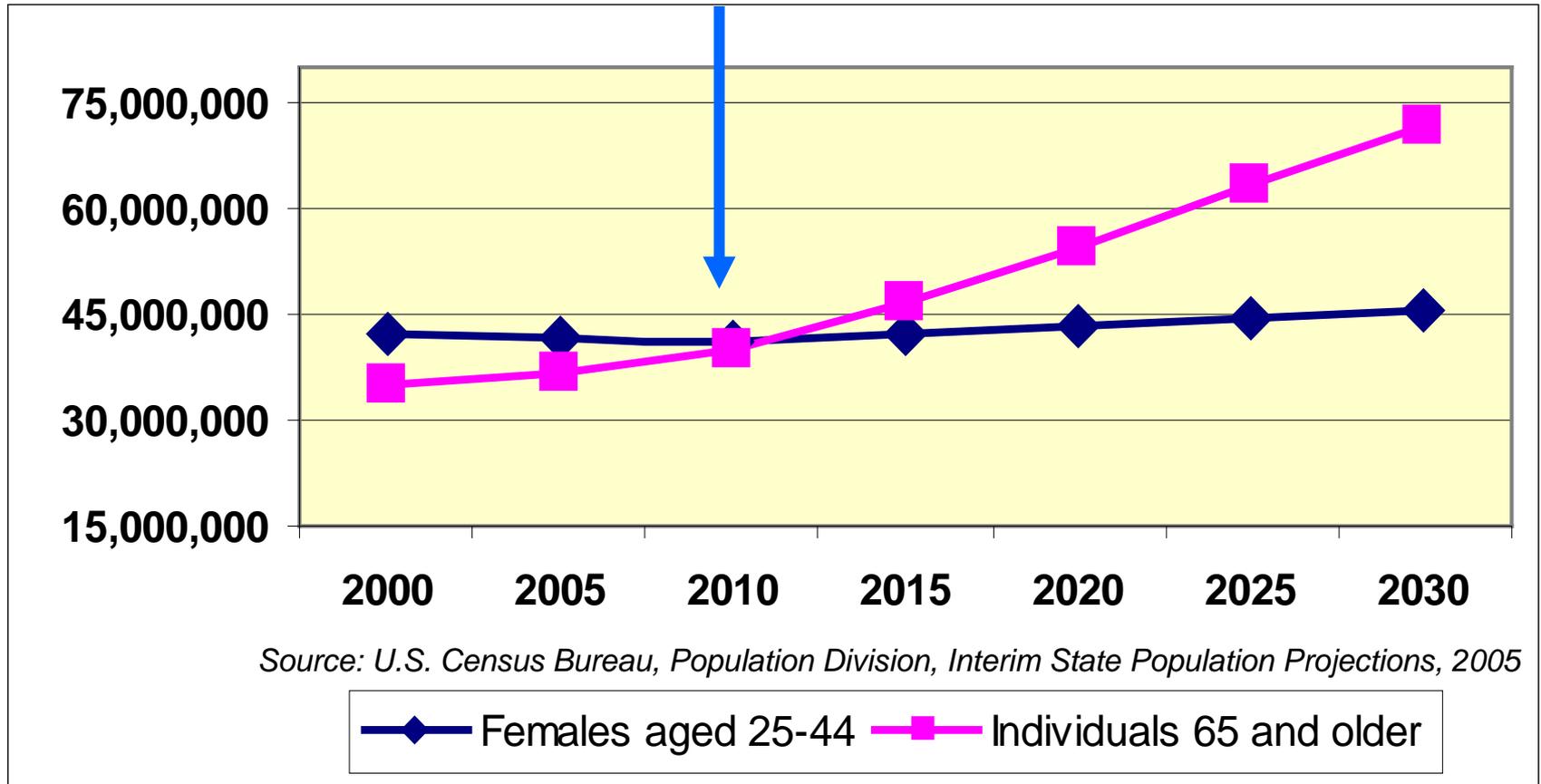
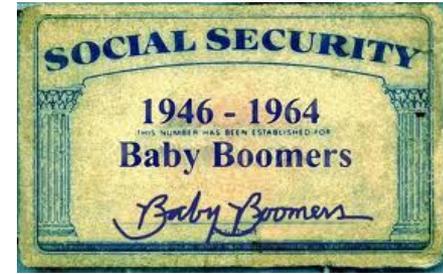
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NASDDDS 2016



Shortage of Care Givers



Larson, Edelstein, 2006



2014 Data

10 states

- Arizona (AZ)
- Washington, D.C. (DC)
- Georgia (GA)
- Kentucky (KY)
- Maine (ME)
- Ohio (OH)
- South Carolina (SC)
- Texas (TX)
- Utah (UT)
- Vermont (VT)

2015 Data

to be released soon

AL	OR
AZ	PA
DC	SC
GA	SD
IN	TN
KY	TX
MN	UT
MO	VT
OH	

17 states



State-by-state sampling info included in report

Response rates 2015

	Valid responses	Total # of providers who received the survey	Response rate	# Responses needed to reach 95% confidence interval and 5% margin of error [^]	Meets 95% confidence interval and 5% margin of error?	Margin of error for sample size based on valid responses (assuming 50% response distribution) [^]
AL	25	148	17%	108		17.93%
AZ	102	322	32%	176		8.03%
DC	36	82	44%	68		12.31%
GA	105	364	29%	188		8.08%
IN	88	184	48%	125		7.57%
KY	172	195	88%	130	Y	2.57%
MN*	270	830	33%			
MO*	145	254	57%			
OH_HCBS	861	1108	78%	286	Y	1.58%
OH_ICF	66	79	87%	66	Y	4.92%
OR	111	142	78%	104	Y	4.36%
PA	115	655	18%	243		8.30%
SC	43	61	70%	53		8.19%
SD	21	21	100%	20	Y	0.00%
TN*	53	66	80%			
TX*	126	689	18%			
UT	72	94	77%	76		5.62%
VT	15	15	100%	15	Y	0.00%

* States were instructed to provide NCI with a list of all provider agencies in the state providing direct support to adults with IDD. These states did not provide NCI with the email addresses of **all** provider agencies providing direct support to adults with IDD in the state.

[^] Calculated using <http://www.raosoft.com/samplesize.html>

What is Collected and Reported?

- Sorted by types of Service Provided: Residential, Non-Residential, In-Home and by size of agency : <10, up to >100
- Tenure, Turnover, Vacancy Rates; Wages: Average Starting and Average Overall; Benefits (health insurance and other) and Paid Time Off.
- Additional factors in recruitment or retention activities

Turnover Rates

(Number of DSP separated between Jan. 1, 2015 and Dec. 31, 2015)

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(Number of DSPs on staff as of Dec. 31, 2015)

- Average turnover rate: 44.8%
- Range from: 17.7%--75.6%

The good kind
of turnover

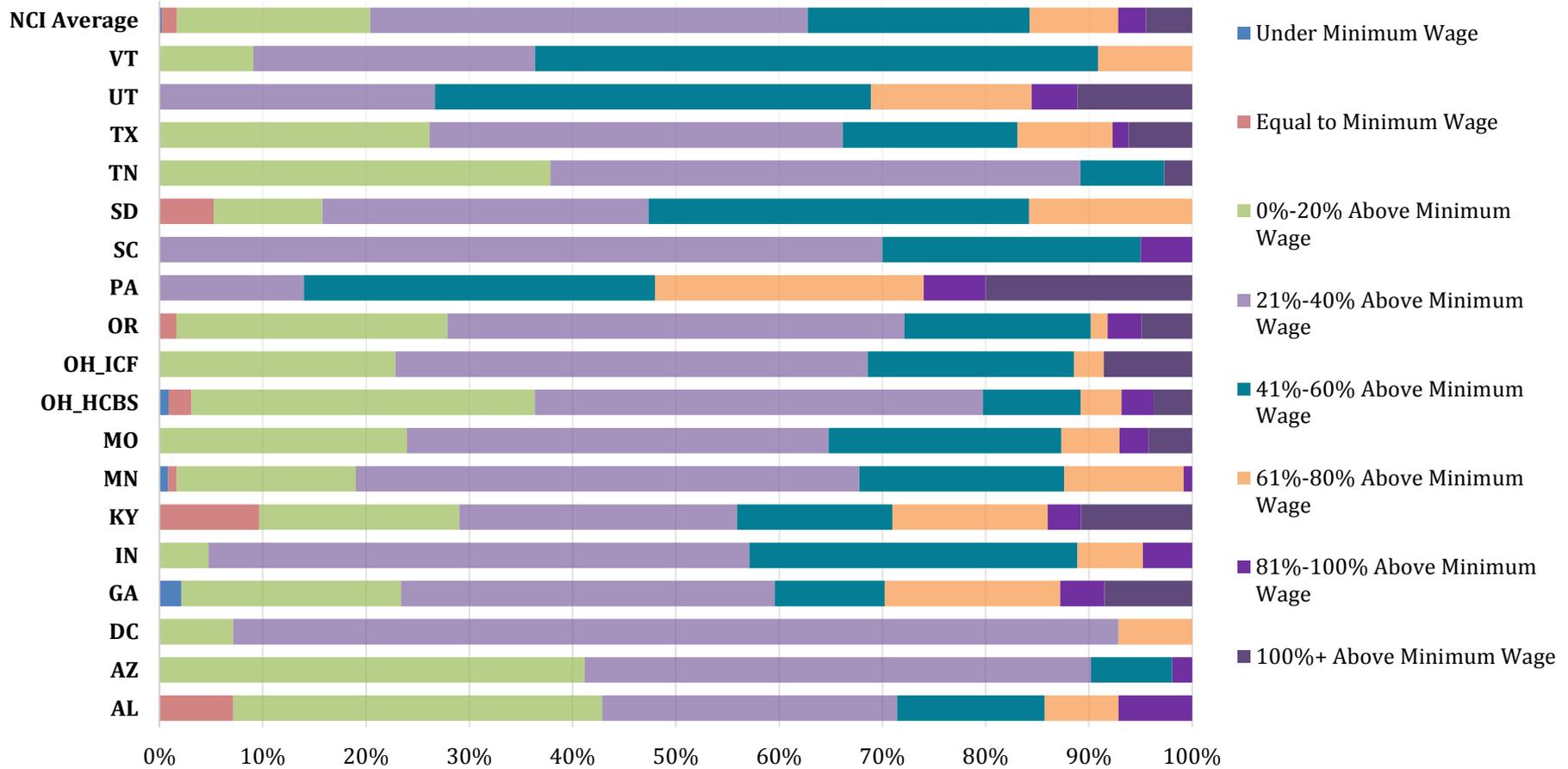


Wages

- Across all participating states and service types, DSPs received:
 - Average hourly wage of **\$11.47**.
 - Average hourly range: \$9.59/hr.-\$15.40/hr.
 - Median hourly wage of **\$10.75**
 - Median hourly range: \$9.12-\$13.80
 - Average hourly: \$10.96 for DSPs residential supports.
 - Average hourly: \$11.24 for DSPs in-home supports.
 - Average hourly: \$11.56 for DSPs non-residential supports.

CAUTION:
These are early
release data for
demonstration
only: Final may
change.

Average Hourly Wage



One Final Thought

NCI is PART of the FULL Picture:

- NCI Provides One Important Piece
- Effective Quality Management Strategy Includes Multiple Data Sources



Consider These additional Sources:

- Incident Reporting Data
- Complaints/Grievances
- Cost Reports
- Staffing Levels
- Licensing Reviews
- CMS Assurance Data
- MA Claims on Health/prevention data

Questions?

**What
did she
say?**

**I have
no
idea!**



Thank you For Your Time

Mary Lou Bourne

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