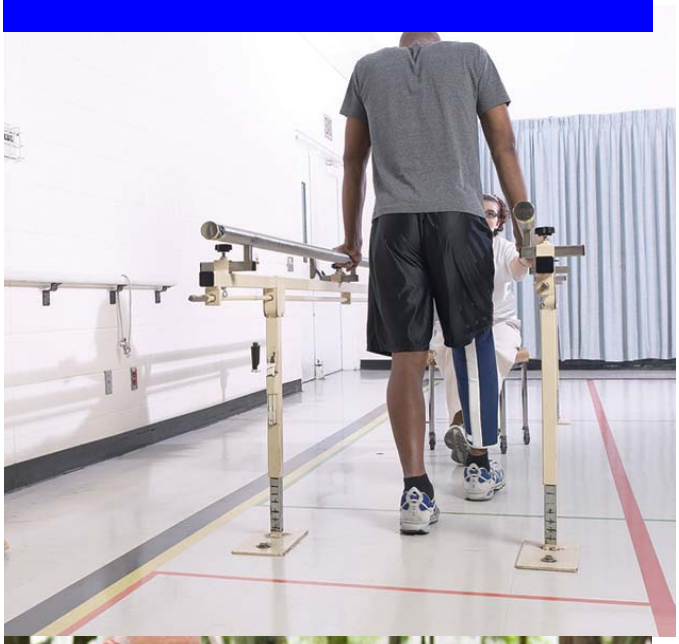

Final Report Appendices

Costs and Options for Insuring Minnesota's Long-Term Care Workforce

Minnesota Department of Human Services

Date: October 2009

Table of Contents

Appendix A: Health Care Coverage for Direct Care Workers:

A Summary of Reports Based on Employer Survey Data

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
CA	RTZ Associates	*The State of IHHS Health Benefits in California; A Survey of Counties*[1]	2005	Survey of County Public Authorities (employers of record for IHSS workers)	▶ 92% of IHSS workers live in a county that offers health insurance coverage ▶ 45% of eligible workers are enrolled in IHSS plan ▶ 21% of workers statewide are covered by a IHSS plan	▶ Study provides an overview on worker demographics and enrollment in benefit plan ▶ No data on premium costs or affordability; however, those costs have been documented in other studies on this program

[1] IHSS (In-Home Supports and Services) workers are hired directly by consumers to provide in-home care to the elderly and individuals with disabilities. Public authorities in counties across California serve as the employer of record of IHSS workers while the state of California manages the payroll.

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
IA	Iowa Health Care Association and Iowa Center for Assisted Living	*Iowa Health Care Association (IHCA)/Iowa Center for Assisted Living (ICAL) IHCA/ICAL Health Insurance Survey Results*	January 2008	▶ Survey of IHCA/ICAL member facilities (nursing and assisted living facilities)	▶ 95% of member facilities (for-profit nursing and assisted living facilities) offer health insurance. ▶ Employers pay about 65% of total premium costs. Average employee premium $122/month; ▶ Average eligibility is 30 hours/week; 49% of eligible employees enroll in coverage. ▶ Main reason given for not enrolling is other coverage; premium cost second biggest reason. ▶ When employee premiums were $80 per month or higher, premium cost was cited as the reason for declining coverage	▶ Results taken from a memo dated January 2008; no official report was published. ▶ The report addressed how affordability impacts enrollment in ESI. ▶ While likely that some enrolled employees are direct-care workers, survey results do not specify
ME	PHI – Health Care for Health Care Workers (In collaboration with Consumers for Affordable Health Care Foundation and the University of Southern Maine)	*Health Insurance Coverage for the Home Care Sector: Experience from Early DirigoChoice Enrollment in Maine*	2006	▶ Mailings to 226 home care agencies to identify current coverage and connect them to DirigoChoice. ▶ 40 employers in the final sample.	▶ 14 of the agencies provided health insurance; 25 who did not would like to. ▶ Employer issues with DirigoChoice included lack of accurate information, view that product was unaffordable or not a good value compared to what was currently being offered	▶ Cannot generalize findings to all home care employers ▶ Findings are interesting for policy makers to consider when designing premium assistance programs as a part of expansion of public coverage

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
MA (Boston /New Bedford/ Fall River)	Health Care For All	*Health Insurance Access Survey of Direct Care Workers in Nursing Homes and Home-Based Care Agencies in Boston, New Bedford/Fall River*	Spring 2002	► Surveys mailed to 52 nursing homes and home care agencies identified by the Massachusetts Direct-Care Workforce Initiative. ► 61% (32) response rate: 19 home care, 12 nursing facilities, one unidentified	► 95% of employers offered health insurance. 100% of nursing and 90% home care. ► 68% of workers eligible for ESI ► Average number of hours to qualify for coverage - 27 ► 51% of employers offer just one HMO to employees ► Premium costs (Individual): $1,104/year for nursing home workers and $827/year for home care. These figures are higher than the state average at time of survey **Recommendations** ► Options to increase health insurance coverage include: pass-through to employers to cover 100% of premium costs; redesign Insurance Partnership Program to work for long-term care employers	► Survey focuses on workers in an urban environment

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
MA	MA Division of Health Care Finance and Policy	*MA Health and Human Service Employers Health Insurance Survey Results*[2]	Spring 2003	▶ Surveyed 790 health and human service employers that receive funding through Medicaid or a state contract; hospitals were excluded ▶ 59% of employers' revenue is from state funding, including Medicaid ▶ 74% response rate	▶ High levels of insurance availability in both nursing homes (97%) and non-nursing homes (93%) ▶ Avg. number of hours to qualify for coverage – 25.7 ▶ 65% take-up rate ▶ Avg. employer share of individual coverage (all): 76% ▶ Avg. monthly premium for all employees: $68 ▶ Avg. monthly premium for nursing home employees: $76.50 ▶ 55% of employers offer only one health insurance plan ▶ Organization's inability to pay listed as top reason for not offering health insurance ▶ Employers receive 59% of funding from the state	▶ While likely that most enrolled employees are direct-care workers, survey results do not specify

[2] Available at: http://www.statecoverage.org/node/543

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
MA	MA Extended Care Federation (provider association representing nursing homes and assisted living facilities)	*MECF Nursing Facility Employment Survey*	June 2002	▶ MECF member nursing facilities	▶ All facilities offer insurance to full-time staff; half offer it to their part-time staff ▶ 70% of CNAs eligible for health insurance, only 29% enroll in individual and 15% in family. ▶ Avg. employer contribution for individual coverage: 77% of premium ▶ Avg. annual worker premium for individual coverage: $830	▶ Not a health insurance focused survey ▶ No methodology information. Number of employers surveyed or response rate unknown.
MI	PHI – Health Care for Health Care Workers	*Beyond Reach? Michigan Long-Term Care Employers Are Struggling to Provide Health Coverage for Employees*	April 2008	▶ 3,000 surveys mailed to nursing homes, hospital LTC units, county medical care facilities, home health agencies and assisted living providers. ▶ 8% (299) response rate, mostly from nursing homes and assisted living providers. Report focuses on findings from those two employer types	▶ Large employers more likely to offer health insurance. 96% of nursing home respondents offer coverage to their direct-care staff. ▶ 48% of nursing home respondents have monthly employee premium of over $75. ▶ 48% of nursing facilities offering coverage are concerned they won't be able to continue coverage in next two years. ▶ Small employers less likely to offer insurance; 33% of adult foster care homes offer health insurance	▶ Low response rate ▶ Specifically asked if health insurance is offered to direct-care workers

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
MN	MN Dept of Health, Health Policy & Systems Compliance Division: Report to MN Legislature	*Employer-Sponsored Health Insurance in the MN Long Term Care Industry: Status of Coverage and Policy Options*	January 2002	▶ Surveyed approx. 900 employers serving elderly and disabled. ▶ 65% (581) response rate	▶ 81% of employers offered coverage; 51% of employees eligible ▶ 68% of eligible employees enrolled (38% coverage rate) ▶ Average employer subsidy of individual coverage = 76% ▶ Average total monthly premium of $193	▶ While likely that most enrolled employees are direct-care workers, survey results do not specify ▶ State currently undertaking a statewide survey of direct-care workers across all settings in order to determine coverage proposals to legislators; results due in 2009

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
NY	Niev Duffy, Ph.D.	*Keeping Workers Covered: Employer-Provided Health Insurance Benefits in the Developmental Disabilities Field*[3]	October 2004	▶ 225 agencies serving people with developmental disabilities received the survey ▶ Response rate: 35% (78)	▶ 75% of employees eligible for coverage ▶ 70% take-up rate ▶ Take-up rate in smaller agencies (67%) lower than in larger agencies (75%) ▶ Average annual employer cost for health insurance: $4534 ▶ Health insurance costs rose 7.5% between 2000-2001 for all agencies: 9.1% for small providers ▶ Agencies with enrollment at 60% or above showed that direct-care workers stayed at their job one-year longer than those with enrollment rates below 50%	▶ Survey of residential agencies serving people with developmental disabilities ▶ Eligibility and take-up levels similar to other residential long-term care agencies ▶ Establishes clear relationship between health insurance and retention

[3] Available on-line at: http://www.nysacra.org/downloads/Health_Insurance_Report.pdf

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
NY	Center for Health Workforce Studies, School of Public Health, State University at Albany, NY and PHI	*Health Insurance for Home Care Aides in New York: Findings from the 2008 Home Care Agency Employer Survey*	November 2008	▶ Survey faxed to 517 certified and licensed home health agencies, and agencies and fiscal intermediaries connecting consumers to workers under Medicaid Consumer Directed Personal Assistance Program ▶ Response rate of 17.8%	▶ 79% offered health insurance to their aides ▶ Offer rate varied by type of agency and ownership ▶ 35% reported that all of their aides were eligible for insurance, while 7% reported none were eligible. ▶ Aides had to work an average of 26.1 hrs/wk to be eligible and a 3-month waiting period to enroll ▶ Only 37% of aides employed in agencies that offered coverage were enrolled in their employers' plan ▶ Employer share of premium varied: certified agencies paid average of 69%; licensed agencies 50%; consumer-directed agencies 35%. 17% covered none of the cost	▶ The survey found a significant and positive correlation between take-up rates among eligible aides and the percentage of premium costs covered by the agency: For every 1 percent increase in covered costs, take-up rates increased by an estimated 0.61%.
OH (Cuyahoga County)	Margaret Blenkner Research Institute	*Direct Care Workforce Organizational Survey: Results 2003-2005*	June 2006	▶ 161 nursing homes, assisted living facilities and home care agencies in Cuyahoga County (Cleveland) were surveyed b/t 2003-2005 ▶ Avg. response rate over three year period: 43.6%	▶ Organizations offering fully-paid Employer-Sponsored Insurance over the three-year period declined ▶ Number of hours required to work per week for eligibility for benefits decreased over three year period across all employer types	▶ Not a health insurance focused survey

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
PA	Pennsylvania State University for the Pennsylvania Intra-Governmental Council on Long-Term Care	*2004 Pennsylvania Long-Term Care Workforce Surveys*	2005	▶ Follow-up to surveys done in 2000 ▶ Random sample representing 50% of nursing homes, personal care homes, adult day centers, certified/licensed home health agencies and unlicensed home care/home health agencies ▶ 39.6% response rate (759). On-line completion of survey was available, but less than 2% were completed that way ▶ Highest response rate was from adult day centers and smallest response was from unlicensed home care/home health agencies ▶ Geographic differences were found in responses with a much higher response rate from employers in rural areas	▶ 75% of all providers offer health insurance to direct-care workers. ▶ All nursing homes offer health insurance coverage compared to 89% of licensed home health agencies, 78% of unlicensed home health agencies and 56% of personal care homes ▶ Most offer coverage only to full-time workers	▶ Not a health insurance focused survey

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
VT	Department of Disabilities, Aging and Independent Living and Vermont Agency of Human Services	*Legislative Study of the Direct Care Workforce in Vermont*	March 2008	▶ Surveys mailed to 210 nursing homes, residential care facilities, assisted living programs, home health agencies, adult day programs, and developmental service providers. ▶ 26% (54) response rate ▶ Nursing homes and developmental service providers had highest response rate; only 3 home health agencies responded.	▶ 83% of respondents offer health insurance ▶ 95% of nursing home respondents offered health insurance. ▶ Residential care homes, the smallest providers were the least likely to offer insurance. ▶ Employers covered 70% of premium costs. ▶ Avg. number of hours to qualify for eligibility – 27.5 **Recommendation** ▶ Keep direct-care workers and advocates informed and involved in efforts to improve health care access ▶ Explore making the Vermont state employee health insurance program open to direct-care workers ▶ Ensure health care expansion efforts are targeted to direct-care workers	▶ Not a health insurance focused survey

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
VA	VA Dept. of Medical Assistance Services and VA Commonwealth University's Partnership for People with Disabilities	*Health Insurance and the Recruitment and Retention of Direct Service Worker in Virginia: Final Report*	October 2007	▶ Several thousand surveys mailed or distributed to agencies that employed direct-care workers and received Medicaid reimbursement for home-based personal care ▶ Of 178 employers meeting survey criteria; 126 included in final analysis: 80% for-profit and 20% not-for-profit ▶ 72% response rate ▶ Telephone and written surveys	▶ Only 40% offered health insurance to direct-care workers ▶ Cost to agency and workers listed as top two reasons for not offering insurance ▶ Rated health insurance as important in recruiting/retaining workers ▶ About half (53%) require workers to work 25-30 hours a week to be eligible for insurance ▶ About half (55%) offer family coverage to workers ▶ Clear relationship between the number of full-time employees and whether health insurance was offered: employers with no full-time employees and smaller agencies with 10 or fewer employees were less likely to offer health insurance	▶ Although they did ask about premium cost in the employer survey, the findings were not included in the final report.

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
WI	WI Council on Developmental Disabilities and Bureau of Developmental Disabilities Services	*Wage and Benefits for Wisconsin Direct Support Workers: Findings of a Statewide Study*[4]	June 2003	▶ Survey mailed to 224 agencies with 10 or more employees providing residential or vocational services to adults with developmental disabilities ▶ 55% (123) response rate	▶ Average employer premium contribution is 25% ▶ Average contribution for residential providers, is 31% ▶ Agencies experienced a 26% increase in health care cost in one year ▶ 38% offer HMO and 45% offer PPO	▶ Survey provides information on employers providing care to individuals with developmental disabilities, which is unique among surveys done on this workforce.

[4] Available online at - http://www.dawninfo.org/advocacy/issues/workforce/WB_report_Aug03.pdf

Health Care Coverage for Direct Care Workers: A Summary of Reports Based on Employee Survey Data

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
CA	RTZ Associates/ Personal Assistance Services Council (PASC) of Los Angeles[5]	*Impacts of Medical Benefits on Service Use and Satisfaction: A Survey of IHSS Workers in Los Angeles*[6]	2005	► Random sample of 2,060 workers enrolled in the PASC-SEIU health plan and 2,060 eligible but not enrolled. Total surveys mailed 4,120 ► Response rate: 15.4% (635)	► 30% of eligible workers have enrolled in the plan. ► Reasons cited for non-enrollment: 53% have other coverage; 47% did not know they were eligible ► Length of employment is correlated to whether a worker enrolls in plan. Those who have been IHSS workers longer are more likely to enroll in the plan	► Study focused on access and utilization of available plan ► Workers are covered under a collective bargaining agreement
IA	Iowa Better Jobs Better Care in cooperation with the Iowa Commission on the Status of Women	*Certified Nursing Assistants Wage and Benefit Survey: Report of Findings*	October 2004	► Survey mailed to CNAs on the Iowa Direct Care Worker Registry ► Random sample of 4,500 names. 906 returned as undeliverable ► Response rate: 23% (808) ► 74% work in nursing homes ► Survey compares findings from 2001 workers survey when available	► 25% of workers uninsured ► Sources of coverage for worker and family (multiple answers allowed) – 34% have family coverage; 30% have single coverage; 16% have no coverage for other family members ► 8% Medicare; 7% other; 6% have Medicaid just for their children; 3% hawk-I (other public coverage); 3% Medicaid for entire family ► Source of coverage/uninsured level not asked in 2001	► Survey captures coverage sources for entire family, not just worker ► Although the take up rate is fairly high, more than half still choose not to enroll. ► Coverage has become more unaffordable for workers over time. ► Affordability is the greatest barrier to

[5] RTZ Associates publications available on-line at www.rtzassociates.com

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
					▶ 88% are offered Employer Sponsored Insurance (ESI); 50% of those who are offered it take it ▶ Increase in number of workers offered and enrolling in health insurance in 2004 compared to 2001 ▶ Reasons cited for not taking it (multiple answers allowed): 59% cost/affordability; 42% have alternate; 14% not eligible; 9% not satisfied with coverage; 2% covered through another job ▶ Increase in percentage of workers not taking coverage because of cost (41% in 2001) as well as increase in workers being dissatisfied with coverage (3% in 2001) ▶ 25% of workers with ESI pay 26-50% of premium cost. ▶ 69% had increase in premium from previous year ▶ Nearly all (94%) of ESI plans require co-pay. 36% reported co-pay has kept them from seeking care. More of an issue in urban areas than in rural ones. ▶ 73% are very or somewhat concerned about losing their coverage.	coverage for these workers.

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
IA	Iowa Better Jobs Better Care in cooperation with the Iowa Commission on the Status of Women	*Home Care Workers Wage and Benefit Survey: Report of Findings*	October 2004	▶ Home care agencies who contract with the Iowa Department of Public Health and other agencies were asked to provide names and addresses of workers to participate in the study ▶ 452 surveys were mailed to home care workers ▶ Response rate: 49% (218 surveys)	▶ 93% work for a home care agency ▶ 13% uninsured ▶ Other sources of coverage (multiple answers allowed): 40% family coverage; 36% single coverage for self; 12% other; 10% Medicare; 9% no coverage for other family members; 4% Medicaid just for children; 2% Medicaid for entire family ▶ 80% have an offer of ESI; 64% take it ▶ Reasons for not taking it (multiple answers allowed): 46% have other coverage; 34% not eligible; 33% cost; 13% other; 5% covered through another job; 3% not satisfied with coverage ▶ Co-pay required for 97% of those with ESI. 23% state co-pay has kept them from seeking care ▶ 73% are very or somewhat concerned about losing coverage	▶ Mostly rural respondents ▶ High take-up rate for ESI among those eligible for coverage ▶ Low rate of uninsurance, which is surprising since home care workers typically have high rates of uninsurance. This is likely due to workers having another source of coverage.
ME	Maine Center for Economic Policy	*Study of Maine's Direct-Care Workforce*	March 2007	▶ Surveys mailed to four different types of workers. ▶ 799 Consumer Directed Workers – Response Rate: 25% (199) ▶ 440 Home Care Workers from major agency – Response rate: 50% (220)	▶ Uninsurance levels among workers: 34% of home care; 32% of consumer-directed; 16%of nursing/residential care; 10% of DD waiver ▶ Workers receiving MaineCare (public coverage): 26% of	▶ Not a health insurance focused survey ▶ Comprehensive study that provides information across long-term care sectors.

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
				▶ Developmental Disabilities Waiver Workers – Surveys sent to employers who were asked to distribute surveys to all workers. 630 responses ▶ Facility-Based Workers – Surveys sent to 220 members of provider association and they were asked to identify 5 workers to complete the survey. 41 agencies responded. 166 surveys completed	consumer directed; 18% of home care; 13% of nursing/residential care; 8% of DD waiver ▶ Spousal coverage highest among home-care workers-27% ▶ ESI highest among MR agency (64.8%) and nursing home (53%) workers ▶ One in ten who were offered ESI in nursing/residential care settings declined coverage because of premium costs and remained uninsured ▶ Median monthly premium for individual coverage: $73 for DD waiver programs and $95 for nursing/residential care	
ME	Institute for Health Policy – Muskie School of Public Service at the University of Southern Maine	*Maine's Direct Care Workforce CMS Project: Evaluation Component*	December 2007	▶ Two worker surveys: Initial in 2005 and follow-up in 2007 ▶ The 24 of the 26 agencies that participated in the employer survey also distributed surveys to their staff ▶ Survey conducted by telephone. Individuals were contacted up to 16 times to increase chances of participation ▶ All respondents were given a $20 gift card and the entered into a raffle for a $100 gift certificate ▶ 2005 Survey – 1,126 surveys sent. Response	▶ 24% are uninsured ▶ Sources of coverage: 37.8% public coverage (Medicaid, Medicare, VA, other); 34.5% spouse or partner; 14% employer; 9.1% private insurance; 4.6% other ▶ 34% have an offer of ESI. Take up rate: 31% ▶ Reasons for not accepting ESI. 44% don't need or have other coverage; 28% can't afford the premium ▶ In 2007 – 25% uninsured. Sources of coverage (all listed, does not equal 100%): 25% spouse or partner; 16% Medicare;	▶ Two surveys show changes in coverage over time and a significant decrease in coverage through a spouse or partner. ▶ Low take-up rate likely due to workers not needing or having another source of coverage

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
				Rate: 73% (819) ▶ 2007 Survey – 819 surveys sent. Response rate: 80% (660)	14% MaineCare (Medicaid); 8% employer; 6% private; 5% covered through another job; 4% VA; 3% other	
ME	Health Care for All	*Health Insurance Access Survey of Direct Care Workers in Nursing Homes and Home-Based Care Agencies in Boston, New Bedford/Fall River*	Spring 2002	▶ Interviewed 196 workers – 136 home-care and 60 nursing home workers. ▶ Employees were interviewed with the permission of their employers.	▶ 25% of workers uninsured – 22% of nursing home workers and 26.5% home care workers ▶ Source of coverage: 55% from LTC employer, 29% from another employer, 9% from "government"; 7% other ▶ 68% of nursing home workers report coverage from their employer compared to 50% of home care ▶ ▶ Twice as many workers in home care listed government as source of coverage than nursing home workers (11.9% vs.5.3%) ▶ Boston workers had higher levels of government coverage ▶ Average annual premium[7] - $992 ▶ 70% of workers reported being in good or excellent health ▶ 31.4% of home care workers reported fair	▶ Provides data of health care access for workers in an urban area ▶ Given that employees could only participate with permission of their employer, respondents are probably employed by organizations that offer health insurance.

[7] Average cost of includes family and individual coverage. This cost reflects both ESI and insurance from another source.

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
					health compared to 21.3% of nursing home workers ▶ 47% of home care workers reported having a chronic illness, compared to 40% of nursing home workers	
MI	PHI Health Care for Health Care Workers[8]	*When Michigan's Caregivers Lack Coverage*	February 2007	▶ 600 telephone interviews completed from a random sample of workers (called providers) in the Michigan Home Help program. Workers hired directly by consumers	▶ 29% uninsured ▶ Sources of coverage (multiple answers allowed): 31% from a spouse, 19% from Medicaid; 19% Medicare; 17% private/self-pay; 16% covered through another job ▶ Rates of uninsurance by region with higher levels in rural/suburban areas and lower in urban/metro areas of the state ▶ Uninsured workers lacked regular source of care; half reported not seeing a doctor when needed, including for chronic illness	▶ Comprehensive snapshot of coverage, utilization and health status ▶ Good analysis of differences of coverage and access based on geography
MI	Tri-County Office on Aging[9]	*A Labor of Love: Assessing the Status of the Direct-Care Workforce in the Tri-County Area*	2005	▶ Employers were asked to hand out or mail surveys to their workers. ▶ 1,246 surveys were distributed to agency-based workers ▶ 1,435 to Home Help workers (Response rate: 35% for agency-based	▶ 30% of workers reported having ESI. ▶ Reasons for not having ESI (all workers): 43.3% not offered; 30.5% have from another source; 13.4% do not work enough hours; 10% too expensive; 2.1% other	▶ Not a health insurance focused survey ▶ Did not specifically ask a question of whether workers have any health insurance

[8] Designed and conducted by the Feldman for Service Employees Union International

[9] TriCounty area represents Ingham, Eaton, and Clinton counties

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
				(435) and 17.6% for Home Help (252)		
MT	Healthcare for Montanans Who Provide Healthcare	*PCA & Private Duty Nurse Health Insurance Survey*[10]	October 2006	▶ Surveyed 3,400 workers and had a response rate of 19% (653)	▶ Average hours worked per week: 25.1 ▶ 60% are uninsured ▶ Sources of insurance: 20.2% through spouse; 18% other; 15.5% Medicaid; 11.1% ESI; 10.8% other employer; 10.5% Indian Health Service; 10.2% Medicare; 3.6% through parents ▶ 56% would take ESI if premium was $20 or less per month	▶ Purpose of the survey was to gather data to design health care coverage for direct-care workers ▶ Brief survey provided good baseline data on health insurance availability and ability to pay for ESI.
PA	Pennsylvania Center for Health Careers Direct Care Workers Work Group	*The Health of the Direct Care Workforce in Pennsylvania's Long-Term Living System*	2009	▶ Telephone survey of 890 direct care workers (498 in congregate settings – nursing homes, assisted living or personal care homes, and group homes and 392 workers in home and community based settings - home health agencies, private duty nursing agencies, Ctrs for Independent Living, and directly for individual clients)	▶ 16% of all direct care workers uninsured; 25% of those in home and community based services (hcbs) ▶ Among those with insurance, 59% get it from their own employer (41% of hcbs workers), 25% through spouse's employer, 9% through government program (16% hcbs workers), 6% buy it on their own (11% hcbs workers), and 2% report getting it from some other source ▶ 25% lives in households with at least some uninsured members (30%	▶ 25% report having a chronic condition such as heart disease, diabetes, asthma ▶ 44% have been injured in their direct care job

[10] Final report not issued. Results from the survey were used to develop Healthcare for Montanans Who Provide Healthcare legislation

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
					among the home and community-based sector) ▶ 78% say they are concerned a *great deal* about affordable health care insurance for themselves and their family	
PA	Pennsylvania State University for the Pennsylvania Intra-Governmental Council on Long-Term Care	*2004 Pennsylvania Long-Term Care Workforce Surveys*	2005	▶ 220 employers were asked to provide list of their direct care staff. 67 employers agreed to participate ▶ Random sample of 50% of direct-care workers from each employer was chosen ▶ Employers distributed survey packets to workers, which included cover letter, survey, and stamped envelope. ▶ Workers paid $2 to complete survey ▶ Response rate: 53.2% (640)	▶ 46% of workers are covered by ESI ▶ 25% of workers to do not take-up coverage offered by employer	▶ Not a health insurance focused survey
VT	Vermont Department of Aging and Disabilities	*Health Insurance for Personal Care Workers: Final Conclusions and Recommendations*	2002	▶ Surveys mailed to 800 personal care workers (hired by consumers) ▶ Response rate: 21% (164)	▶ 28% of PCWs do not have private or government-sponsored health insurance ▶ 26% are covered by Vermont Health Access Plan (VHAP) ▶ 25% had applied for VHAP but were denied due to income. ▶ 50% of those uninsured had never tried to apply for VHAP. ▶ Recommendations ▶ Increase outreach to VHAP	▶ The purpose of the survey was to look at options for providing health insurance coverage to workers in Vermont ▶ No finding on exact number of those lacking any insurance

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
					▶ Consider providing subsidies to purchase individual coverage ▶ Explore income exclusions that may be available under VHAP to increase eligibility for PCWs	
VT	Department of Disabilities, Aging and Independent Living and Vermont Agency of Human Services	*Legislative Study of the Direct Care Workforce in Vermont*	2008	▶ 7850 surveys mailed to workers through the Vermont Association of Professional Care Providers, workers employed directly by the state and their employers. ▶ Response rate: 22% (1,699)	▶ 28% of workers uninsured ▶ Sources of coverage (sources noted in report, other sources not indicated): 30% covered by ESI ; 30% have other source of coverage (spouse, public program), 11% have health insurance through another job ▶ Average monthly worker premium: $142. 72	▶ Not a health insurance focused survey ▶ Worker health insurance premiums are high. ESI may not be an affordable option for many workers
VA	VA Dept. of Medical Assistance Services and VA Commonwealth University's Partnership for People with Disabilities	*Health Insurance and the Recruitment and Retention of Direct Service Worker in Virginia*	October 2007	▶ 10,000 surveys distributed to 176 agency directors. Workers compensated $10 for completing the survey. ▶ 1550 surveys returned ▶ Response rate among agency workers b/c number of workers that actually received surveys is unknown. ▶ 3600 surveys sent to consumer directed (those my consumers not employed through an agency) DCWs. ▶ 1,193 responses for a 30% response rate	**Agency-Based Workers** ▶ 49% uninsured ▶ Sources of coverage: 26% spouse; 20% Medicaid 16% other employer; 11% ESI; 10% private plan; 10% Other, including multiple sources; 7% Medicare; ▶ Reason for uninsurance: 74% too expensive, 50% employer does not offer it ▶ 59% of uninsured workers have annual income less than $9,800; 86% of insured workers have annual income over $40,000	▶ Comprehensive snapshot of coverage ▶ Different survey instrument used for agency and consumer directed workers ▶ Consumer-directed workers had lower level of uninsurance compared to agency based mostly due to higher levels of coverage from a spouse or other employment

State /Region	Source	Report Title	Year	Sample/Method	Key Findings	Comments
					Consumer-Directed Workers ▶ 39% uninsured ▶ Sources of coverage: 30% spouse; 29% other employer; 14% Medicaid or Medicare; 14% Private plan; 9% other, including multiple sources; 3% home care employer ▶ Uninsured workers worked more hours than those with: 36 hours/week vs. 28 hours/week ▶ 74% of uninsured workers had annual income less than $9,800; 81% of insured workers had annual income over $40,000	
WI	Milwaukee Aging Consortium	*Caregiver Survey Final Report*	2003	▶ 244 participants from 11 nursing home, home care, and community based employers in Milwaukee ▶ Nursing homes made up 46.8% of the sample ▶ 67% of respondents were CNAs ▶ Response rate not presented	▶ 27% are uninsured ▶ Sources of coverage: 36% ESI, 12% Medicaid, 10% spouses job; 10% other source	▶ Not a health insurance focused survey ▶ High percentage of nursing home workers impacts type of coverage and hours worked.

Appendix B: Worker Responses to Open-Ended Question[11]

Q38. We would really like to hear from you! Is there anything else you would like to add?

Would like to see insurance deductables come down as I don't go to the dr more than 1-2 x's a year.

Would like more reasonable health insurace.

Would like affordable health insurance

Wish the facility provided free - health and dental insurance

Why is a person denied financial help for medical/hospital emergency if they make more than 875.00 per month but less than 1600.00?

When I got this 1st job they didn't give me enough hours so I could get ins and when I have enough hrs then don't tell you anything or won't let you sign up for anything. But I could sign up for stuff like ins. and other stuff.

When a client is in the hospital should we receive some compensation for lost hours, when we have no vacation time.

We used to have a really nice copay plan but it was cut after the rates went up. Now I have a deductible plan which serves me prety well but I'm healthy and only need preventative care. I also need new glasses but can't afford them right now.

We pay $390 per month for 2 people and then have a $4800 deductible on top of that. It makes it really difficult to pay medical bills w/ this high deductible.

We need wages and benefits inclusive of on-going health insurance benefits for retirees that are reflective of the current economic trends. People cannot afford to retire and maintain a basic level due to cost of living increases and escalating health care costs. Health care workers need wages and benefits comparable to those provided in the private sector.

We need better insurance for the money we pay. We need a cheaper deducable

We need a raise so we can think of insurance.

We have gone from a fully paid plan to a high deductible plan ($2300 single/$4600 family) with an HSA. our employers contribute half of the deductible to the HSA. But that may change to no employer contribution in the near future.

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[11] The quotes are exactly as respondents wrote them, without editing.

We had MinnesotaCare insurance, but the premiums became too expensive so had to drop coverage. Really need affordable health insurance for my family of five.

We are entitled to universal health and dental care in the U.S.

Universal singal payer!

United States needs free health care for everyone. People are dieing

To much $ out of my pocket for health care.

This survey seems like such a waste since the state is trying to take more away from nursing homes and if so it will mean more cuts. So what do they really care about nursing home!

These questions seem loaded for a National Health Care plan. Even though I am raising a family of 6 on one income and I struggle to pay the bills I still would not want a National Health Care Plan.

There are too many workers here struggling without insurance.

The little income per month I get, its really hard to support the family. Pay the rent, pay the bills in the house and also pay for all the medical bills for me and my children, and feed the whole family. Thanks.

The insurance plan I have now I pay everything until the deductible is met and then 20% after that for medical. Office visits have a $35 co-pay and prescriptions vary. It would be nice to have a lower deducible and co-pays, or some type of third party billing, where you submit your bill and part of the bill is paid for. With this a certain amount of money as 1000 a year is set aside for each insured member and what's not used one year can be carried over to the next. Not sure what the name is for this, but my husband [text not readable].

The insurance isn't the worst part. It's the high deductable. By the time the deductable is met the year starts over. You can't keep up!

The health insurance I have right now is good. My fiance does not have insurance and once we're married I would like him to get insurance through my employer but the amount we have to pay monthly is 2 wks. worth of pay. Which is way to expensive.

The health insurance here isn't quality. Some people who work here skip going to the doctor because they can't afford the bill and they are FULL time!

The health insurance at my place of employment is very expensive. If it were cheaper, I would enroll. Do that I would have better coverage over and above my spouses' policy.

the cost of asthma medication is too high - copay ($35) This medication costed me $70 + 120.00 for other medication each month.

The chance to have health care would change my life!

The average income person needs help to get health insurance. As the payroll person I hear a lot of employees that don't have us, because they just can't afford it.

Right now I have a daughter, grandaughter, who live with me. Also a son, who shows up occasionally. Next year I turn 60 and my ins premium share will go from $400 to $600 a month + what employer pays. Probably will either drop my insurance or drop a day or 2 of work. Won't be able to make it with $600/mo Ins. and pay regular bills.

Realy would like to parcipate in having medical and dental insurance

Question 11 - I didn't have answer because none applied. I pay the deductible, co pay and anycost not covered by my insurance other than the insurance pays.

Please help I enjoy my job and taking care of people. People will be out of jobs if budgets get cut and elderl won't have anyone to care for them.

Our place is calleed "assisted living" but it is more of a "nursing home" with the people as residents we have to care for. We need more care givers and so many office employment

Our nonprofit nursing home has prices set by the state and is mandated to add computer systems, sprinkler systems, etc. and does not get extra money to do this which takes away from employee raises and benefits. We are losing good employees because we cannot compete with hospitals, even fast food restraurants offer benefits.

Our copay is $1500 + deductible $1500 so my health insurance from my work we have to pay $3000 out of pocket yearly. before I get health coverage by my spouse I did not seek medical help for my illnesses because I could not afford to. My family owes around $8000 in medical bills + multiple collections are in process. My employer did cover my family for dental but they stopped. Now only cover me for $1000 a year with copays.

Now @ our job thru Horizon Health we will no longer get a wage increase of cost of living raise. Boy we really make a lot. Have been with this company going on 8 years . Making $11.09/hour. I wonder in ten years who will take care of me? These are our loved ones. Sad isn't it?

My question would be - I am a PCA for my mom and I am employed for All Generations. If something happen to my mom and am no longer employed can I still carry on with this insurance for my own personal care.

My place of employment is a great place very flexible and I enjoy working for them. Hopefully, it became better health insurance would be a great benefit.

My medical bills are killing me. They have piled up from a surgery 3 years ago. I am again doctoring for other issues and am finding it extremely difficult to keep up.

My insurance is $5000 deductable. Because that's what I can afford.

My health care expense is just birth control which is not considered preventative by my insurance which means I pay out of pocket each time I go for my depo provera shot + related office visit costs. Continues to be frustrating for me.

My deductible is 5600, even with insurance how can I afford to go to the Dr.? If I was to put my husband on my insurance I would take one of my checks a month (I get two a month)

Medical insurance is too expensive. Co pays are too high. Insurance has too many limits on what it will pay for. Health insurance would take over 1/4 of our monthly income plus we'd have to pay copays and deductibles.

Make insurance affordable with a lower or no yearly deductible.

Lower office visits, and drugs, lower what you have to pay out of your own pocket. When you need test and ex rays.

Lower co pay and lower co pay on med

I've worked for PHS - Goodhue Cty. For 2 years, and have always had there health insurance from them (one of there many benefits). So to say this is a very important topic for me. We never know when an illness can occurr. It pays for an individual to have a yearly physical - from preventating a severe illness such as cancer. I don't smoke!! Help us. Thank you

Its been a great job.

It would be really nice to get are wages raised because we do a lot of the hard hands on work. And get treated like nothing when were dealing with patients.

It would be nice if part time employees could get some kind of health benefits

It would be nice if employers offered insurance. Not to just full time. Some have busy lives. Rates could vary if need be.

It would be nice if employer would offer insurance for staff.

It would be nice as a health care professional to have courtesy to have totally paid for health insurance.

It would be great if I could afford the health insurance. It would not be just benefit myself but also my son and daughter who are in their 20's. My daughter has many old medical bills from surgery and months of therapy that together we are trying to get paid off. Also, without insurance my meds alone run me about $200/mo. Like the saying goes: can't afford to have it and can't afford not to have it.

It is difficult to be able to have health insurance because the cost is so high and typically the coverage is not very good. The cost would not be so bad if it actually covered some more of the expenses.

Insurance is very high. Preventative health care is key to lowering long term health problems!

Insurance is a major factor but working someplace you don't like or hate isn't the answer

In order for me to have a paycheck that is enough to pay my everyday monthly bills, I need to work at least 16 hours of overtime. My health insurance is over $190 and month. My son does not have insurance, if I got family coverage at work I really wouldn't have a paycheck. Its insane, my son is 9 and doesn't qualify for Minnesota Care or anything!

I'm really concerned I will be turning 50 yrs in May and I'm afraid I will not be able to aford the new rates that my insurance will go up too. I'm thinking that it will almost double.

I'm not happy w/ my health insurance. Too expensive, not much covered w/ it.

I'm happy on MA, but I would love to have other insurance

I'm doing OK, because of my husband's insurance from work and TRICARE as a retired member of the Air Force. Most people I work with are not so fortunate. Aides come to me with stories of having no coverage. It's really sad.

If there could be a raise to cover cost of living that would be great, my husband is laid off and can't find work and I have a terminally ill child who spends a lot of time in Minneapolis MN, a raise would help so much, that and coverage that is cheap to cover health care for my son.

If health insurance was less costly could afford it but my work's insurance cost of 600 per family a month. My insurance wanted to pay for insurance going back over 6 months, why?

If everyone had health insurance I believe people would have better health. Therefore, avoiding having to pay for preventable illnesses.

I'd like help for paying for trainings, I need 40 CEU's every 2 years I'd like more vacation time to accrue

I, myself, have very little direct contact with patient's in long term care. However, I have had loved ones in long term care. This is a very difficult field, and these workers deserve very high praise.

I would like to see better health insurance. I would not mind paying for a very good insurance, and also pays for my glasses and exams because I am diabetic person.

I would like it to be easier for guidelines lowered on order to be eligible for Minnesota Care or MA for my son at least.

I would appreciate it if my company had supplemental insurance for workers over 65 who are on medicare, for health, prescription and dental.

I work in long term care facility. We have CNA's have a very hard job. It would be nice to see wage increases. Also, for people that work in health care should get free health insurance we are at risk for many things.

I work at this facility spacifically because it gives me full benefits for a 24 hr position. I probably wouldn't be here otherwise.

I work any where from 80 to 100 hrs every 2 weeks to paid "normal bills". Because I work so much I don't qualify for ay of the state insurance programs, nor do I get any other type of state assistance. As of Feb 2009, I have a $8000 ER vistit/Hospital bill I'm paying on. My question is why when someone pays CASH, they pay the highest amounts?

I work 2 full time jobs insurance is offered through both jobs. I was not eligible for insurance through my other employer because I was short 1.75 hours in the last month of probation period. I become eligible in Nov. I choose that company because of the cost and coverage.

I wish my premium wasn't so hi. For my health ins.

I want to have a medical insurance to cover when I go to see a doctor or dentist and any time I get sick. If your group can help us get it; that should be good.

I think its sad that we work in a healthcare field and aren't offered some kind of health coverage.

I think home care is very important. There are a lot of people who need some kind of help and tey need us to help them. They want to stay at home as long as possible and they deserve to do just that. Please continue to support home care agencies. I would be nice to be paid more, because the wages are very low for how important the job is.

I really think a cost of living raise is appropriate as the price of everything in the world has gone up we need our wages to go up also.

I really enjoy working in this field of work. I've been doing it for quite some time now. It makes me feel good to make others feel good.

I personally do not need medical insurance due to my spouse and we will be on Medicaid in 3 years, but I have coworkers who do not have insurance due to the costs which puts them at great risk for possible debt from medical costs and they do not see a doctor for preventative care, which puts them at risk for diseases and illnesses.

I pay a high cost from insurance and insurance does not pay much dental the most does not cover much! Health care in general is too costly for the working poor! (health care workers) As they never get raises. we were put on a 4 to 5 year wage freeze at one time as health care, insurance, union dues all went up at the same time we never get cost of living increase.

I pay $90/month for health insurance that doesn't cover anything. Working in this field there are always viruses and other 'bugs' floating around and yet this company doesn't take care of its employees. I'd be better off w/o insurance - this isn't fair to us at all!!!

I only work as a PCA and to help my daughter who is disables because of vasculitis

I love the kind of work I do and would hope to continue in this line of work. Maybe even advance into a higher wage position related to nursing care if ever able to figure out how.

I love my job here at the nursing home!

I just want to say thanks for this survey. I am kindly asking the Minesota Department of Human Services to please provide health insurance for a very low cost. So we can live a better life.

I have three jobs in home care one at target and that's where benefits come from.

I have insurance through work. But our deductible is SO high it is almost like having no insurance at all.

I have been retired from my long term previous job for 4 years. Therefore, all my insurance benefits and retirement benefits are through them. Now in retirement I only work on call at a health care center.

I have avoided medical care do to our high deductable

I have avoided going to the doctor because my clinic does not use our health plan. Why should I have to change my doctor, which I have have for 11 years, because of that health insurance should be able to be used at any clinic. You should have a choice to your own doctor and not be forced to chang.

I have a great job now - however, due to cuts to human services I am quite certain I will be layed of by the end of the year. Thus, the end of benefits.

I hate dealing with insurance companies. One reason I don't have health insurance is I seen my dad fight them for many years. It seems even if you think your covered your not. They take your money and when you get sick you can't find them.

I feel that those of us in the health care field should not have to worry about health ins. It should be available to all in our field. After all, who deals with all kinds of sickness make then health care workers'?

I feel I work hard and deserve insurance affordable and where myself and family can go and get better dental care without driving 1 1/2 hrs on M.A.

I do not have ins. For my 2 kids because I can not afford to pay for it. The premiums and to high through my work.

I do feel it is very unfair for staff that does work and they work hard in LTC but due to lower wages that can be pd them due to state federal funding they cannot afford insurance for themselves and especially for family. Others not asking are receiving health insurance.

I desperately need health insurance that is affordable

I can't live off what I make but I can't not have insurance when there's a kid involved I need insurance badly.

I can't afford to pay health insurance premiums. If I took what was offered here for myself and husband, I'd have to live off $500/month. I can't do it.

I can't afford dental coverage or dental visits for my 2 children also eye coverage is not covered under our policy.

I believe that the people in the health care field are extremely vital to society, especially the ones that are hands on with their clients patients. I believe that people in the health care field deserve to be paid what they are worth.

I believe every man, woman and child has a right to health care. If that means universal health insurance I am for it. I am putting off dental care I cannot afford (the estimate is nearly as much as my social security payment for an entire year. My mouth hurts as I write.

I am not able to afford to pay for health insurance related to lower income. Although I am not eligible for any state funded health care, related to working full time and income guidelines are set too low. I am not eligible for MN Care related to fact that company offers insurance/pays over 1/2 premium/even though my 1/2 of premiums are more then I can afford.

I am fortunate to have health insurance available for a reasonable rate thru my husband's construction job. The rate of insurance at my job is not at all affordable.

I am a student who is unable to work full time due to college load. It would be great to have a higher paying job, or/and work full time to qualify for our companies benefits. Still, I believe, due to my wage, the premiums would be too high. I get no child support. I look forward to earning my degree where I will earn better income and benefits.

I am a student just starting in the health care field. I just recently was put under my father's insurance.

Husband is going on Medicare soon and retiring. Need may own health insurance.

Hourly wage is disappointing; with very little or no increases- especially for as hard as we work! Would be helpful to have more of a retirement package + life ins.

Home Health Aides are an asset to the community in which they live. They help seniors to stay in their homes, they become a friend to talk to. If I could work 30 hours a week with benefits I woulbe abele to save a little and not worry if I do need to see a dr. and dentist.

Healthcare workers do not stay in the industry because it's lucrative. The wages and benefits are not great. They stay because they like helping others. Even sadder though is the people they care for are usually dependent upon Public Healthcare such as Medical Assistance. Our legislators, Senators, and administration need to make healthcare affordable for both of these groups.

Health insurance needs to be affordable and be good coverage.

health insurance is paid by employer but at 80/20, the copay and deductible is too expensive to go to the doctor unless it's a dire emergency.

Health insurance costs have increased, coverage lowered, cost of appts increased and more loopholes for denying coverage

Health insurance /dental/vision is so expensive. Deductible way too high. It is hard to pay for prescriptions @ $800 per month Doctors, psych, etc. $10 and under per hour we can't afford insurance

health care needs to be more affordable. Lower premiums. Lower deductibles, so I can afford to have health care. A reforrmed health care system or a government run system…would be nice if affordable.

Having afford health and dental insurance is very important! It would be nice not to worry how to pay the bills.

Even though I have private health insurance I would be interested in free health insurance coverage from my employer or coverage at a lower rate than I am paying right now.

Do something about high health care insurance. A family is barely making it with groceries insurance, taxes, gas,

dental insurance is poor. we need better coverage What about a union, no voice for us here.

Deductibles are getting way too big!! Premiums are way too much!! Health insurance companies making way too much profit and not covering enough illnesses.

Besides the health coverage premiums that we pay the out of pocket expense that we pay is $500 per family member and this definitely keeps my families away from going to see a dr. for other than yearly exams.

An insurance policy covers 100% of everything including ER visits with no deductible.

Affordable health care for my children, even for my children when they are 19 years of age and older to age 22. One child does not qualify for MinnesotaCare due to our income. My husband had been layed off for 1 1/2 years, with his unemployment we still make to much. It's hard to understand when we hardly have enough money to pay for bills and groceries and gas. Yet we work. My 19 year old work but can not get full time. Can't afford college for this child either.

$5600 deductible is too high to go to doctor

$40 office visit are $2500 deductable makes me often not go to doctor.

Appendix C: Provider Responses to Open-Ended Questions: PCA Providers[12]

Q54. Please provide any strategies or policy recommendations for improving the recruitment and retention of PCAs.

Higher wages, ability to provide employee benfits such as medical insureance and paid time off.

Increase program reimbursement on a per unit basis and change the work comp category for PCAs. With Worker's Comp costs of over 100k per year, my profits are being eaten up by rising insurance costs, and PCAs are demanding more hourly pay, yet my costs are going up without being reimburseable. I'm being squeezed at both ends trying to provide a necessary service.

Increase in pay will improve the services provided to the clients.

Stop treating PCA as you do providers (requiring provider number etc). Increase reimbursement with dollars saved from keeping recipients out of institutional care. Reimburse provider for training and transportation costs.

HEALTH CARE

1. Provide consistent COLA increases that keep up with inflation. 2. Provide PCA transportation reimbursement for transporting clients to medical appointments. 3. Standardized PCA training program. 4. Limit number of hours a PCA can provide in a week to 60 or 70 hours.

Definately the health insurance is a deterrant to individuals coming to work for us. Other industries in our area pay far more than we do for pay and to assist with the benefits. We also have limited workers who apply because of daycare issues.

Do away with PCPO/PCA choice agencies and only allow Class A and Medicare certifyed agencies to provide these servies.

I try to use a fair wage and communication between client and staff.

UFFTA, WHERE DOES ONE BEGIN? MORE MONEY.....

We are hoping to coordinate with a insurance company to one day offer health insurance in the upcoming year

Increased communication on an ongoing basis -- offer competitive wages, All staff meetings/training per regulations, offer bonuses and extra benefits for longevity of

[12] The quotes are unedited. However, to protect respondents' privacy, reference to specific individuals or facilities has been removed, as noted.

staff, complete 75 day evaluations to increase staf communication and review job performance.

workes should qualify for health insurance even if they don't work 40 hours a week

The pay needs to be higher to retain employees and with the price of gas some type of reimbursment for mileage.

Being able to offer more pay - it makes no sense to us an agency that the skill level for PCA's is rewarded less than that of homemakers. The Homemaking reimbursement rate is more than that of PCA - this is wrong and should be adjusted accordingly. Our private pay rate for PCA is $23/hr vs the state reimbursement of $16.24 - this is over 30% less - its hard to continue providing for the people who need this.

Higher pay and benefits may improve the recruitment and retention of qualified PCAs.

Higher wages and health benefits. We live in a rural area where PCA available hours maybe few and it costs so much to drive to a clients home compared to what they are getting paid it is financially not worth the drive. Health costs and insurance are sohigh that many good PCA's leave for higher paying jobs and jobs that offer benefits. (including paid time off)

we need to have health insurance for the PCA, retirement package and paid time off. Our company offers health and paid time off and holiday pay, we are working on the retirement.

Transportation reimbursement is a major need. We recieve calls from case workers wondering if we provide transportation as a PCA service. We often have to turn clients away because this not a MHPC covered service. Due to the increase in cost of living(gas prices) low pay has become an issue.

Better PCA rate for increased PCA contentment

I would recommend the state implementing a flat PCA hourly rate. For example every HHA and PCPO employing PCAs must pay their PCA a hourly rate of $10.00/hour. This will help agencies who are smaller be able to retain good PCAs. This will also minimize the amount of turnovers by clients, who move to higher paying agencies to be able to pay their PCAs more money. This also guarentees that PCAs will be paid a COLA every year because the state will be setting the hourly rates.

Please provide more assistance with billing to get PCA funds. This is our lowest funding vehicle, and is very cost prohibitive. We provide round the clock awake care for mentally ill, and all the forms are designed for cares in home only, not behaviors. Our PCA's are confused, and may understate the hours of cares given. So we actually provide many more hours of care than we are reimbursed for. But these are

improvements needed in general for PCA. Specific to your question, please provide some universal on-line training that can be done, along with quizes that could clearly define areas where improvement is needed in services given by our PCA's. This would help their confidence level, along with providing direction for training needed. Our PCA's suffer job burnout due to the nature of the job. This is our number one reason for loss of employees.

Better Pay along with benifits.

More Money!!!!! Benefits

It would be helpful to have a higher reimbursement rate so we could recruit/retain better qualified PCA's. If we could pay more, it would be beneficial for all involved to require that PCA's be certified like CNA's or HHA's and be required to be tested out every year. One big problem that we have is not being permitted to have supervised visits (when requested by choice clients) and choice clients being able to hire immediate family members who get paid for doing everything for the client and thus they offer no support system other than that of an employee so the PCA is not available as a backup if the PCA cannot be there because they are the PCA. I think this is a set-up for fraud because the client and PCA cover for each other.

IT WILL BE REALLY HELPFULL IF DHS would speed up in pca UMPI/ or regestration so we can employ them as soon as the client paper work is ready.

need to be more pay so that we can provide more training and that we can often health care. so that we can cover the high demand on health care.

If our agencies would have more fund to provide health insurance, vacation and holiday pay, transportation reimberusement (means if PCA assisting his/her client riding bus to go shopping, client don't want to pay for PCA's fare so PCA should get some reimbursement for that in order for PCA to assist client to go shopping, welfare, hospital or go pay their bills without PCA loss their own money for client.

Agency able to offer Health Insurance benifits to PCA employee

We recruit college students who are in their first year of college, therefore, they will be with the company for awhile. We also ask if they are going to stay in the area for the summer. We ask for at least a year commitment when interviewing. 31. need pay the PCA program more.

base on these costs living, it is very difficult to find someone to work part-time job make living between 20-30 hours perweek.

An increase in pay, PCAs should be able to earn overtime if worked. The gvernment should provide proceeds for training.

Higher reimbursement rates for PCA's

Higher pay and benefits would help retain qualifed staff

Experience credit and Benefits (health Ins, Dental Insurance, Pension, disability)

Be able to take them out in the community and also be reimbursed for mileage

Standardized training program Higher reimbursement rate so PCA angencies can provide healthcare benefits to PCAs Broaden the background check to include all of the United States, not just MN

Make the qualifications more skilled. Have PCAs get certified and require yearly CEU training. Have training for the Responsible Party, and the consumer to make them also aware that this is a job and not just something that you do to get some money. Have some requirements that give the agency some credence.

IT WOULD BE NICE IF THERE WAS A GUIDE THAT WE COULD USE TO TRAIN THE EMPLOYEES, AS PER STATE GUIDLINES. A GUIDE THAT WOULD OUTLINE THE IN-SERVICE INFORMATION THAT EACH EMPLOYEE SHOULD HAVE AND KNOW LIKE A TRUE AND FALSE OR FILL IN THE BLANK TYPE OF FORMAT. THIS WOULD BE VERY HELPFUL.

Agencies need to get reimbursed enough money to offer affordable health insurance, the main reason workers move into different employment

better pay; health insurance package, paid vacation time

I would like to offer a higher pay, reembursment for travel an health insurance. I believe with these benifits in place it will help with retention an recruitment.

Higher reimbursement rate.

Equalize PCA pay with HHA pay when supported by reimbursement. Re-instate eligibility for health insurance for PCAs when reimbursement for like-services is realized.

Currently recruitment and retention is not a problem due to our economy and job losses, however, in a healthier economy, health insurance, low pay, inability to work any overtime and qualified workers are our most challenging issues. When unemployment is low it would help if we paid a decent wage, more than they can make at McDonalds and provide health insurance without a premium expense to the PCA's.

People are normally attracted to companies based on infringe benefits such as paid time off, sick time, 401K etc. These benefits are woefully lacking in the PCA companies and

such, many employees consider this job to be temporary job that does not need serious commitment. If we get more money that we can pass unto our staff, there will be an elevated level of satisfaction that will retain lots of people.

FAMILY MEMERS AND FRIENDS CAN NOT BE PCA. THAT'S THE MAIN PROBLEM IN PCA SERVICES.

Higher pay is what employees are looking for.

Providing milegae to and from job sites.

increase in PCA reimbursement

I think being able to pay them a little better would help. Maybe a milage reimbursement would be nice too

It would be nice if we could offer yearly raises but we don't always get a raise.

Promote a team work enviroment Opportunity for advancement Employee benefits like health insurance and etc...

Health Insurance is the critical issue for a firm our size.

We have stopped taking new PCA referrals,due to the low reimbursement rate.

increase the reimbursement for PCA service. With the economy the way it is, PCA work is becoming the primary income for the employee's. They are looking to have the position be at a full time status,with some benefits. The reimbursement is so minimal that as an agency we are unable to offer a lot of benefits to our PCA employees. As an agency we have just recently adjusted our qualification for paid time off benefit down to 30 hours per week. This is for our traditional PCA staff only. The PCA Choice employees do not qualify for any benefits.

Increased compensation. Decrease costs of operation-billing/visit very time consuming. Background studies and PCA # take too long. Need # that follows PCA from agency to agency. Could check the # to see if any restrictions. Agencies are required to do work previously done by county-no compensation for it.lots of unfunded mandates

From our experience, on going training and monitoring are very essential in PCA services delivery. Rate of pay is the fundamental of retaining and recruiting of PCA. PCA Choice negate the requirements of PCPO to supervise PCA. The PCA Choice agency only bill and pay PCA without being accountable to services rendered by the PCA. The client end up calling PCA Choice agency for help or backup when their PCA failed to show up.

It would be nice it there could be a group health insurance for all PCA's statewide. Agencies could then pay a portion based on hours billed. The problem (in addition to cost)with offering health insurance to PCA's is the high turn over rate, which means agencies are paying for a month of insurance when the PCA is no longer working/paying their portion.

Definitely having a higher salary with benefits would be helpful in recruiting experienced, qualified candidates. The reimbursement rate does not allow an agency to give higher salary and affordable benefits and the reimbursement to adequately privide PCA supervision.

Universal health coverage for PCA's, better reimbursement to provide better wages.

Higher hourly reimbursement rates would allow for higher wages and the ability to offer more people health insurance.

Affordable health insurance. Ability to provide a higher rate of pay. Ability to provide a higher transportation reimbursement.

I think providing transportation reimbursement for the PCA individuals will help agencies allure more qualified PCAs to the Home Health Workforce.

health insurance,overtime pay.incresed in rate

Better pay to allow for better wages and benefits

Higher compensation or reimbursement for employee expenses such as mileage / errands for the client, holiday pay reimbursement

When hiring for PCA positions the most asked question by potential employees is whether or not there is health insurance coverage and if there is transportation reimbursment. I think that this area needs to be looked @ for PCA reimbursment.

For this agency is is very difficult to staff clients that are ruaral and /or need only one hour per shift and to ask staff to leave their home for the average of 9.25 hr and with no travel time or mileage. I have staff that do this and travel 20 miles round trip or more. we need more revenue to work with to serve the clients needs, and cost effective for the staff.

HIGHER REIMBURSEMENT FOR HIGHER PAY,

Health Benefit Options

Provide agency the ability to: -provide pay increases (including COLA) to employees on a scheduled review basis vs when given by state (curr state policy requires us to

provide cola incr to employees recently hired) -provide pay increases based on performance reviews vs mandated $ amounts as determined by state -provide larger differencial in cola amount given between emp wage vs agency compensation portion to allow us to have funds available for bonuses and insurances provided directly to employees -Insurance issues are largely due to ins company requirements. Currently the full time employees that qualify and would choose insurance do not meet insurance company minimum percentages.

Our employees should be paid a livable wage and have affordable health care.

I have not been willing to take on PCA Choice workers because of the issues related to my union staff and for liability reasons and because there are no requirements for these workers to received training. All of my staff that does PCA work are certified home health aides and receive 12 hours of training a year in our Medicare certified agency. This being said my non skilled home care program is losing money. We pay the IRS rate for mileage and provide benefits for full and part time staff. The $16 plus dollars for PCA services does not cover the cost of these employees.

Increase in pay to find better qualified individuals. Offering better benefits (health, medical, 401k savings, etc) package that would help employee to feel commited to this line of work that there is foundation to build on a career. This type of service is difficult as employee hours of work per week is dependant solely on client's annual reassessment. So, in one year, employee can work FT and then the next year, employee's client hours may drop drastically and they would have to drop their hours or be able to coordinate working with another client to maintain their level of hours. Employee costs is fixed, but their wage is never really set. This makes it hard for employees to feel connected that they can and will have a job with the number of hours they need to feed their families. Therefore, we lose many serious and hard-working individuals who are excellent at this line of work, but feel they have to move on to better continuing education so they can move up to more permanent positions. The ones willing to stay are rare and limited. IF we find those, they are keepers. We need to be able to also offer higher pay to weed out the non-serious worker who thinks this type of job is easy and does not take it serious, because with higher pay, we can demand more responsiblity and accountability for the work. We need to be able to offer transportation reimbursement and the ability for pcas to get paid to travel from one site to the other especially when they care for multiple clients in one day. In many instances the amount of gas and mileage cost is more than what they get paid. Also, this is difficult when they work for clients who may live in high rises downtown, where they have to pay for parking. IF they only work for 2 hrs per day for a client like this, the cost of parking exceeds the pay they would get. I think we have to treat this position as professional, with professional pay and benefits, because we are dealing with people's lives. It is unlike any other types of job because if these people do not show up to work, or don't know how to do their job correctly, it could mean the difference of life and death for many clients. That is really how serious it is! The other strategy is an effort to try to

reduce admin and paperwork, costs and give these savings back to the employee and the company so that services can improve.

The state should have one place were all new hire pca attend for training by someone employed through the state program.

Having the Counties and State DHS divisions team together to offer training/education workshops will help improve recruitment and retention for PCAs. Another way to improve recruitment and retention of PCAs is to allow increase pay rate for "Fee-for-Services" to allow increased pay/benefits to employees to attract more skilled employees. By allowing PCA agencies to provide services to PMAP would enable agencies to increase revenue opportunities, which would allow for increased pay to PCAs. Finally, by leveraging aggregate volume purchases, PCA agencies would be able to pool purchasing power and achieve cost-containment success as a group.

Improvement of wages

Agency can get pay more so it can afford to pay pca with higher pay rate since its mostly part time job only for the pca. Therefore, a lot of pca does not like the pay rate so they find some job that they will get more money out off it.

raise wage - provide more agency vehicles - increase training

I have found the hourly rate of $10.00 per hour is necessary in recruiting and retaining qualified staff. My recommendations for improving recruitment and retention are as follows: 1. Increase the Reimbursement Rate of PCA Services to the Provider Agencies so we are better able to afford more training strategies and quality assurance practices. 2. Create a "Uniform" training packet developed by DHS, so consistency, expectation and uniformity is understood and implemented by all agencies. 3. Hold DHS State & Regional meetings throughout MN for all PCA agencies (quarterly), so information and understanding can be shared amongst providers. This will help to generate a more cohesive working relationship amongst Providers and with DHS. 4.

Q55. Please provide any strategies or policy recommendations for improving the recruitment and retention of other DCWs.

None that I know of. My only other DCWs are nurses.

N/A

We are only allowed to bill RN supervision for actual face to face visit time. That is less than 25% of the time our RN's put in. The majority of their time is spent in administration, rebooking missed apointments and most of all rural travel. These costs are paid out of the PCA's pocket. Fix the RN reimbusement and PCA's will see more in their checks.

Insurance availablity Daycare

N/A

none.

To continue to offer competitive wages. Do all staff inservices to provide necessary training per regulations. To acknowledge longevity of employment of direct care workers, offer bonuses and extra benefits for longevity, complete 75 day and annual evaluations to let employees know about their job performance.

Higher pay and benefits may improve the recruitment and retention of qualified DCWs.

No DCWs

Better rates

Better pay along with benifits.

none

Same as question 44.

Health Insurance Benefits

not sure

No recommendation at this time

same

Keep up with cost of living

N/A

I THINK THAT BY OFFERING HEALTH CARE TO THE EMPLOYEES IT WOULD ACTUALLY HURT THEM BECAUSE OUR INSURANCE RATES WOULD BE SO HIGH THAT IT WOULD BE THEIR WHOLE PAYCHECK JUST TO PAY FOR INSURANCE FOR A SINGLE MOM WITH CHILDREN.

Employees always want benefits, mainly insurance.

better wages, health insurance package, paid vacation time

Good supervision and training and responsive work environment

Same as answer as previuse written

More reimbursement

Continue the annual step increases at 6 mo, 1,2,3,& 5 years; Continue to offer health insurance benefits to full-time DCWs;

Any other direct care workers, homemakers, etc and Qualified Professionals need a higher wage to compete with corresponding positions.

increased DCW reimbursement

same as previous question

Promote a team work enviroment Opportunity for advancement Employee benefits like health insurance and etc...

N/A

Compensation is main problem. Agencies have not been given funding to cover operational and training expenses which have exploded.

Benefit package, such as health insurance provided by the agency, sick pay, vacation pay and heigher pay rate may enhance recruitment and retention of other DCWs. The margine of profit in PCA business is so low that many agencies can not provide the benefits.

As previous mentioned, the same applies to PCA supervision. More qualified applicants such as NAR/HHAs are not readily available at this salary and lack of benefits. What legislators do not seem to understand is that a very disabled population such as the clients' we are caring for require a tremendous amount of care from very capable staff. The reimbursement is inadequate.

PAY AT A HIGHER RATE

Higher hourly reimbursement rates would allow for higher wages and the ability to offer more people health insurance.

If we were able to offer health insurance it would provide us with a whole new applicant base for our direct care workers. Lack of health insurance benefits has greatly impaired our recruiting efforts. I would also like to see us go to some 12 hour shifts, particularly on the weekend shifts so staff would only have to work every 3rd weekend versus every other weekend.

N/A

Better financial resources to allow for better pay and benefits...

same

affordable medical insurance,we offer it to full time employees but most can not afford it

Retention: PCA reimbursement rates and so close to the avg rate we pay to employees for compensation that the difference (profit) after required insurances doesn't allow for us to have funds to provide company paid insurance. We also have such a high turnover in the PCA industry. If an employee was required to be employed for a minimum of one year prior to qualification for insurance (or even 6 mos) it would help.

Livable wages and affordable health care.

Same as before: benefits and pay

The state should increase pay rates and provide health coverage insurance for those that need it, and those people should receive less pay than those who don't need it.

Improvement of wages

none

increase wage - provide more agency vehicles - increase training options.

Q112. Please share any other thoughts, issues, or concerns that you think the state should consider as it develops its proposal.

Increase the pay of PCA services

Stop trying to micro-manage and treat providers like we aren't trustworthy. If reimbursements were high enough to cover the cost of health insurance (get real!)it's not as though the owners will pocket the extra and not buy the insurance. We all have to compete for an ever shrinking pool of talent to take care of a mushrooming number of elderly. Our competitors will do a much more effective and efficient job of keeping us honest than the State ever could. We don't need the State to tell us what it takes to recruit and retain quality caregivers.

The cost of providing health insurance to the employee only with our existing plan would cost $400 a month. If a Full Time employee works an average of 160 hrs a month, this will cost $2.50 an hour. To pay for this, it would require a 15% COLA increase. It's not going to happen in the current enviroment. Employees are not willing to reduce their spendable income. And our company will not operate at a smaller operating margin. Perhaps if Long Term Care Providers could be allowed to buy into Minnesota Care Benefits and if there was a corresponding COLA increase, there might be a workable solution. Many of our employees were on Minnesota Care, but lost their

financial elligibilty because they choose to work for us. There should be a Minnesota Care Rate structure that is not as high as the open market Insurance plans, but also that would apply for working Long Term Care workers and at the same time be affordable for the tax payer.

Raises should not be based on health insurance benefits an employer decides to give but based on cost of living.

Being fair to all workers of the healthcare field. rather it be a Rn, lpn, cna, hha, dcw, pca.We all pay an important part in this system.

none

We do not use PCA's we have registered Nursing assistants.

If there is a rate increase for insurance purposes, the rate increase should cover the entire cost of the health insurance.

The State could offer a affordable program where PCA agencies and their employees can purchase health benefits.

The people we have working for us are very dedicated, compassionate individuals who work hard caring for Minnesota's disabled population. It would be nice if they could earn a wage to support themselves and have good health insurance. At the wage they make now their monthly salary would not even cover the most basic health insurance plan. We have checked into this and the cheapest plan I found for the employee's is $600 per person. That is not including families which most of them have.

We have several questions and concerns regarding this initiative. The issue of whether we offer health insurance has not been a major concern for our employees. However; if all other agencies begin to offer this benefit, it may become an issue for us as we want to remain competitive. The cost will become an issue, as will hiring an administrator to handle this department.

none

The state should take into consideration the rising cost of health insurance. Our agency looked into purchasing health insurance and dental insurance for our employees. We got a quote from Medica, BCBS, and Preferred One. All of the qoutes were too high. The state should ask these MCOs to consider giving a discounted rate to agencies such as ours. We work with these MCOs on a daily basis. We also help these MCOs retain clients. It is not too much to as for a dscounted rate so that we can offer our employees health benefits.

Recommend stronger training/certification for employees especially PCA's

My PCAS work very hard for the amount of money they get.

I believe that should consider PCA program is the cheapest program and the best choice for our citizens before the last stage to Nursing Home. State should increase the PCA hourly rate to meet the cost of the provider operating expenses and benefit to the PCA.

Health Insurance Benefits is a big issue with PCA providers,it will be great if the state can find a way to help PCA Agencies so they can offer affordable health benefits to their employee.

No thought

NONE

We would need a high enough rate increase to support offering health benefits/employee benefits

Given that the State is looking to Private insurers to provide coverage, they need to put into affect stipulations on the insurance companies for cost to employer, and mandatory coverage on pre-existing conditions.

How are they going to monitor the use of those funds? Are they going to preselect the plans for the agencies to purchase? Will the agencies be responsible for providing additional funding, or will more funds be available if additional expenses are incurred? Will DHS set forth the eligiblity requirements the agencies will enforce in order for a PCA to receive the benefit? How will those requirements be set and by whom?

It would be a tracking night mare. With the state requiing that the employer pay 50% of the cost how is it covered when people may not work for 2-3 weeks because of client in hospital how does it get paid? I think the concept is good but implementing would be impossible unless there was a way to collect the premiums and not have it tied into their paycheck.

MOST OF OUR EMPLOYEES ARE SINGLE PEOPLE WITH CHILDREN, SO WHEN YOU ARE LOOKING AT INSURANCE IT NEEDS TO BE ALMOST FREE FOR THEM TO BE ABLE TO AFFORD IT.

Agencies need to have the option avaailable for health insurance but if the small agencies, such as ours, would have to contribute without extra imburement from the government, we would be put out of business.

please keep us informed on what you are proposing.

The reimbursement needs to cover the full cost of the requirement as there is no surplus profit in the PCA program to allow employers to absorb any more of the cost.

Remember that the PCA program is client directed and not a medical directed program.

Many people who receive these PCA hours do really need the help. So please be sensitive to thier needs.

THEY NEED TO HAVE A MAXIMUN RATE

Great ideal to better the program.

families that work as pca's that have no benefits

Funding of PCA is inadequate to meet some client needs. Increased wages would be helpful to improve quality and continuity of service.

We had offered medical insurance as an employee benefit in 2004 to all the employees working 35 hours or more. The older the employees got, the higher the insurance premium raised until they could no longer afford to pay their half of the premium and they chose to cancel the insurance.

We, the providers receive a fix rate from the state to provide services to our community in needs. Instead of increase the rate for the providers to provide more employee benefits like health insurance for their PCAs, I think we need to look at the wage that the PCA are demanding. If we can standardize the wage for the PCAs so their focus is in the "providing quality services for the clients and not switching to a new provider who will pay them more", then the provider can provider more benefits for their PCAs. If there is no standard for the PCA wage, the demands for more wage will continue leaving no money for the benefits regardless of how high DHS increase the rate.

Our firm would gladly participate in any action that would help provide our employees with health and dental insurance

A mandated paid sick leave will increase wage cost by 3.3% and increase admin costs and cause staffing issues. Mandated health care without a major icrease in funding for the insurance and the admin costs will close agencies. We have been falling behind in funding for admin costs for decades. We have been forced to pay wages above funding to compete for good staff. There is no "fat".

There would need to be at least a 5 percent increase to make this at all feasible. There will still be the issue of employees that quit after the premium has been paid for the next month. The agency will be paying insurance for employees that no longer work for them or contribute toward the premium.

We need to try to stabilize a very transient group of employees by attracting and retaining higher quality, experienced and trained individuals which will be more cost effective in the long run. Higher productivity for a higher salary and benefits.

TO PAY THE EMPLOYE MORE MONEY

PLEASE DO NOT LOCK US INTO A SITUATION WHERE WE HAVE TO PROVIDE INSURANCE TO EVERYONE, ESPECIALLY IF WE HAVE TO PURCHASE IT FROM THE PRIVATE SECTOR.

Increasing the rrate of pay would increase the quality of service

The abililty to receive background studies and PCA numbers back from the state in a timely manner, as well as the ability to provide a higher pay rate and affordable, quality health benefits to our staff would benefit not only our current staff, but staff we are looking to hire.

Recruitment and retention would not be the serious issues that they are now. We live in a small community, wages are low, we can't compete with what the hospital pays, and it is very difficult to get applicants in the door once they discover we have no health insurance. Several other long term care providers in the area are able to offer health insurance as they are part of a parent group - we are a stand alone non-profit organization owned by 6 churches.

Given the nature of other expenses in the Home Health Agency operations, it will be difficult to buy health insurance for PCA individuals because of the rate being so little.

Agencies like ours are striving every day to make homecare better for clients and employees. It takes an extreme amount of hard work and time to make sure clients and employees needs are met. Some clients we are their only source of help. We do so many things that there is no reimbursement for. The performance criteria for home cae agencies does not seem to equally address those agencies that provide services to clients mainly paid through Medical Assistance.

it really depends on the costs and what type of benifits were offered. Staff can't afford much and neither can the smaller agencies their just isn't enough revenue to make ends meet and still be competitive with the large companies. The small agencies would disolve due to finance and the large will become larger.

none

Health care is a BIG issue. It needs to be available and affordable for our employees. Our company has health care but is EXTREMELY expensive. It is cost prohibitive for most employees at PCA wages.

Please remember that we are small providers. A lot of times our voices are not heard, when we are overshadowed by the huge corporations or HMOs. We typically are the ones that get overlooked and have to accomodate all changes that get thrown at us, but we are the ones providing the direct cares. We are the ones hiring, firing and working to

improve services. We directly impact the dollars and services. Try to remember that with stricter rules and guidelines comes costs associated with monitoring those. But, if they are in place there should be systems ready in place to handle changes in a efficient manner, to eliminate confusion and cost to the state in the long run.

Change state policies to allow more PCA agencies to service/bill PMAP clients. This will remove the monopoly that larger insurance companies have on the PMAP group.

All of our clients who is receiving pca services are part-time which range from 1-3 hrs per day for pca hours so our pca is part time only.PCA pay is between 10.00-11.00 dollar per hour if our agency would to provide health care for them then we would not profit any cash to run the agency, it would all go toward pca paid and health care, worker com. and liability ins. to coverage the agency. Unless the state increase the pca cobra program to where we can afford to purchase health coverage for pca.

If the expense of employee health insurance was covered under a separate funding source, budgeting would be much easier. Health insurance expense is such a volitable expense and provider agencies have very little control over this cost. Providers are at the mercy of the insurance companies and even when we promote healthy lifestyles it is still difficult.

PCA services has the lowest reimbursement rate for providing care ($4.06 per 15 minutes = $16.24 per hour) and Supervision ($7.14 per 15 minutes = $28.56 per hour - with limited hours of 1 to 3 per month). Yet, the liability, responsibility, commitment and documentation is just as much as any other homecare covered service. I feel DHS needs to increase the reimbursement rate to match the level of services we are providing.

Appendix D: Provider Responses to Open-Ended Questions: Other Providers

Q123. Please provide any strategies or policy recommendations for improving the recruitment and retention of DSWs.

Annual COLA

Just recently revamped our policy for mileage reimbursement.

Increase funding to health care facilities so they can retain staff and provide higher wages, staffing levels to reduce the stress of the direct care workers, and better benefits.

Additional funding to offer competitive salaires to acute care facilties or other similar private entitites.

We continue to work on the benefits we offer our staff.

I believe that if our state could come up with an insurance program where each individula would pay a 5% monthly fee according to their yearly income for health insurance people could afford it. I feel Minnesota care is on the right track but needs to be available to everyone for a fee. I also feel that health insurance should not be able to dictate what medical facility or doctor you choose to use. As an employer I would be willing to pay out of pocket health insurance fee for each person using a formula somewhat like the federal med tax formula for payroll.

If we could pay our employees more they would be more willing to accept a job with us. Most people come and apply and want more than some of us get that have been here at least 20 years.

Offering nursing scholarships to improve their condition. Provide mentoring for new employees.

Pass legislation that would allow LPCC's to bill for their services when licensed.

The passage of the bill "Seniors MH Access Improvement Act" or S.671 in the House and Senate which would allow LPC and LPCC's to be reimbursed as licensed professionals.

Pure numbers is a problem, if we hire a CNA we are probably taking a CNA from one of the surrounding nursing homes. RNs and LPNs are the most difficult to find. There is 2 unionized nursing homes within 30 miles of [town] and their pay and benefits are much, much better then ours.

Assistance above COLA for group health and dental costs. These costs are increasing much faster than our COLA. Our workers need affordable health care.

Prorate tuition reimbursement over 1 year of employment instead of 3 months. More accurate registry info- some applicants are "in good standing" on the registry, but have a disqualifying state background study.

A more consistent pattern of funding would allow us to negotiate longer term union contracts. Short term contracts and not knowing what is going to happen from year to year for reimbursement creates an unstable employment environment.

Standardize employee health care insurance for the industry. Consistancy in COLA's on an annual basis. Separation between acute care and long term care becoming unacceptable in our attempt to retain licensed employees

Affordable Health Insurance or reimbursement to purchase for part-time employees

In rural areas that are within a 50 mile radius of a Metro area, it is hard to compete for Licensed Nurses. We are not able to pay the salaries that the Metro does and therefore do not get the best qualified candidates. A wage incentive for Licensed Staff would be most helpful to the rural areas.

Pay us more so we can attract the more qualified workers.

Greater participation in employer share of health insurance for both single and family coverage. Better wages for those who stay longer than 1 year.

Assisting employers with providing more cost effective health insurance options.

Provide internships or on the job training so applicants fully understand what the job entials.

Tough question as from my experience a big part of the problem is the work ethic of many people. Why can't the welfare system encourage individuals receiving benefits that they must work if available, stay working and then the system will help to subsidized their family needs based on what their income is. There are too many individuals who don't work because the benefits to them are better getting full benefits and not having to work. Some how I would think that you should be able to tie work and welfare benefits together which encourages more individuals to work.

Increased compensation or reimbursement for education of DSW's to encourage continuing ed, advancement and engagement.

Incentives for health insurance coverage is definitely needed. Many LTC employees are single females with children making less than $30,000 a year.

Welfare system should encourage individuals receiving benefits to work and then subsidize them with benefits based on earnings.

~More money to increase wage scales would be helpful ~Releasing the restrictions on wage increases to be used where the facility needs the money the most versus giving all employees the same percentage wage increase

Increased pay and benefits is proven to increase both recruitment and retention. We are hiring individuals for difficult hours and difficult work with low wages and benefits. They are not able to support families or secure health insurance benefits for their families.

Increase compensation!

It would greatly help in keeping/obtaining direct care workers if long term care employees could be eligible for state health insurance benefits, which premiums would be payable by the employer.

Pay equity betwenn private and state operated facilities, affordable health care coverage.

Advertising for employees is extremely expensive. Star/Trib=500.00 for a week, internet and Sunday paper. An Advertising or job pool would make hiring less expensive. Options for employees and employers affordable healthcare benefits would atrack better people to this line of work.

We need to offer competitive pay or our staff leave to work in factory positions. Past employees report factory work as less stressful. Why would they want to come back to a very stressful job with less pay?

If the government would be able to provide long-term care providers with rate increases many would be more financially able to provide wages and increased benefits to workers therefore increasing recruitment and retention

More available benefits and wages for part time employees, pro rated on the hours that they work

More flexible scheduling; consistent assignment (always working on same floor with same residents); scholarship programs are important because we are in a college town - this helps to both recruit & retain students during their education and promote them when the education is finished.

Have the state provide better insurance options for health workers.

A structured program that puts high value on contuining education or a "career ladder" along with a flattening of the organization has helped with retention.

state wide pool of trained DCW

encourage as many benefits as possible - allow flexible scheduling

There is none - lack of stimulas money to pay employees better wages

Advanced training options with increase in pay (e.g. universal worker). Improved benefits for health care (many staff cannot afford health care benefits).

Better wages. Better benefits.

The Cost of Living Adjustments make it possible to increase wages on a yearly basis. This helps to retain our DSWs. Without this wage increases may not be possible.

Because of our close proximity with Rochester, MN, we have a very difficult time retaining/recruiting staff in the small local. Rochester offers higher wages and because the majority is owned by Mayo Clinic, they have wonderful benefit opportunities. We only offer the Medical Reimbursement program here, and the high deductible is too high for our entry level positions. A state Health Insur Plan would be ideal for us.

raise EW payment schedule and provide assistance with medical insurance payments.

If the government would be able to provide LTC providers with rate increases and maintain re-basing efforts for medicaid, many would be more financially able to provide wages and increased benefits to workers therefore increasing recruitment/retention, staff morale and satisfaction. This in turn would increase the quality of care provided to our patients/tenants/residents.

More affordable insurance, with better coverage and lower out of pocket expenses.

It is increasingly hard to make a profit which would enable facilities like my own to hire emplyees, State cutbacks make it impossiable to know where we are going as a field and know if you can create a job for someone.

I try to recognize the staff at least each month. Notes, lunch, gift certificates, staff meeting treats, uncomplicated days off/shift changes, great health coverage, great PTO coverage, life insurance, retirement plan, etc.

The pay, shift differentials, benefits and discrimination against a primarily female population of DSW must change, increase in the first 4, decrease in the last one.

Lots of hands on training, and monthly training, cannot have enough training and incentives for a great job done!!

Be wage and benefit competitive Offer a retirement plan

Adequate reimbursement for higher wages.

Better pay and benefits for the hard work they do

not applicable

More free Continuing Education available

Don't ask them to do anything you aren't willing to do yourself. Make sure they always feel they have valid input on any part of their job.

Wages & to many regulations and paperwork

Staff bonuses mid year and end of year based on company's profits

I wish I could afford to pay for all my employees health insurance or even part of their health insurances.

We need more funding from the state so we can pay higher wages, health insurance, etc.

The public needs to acknowledge and support DSW's, currently looked down upon as an industry.

Goverment Administered Health Insurance

1. Better reimbursement rates so that we can afford to pay quality staff appropriate wages. 2. Reduction or elimination of MN provider tax so that we can focus our available funds on better health insurance for our own employees rather than paying for other companies employees health insurance at the cost of our own.

1. Wages need to keep pace with inflation or be adjusted to the current rate. For too long they have not been adjusted 2. Affordable health insurance rates. Agencies cannot continue to sustain the increases in benefits. Employees with low wages cannot afford the premium share they have

Need for better taining. Training takes time, time takes money.

More competitive pay and better benefits

Develope a professional entity for the DSW position. Level of education, skills, and experience to be rewarded with appropriate level of compensation.

Our agency would like to see more overhead money, program expenses continue even if clients are out of building for appointments etc.

Increasing pay rates Increase and/or change the FT status to 40 hours so partime employees can work more hours without going into FT hourly threshold. More hours make some happy.

Have the State stop micro managing us, and have them stop cutting rates what a dumb environment to work. give us $'s so we can provide adequate incentive for staff to stay in a field that requries stable staffing.

increase their pay and benefits

Increase in per diem rates to provide increase of DCW wages and benefits

Increased funding so we can pay more competitive wages. Payment based on enrollment, not attendance by clients. Partial days hit our budget hard, as do absent clients.

Treat your employees well.

We have initiated a higher last-minute hourly rate for those part-time, on-call caregivers that will pick up a shift within 12 hours. We tend to have high turn-over with these individuals since they seldom have regularly scheduled hours.

Rate increase which would translate into higher wages and some benefits, currently not available under existing reimbursement level.

Being able to offer them more pay with full benefits and paid time off.

They should be allowed to interact with their people they will be working with so they know if their personality will match theirs. I feel a common sense test could be developed that they must pass to proceed with interview. There are so many people that do not have common sense and it is hard to teach that. They either have it or they don't.

Allow our employees to receive pay and benefits that are equivalant to state employees providing the same services.

Keep open communication with staff. Review their schedules with them regularly. Give them ideas/suggestions on how they can work more effectively with their clients.

Higher wages

We have a local hospital with significantly higher salaries and better benefits. If we could be more competitive with salary and benefits we could recruit qaulity staff

Better costs for small business to offer health insurance.

Since the most frequent item sited as "reason for leaving employment" is low pay, the only way to address that would be to increase reimbursement rates. That would be the only way as well to try to provide any health care options for staff as well.

Continued training supports by St of MN; more timely Applicant background studies;

DSW's is not supported by the U.S. Population as a career choice, as a result reimbursements are woefully inadequate to encourage the best and brightest to chose this profession. Until the population as a whole agrees to fund care for the elderly and disabled individuals to a level where it will attract the best and brightest quality care will continue to suffer and additional regulations will be imposed to improve care, but the reality is you get what you pay for.

Minimum staff qualifications.

A way to give them deserved pay increases over time the less than 2% that COLA provides does nothing. A way to have some kind of benefit package.

Increase starting wages and give regular raises instead of demanding more for less

We use a recruitement bonuses for good employees that are referred by other employees

Competative wages, health insurance, holiday pay. Mandated wage increase with COLA for PCA staff

Our company has been in operation for almost 3 years and all promises of wage increases and health insurance have been broken time and time again. Holidays and vacation time has been cut. Our company receives the COLA and yearly increases from the counties but our homes and residents and staff have seen nothing. The state should monitor how the COLA is disbursed and not rely on the company to do it accordingly.

This field encompasses a myriad of expectations, requirements, training, and responsibility. Many of our workers face aggressive clients and are subject to many difficult working environments. Hourly wages/benefits are certainly substandard in this field/industry.

Recruiting : Scholarship opportunites & accomodating school schedules; radio advertisements Retention: Scholarship opportunities & accomodating school schedules; incorporating a grassroots approach to problem solving; enhancing nursing assistant mentor program (training & coaching); stressing leadership of the LPN on each unit for support of nursing assistants.

IN ORDER TO RETAIN GOOD QUALITY STAFF HEALTH INSURANCE AND COMPETATIVE WAGES IS A VERY BIG ISSUE WE NEED TO CONTEND WITH DUE TO THE LAY-OFFS OF SPOUSES IN THE COMMUNITY.

The amount of funds that we are given does not allow us to provide benefits to staff.

Referral bonus

Hire full time benefited positions from within (good part-time unbenifited DCW. Solicite input from DCW as to whether additional DSWs needed. DCW pick their hours - they (relief staff) are not scheduled.

None

We believe such strategies or policy recommendations can only be unique to the employer. Many of the DSW employer environments are hostile and abusive to employees.

Being able to provide health insurance for the employee and the employee's family is a positive recruitment and retention tool.

If we could provide affordable health care to our full time employees. For Employees with families, health care costs are up to $600+ a month, as an employer we pay 1/2 of the employees medical insurance, but nothing for their families. It would be nice to be able to offer a starting wage of $10.50 or more. We currently start at $9/hr weekday, and $10/hr weekends. Our sleeping overnights are paid $7.00/hr, no matter the date.

Pay is low. We have found sucess with Pre-employment drug screening, mentoring, consistent assignment, group interview process.

We treat our employee with the same respect we treat or residents

We have incorporated employee engagement training with all leaders of the company to show them ways to retain qualified staff. We have a full time recruiter who works with schools, workforces centers and other sources to fill positions.

We are in the southwest corner of Minnesota and do not have a wealth of available LADC counselors, LPN nurses, RN nurses, or CNA's in our area. It is tough to attract potential employees from larger, metropolitan areas because our pay scales are lower than in metropolitan areas. our benefits may not be as lucrative either as in metropolitan areas. It is especially hard to find LADC counselors in our area, and we dread the thought of one of our counselors quitting. Last year we had a counselor take a job elsewhere on May 1, 2008, and we did not have her replacement until 9/15/08. LPN's and CNA's are difficult for us to find as well. Our health insurance costs are getting out of hand, and two years ago we had a 38% increase in cost of premiums, and

last year we had a 21% increase. This caused us two years ago to have to go from a $500 deductible to a $3000 deductible. With increase in premiums and deductible, a significant amount of employees say they have had a pay cut the last two years, even with the COLA raises.

NA

Small business benefit package for individuals More pay for clients in our adult foster care so I can provide more pay for our staff. More funding to help provide better training.

Better Pay, more funding to support better wages for employees.

There needs to be a way to provide part-time employees with health/dental and time-off options.

We need to have adequate compensation for caring for Medical Assistance clients. Rate equalization makes it impossible to be competetive for the same people needed by hospitals and state-run VA centers. Better reimbursement would lead to higher wages and benefits. Our facility was unable to keep health insurance due to the cost and we lose employees for the specific reason that they found a comparable paying job WITH health insurance.

Simplify the certification requirements for home health aides.

Overall, we have very good recruitment and retention with DSWs when we find qualified staff that are willing to work and meet expectations. Majority of our staff that are with us either leave when they achieve higher education degrees and we do not have the income to support further organizational development (such as more registered nurses or upper management) or move away out of the Duluth area.

Cola given to the main company did not get distributed to our adult foster care home to our PCA staff, even when staff asked. Promises of wage increase and benefits for 2.5 years was not given yet cuts in time off and holiday pay occurred. State of Mn must have a system that will guarantee the money designated to specific programs and purpose does happen. Human services field working with SPMI adults is very tough work as well as hard to keep quality staff when they are verbally and physically threaten daily at non-competitive wages.

The ability to provide benefits would make a tremendous difference in recruitment and retention of good DSWs. Right now, for me the expense is prohibitive, but my ideal workers are all older women and the lack of benefits is their concern #1. For many of them, it is the ONLY reason why they woudn't be happy here and would keep looking somewhere else. Or why they would consider this position only on a temporary basis

until they find a job with benefits. It really is a big issue, I am glad somebody is working on it!

With the recent changes in the billing structure and having to receive payment from MCO's, our business capital is not where it needs to be to provide training and adequate financial moves to retain qualified employees. Making the process of financial reimbursement more structured and timely would greatly aid in the business being able to provide much needed time and money towards employee training.

Increase COLA for DSW's - Offer a reasonably premium statewide pre-tax Health Insurance program - (perhaps premiums could be income based) Offer incentives for individuals graduating from college to serve rural areas - (perhaps tuition paid if serve an agency for 2-4 years)

require industry specific competency testing prior to hire - look for problem solving abilities, empathy/compassion, and a command of the English language in order to properly communicate with medical professionals and IDT members

We focus on employing students of psychology, social work, community counseling, nursing, etc. That we get employees who have a vested interest in gaining experience with a population they may work with in their future. Also, with our 20 years of experience in the field with related education and my wife having her LICSW as well as working as a therapist we enhance their work experience. Although we are small and only have one house this has worked well for us.

Wages and Benefits are inadequate to attract and retain a quality workforce. LTC facilities need more money!

N/A I am forster care

Providing employer paid health insurance down to a .6FTE. Currently at this location you must work a .9FTE for the company to pay a portion.

We have found that if you pay employee's more, they stay longer and are better qualified. They are also more productive and we can get by with few staff hours. We also do a better job of screening applicants. New applicants are mainly referred by employees. We spend very little on ads, less then $500 a year.

Mostly nurses and HHAs are employed in this company. All of our HHas are NARs/HHAs. Particularly nurses want benefits to really commit to organization. Higher reimbursement needed from MA to adequately pay nurses and also have benefits. Margins are too small to pay premiums on health insurance or pay for replacement costs of vacations, sick days, etc.

Reasonable rates for family health care coverage is our biggest concern.

Opportunity to provide a truly livable wage so people can make this a career choice vs. a stepping stone to a better paying job.

Consistent staffing patterns Fair compensation Clear responsibilities

Increase reimbursement to allow us to better serve the resident by paying qualified applicants a fair wage for the work they do. They are caring for our seniors, they are not making widgets.

Living wage, affordable family health insurance.

The DSW needs to be more reliable, many times this is more of a problem than any other. We are a small assisted living and our clients always come first, the clients deserve to be treated with the upmost respect and feel comfortable in their own home. We do not tolerate 'no call/no shows', if a DSW does this at our facility they are terminated immediately; to us at [provider] it shows a lack of care and neglect for our clients and we do not want ppl like that working for us. We try very hard to retain our good staff and we do for the most part, we have never lost a DSW due to lack of pay. We have staff due to personal issues they may be having, age, and terminated staff due to not following policies or procedures after being retrained.

N/A

low pay is the number one complaint we get. We provide mileage at IRS rate,we provide health coverage for FT 30 hours week but that is getting harder to do our premiums for health care are 35,000/month.MA doesn't pay enough to pay higher wages, the only reason we can do MA is because Medicare carries us and they are not going to do it anymore with severe cuts coming to us in 2009. Pay is the number one, followed by too much paper work.nurses are even harder to recruit.

Flexible scheduling. Consistent assignment. Call in policies. Better orientation program. "Weeding out" people who are not qualified in the hiring process. Annual evaluations are very important and consistent feed back also makes staff feel better about what they are doing. If there is going to be a change involve staff that are going to be affected part of the decision making if able to.

None

Higher pay and benefits

none

none

Providing sufficient funds towards new employee training and orientation; providing sufficient funds for increased staff levels. Policy recommendation for a standardized mandated training period for all new DCW's

We live in a rural area and that is a problem to recruit DSW.

raise wages and have affordable health insurance

None

Better pay. Enhanced benefit package

Decent wage and better/more affordable health care options for both full time and part-time workers.

Reimburse for cost of CNA training, Respond to Qualification requests more promptly.

BETTER TRAINING AND BETTER PAY

Part time benefit packages

Better benefits and pay usually do the trick to attracting better qualified, and committed employees. Provide the incentive for providers to do that, by how the state compensates providers.

We treat our employee's with respect and we talk with them about issues. when doing the hiring and interviewing we take our time, ask alot of questions, watch how they are answered and how the residents would be referred to, it gets to be along processes but in the end we get the kind, caring individual we were looking for.

Q154. Please share any other thoughts, issues, or concerns that you think the state should consider as it develops its proposal.

Health Insurance costs are killing small agencies like us. It's difficult to maintain employees and keep them healthy under the current structure. A national inititive must be looked at to make ordinary care affordable for everyone without it being tied to the employer.

I think it is a great idea that the State feels that they should do more to support the employees, of long term care and other similar facilites. I think the proposal is being generated based on the recognition by the state that they have done little to support this industry and facilities based on the poor reimbursement generally provided. It will do very little good to increase any long term care providers ability to provide cheaper and better insurance coverage, if they can't afford to pay for increase in other areas. Our water bill and city property taxes increase by $27,000 last year, our worker's compensation increase by $50,000, our property insurance increase by $10,000 last year.

And in recognition of all of this, the state managed to increase our reimbursement by $75,000, $40,000 of which we had to give to staff. I am all for getting my staff, whatever we can get for them, but again it will do very little good if I can pay bills in other areas.

Most of this questionaiare does not apply to our agency. We provide insurance to all our employees if they chose to be covered. Some are covered by their spouses insurance and it is better coverage than ours. Because we are a very small group (10 staff) our insurance costs are based on a person to person or family to family situation. So for example a single 60 yr old employees health ins cost is $960 per mo and a 25 yr old costs $250. We are too small to get any average monthly cost per employee or per family it's all based on age and number of dependants.

Keep the health insurance affordable and available to all citizens who live in Minnesota so that everyone can have health insurance at an affordable cost.I am sure that if a fee was charged to everyone wether it be $1.00 a month or $100.00 a month according to a person's income people would help pay for their insurance. The system we use at this time is broken. Example: my husband who won his battle with cancer 7 years ago and is cancer free according to his oncologist can not get health insurance because of his past diagnosis if he were to think about retiring. He would loose his present health insurance and he would not be able to find any health insurance that would cover him fully and at an affordable rate. He can not afford to retire due to this situation. How fair is that? Also do not let health insurance companies tell the consumer where they must go for health care or who they must see. We are paying for a service we need to have the right to choose which doctor and health facilities we want to use. Thank You

Please consider having an insurance that does not have so much out of pocket cost -- Have a lower deductible.

Any support that our small-medium sized business could get would be greatly appreciated. We struggle to provide the benefits that we do to our employees and because of economic reasons had to cut the benefits for 2008 in order to be able to offer them to our employees- employees which very much deserve health and dental benefits as a part of their compensation package.

Any support that could help reduce the cost of health and dental benefits would be a help for this small-medium size business. We had to decrease the scope of our benefits in 2008 due to the costs. This business is not anticipating any decrease in premiums for 2009 and our employee's deserve health and dental benefits.

The only concern I have is what about the corporations who have already been paying for employee health coverage. How do you reward them for doing the "right thing"?

This nations health care crisis needs a comprehensive solution. I would like to hear more about the specifics of your proposal. Please do not develop a plan that makes it even harder to operate our facilities with our residents needs in mind.

Health insurance costs rise faster on an annual basis than any COLA we receive. Those costs should be separated from COLA increases and receive a "pass through" in rate increases to cover these changes.

Look at employees that are on MA programs that have the ability to work full time but are eligible for state programs and chose not to. The state MA programs are better than private programs so there there is no incentive. Part-time employees on state MA programs have better coverage than those who work full time and pay.

As long as you don't take away current money we have and it doesn't go against any future salary increases, we think it would be helpful.

It currently takes 32 hours average working hours per week to be eligible for Health Insurance. Lowering to 20 hrs would help to recruit employees. Employer share should be 100% for a single policy and 75% for family making it feasible for more employees to afford the health insurance and a better tool in recruiting qualified workers. Lower out of pocket would also benefit employees and help in recruitment. Current policy is major medical and provides very little benefit to the occasional user of the health insurance. Many employees will work only part time to maintain Minnesota Care benefits.

None at this time

Do not place much emphasis on the last fiscal year net income as the previous years before then they were net losses. Included in our net income for this year was the sprinkler grant which we received from the state which was approximately $65,000.00. You should consider whether staff had to be layed off or not replaced. The net income or loss for one fiscal year does not tell the true story.

Q#10 - Profit is for ICF's only and does not reflect the overall operations of the entire company Q#15 - Number of full time employees includes individuals who work part time in the ICF's and in other programs within the company and individuals who work full time only in the ICF's Q#18 - Number of full time employees - same as Q#15 Q#50 - Health insurance costs included here are only the amount allocated to the ICF's. Health insurance plan benefits have been reduced and the employee contributions increased significantly for the past two years to contain company costs. Q#58 - We are unaware of this study/proposal/initiative and our attempt to access it online was unsuccessful. The link provided on the DHS website did not work.

Our salary schedule already includes a 3% annual increase in wages at the anniversary of the employee. This is in excess of the COLA required on October 1. If we did away with the salary schedule and adopted the Legislative COLA, employees would be

getting less money than if the Legislature stayed out of telling us how to run our business.

Since we are already providing health insurance does that mean that we would not be entitled to any increase? Using only one year for fiscal year net income or loss does not tell much except you may have had one good year versus many bad years.

Many of our employees reduce the hours they work to under 60 per two week pay period in order to qualify for MN Care. If they were to receive benefits through the employer, they would most likely work more hours, which ultimately improve staffing for providers.

Please provide timely updates for all providers regarding this initiative. The long term care industry certainly needs assistance in providing competive wages and benefits.

Allowing long term care employees to have access to state health insurance, while requiring employers to pay the premiums (with or without a reimbursement rate increase), should enable employers to reduce costs whitle offering quality health insurance benefits.

All staff need the health insurance. Housekeeping, Laundry, and Dietary is paid even less than the nursing assistants. The survey did not collect data on their average pay or staff turnover

Controlling the costs of what is charged to the insurance companies, would help keep the cost in line to the insurance companies

per conversation with Cindy, our company is a Subchapter S Corporation, therefor, income tax is not part of our expenditures. Administrator

You should have been better at selecting who to send this to. County government is not who this is for.

Health insurance is very costly hence increament should be able to take care of this.

We have a combined healthcare, dental and vision care through Red Lake Nation self insured program. Many of our employees would like to have health insurance, but don't believe they can affort the premium.

WE HAVE NO IDEA WHAT THE INITIATIVE IS OR IF WE ARE CONSIDERED LONG TERM CARE EMPLOYERS.

Would favor private insurance insurance other public/gov't. insurance.

For many direct care staff, it is cheaper to go on MN Care than to buy our insurance.

Health care costs are an ongoing concern. The cost of providing health care is very expensive but very necessary in order to retain staff. I know for a fact that I would lose some of the good quality employees we have if we did not provide health insurance benefits.

The state is at a critical point and is in danger of losing providers, it is becomming harder ad harder to provide more with less.

Wages are relatively low in Long Term Care. The cost of insurance to the facility and employees keeps rising. Each year we have had to reduce benefits and increase co-pays and out of pocket expenses, plus take a larger deduction from each employee. Being able to purchase insurance from a larger pool may help to reduce the cost for health insurance.

Discuss the future market demand for long term care workers and the need to offer them attractive benefit packages

With the high cost of health insurance coverage, if a facility has to terminate group coverage, money should be available for assisting in a stipend or premium payment also.

I feel we have excellent benefits for our staff thus their long term service. I would like to have an increase to provide a wage increase for their hard work and the increase demand on them as our residents continue to age. Monies are being spent on trainings to help educate the staff during these changes in resident ages. This money comes out of their benefit budget. Our staff look to their pay check each month for their self worth. Most of them are living check to check and what the total is on each check is what means the most. Our staff are very hard working and they understand the hard times our economy is experiencing, however, our residents need care. Our residents need us and it would be great if our work could be validated with a just wage increase.

I am a private foster care home, and I am in charge 24/7. I have to buy my own health insurance because of course it is not provided. Offering health insurance for providers would be very helpful.

Our current plan just received notice that at our renewal date of June 1st, we will experience a 29% increase in our current plan, which is not a very good plan. It is an HSA with a $2000 deductible and an 80/20 after that until $3,000. the cost of heath care is staggering! Our employees need help!

To have good employees we need more assistance with health care benefits to the employees, in a big way

The answers to this survey cover 16 ICF/mr facilities and 16 waivered facilies for Dakota Communities. For these facilities, information is provided to the State in the

annual reporting for the 16 ICF/mr facilities. As the state develops its proposal, it should understand that although many providers offer health insurance, the premiums vary greatly with size of the organization, # of participants and useage/risk, "one size does not fit all"

Good idea - Thanks for untaking this.

Health insurance is the most important issue for employers at this time. Increasing rates make it more of a strain to continue provding this benefit. Any help available is appreciated

I would like it to be some kind of group plan. The owner has to buy their own health insurance also. Then they would be able to get in on some kind of group plan also. This would help save everyone money.

I do not have any employees. Would love to have access to health care for myself. I will be leaving the business as soon as I can obtain an out of the home job that provides benifits. As it is I am working for less than minumum wage after expenses and cannot afford it.

Long term, Health Care rates are projected to continue to rise at a rate far greater than any DHS rate that will be offered. The proposal will be an "unfunded mandate" within a few years. We strongly oppose this proposal as a solution.

I would be in favor of an increase in reimbursement to allow for health insurance to be provided by employers. I would be in favor to a reduction or elimnation of the MN provider tax for that purpose. I am opposed to the state mandating how reimbursement increase are to be used. The free market will take care of this because providers will not be able to find adequate staff if they do not provide competitve wages & benefits. Also MN Medicaid lags way behind the surrounding states in the upper Mid-West in reimbursement rates. This makes it very dificult to work with MN MA. Most providers take a loss everytime they provide treatment under MA. When that situation improves wage & benefit structure will also improve.

Medical Insurance is a large part of our expense every month. But we feel it is a necessity to keep our staff employed. Our salaries/benefits make up 78 percent of our budget every year.

I feel the employer should not be in the business of providing Health Insurance benefits for its employees. Give us enough $ to provide wages so employee can get their own coverage or provide a national health care system that is paid for thru taxes like medicare.

the states approach while is commendable is off the mark in my opinion. when they cut rates and fail to provide cola's what the heck will change. i get cuts i will cut expenses,

ie, health care there is not incentive to buy it. the health care industry does not have ways to cut costs that we have.

Being in the healthcare industry, it is important that our DCWs remain healthy and practice good self-care. Having the opportunity to have and afford health insurance is vital and any monies that can be directed to offering health insurance coverage to these individuals would be wonderful.

Employees of providers should be able to get the same coverage that state employees get. This will cost the state far too much money and will unfortunately never happen.

It's a good idea and we support it but not only do we need more from the State but also from other 3rd party payers like insurance companies who recently reduced PMAP plans to current state rates and who continually play shell games regarding what they say they will pay and what they actually pay for services. As a small private provider, it has become increasingly more challenging to even meet expenses let alone make a living and provide additional benefits to employees.

BY SUPPLING HEALTH INSURANCE, IT WOULD PROVIDE MORE LONG TERM CARE WITH LESS EMPLOYEE TURN OVER, WHICH IN TURN PROVIDES BETTER CARE TO THOSE IN NEED.

If providers are given a rate increase for the sole purpose of giving their employees health insurance, how will the state know if all providers will follow thru with setting up a health insurance plan?

A nice idea, but given the current administrative, legislative, and D.H.S. attitude towards spending any more money on anything related to Human Services, it seems like a long shot at best to get any new money into the system, and the reality of this issue is that nothing except money will have any real impact on this.

I am not sure how this will effect my business. Given that I have only 7 employees I don't know how I will be able to obtain a health insurance package for such a small group. There are other small groups such as mine - how will small companies be able to purchase mandated insurance with affordable premiums for their employees? This added cost, along with so many other mandated expenses tied to any COLA increases can make it extremely difficult for small businesses to survive. I don't work with the flexible profit margins that larger companies do. If the State requires I give a benefit or pay raise to my employees and gives my company a raise to fund it (and mandates I pass it on to them), but then turns around and cuts the amount of revenue it pays for my services, it is impossible for me to retain my employees if I in turn cut their benefits or their hourly pay that the State just took away. If I don't reduce these costs when they take away the funding they put in place to support them, how will I stay in business?

Anything to raise the standing of this profession through pay or benefits would help attract more qualified individuals to the field

I am a private home which provides Adult Foster Care. I have no employees.

The more we tie up the funds coming into our facilities the more we become puppets to the state. I would love for an increase in funding, but tying it to certain items may not help those that are in despirate conditions to stay alive.

Our owner has promised health insurance for all full time employees but the past 2 1/2 years have not received any. Reason is always different (no money, later, etc) They have not given the COLA raise to PCA staff either, State of MINN DHS is currently investigating. We have have 2 homes under a super CADI program, highest per diem yet we are told no money. We have lost holiday pay as well. Company has received raises each year, they told when they get the raise from the grant program/county we will get raises. None yet. Even if the state will give them money, you must have a system that specifies what the money is for and have a follow up to verify it was implemented.

I feel the healthcare field is under appreciated. It is hard work and very underpaid.

I think it would be beneficial to offer this potential health insurance as a pool for all providers in order to aid in keeping premiums lower for employers/employees. Smaller companies still need benefits but are often paying higher premiums as a result of smaller employee pools. This causes significant increase year to year when health needs arise.

We have two "owner/operators" that receive medical benefits - these two do not pay for medical insurance. Our answers may do include this consideration. Our two full-time Direct Care staff received medical insurance and pay 1/2 the cost out of pocket.

Lower rates for health and dental

Comment: I find it strange that we are completing this survey when we've been told we will be getting a cut this year and not an increase of any kind.

Find the least costly method for the employer that provides a decent benefit to direct care staff...this needs to have a management deductible or HRA level that allows them to access health care through primary care versus the ED where they don't pay their bills.

Invest in regulation of the private health insurance industry to control costs & increases. A rate increase specifically designated for the purchase of insurance from private carriers is simply a pass-through for that industry based on massive lobbying efforts. If

that's what the State of Minnesota wants to do, just give the money to private insurers directly contingent upon regulation and decreased health care costs for everyone.

We are an outpatient substance abuse treatment facility and provide our full-time employees $250/month towards their own privately obtained health insurance because we are a small facility and cannot afford to provide health/dental insurance for our employees.

Please keep in mind that many Unions have their own Health and Welfare Plans that the Employer contributes to for Union Members. Then have another plan for non-union staff and managers.

As with other companies, we have had to resort to a high deductible health care plan. Our deductible is 3000 for single and 6000 for family before insurance pays the first dollar. Even with an HSA plan, most employees cannot afford our health insurance. They either resort to going without insurance or, if they are lucky, they can join the MNCare plan. Because only those who can afford our insurance and those who are really sick and need insurance are on our plan, this has had a dramatic increase on our number of claims. Last year, we had four very large claims. We have been told our rates will be increasing by 74.6% in August. Our company and our employees cannot afford the increase. Because we already have a high deductible plan, there is really no where else to cut the plan design and there are no consortiums available to join. I would ask the State to consider raising rates so health plans are affordable to all staff. Our direct care workers start out making $9.67/hour. This is not a wage that anyone can live off of. We need to support our staff, but with the proposed legislative cuts and the increase in health insurance rates, we fall very short of supporting those who care for the most vulnerable people! I would be more than happy to speak more about wages and insurance and our story. Thank you for your time! [identifying information removed]

I believe that care professionals have some entitlelment to extra help by the State because our salaries are low compared to engineers, computer experts, other professionals, etc. Our liability is also large, and we work long hours. I think that help from the State for care workers is an excellent idea, and we certainly appreciated the two COLA raises last year, i.e. it really boosted moral last year among our many health care workers.

Must have a system that will keep the main companies accountable for distribution of COLA programs, etc. What will the percentage of employee financial input vs the company for benefits? Wages have to be more competitive for high risk super cadi homes (would like to be more equal with state CBHH facilities, work with same people) as well as to maintain quality staff working in human services field. Concerns of PCA staff financially capable to pay for benefits especially for single parents, one income family, etc.

I am a small business - a corporate adult foster care home. Does it make sense to pool us together to be able to get cheaper rates? Can the state bundle us up in some way? Just a thought...

Employer purchasing of employee insurance is difficult for our agency due to low numbers involved in a plan; turn over of staff; and the ever increase in health care costs which ultimately are given to employer and employee. I believe the State of MN needs to do something with health care cost reform. Increasing COLA rates and offering an incentive for employees to participate in a statewide long term health program - even if it be through a Section 125 program - would be more feasible for both the employee and small time employer as ourselves.

This proposal would not be very effective because many employees would not elect coverage because of the cost and join the ranks of the uninsured.

My wife and I own and operate one AFC for SPMI adults. We provide corporate, 24 hour care, wavered service in a seperate home from our private home so therefore we are required to meet all the corporate financial standards and rules. This has shown to be a significant financial responsibility within our personal business. We are a small privately owned and operated business with 2 staff and would experience financail hardship as to adding on health care coverage for our employees. We make many efforts to compensate and express our appreciation for our employees for their commitment to the residents we care for in many ways. Therefore, in our opinion,our business would have significant difficulty surviving should this health care coverage be imposed.

I am a private Foster Care Provider. When my husband retires, which will be soon, I will be faced with no health insurance for myself. Benefits would greatly help keeping us late middle age people providing services instead of having to obtain a full time position somewhere just to have health insurance for myself

Providing great health and dental benefits are big key in recruiting highly qualified staff. They go hand in hand with wage. This past year we offered a new low cost/high deductible insurance option for our employees with a "3 for Free" office visits. Cost per paycheck was only $9.52. This was a huge success in getting more of our direct care staff covered. Last year we had a staff person (who was a nurse) die of breast cancer. She didn't have insurance. For all employees, we stress the need for insurance.

A state sponsored insurance program or ability to purchase health insurance without paying 50% of an employee's premiums is necessary. There is a real shift from inpatient to home care. With the economic situation, we need to think about shifting some reimbursement to home care so that highly qualified, skilled staff are employed.

The 3 DCW who pay for their own insurance. Would be interested in more money to help defray insurance cost, unless their is a plan that would better serve them for the same amount of money. deductibles are too high!!!!!!

We need a universal health care plan. As a small agency our insurance is based on age. Our insurance when up by 22% this year because our rate was so poor due to the usage of one person who was extremely ill.I would be more then open to move to something that moves us to a larger group for health coverage. Additonal the age incrase certainly hold the potenial of age discrimanation in the hiring and retention of employees.

Employers do not receive adequate reimbursement for the services provided to residents to be able to afford to offer health insurance benefits to employees. Employer taxes in a small business are another reason health benefits are prohibitive.

rates are too expensive for employees and employers

If we end up with a large cut to our program rates we will be in a position that we will need to cut some health care benefits to our staff.

Note that we have 4 choices for health insurance coverage. We used the $1000 deductible policy to answer the questions because that is the one most utilized. Heritage offers family coverage but only pays the the same amount as single coverage toward the policy.

We support it as long as it is not encumbered and does not affect our direct care funding.

In order to provide a continuim of great care for the elderly, nursing facilities statewide must obtain and retain great care workers. In order to retain great workers, wages and wage increases must be in conjunction with "true" cost of living expenses; health care must be affordable; we have a growing aging population - we will always have a need to provide health care services to the elderly - we must provide that need with staff that are paid well while performing services that someday each of us will need. When a person can work at the local fast food service provider and make almost as much as someone caring for a life, it should give reason to pause; we should truly consider this as an extreamly important issue. There is not room for a reduction in health care workers and without adequate funding for wages and other benefits, this reduction in this workforce is inevitable.

Due to pending rate cuts, providers may need to reduce or do away with the health insurance benefits. We have reduced our health care benefit coverages each of the last five years to keep the monthly premiums as low as possible.

Survey repetitive and too long.

I did previously offer medical and dental benefits to full-time employees, but could not afford to continue offering this benefit.

Issue is the entire health care system in the U.S. It is terribly broken. What does need to be considered on a state level is how to provide cost-effective insurance to the majority of long-term care workers who are female and make less than $14.00 an hour.

There should be a pass- through for employee benefits in the rates as the last 5 years the cost to offer benefits has risen far greater than employers can absorb when rates are frozen or cut.

OPEN TO ANY DECISION MADE BY DHS

IT WOULD HELP IF PART OF WHAT WE PAY FOR ADEQUATE INSURANCE WERE REIMBURSED BY THE STATE. IT WOULD NOT BE HELPFUL IF STRINGS WERE ATTACHED ON WHAT TYPE OF COVERAGE COULD BE PROVIDED. EACH AGENCY SHOULD BE ABLE TO ADMINISTER THE DOLLARS BASED ON WHAT IS AVAILABLE IN THEIR LOCALITY AND BASED ON THE NEEDS OF THEIR EMPLOYEES.

None

Needs to be helpful, problem solving, rather than burdensome, and adding problems.

we are a small company, we are not always to full capacity which is only 10 residents. The amount given would be per resident, if we don't have the residents we can not afford to buy the insurance. I don't see haw it would work for smaller companies and when our employees are hired they know we do not offer insurance, most have husbands with insurance so it isn't needed.

Minnesota Worker Survey - Appendix E

Informed Consent/Notice of Privacy Practices

The Minnesota Department of Human Services wants to hear from workers in the long-term care field. The Department is looking at health insurance for this workforce.

The state hired The Lewin Group to conduct this survey. The results may be used to change laws to help more long-term care workers in the state get health care.

The survey takes about 15 minutes to complete. It asks about your job and your benefits. Your answers will help in planning new benefits for long-term care workers in the state.

Your answers will be kept private. Your name is **NOT** on the survey. Only the study team from The Lewin Group will be able to see your answers. The surveys will be kept in a locked file. You do not have to complete the survey. There is no risk or cost to you or your job to participate in the survey, and it may help improve jobs for long-term care workers in Minnesota.

Please complete & mail the survey by May 1st, 2009, for a chance to win $25!

Please complete and mail the survey in the envelope we provided by May 1st, 2009, for a chance to win $25 cash! 40 people will win. If you wish to enter the drawing, please write your name and phone or e-mail on the stamped postcard (*NOT ON THE SURVEY*). Send the postcard separate from your survey.

If you have any questions, call 703-269-5554 or e-mail MinnesotaSurvey@lewin.com.

You do not have to take part in this survey and you may choose to skip any question if you wish. Your decision to answer this survey is completely voluntary. However, by completing this survey, you are agreeing to participate in the study.

In answering these questions, think about your job with the employer who gave you this survey.

1.	Which best describes your job?
❍	Direct care / direct support worker (includes certified nursing assistant (CNA), home health aide, home care aide, direct support professional, personal care attendant, technician, peer counselor, etc.)
❍	Health care / human service professional (includes nurse, physician, physical therapist, social worker, psychologist, etc.)
❍	Administrative
❍	Dietary
❍	Housekeeping
❍	Maintenance
❍	Marketing
❍	Other (please specify)

2.	Which best describes the type of facility/agency you work for?		
❍	Nursing facility	❍	Mental Health Provider/Agency
❍	Intermediate Care Facility (ICF-MR)	❍	Personal Care Provider/Agency
❍	Home Health or Home Care Agency	❍	Hospital / Clinic
❍	Chemical Health Provider/Agency	❍	Other (please specify)

3.	Are you in a union at this facility/agency?
❍	Yes
❍	No

4.	How many total hours a week do you work with this employer?
❍	1 – 8 hours a week
❍	9 – 16 hours a week
❍	17 – 24 hours a week
❍	25 – 31 hours a week
❍	32 – 40 hours a week
❍	More than 40 hours a week

5.	How long have you worked with this employer?
❍	Less than 1 month
❍	1 month to less than 6 months
❍	6 months to less than 1 year
❍	1 – 2 years
❍	3 – 5 years
❍	6 – 10 years
❍	11 or more years

6.	How many total years have you worked in the field of long-term care? That is, work that provides care or support to older people or people with disabilities, illness, or substance abuse?
❍	Less than 1 year
❍	1 – 2 years
❍	3 – 5 years
❍	6 – 10 years
❍	11 or more years

7.	Do you have another job in long-term care besides this one?
❍	Yes
❍	No  Question 10.

8.	Why do you have another long-term care job?
❍	To get health insurance
❍	To get other benefits (vacation time, sick time, retirement, etc.)
❍	I can't make enough money with this employer
❍	I can't get enough hours with this employer
❍	Other (please specify)

9.	How many hours a week do you work at your OTHER long-term care job?
❍	1 – 8 hours a week
❍	9 – 16 hours a week
❍	17 – 24 hours a week
❍	25 – 31 hours a week
❍	32 – 40 hours a week
❍	More than 40 hours a week

10.	What three changes to your wages/benefits would be most important to you? Please check only **three**.		
❍	Raising my hourly wage	❍	Flex Time
❍	Health insurance	❍	Help with school tuition
❍	Dental insurance	❍	Mileage reimbursement for transportation
❍	Paid vacation	❍	Retirement package
❍	Paid holiday	❍	Life insurance
❍	Paid sick leave	❍	Other (please explain)

Now we want to ask about your health insurance. This is insurance that helps pay for your bills when you go to the doctor or hospital. For this survey, a discount card does not count as health insurance.

11.	Who pays for your bills when you go to a doctor or hospital (**check all that apply**)?
❍	I pay myself (I do not have health insurance)
❍	Someone else pays for me
❍	My health insurance pays
❍	I don't go to the doctor
❍	I don't know

12.	Below is a list of different types of public health insurance. Please check if you have any of the following.
❍	Medical Assistance (MA), also known as PMAP (Prepaid Medicaid Assistance Plan). [This is Minnesota's health insurance program for low-income families with children, seniors, and people with disabilities.]
❍	General Assistance Medical Care (GAMC) [This covers low-income adults age 21 to 64 who do not have dependent children and do not qualify for Medical Assistance.]
❍	MinnesotaCare [This is a program that offers health insurance at a lower price/premium based on income for people who do not have access to affordable health insurance and do not qualify for MA or GAMC.]
❍	Medicare [Medicare is the health insurance for people 65 years old and over and some younger people with disabilities. This is a red, white, and blue card.]
❍	Railroad Retirement Benefits
❍	Veteran's health care, TRICARE, or CHAMPUS
❍	Indian Health Services
❍	I do not have public health insurance

13.	Below is a list of different types of private health insurance that you might have through a current employer, former employer, retirement benefit, or purchase privately. Please check if you have any of the following.
❍	Health insurance through THIS employer
❍	Health insurance through my other job, a former employer, or as a retirement benefit
❍	Health insurance that I purchase directly from an agent, health plan or insurance company
❍	Health insurance through my spouse or partner's employer
❍	COBRA [This is insurance you purchase temporarily for full cost through a recent former employer.]
❍	I do not have private health insurance SKIP TO Question 16.

14.	My private health insurance policy coverage is in:
❍	My name
❍	My spouse's, partner's, or family member's name

15.	How much do you pay in monthly premiums for your private health insurance?
❍	Less than $50 per month
❍	$50 – $99 per month
❍	$100 – $199
❍	$200 – $299
❍	$300 – $399
❍	$400 – $499
❍	$500 or more
❍	Don't know

SKIP TO Question 22.

16.	Please say why do you NOT have a private health insurance policy?
❍	Not offered to me or my spouse through any of our employers
❍	Have not worked at this employer long enough
❍	Don't work enough hours with this employer
❍	Cost of insurance is too expensive
❍	Other (please specify)

17.	Would you work 32 or more hours per week for one employer to be eligible for health insurance?
❍	No, I won't be able to or don't want to work 32 or more hours per week
❍	Yes, I would try to work 32 or more hours per week so I could get health insurance
❍	I already work more than 32 hours per week

18.	If your employer offered you **free** health-insurance coverage would you participate?
❍	No
❍	Yes

19.	If NO, then please explain why.
	_____

20.	How much would you pay <u>per month</u> for **you alone** to have health insurance from your employer?
❍	Nothing
❍	$1 – $24 per month
❍	$25 – $49 per month
❍	$50 – $99 per month
❍	$100 – $199 per month
❍	$200 – $299 per month
❍	$300 or more per month

21.	How much would you pay <u>per month</u> for **you and your family** to have health insurance from your employer?
❍	Nothing
❍	$1 – $24 per month
❍	$25 – $49 per month
❍	$50 – $99 per month
❍	$100 – $199 per month
❍	$200 – $299 per month
❍	$300 – $399 per month
❍	$400 – $499 per month
❍	$500 or more per month
❍	I do not have a family

22.	In the last 12 months, was there any time when you did not have health insurance?
❍	No
❍	Yes
❍	I don’t know

23.	In the last 12 months, did you avoid or cancel a health appointment because you did not have health coverage?
❍	No
❍	Yes

24.	Do you have a regular doctor or nurse who you see?
❍	No
❍	Yes

25.	In the last 12 months, did you use the emergency room for any reason?
❍	No
❍	Yes

26.	In the last 12 months, did you spend any time as a patient in the hospital?
❍	No
❍	Yes

27.	Not counting premiums for health and dental insurance, what were YOUR medical expenses in 2008? This includes co-payments, deductibles, and payments for going to a doctor or hospital, eyeglasses, dentures, prescription drugs, wheelchairs or any other medical-related equipment or services.
❍	Less than $500
❍	$500 – $999
❍	$1000 – $1999
❍	$2000 – $2999
❍	$3000 – $3999
❍	$4000 – $4999
❍	$5000 or more
❍	Don’t know

28.	Do you have unpaid medical expenses (health care debt) for you or a family member?
❍	No
❍	Yes

29.	Are you currently covered by a dental insurance policy? This includes dental insurance that you buy directly, obtain through an employer, or through a spouse.
❍	No
❍	Yes

Please tell us more about yourself. Remember that all responses are confidential and will be used to describe all survey respondents as a group.

30.	What is your gender?
❍	Female
❍	Male

31.	What is your age?
❍	Younger than 20
❍	20 – 29
❍	30 – 39
❍	40 – 49
❍	50 – 59
❍	60 – 69
❍	70 or more

32.	What best describes your race?
❍	American Indian or Alaska Native
❍	Asian
❍	Black, African American, or Haitian
❍	Native Hawaiian or Other Pacific Islander
❍	White

33.	What best describes your ethnicity?
❍	Hispanic or Latino or Spanish origin
❍	Not Hispanic or Latino

34.	What is your highest level of education?
❍	8th grade or less
❍	Some high school
❍	High school graduate/GED
❍	Vocational or trade school graduate
❍	Some college
❍	College graduate or more

35.	What is your marital status?
❍	Married
❍	Divorced
❍	Separated
❍	Widowed
❍	Never married
❍	Member of an unmarried couple

36.	What is your typical monthly, household income? This includes any money you and/or your spouse/partner receive from wages, Social Security, child support, SSI, Disability, Medicare, savings, investments, etc., per month (after taxes).
❍	Less than $500
❍	$500 – $999
❍	$1,000 – $1,499
❍	$1,500 – $1,999
❍	$2,000 – $2,999
❍	$3,000 – $3,999
❍	$4,000 – $4,999
❍	$5,000 or more

37.	How many people (*adults and children*) does this household income support?
❍	Only myself
❍	Myself and one other
❍	Myself and two others
❍	Myself and three others
❍	Myself and four others
❍	Myself and five others or more

38.	We would really like to hear from you! Is there anything else you would like to add?

Minnesota Provider Survey

We want to hear from you!

This is an opportunity for you to confidentially voice your opinions. The results of these surveys will be used in planning future COLAs and Medical Assistance rate increases and job-related issues such as training.

Researchers from The Lewin Group have been hired to independently conduct this confidential survey. The Lewin Group, a health care and human services consulting firm, is under contract with the Division of Disability Services of the Minnesota Department of Human Services to identify improvements to the Medical Assistance (MA) State Plan Personal Care Assistance or PCA program. In addition, the Continuing Care Division has contracted with The Lewin Group to conduct a legislatively mandated study to assess the feasibility of a MA rate increase to long-term care employers to offset the cost of providing health insurance for employees. A critical component of the study is a brief survey regarding your agency's health insurance plans.

To save time, you may find it helpful to gather your organization's tax records and Human Resources files before you begin. If you have these documents in front of you, the survey can be completed in 20-30 minutes. If necessary, you may save your progress and return to the survey at a later time. The survey includes questions about

- your organization's profit/loss and expenditures for 2008,
- your employees and the training they receive,
- wages and benefits, and
- your experiences with the Minnesota MA Personal Care Assistance program
  (if applicable).

You can be assured that any information you provide on the survey will be kept confidential. Only the researchers from The Lewin Group will have access to your responses, and they will be kept in a locked file. Completing the survey is voluntary, and you may decline if you want to.

Minnesota Provider Survey

Please have someone in your office that is knowledgeable about your services, operations, insurance coverage and personnel complete the survey.

If you have questions while completing the survey, please e-mail them to MinnesotaSurvey@lewin.com or call 703-269-5554.

Please complete the survey by May 1, 2009, to be entered into a drawing for one of three $500 cash incentives!

NOTE: If you do not use MN-ITS for Medicaid Reimbursement, skip this question.

1. Please provide your Minnesota National Provider Identifier (NPI)

2. Please provide the name and address of your organization.

3. Did your agency/facility receive the cost of living adjustment (COLA) from the DHS in 2008?

- ☐ Yes
- ☐ No

4. What is your ownership type?

- ☐ For Profit – Individual
- ☐ For Profit – Partnership
- ☐ Government – State
- ☐ Government – County

☐	For Profit – Corporation	☐	Government – City
☐	Non Profit – Church/Faith Based	☐	Government – City/County
☐	Non Profit – Corporation	☐	Government – Hospital District
☐	Non Profit – Other	☐	Government – Federal

5. Is your organization part of a chain or large organization?

☐ Yes

☐ No

6. What is the name of your parent company?

When we use the term "Medical Assistance (MA) program" in the questions below, we are referring to the fee-for-service program, managed care programs including Minnesota Disability Health Options (MnDHO), Minnesota Senior Health Options (MNSHO), and Minnesota Senior Care Plus (MSC+) and waiver programs.

7. In what counties does your organization provide services for Minnesota Medical Assistance? (check all that apply)

☐	Aitkin	☐	Goodhue	☐	Morrison	☐	Stearns
☐	Anoka	☐	Grant	☐	Mower	☐	Steele
☐	Becker	☐	Hennepin	☐	Murray	☐	Stevens

☐	Beltrami	☐	Houston	☐	Nicollet	☐	Swift
☐	Benton	☐	Hubbard	☐	Nobles	☐	Todd
☐	Big Stone	☐	Isanti	☐	Norman	☐	Traverse
☐	Blue Earth	☐	Itasca	☐	Olmsted	☐	Wabasha
☐	Brown	☐	Jackson	☐	Otter Tail	☐	Wadena
☐	Carlton	☐	Kanabec	☐	Pennington	☐	Waseca
☐	Carver	☐	Kandiyohi	☐	Pine	☐	Washington
☐	Cass	☐	Kittson	☐	Pipestone	☐	Watonwan
☐	Chippewa	☐	Koochiching	☐	Polk	☐	Wilkin
☐	Chisago	☐	Lac qui Parle	☐	Pope	☐	Winona
☐	Clay	☐	Lake	☐	Ramsey	☐	Wright
☐	Clearwater	☐	Lake of the Woods	☐	Red Lake	☐	Yellow Medicine
☐	Cook	☐	Le Sueur	☐	Redwood	☐	
☐	Cottonwood	☐	Lincoln	☐	Renville	☐	
☐	Crow Wing	☐	Lyon	☐	Rice	☐	
☐	Dakota	☐	Mahnomen	☐	Rock	☐	
☐	Dodge	☐	Marshall	☐	Roseau	☐	
☐	Douglas	☐	Martin	☐	Scott	☐	
☐	Faribault	☐	McLeod	☐	Sherburne	☐	

☐	Fillmore	☐	Meeker	☐	Sibley	☐	
☐	Freeborn	☐	Mille Lacs	☐	St. Louis	☐	

8. Are you an out-of-state provider serving Medical Assistance clients that reside in Minnesota?

☐ Yes

☐ No

The following questions ask about your company's profitability and financial performance. The questions will help in understanding whether LTC providers can afford to provide health insurance benefits for their workers or if a rate increase would be needed. You may skip to Question 14 if you do not have access to these records, or if acquiring them will be burdensome.

9. What was your organization's total annual revenue last fiscal year?

10. Did your company operate with a net profit or a net loss over the last fiscal year?

☐ Net Profit

☐ Net Loss

11. What was your company's net profit?

12. What was your company's net loss?

13. What was your organization's total payroll in 2008?

14. What percentage of your revenues last fiscal year were from the following payment sources? (Note: total may add up to more than 100%)

Medical Assistance

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Medicare

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Private insurance

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Private pay

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Veteran's administration

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Other

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

15. What percentage of your clients pay for your services through the following programs? (Note: Total may add to more than 100%)

Medical Assistance

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Medicare

☐ None ☐ 1-25% ☐ 26- ☐ 51- ☐ 76- ☐ All

			50%	75%	99%	
Private insurance						
	☐ None	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-99%	☐ All
Private pay						
	☐ None	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-99%	☐ All
Veteran's administration						
	☐ None	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-99%	☐ All
Other						
	☐ None	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-99%	☐ All

16. How many hours per week does an employee in your organization have to work to qualify as a full-time employee?

☐ Less than 30 hours	☐ 35 hours
☐ 30 hours	☐ 36 hours
☐ 31 hours	☐ 37 hours
☐ 32 hours	☐ 38 hours
☐ 33 hours	☐ 39 hours
☐ 34 hours	☐ 40 hours

17. How many individuals does your agency currently employ (exclude temporary or contract workers)?

Full-time: _____

Part-time: _____

18. Are the employees in your agency unionized?

- ☐ Yes
- ☐ No

19. Do you provide services under the Medical Assistance State Plan Personal Care Assistance (PCA) program?

- ☐ Yes
- ☐ No

Definitions

Direct Care Workers (DCW), also referred to as attendants, home health aides, personal attendants, direct support professionals, certified nursing assistants, and other job titles, are workers who spend at least 50% of their job providing hands-on care and support within all types of settings.

For the following questions, please report the number of workers, not by FTEs.

20. Other Direct Care Workers:

Full-Time: _____

Part-Time: _____

21. How DCW vacancies does your organization currently have (please include the number of people you would need to hire to cover all funded hours without having to use overtime or temp agency staff). If you don't have an exact number, please provide the best estimate you can.

Number of Direct Care Worker vacancies _____

22. Over the last 12 months, how many DCWs, whether employed full-time or part-time, discontinued their employment at any point (please include workers that were voluntarily and involuntarily terminated, workers that were hired but never showed up, and workers that quit after their first day). If you don't have an exact number, please provide the best estimate you can.

Number of other Direct Care Workers _____

23. Over the last 12 months, how many DCWs, whether employed full-time or part-time, discontinued their employment within 35 days of hire? Please include workers that were voluntarily and involuntarily terminated, workers that were hired but never showed up, and workers that quit after their first day. If you don't have an exact number, please provide the best estimate you can.

Number of other Direct Care Workers

24. How many of your DCWs workers have been employed for at least 12 months?

Number of other Direct Care Workers

25. What is the average hourly wage of DCWs at your organization?

- ☐ Not Applicable
- ☐ $8.50 - $9.99 per hour
- ☐ $13.00 – $14.99 per hour
- ☐ Less than $7.00 per hour
- ☐ $10.00 – $11.49 per hour
- ☐ $15.00 or more per hour
- ☐ $7.00 - $8.49 per hour
- ☐ $11.50 – $12.99 per hour

26. What level of difficulty does your organization have recruiting

qualified Direct Care Workers?

- ☐ No difficulty
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Applicable

27. What level of difficulty does your organization have retaining qualified Direct Care Workers?

- ☐ No difficulty
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Applicable

Please rank the following questions based on your experience.

28. How do the following issues contribute to the challenges your organization faces in ***recruiting*** DCWs?

Lack of transportation or transportation reimbursement

Lack of available and qualified workforce

Lack of health insurance benefits

Disqualifying background checks

Low pay

Lack of childcare/eldercare options

Lack of paid time off

29. Please provide any strategies or policy recommendations for improving the recruitment and retention of other DCWs.

The following questions will categorize your employees into two groups for purposes of estimating the costs of a rate increase for employee health insurance:
a) salaried professionals and managers (exclude temporary workers, contract workers and administrators)
b) other employees (exclude temporary workers, contract workers and administrators)
Examples of 'other employees' could include: personal care assistants/direct service workers; laundry, dining, maintenance, and cleaning staff; secretarial support; and transportation assistants.

30. How many salaried professionals and managers does your agency currently employ (exclude temporary workers, contract workers and administrators)?

Full-Time

Part-Time

31. How many other employees does your agency currently employ (exclude temporary workers, contract workers and administrators)?

Full-Time

Part-Time

32. Which benefits does your organization offer to your full-time salaried professionals and managers (check all that apply)?

- ☐ Do not offer benefits to full-time salaried professionals and managers
- ☐ Sick time off
- ☐ Vacation time off
- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement
- ☐ Child or adult daycare
- ☐ Mileage reimbursement for transportation

- ☐ Life insurance
- ☐ Other (please specify) _____

33. Which benefits does your organization offer to your part-time salaried professionals and managers (check all that apply)?

- ☐ Do not offer benefits to part-time salaried professionals and managers
- ☐ Sick time off
- ☐ Vacation time off
- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement
- ☐ Child or adult daycare
- ☐ Mileage reimbursement for transportation
- ☐ Life insurance
- ☐ Other (please specify) _____

34. Which benefits does your organization offer to your full-time other employees (check all that apply)?

- ☐ Do not offer benefits to full-time other employees
- ☐ Sick time off
- ☐ Vacation time off
- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement
- ☐ Children or adult daycare
- ☐ Mileage reimbursement for transportation
- ☐ Life insurance
- ☐ Other (please specify) _____

35. Which benefits does your organization offer to your part-time other employees (check all that apply)?

- ☐ Do not offer benefits to part-time other employees
- ☐ Sick time off

- ☐ Vacation time off
- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement
- ☐ Child or adult daycare
- ☐ Mileage reimbursement for transportation
- ☐ Life insurance
- ☐ Other (please specify) _____

36. Do you provide any health insurance benefits?

- ☐ Yes
- ☐ No (Skip to Question 52)

37. How many health plans does your organization offer?

- ☐ One
- ☐ Two
- ☐ Three or More

38. What type of health insurance coverage tiers does your organization offer (check all that apply)?

- ☐ Employee only
- ☐ Employee plus family coverage (note: this can include spouse and/or children)

39. Currently, how many employees are eligible for employee coverage through your agency?

Professionals and managers ☐

Other employees ☐

40. Currently, how many employees are eligible for employee plus family coverage through your organization?

Professionals and managers ☐

Other employees ☐

41. Currently, how many employees are ***enrolled*** in employee coverage through your organization?

Professionals and managers ☐

Other employees ☐

42. Currently, how many employees are ***enrolled*** in employee plus family coverage through your organization? If you do not provide this coverage, please skip to the next question.

Professionals and managers ☐

Other employees ☐

43. How are your health benefit plans insured?

- ☐ Fully-Insured (purchased from an insurance company, HMO or other health plan)
- ☐ Self-Insured
- ☐ Coverage provided by our agency's parent company's plan
- ☐ Minnesota Service Cooperatives
- ☐ Government Plan
- ☐ Multiple Employer Welfare Association (MEWA)

44. Are prescription drugs covered under your health plans?

- ☐ No prescription drug coverage under any health plan
- ☐ Prescription drug coverage is offered under some health plans
- ☐ Prescription drug coverage is offered under all health plans

45. What is the total monthly premium ***paid by an employee*** for the health plan of a typical employee?

Employee only Coverage: $ _____

Employee plus Family: $ _____

The following questions can be answered in terms of either a percentage of an employee's wage or in terms of the number of dollars spent. Please choose one.

46. What is the total monthly premium ***paid by the employer*** for the health plan of a typical employee for "employee only" coverage?

Percentage: _____

Amount: $ _____

47. What is the total monthly premium ***paid by the employer*** for the health plan of a typical employee for "employee plus family" coverage? If you do not provide this coverage, please skip to the next question.

Percentage:

Amount: $

48. Please describe your agency/facility plan to which the majority of employees subscribe. (Please enter "0" if there is no applicable requirement in this plan.)

Deductible $

Co-Insurance percentage (i.e., employee and dependents may pay 20% after the deductive)

Physician office visit co-pay (i.e., $20 per office visit) $

Prescription drug retail co-pays (generic) $

Prescription drug retail co-pays (preferred brand) $

Prescription drug retail co-pays (non-preferred plan) $

Out-of-pocket maximum $

49. Currently, how many active employees are enrolled in this plan?

Administrators

Salaried professionals and managers

Other employees

50. What is this health plan's maximum benefit? (Please enter "0" if there is no maximum benefit.)

Annual maximum

Lifetime maximum

51. What were your agency's total annual health insurance expenditures in 2008?

52. Do you offer dental insurance benefits?

- ☐ Yes
- ☐ No (Skip to Question 59)

53. What is the total monthly premium ***paid by an employee*** for the dental plan for a typical employee?

Employee Only $

Employee plus Family $

The following questions can be expressed as either a percentage of an employee's wage or in terms of the actual amount spent. Please choose one.

54. What is the total monthly premium ***paid by the employer*** for the dental plan of a typical employee for "employee only" coverage?

Percentage:

Amount: $

55. What is the total monthly premium ***paid by the employer*** for the dental plan of a typical employee for "employee plus family" coverage?

Percentage:

Amount: $

56. Currently, how many active employees are enrolled in your dental plan?

Administrators

Salaried professionals and managers

Other employees

57. How is your dental benefit plans insured?

- ☐ Fully-Insured (purchased from an insurance company, HMO or other health plan)
- ☐ Self-Insured
- ☐ Coverage provided by our agency's parent company's plan
- ☐ Minnesota Service Cooperatives

- ☐ Government Plan
- ☐ Multiple Employer Welfare Association (MEWA)

58. What were your agency's total annual dental insurance expenditures in 2008?

59. Given your current understanding of the Department of Human Services's study to look at a rate increase to long-term care employers dedicated to the purchase of employee health insurance in the private market, which of the following best describes your organization's opinion of the proposal?

- ☐ Strongly Oppose
- ☐ Oppose
- ☐ Neither Oppose nor Support
- ☐ Support
- ☐ Strongly Support
- ☐ Unaware of the initiative

60. Please share any other thoughts, issues, or concerns that you think the state should consider as it develops its proposal.

Appendix G: Minnesota PCA Provider Survey

We want to hear from you!

This is an opportunity for you to confidentially voice your opinions. The results of these surveys will be used in planning future COLAs and Medical Assistance rate increases and job-related issues such as training.

Researchers from The Lewin Group have been hired to independently conduct this confidential survey. The Lewin Group, a health care and human services consulting firm, is under contract with the Division of Disability Services of the Minnesota Department of Human Services to identify improvements to the Medical Assistance (MA) State Plan Personal Care Assistance or PCA program. In addition, the Continuing Care Division has contracted with The Lewin Group to conduct a legislatively mandated study to assess the feasibility of a MA rate increase to long-term care employers to offset the cost of providing health insurance for employees. A critical component of the study is a brief survey regarding your agency's health insurance plans.

To save time, you may find it helpful to gather your organization's tax records and Human Resources files before you begin. If you have these documents in front of you, the survey can be completed in 20-30 minutes. If necessary, you may save your progress and return to the survey at a later time. The survey includes questions about

- your organization's profit/loss and expenditures for 2008,
- your employees and the training they receive,
- wages and benefits, and
- your experiences with the Minnesota MA Personal Care Assistance program (if applicable).

You can be assured that any information you provide on the survey will be kept confidential. Only the researchers from The Lewin Group will have access to your responses, and they will be kept in a locked file. Completing the survey is voluntary, and you may decline if you want to.

Please have someone in your office that is knowledgeable about your services, operations, insurance coverage and personnel complete the survey.

If you have questions while completing the survey, please e-mail them to MinnesotaSurvey@lewin.com or call 703-269-5554.

Please complete the survey by May 1, 2009, to be entered into a drawing for one of three $500 cash incentives!

NOTE: If you do not use MN-ITS for Medicaid Reimbursement, skip this question.

1. Please provide your Minnesota National Provider Identifier (NPI)

2. Please provide the name and address of your organization.

3. Did your agency/facility receive the cost of living adjustment (COLA) from the DHS in 2008?

- ☐ Yes
- ☐ No

4. What is your ownership type?

☐	For Profit – Individual	☐	Government – State
☐	For Profit – Partnership	☐	Government – County
☐	For Profit – Corporation	☐	Government – City
☐	Non Profit – Church/Faith Based	☐	Government – City/County
☐	Non Profit – Corporation	☐	Government – Hospital District
☐	Non Profit – Other	☐	Government – Federal

5. Is your organization part of a chain or large organization?

- ☐ Yes
- ☐ No

6. What is the name of your parent company?

When we use the term "Medical Assistance (MA) program" in the questions below, we are referring to the fee-for-service program, managed care programs including Minnesota Disability Health Options (MnDHO), Minnesota Senior Health Options (MNSHO), and Minnesota Senior Care Plus (MSC+) and waiver programs.

7. In what counties does your organization provide services for Minnesota Medical Assistance? (check all that apply)

☐ Aitkin	☐ Goodhue	☐ Morrison	☐ Stearns
☐ Anoka	☐ Grant	☐ Mower	☐ Steele
☐ Becker	☐ Hennepin	☐ Murray	☐ Stevens
☐ Beltrami	☐ Houston	☐ Nicollet	☐ Swift
☐ Benton	☐ Hubbard	☐ Nobles	☐ Todd
☐ Big Stone	☐ Isanti	☐ Norman	☐ Traverse
☐ Blue Earth	☐ Itasca	☐ Olmsted	☐ Wabasha
☐ Brown	☐ Jackson	☐ Otter Tail	☐ Wadena
☐ Carlton	☐ Kanabec	☐ Pennington	☐ Waseca
☐ Carver	☐ Kandiyohi	☐ Pine	☐ Washington
☐ Cass	☐ Kittson	☐ Pipestone	☐ Watonwan
☐ Chippewa	☐ Koochiching	☐ Polk	☐ Wilkin
☐ Chisago	☐ Lac qui Parle	☐ Pope	☐ Winona
☐ Clay	☐ Lake	☐ Ramsey	☐ Wright
☐ Clearwater	☐ Lake of the Woods	☐ Red Lake	☐ Yellow Medicine
☐ Cook	☐ Le Sueur	☐ Redwood	☐
☐ Cottonwood	☐ Lincoln	☐ Renville	☐
☐ Crow Wing	☐ Lyon	☐ Rice	☐
☐ Dakota	☐ Mahnomen	☐ Rock	☐

☐	Dodge	☐	Marshall	☐	Roseau	☐	
☐	Douglas	☐	Martin	☐	Scott	☐	
☐	Faribault	☐	McLeod	☐	Sherburne	☐	
☐	Fillmore	☐	Meeker	☐	Sibley	☐	
☐	Freeborn	☐	Mille Lacs	☐	St. Louis	☐	

8. Are you an out-of-state provider serving Medical Assistance clients that reside in Minnesota?

☐ Yes

☐ No

The following questions ask about your company's profitability and financial performance. The questions will help in understanding whether LTC providers can afford to provide health insurance benefits for their workers or if a rate increase would be needed. You may skip to Question 14 if you do not have access to these records, or if acquiring them will be burdensome.

9. What was your organization's total annual revenue last fiscal year?

10. Did your company operate with a net profit or a net loss over the last fiscal year?

☐ Net Profit

☐ Net Loss

11. What was your company's net profit?

12. What was your company's net loss?

13. What was your organization's total payroll in 2008?

14. What percentage of your revenues last fiscal year were from the following payment sources? (Note: total may add up to more than 100%)

Medical Assistance

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Medicare

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Private insurance

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Private pay

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Veteran's administration

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

Other

☐ None ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ All

15. What percentage of your clients pay for your services through the following programs? (Note: Total may add to more than 100%)

Medical Assistance

	None	1-25%	26-50%	51-75%	76-99%	All
Medicare						
	None	1-25%	26-50%	51-75%	76-99%	All
Private insurance						
	None	1-25%	26-50%	51-75%	76-99%	All
Private pay						
	None	1-25%	26-50%	51-75%	76-99%	All
Veteran's administration						
	None	1-25%	26-50%	51-75%	76-99%	All
Other						
	None	1-25%	26-50%	51-75%	76-99%	All

16. How many hours per week does an employee in your organization have to work to qualify as a full-time employee?

Less than 30 hours	35 hours
30 hours	36 hours
31 hours	37 hours
32 hours	38 hours
33 hours	39 hours
34 hours	40 hours

17. How many individuals does your agency currently employ (exclude temporary or contract workers)?

Full-time:

Part-time:

18. Are the employees in your agency unionized?

- ☐ Yes
- ☐ No

19. Do you provide services under the Medical Assistance State Plan Personal Care Assistance (PCA) program?

- ☐ Yes
- ☐ No

Definitions

Personal Care Assistants (PCA) and Direct Care Workers (DCW), also referred to as attendants, home health aides, personal attendants, direct support professionals, certified nursing assistants, and other job titles, are workers who spend at least 50% of their job providing hands-on care and support within all types of settings.

Traditional PCA: In this service option, services are provided by a Personal Care Provider Organization (PCPO), sometimes called a PCA agency, or a home health agency. The provider is responsible for finding, hiring, firing, and training staff.

PCA Choice: This is the consumer-directed PCA option. The individual receiving services is responsible for finding, hiring, firing, and training PCA staff. The PCA Choice agency serves as the fiscal intermediary and is responsible for billing for services and paying staff.

For the following questions, please report the number of workers, not by FTEs.

20. How many PCA workers and/or DCWs does your organization currently employ? Please report separately for your traditional PCA and your PCA Choice program options. If some of your workers provide services under both traditional PCA and PCA Choice options, please count each of them only once, in whichever category of service they provide the majority of their hours. (e.g., if full-time but time is split, report as full-time in just one of the categories below in which they spend the majority of their hours).
Traditional PCA Workers:

Full-Time:

Part-Time:

21. PCA Choice Workers:

Full-Time:

Part-Time:

22. Other Direct Care Workers:

Full-Time

Part-Time

23. How many PCA and/or DCW vacancies does your organization currently have (please include the number of people you would need to hire to cover all funded hours without having to use overtime or temp agency staff). If you don't have an exact number, please provide the best estimate you can.

Number of traditional PCA vacancies

Number of PCA Choice vacancies

Number of other Direct Care Worker vacancies

24. Over the last 12 months, how many PCAs and/or DCWs, whether employed full-time or part-time, discontinued their employment at any point (please include workers that were voluntarily and involuntarily terminated, workers that were hired but never showed up, and workers that quit after their first day). If you don't have an exact number, please provide the best estimate you can.

Number of traditional PCA workers

Number of PCA Choice workers

Number of other Direct Care Workers

25. Over the last 12 months, how many PCAs and/or DCWs, whether employed full-time or part-time, discontinued their employment within 35 days of hire? Please include workers that were voluntarily and involuntarily terminated, workers that were hired but never

showed up, and workers that quit after their first day. If you don't have an exact number, please provide the best estimate you can.

Number of traditional PCA workers

Number of PCA Choice workers

Number of other Direct Care Workers

26. How many of your PCAs and/or DCWs workers have been employed for at least 12 months?

Number of traditional PCA workers

Number of PCA Choice workers

Number of other Direct Care Workers

27. What is the average hourly wage of PCAs and/or DCWs at your organization?

- ☐ Not Applicable
- ☐ Less than $7.00 per hour
- ☐ $7.00 - $8.49 per hour
- ☐ $8.50 - $9.99 per hour
- ☐ $10.00 – $11.49 per hour
- ☐ $11.50 – $12.99 per hour
- ☐ $13.00 – $14.99 per hour
- ☐ $15.00 or more per hour

28. Is there a difference in wages, training, and/or monitoring between your traditional PCA workers and PCA Choice workers?

- ☐ Yes
- ☐ No (Skip to Question 37)

For Questions 29 and 30, Please provide a breakdown of your average PCA hourly expenditures, based on the hourly reimbursement rate for PCA services of $16.24:

29. Traditional PCA workers

Employee Wages: $

Employee-Related Expenses (ERE): $

FICA, FUTA, SUTA, Work Comp, background studies, paid time off, pensions, tuition reimbursement, health care premiums paid by agency, etc.: $

Program Related Expenses: $

General and Administration (G&A): $

30. PCA Choice workers

Employee Wages: $

Employee-Related Expenses (ERE): $

FICA, FUTA, SUTA, Work Comp, background studies, paid time off, pensions, tuition reimbursement, health care premiums paid by agency, etc.: $

Program Related Expenses: $

General and Administration (G&A): $

For Questions 31 and 32, How often does your agency provide or arrange training for your PCAs? (Check all that apply)

31. Traditional PCA workers

- ☐ Never or rarely
- ☐ Initial training [when first hired]
- ☐ Ad hoc/as needed

- ☐ Annually
- ☐ More frequent than annually

32. PCA Choice workers

- ☐ Never or rarely
- ☐ Initial training [when first hired]
- ☐ Ad hoc/as needed
- ☐ Annually
- ☐ More frequent than annually

For Questions 33 and 34, What topics are covered in the PCA worker training provided or arranged by your agency? (check all that apply)

33. Traditional PCA workers

- ☐ Medical Assistance program overview
- ☐ Medical Assistance PCA program overview
- ☐ Documentation of services
- ☐ Fraud and abuse
- ☐ Privacy and confidentiality
- ☐ Consumer rights and responsibilities
- ☐ Skills training to provide behavioral health interventions or redirection
- ☐ Cultural sensitivity training
- ☐ Basic life safety and health issues (e.g., CPR, infection control)
- ☐ Other (please specify)

34. PCA Choice workers

- ☐ Medical Assistance program overview

- ☐ Medical Assistance PCA program overview
- ☐ Documentation of services
- ☐ Fraud and abuse
- ☐ Privacy and confidentiality
- ☐ Consumer rights and responsibilities
- ☐ Skills training to provide behavioral health interventions or redirection
- ☐ Cultural sensitivity training
- ☐ Basic life safety and health issues (e.g., CPR, infection control)
- ☐ Other (please specify)

For Questions 35 and 36, How do you verify that the PCA is providing services (check all that apply)?

35. Traditional PCA workers

- ☐ Don't verify
- ☐ Spot checks
- ☐ Managers monitor workers
- ☐ Clients sign timesheets
- ☐ PCAs call into the office when they arrive and leave a client
- ☐ Special technology such as an automated voice service where the worker calls in upon arrival and exit
- ☐ Other (please specify)

36. PCA Choice workers (Skip to Question 41 after you complete this question)

- ☐ Don't verify

- ☐ Spot checks
- ☐ Managers monitor workers
- ☐ Clients sign timesheets
- ☐ PCAs call into the office when they arrive and leave a client
- ☐ Special technology such as an automated voice service where the worker calls in upon arrival and exit
- ☐ Other (please specify)

37. Please provide a breakdown of your average PCA hourly expenditures, based on the hourly reimbursement rate for PCA services of $16.24:

Employee Wages: $	
Employee-Related Expenses (ERE): $	
FICA, FUTA, SUTA, Work Comp, background studies, paid time off, pensions, tuition reimbursement, health care premiums paid by agency, etc.: $	
Program Related Expenses: $	
General and Administration (G&A): $	

38. How often does your agency provide or arrange training for your PCAs? (Check all that apply)

- ☐ Never or rarely
- ☐ Initial training [when first hired]
- ☐ Ad hoc/as needed
- ☐ Annually
- ☐ More frequent than annually

39. What topics are covered in the PCA worker training provided or arranged by your agency? (check all that apply)

- ☐ Medical Assistance program overview
- ☐ Medical Assistance PCA program overview
- ☐ Documentation of services
- ☐ Fraud and abuse
- ☐ Privacy and confidentiality
- ☐ Consumer rights and responsibilities
- ☐ Skills training to provide behavioral health interventions or redirection
- ☐ Cultural sensitivity training
- ☐ Basic life safety and health issues (e.g., CPR, infection control)

40. How do you verify that the PCA is providing services (check all that apply)?

- ☐ Don't verify
- ☐ Spot checks
- ☐ Managers monitor workers
- ☐ Clients sign timesheets
- ☐ PCAs call into the office when they arrive and leave a client
- ☐ Special technology such as an automated voice service where the worker calls in upon arrival and exit
- ☐ Other (please specify) _____

41. Does your agency work with the client and/or responsible party to identify specific needs and resources for client-specific training?

- ☐ Yes
- ☐ No

42. What other resources do your PCA Choice workers use for training on client-specific needs (check all that apply)

- ☐ Qualified professional selected by client/responsible party to supervise the PCA
- ☐ Psychologist or behavioral health specialist
- ☐ Home health agency nurse or private duty nurse
- ☐ Other home health agency staff
- ☐ Physician
- ☐ Other (please specify) _____

43. What level of difficulty does your organization have recruiting qualified PCAs?
Traditional PCA

- ☐ No difficulty
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Applicable

PCA Choice

- ☐ No difficulty
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Applicable

44. Thinking of the PCA Choice option only, what level of difficulty do *clients* have recruiting qualified PCA Choice workers?

- ☐ No difficulty
- ☐ Low
- ☐ Medium

- [ ] High
- [ ] Unknown

Please rank Questions 45 and 46 based on your experiences.

45. How do the following issues contribute to the challenges your organization faces in *recruiting* Traditional PCAs?

Lack of transportation or transportation reimbursement
Lack of available and qualified workforce
Lack of health insurance benefits
Disqualifying background checks
Low pay
Lack of childcare/eldercare options
Lack of paid time off

46. How do the following issues contribute to the challenges your organization faces in *recruiting* PCA Choice?

Lack of transportation or transportation reimbursement

Lack of available and qualified workforce

Lack of health insurance benefits

Disqualifying background checks

Low pay

Lack of childcare/eldercare options

Lack of paid time of

47. Thinking of the PCA Choice option only, which of the following issues contribute to the challenges your *clients* face in recruiting PCA Choice workers? (Check all the apply)

- [ ] Lack of transportation or transportation reimbursement
- [ ] Lack of available and qualified workforce
- [ ] Lack of health insurance benefits

- ☐ Disqualifying background checks
- ☐ Low pay; limit on rate consumer can choose to pay due to low overall rate
- ☐ Lack of childcare/eldercare options
- ☐ Lack of paid time off
- ☐ Lack of a significant social network or available family/extended family members
- ☐ Unknown
- ☐ Other (please specify) _____

For Questions 48 and 49, What level of difficulty does your organization have retaining Qualified PCAs?

48. Traditional PCA workers

- ☐ No difficulty
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Applicable

49. PCA Choice workers

- ☐ No difficulty
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Applicable

50. Thinking of the PCA Choice option only, what level of difficulty do your clients have retaining qualified PCA Choice workers?

- ☐ No difficulty

- [ ] Low
- [ ] Medium
- [ ] High
- [ ] Unknown

Please rank the following questions based on your experience.

51. How do the following issues contribute to the challenges your organization faces in *retaining* Traditional PCAs?

Lack of transportation or transportation reimbursement

Lack of available and qualified workforce

Lack of health insurance benefits

Disqualifying background checks

Low pay

Lack of childcare/eldercare options

Lack of paid time off

52. How do the following issues contribute to the challenges your organization faces in *retaining* PCA Choice?

Lack of transportation or transportation reimbursement

Lack of available and qualified workforce

Lack of health insurance benefits

Disqualifying background checks

Low pay

Lack of childcare/eldercare options

Lack of paid time off

53. Thinking of the PCA Choice option only, which of the following issues contribute to the

challenges your *clients* face in retaining PCAs? (check all that apply)

- ☐ Lack of transportation or transportation reimbursement
- ☐ Lack of available and qualified workforce
- ☐ Lack of health insurance benefits
- ☐ Disqualifying background checks
- ☐ Low pay; limit on rate consumer can choose to pay due to low overall rate
- ☐ Lack of childcare/eldercare options
- ☐ Lack of paid time off
- ☐ Lack of a significant social network or available family/extended family members
- ☐ Other (please specify) _____

54. Please provide any strategies or policy recommendations for improving the recruitment and retention of PCAs.

55. Please provide any strategies or policy recommendations for improving the recruitment and retention of other DCWs.

The following questions will categorize your employees into two groups for purposes of estimating the costs of a rate increase for employee health insurance:

a) salaried professionals and managers (exclude temporary workers, contract workers and administrators)

b) other employees (exclude temporary workers, contract workers and administrators)

Examples of 'other employees' could include: personal care assistants/direct service workers; laundry, dining, maintenance, and cleaning staff; secretarial support; and transportation assistants.

56. How many salaried professionals and managers does your agency currently employ (exclude temporary workers, contract workers and administrators)?

Full-Time _____

Part-Time _____

57. How many other employees does your agency currently employ (exclude temporary

workers, contract workers and administrators)?

Full-Time

Part-Time

58. Which benefits does your organization offer to your full-time salaried professionals and managers (check all that apply)?

- ☐ Do not offer benefits to full-time salaried professionals and managers
- ☐ Sick time off
- ☐ Vacation time off
- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement
- ☐ Child or adult daycare
- ☐ Mileage reimbursement for transportation
- ☐ Life insurance
- ☐ Other (please specify)

59. Which benefits does your organization offer to your part-time salaried professionals and managers (check all that apply)?

- ☐ Do not offer benefits to part-time salaried professionals and managers
- ☐ Sick time off
- ☐ Vacation time off

59. Which benefits does your organization offer to your part-time salaried professionals and managers (check all that apply)?

- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement
- ☐ Child or adult daycare
- ☐ Mileage reimbursement for transportation
- ☐ Life insurance
- ☐ Other (please specify) _____

60. Which benefits does your organization offer to your full-time other employees (check all that apply)?

- ☐ Do not offer benefits to full-time other employees
- ☐ Sick time off
- ☐ Vacation time off
- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement

60. Which benefits does your organization offer to your full-time other employees (check all that apply)?

- ☐ Children or adult daycare
- ☐ Mileage reimbursement for transportation
- ☐ Life insurance
- ☐ Other (please specify)

61. Which benefits does your organization offer to your part-time other employees (check all that apply)?

- ☐ Do not offer benefits to part-time other employees
- ☐ Sick time off
- ☐ Vacation time off
- ☐ Holiday time off
- ☐ Health care benefits
- ☐ Dental care benefits
- ☐ Contribute to an HSA/HRA account for employees
- ☐ Cash benefit for employees who decline health insurance benefit
- ☐ Retirement (Pension, 401K , 403B or other retirement savings account)
- ☐ Tuition reimbursement
- ☐ Child or adult daycare
- ☐ Mileage reimbursement for transportation
- ☐ Life insurance
- ☐ Other (please specify)

62. Do you provide any health insurance benefits?

- ☐ Yes

☐ No (Skip to Question 78)

63. How many health plans does your organization offer?

☐ One

☐ Two

☐ Three or More

64. What type of health insurance coverage tiers does your organization offer (check all that apply)?

☐ Employee only

☐ Employee plus family coverage (note: this can include spouse and/or children)

Currently, how many employees are eligible for employee coverage through your agency?

Professionals and managers

Other employees

Currently, how many employees are eligible for employee plus family coverage through your organization?

Professionals and managers

Other employees

Currently, how many employees are *enrolled* in employee coverage through your organization?

Professionals and managers

Other employees

Currently, how many employees are enrolled in employee plus family coverage through your organization? If you do not provide this coverage, please skip to the next question.

Professionals and managers

Other employees

69. How are your health benefit plans insured?

- ☐ Fully-Insured (purchased from an insurance company, HMO or other health plan)
- ☐ Self-Insured
- ☐ Coverage provided by our agency's parent company's plan
- ☐ Minnesota Service Cooperatives
- ☐ Government Plan
- ☐ Multiple Employer Welfare Association (MEWA)

70. Are prescription drugs covered under your health plans?

- ☐ No prescription drug coverage under any health plan
- ☐ Prescription drug coverage is offered under some health plans
- ☐ Prescription drug coverage is offered under all health plans

71. What is the total monthly premium *paid by an employee* for the health plan of a typical employee?

Employee only Coverage: $

Employee plus Family: $

The following questions can be answered in terms of either a percentage of an employee's wage or in terms of the number of dollars spent. Please choose one.

72. What is the total monthly premium *paid by the employer* for the health plan of a typical

employee for "employee only" coverage?

Percentage:

Amount: $

73. What is the total monthly premium *paid by the employer* for the health plan of a typical employee for "employee plus family" coverage? If you do not provide this coverage, please skip to the next question.

Percentage:

Amount: $

74. Please describe your agency/facility plan to which the majority of employees subscribe. (Please enter "0" if there is no applicable requirement in this plan.)

Deductible $

Co-Insurance percentage (i.e., employee and dependents may pay 20% after the deductive)

Physician office visit co-pay (i.e., $20 per office visit) $

Prescription drug retail co-pays (generic) $

Prescription drug retail co-pays (preferred brand) $

Prescription drug retail co-pays (non-preferred plan) $

Out-of-pocket maximum $

75. Currently, how many active employees are enrolled in this plan?

Administrators

Salaried professionals and managers

Other employees

76. What is this health plan's maximum benefit? (Please enter "0" if there is no maximum benefit.)

Annual maximum

Lifetime maximum

77. What were your agency's total annual health insurance expenditures in 2008?

78. Do you offer dental insurance benefits?

☐ Yes

☐ No (Skip to Question 85)

79. What is the total monthly premium *paid by an employee* for the dental plan for a typical employee?

Employee Only $

Employee plus Family $

The following questions can be expressed as either a percentage of an employee's wage or in terms of the actual amount spent. Please choose one.

80. What is the total monthly premium *paid by the employer* for the dental plan of a typical employee for "employee only" coverage?

Percentage:

Amount: $

81. What is the total monthly premium *paid by the employer* for the dental plan of a typical employee for "employee plus family" coverage?

Percentage:

Amount: $

82. Currently, how many active employees are enrolled in your dental plan?

Administrators

Salaried professionals and managers

Other employees

83. How is your dental benefit plans insured?

- ☐ Fully-Insured (purchased from an insurance company, HMO or other health plan)
- ☐ Self-Insured
- ☐ Coverage provided by our agency's parent company's plan
- ☐ Minnesota Service Cooperatives
- ☐ Government Plan
- ☐ Multiple Employer Welfare Association (MEWA)

84. What were your agency's total annual dental insurance expenditures in 2008?

85. How long has your agency provided PCA services under the Minnesota Medical Assistance Program?

- ☐ Less than one year
- ☐ 1 – 2 yrs
- ☐ 3 – 5 yrs
- ☐ 6 – 10 yrs
- ☐ 11 – 20 yrs
- ☐ 21 – 30 yrs
- ☐ More than 30 yrs

86. Under what types of MA programs does your PCA agency provide personal care/attendant

services? (check all that apply)

- ☐ Traditional PCA option [billed fee for service through MA State Plan services/MMIS system]
- ☐ PCA Choice (Consumer-Directed Option) [billed fee for services through MA State Plan services/MMIS system]
- ☐ Traditional PCA option [billed through a MA managed care health plan]
- ☐ PCA Choice (Consumer-Directed Option) [billed through a MA managed care health plan]

87. How many clients does your agency currently serve under each of the following MA programs?

Traditional PCA Program: _____

PCA Choice Program: _____

88. What proportion of your clients have the following conditions?

Physical disabilities	☐ 0%	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-100%
Behavioral health/mental health issues	☐ 0%	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-100%
Intellectual or developmental disabilities	☐ 0%	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-100%

89. What proportion of your clients are in the following age groups?

Elderly (65+)	☐ 0%	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-100%
Adults (21-64)	☐ 0%	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-100%
Children (under 21)	☐ 0%	☐ 1-25%	☐ 26-50%	☐ 51-75%	☐ 76-100%

90. What services do you provide to your clients? (check all that apply).

- ☐ Homemaking services (e.g., laundry, meal preparation, cleaning)
- ☐ Adult day care
- ☐ Personal care services

- ☐ Case management
- ☐ Private duty nursing
- ☐ Adult foster care
- ☐ Other (please specify)

91. Do you or your parent organization own or lease and operate residential services or provide other living arrangements?

- ☐ Yes
- ☐ No (Skip to Question 95)

92. If yes, then check all that apply:

- ☐ Foster home
- ☐ Apartment
- ☐ Other (please specify)

93. What other services do you or your parent organization provide to residents?

- ☐ Homemaking services (e.g., laundry, meal preparation, cleaning)
- ☐ Adult day care
- ☐ Personal care services
- ☐ Case management
- ☐ Private duty nursing
- ☐ Adult foster care
- ☐ Other waiver services (under a Waiver Service Provider category)
- ☐ Other (please specify)

94. How many of your clients are served in residential services or other living arrangements that are owned or leased by you or your parent organization?

For Questions 95 and 96, Do the PCA clients that you see have unmet needs in the following areas?

95. Traditional PCA clients

Homemaking services?	☐ None	☐ Some	☐ Most	☐ All
Adult day care?	☐ None	☐ Some	☐ Most	☐ All
Private duty nursing?	☐ None	☐ Some	☐ Most	☐ All
Adult foster care?	☐ None	☐ Some	☐ Most	☐ All
Behavioral health services?	☐ None	☐ Some	☐ Most	☐ All
Safety monitoring?	☐ None	☐ Some	☐ Most	☐ All
Intellectual or developmental disabilities services?	☐ None	☐ Some	☐ Most	☐ All
Safe and affordable housing?	☐ None	☐ Some	☐ Most	☐ All

96. PCA Choice clients

Homemaking services?	☐ None	☐ Some	☐ Most	☐ All
Adult day care?	☐ None	☐ Some	☐ Most	☐ All
Private duty nursing?	☐ None	☐ Some	☐ Most	☐ All
Adult foster care?	☐ None	☐ Some	☐ Most	☐ All
Behavioral health services?	☐ None	☐ Some	☐ Most	☐ All
Safety monitoring?	☐ None	☐ Some	☐ Most	☐ All
Intellectual or developmental disabilities services?	☐ None	☐ Some	☐ Most	☐ All
Safe and affordable housing?	☐ None	☐ Some	☐ Most	☐ All

When we use the term "Medical Assistance (MA) program" in the questions below, we are referring to the fee-for-service program, managed care programs including Minnesota Disability Health Options (MnDHO), Minnesota Senior Health Options (MNSHO), and Minnesota Senior Care Plus (MSC+) and waiver programs.

97. Are reassessments/authorizations completed in a timely manner so you can continue to provide services to your clients?

- ☐ Never
- ☐ Sometimes
- ☐ Almost Always
- ☐ Always

98. What level of difficulty does your organization have understanding the Minnesota Medical Assistance program's billing process?

- ☐ No difficulty
- ☐ Low
- ☐ Medium
- ☐ High

99. When you have a question about Minnesota Medical Assistance's billing process, where do you go?

- ☐ MN-ITS (Minutes)
- ☐ Medical Assistance Provider Website
- ☐ Medical Assistance Provider Call Center/help desk
- ☐ County Public Health Nurses
- ☐ Other PCA Agencies
- ☐ Not applicable (Never asked a question about Minnesota's Medical Assistance

billing process)

☐ Other (please specify)

100. When you ask a question about Minnesota Medical Assistance's billing process from MN-ITS do you usually get an accurate answer?

☐ Never

☐ Sometimes

☐ Almost Always

☐ Always

☐ Not Applicable

101. When you ask a question about Minnesota Medical Assistance's billing process from Medical Assistance Provider Website do you usually get an accurate answer?

☐ Never

☐ Sometimes

☐ Almost Always

☐ Always

☐ Not Applicable

102. When you ask a question about Minnesota Medical Assistance's billing process from Medical Assistance Provider Call Center/help desk do you usually get an accurate answer?

☐ Never

☐ Sometimes

☐ Almost Always

☐ Always

☐ Not Applicable

103. When you ask a question about Minnesota Medical Assistance's billing process from County Public Health Nurses do you usually get an accurate answer?

- ☐ Never
- ☐ Sometimes
- ☐ Almost Always
- ☐ Always
- ☐ Not Applicable

104. When you ask a question about Minnesota Medical Assistance's billing process from Other PCA Agencies do you usually get an accurate answer?

- ☐ Never
- ☐ Sometimes
- ☐ Almost Always
- ☐ Always
- ☐ Not Applicable

105. If you selected "Other", do you usually get an accurate answer when you ask a question about Minnesota Medical Assistance's billing process?

- ☐ Never
- ☐ Sometimes
- ☐ Almost Always
- ☐ Always
- ☐ Not Applicable

Please rank your selections, from most to least important with 1 being the most important

106. Which of the following would you recommend to improve the quality of the PCA workforce?

- ☐ Skills Training

- ☐ Cultural/language training
- ☐ Other training
- ☐ Licensure or certification
- ☐ Optional certification for specialized
- ☐ Increased pay
- ☐ Career ladder options
- ☐ Improved benefits

107. Please provide any recommendations for improving Minnesota's regular PCA program.

108. Please provide any recommendations for improving Minnesota's PCA Choice program.

109. Please provide any other comments/concerns about Minnesota's regular PCA program.

110. Please provide any other comments/concerns about Minnesota's PCA Choice program.

111. Given your current understanding of the Department of Human Services's study to look at a rate increase to long-term care employers dedicated to the purchase of employee health insurance in the private market, which of the following best describes your organization's opinion of the proposal?

- ☐ Strongly Oppose
- ☐ Oppose
- ☐ Neither Oppose nor Support
- ☐ Support
- ☐ Strongly Support
- ☐ Unaware of the initiative

112. Please share any other thoughts, issues, or concerns that you think the state should consider as it develops its proposal.

Appendix H: Worker Survey Crosstabs: Facility vs. Home and Community Based Services (HCBS)

Job Type by Facility vs. HCBS

Job Type	Facility	HCBS	Total
Direct care/Direct support	47.3% (242)	58.5% (233)	52.2% (475)
Health care/Human services	20.5% (105)	19.8% (79)	20.2% (184)
Administrative	10.4% (53)	12.1% (48)	11.1% (101)
Dietary	10.5% (54)	1.8% (7)	6.7% (61)
Housekeeping	5.5% (28)	2.3% (9)	4.1% (37)
Maintenance	3.7% (19)	1.8% (7)	2.9% (26)
Other	2.1% (11)	3.8% (15)	2.9% (26)
Total	**100.0% (512)**	**100.0% (398)**	**100.0% (910)**

Type of Facility/Agency, by Facility vs. HCBS

Type of Facility/Agency	Facility	HCBS	Total
Nursing facility	79.3% (406)	0.0% (0)	44.6% (406)
ICF/MR	19.9% (102)	0.0% (0)	11.2% (102)
Hospital/Clinic	0.8% (4)	0.0% (0)	0.4% (4)
Home Health or Home Care Agency	0.0% (0)	52.5% (209)	23.0% (209)
Chemical Health Provider/Agency	0.0% (0)	11.6% (46)	5.1% (46)
Mental Health Provider/Agency	0.0% (0)	4.3% (17)	1.9% (17)
Personal Care Provider	0.0% (0)	12.6% (50)	5.5% (50)
Other	0.0% (0)	19.1% (76)	8.4% (76)
Total	**100.0% (512)**	**100.0% (398)**	**100.0% (910)**

Union Membership, by Facility vs. HCBS

Union Membership	Facility	HCBS	Total
No	90.9% (451)	96.8% (367)	93.5% (818)
Yes	9.1% (45)	3.2% (12)	6.5% (57)
Total	**100.0% (496)**	**100.0% (379)**	**100.0% (875)**

Number of Hours Worked per Week for this Employer, by Facility vs. HCBS

Number of Hours Worked per Week	Facility	HCBS	Total
1 - 8	3.4% (17)	10.1% (38)	6.3% (55)
9 - 16	6.5% (32)	11.1% (42)	8.5% (74)
17 - 24	9.5% (47)	12.7% (48)	10.9% (95)
25 - 31	8.5% (42)	8.0% (30)	8.2% (72)
32 - 40	60.5% (300)	49.9% (188)	55.9% (488)
More than 40	11.7% (58)	8.2% (31)	10.2% (89)
Total	**100.0% (496)**	**100.0% (377)**	**100.0% (873)**

Duration of Employment with this Employer, by Facility vs. HCBS

Duration of Employment	Facility	HCBS	Total
Less than 6 months	6.4% (32)	8.7% (33)	7.4% (65)
6 months to less than 1 year	10.2% (51)	15.6% (59)	12.6% (110)
1 - 2 years	14.9% (74)	23.5% (89)	18.6% (163)
3 - 5 years	17.7% (88)	21.7% (82)	19.4% (170)
6 - 10 years	17.1% (85)	16.1% (61)	16.7% (146)
11 or more years	33.7% (168)	14.3% (54)	25.3% (222)
Total	**100.0% (498)**	**100.0% (378)**	**100.0% (876)**

Number of Years Employed in the Long Term Care Field, by Facility vs. HCBS

Number of Years Employed	Facility	HCBS	Total
Less than 1 year	8.3% (41)	12.4% (47)	10.1% (88)
1 - 2	8.5% (42)	13.5% (51)	10.6% (93)
3 - 5	16.1% (80)	16.9% (64)	16.5% (144)
6 - 10	16.3% (81)	22.5% (85)	19.0% (166)
11+	50.8% (252)	34.7% (131)	43.8% (383)
Total	**100.0% (496)**	**100.0% (378)**	**100.0% (874)**

Employees Currently Employed with One or More Other LTC Providers, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	90.4% (450)	82.8% (314)	87.1% (764)
Yes	9.6% (48)	17.2% (65)	12.9% (113)
Total	**100.0% (498)**	**100.0% (379)**	**100.0% (877)**

Reasons Employees Are Working at Another LTC Job, by Facility vs. HCBS

Reasons	Facility	HCBS	Total
To get health insurance	10.4% (5)	12.3% (8)	11.5% (13)
To get other benefits (vacation time, sick time)	4.2% (2)	18.5% (12)	12.4% (14)
I can't make enough money with this employer	70.8% (34)	47.7% (31)	57.5% (65)
I can't get enough hours with this employer	14.6% (7)	29.2% (19)	23.0% (26)
Other	2.1% (1)	3.0% (3)	2.7 % (3)
Total	**100.0% (49)**	**100.0% (73)**	**100.0% (121)**

Number of Hours per Week Worked at Other LTC Job, by Facility vs. HCBS

Number of Hours per Week	Facility	HCBS	Total
1 - 8	18.8% (9)	17.5% (11)	18.0% (20)
9 - 16	27.1% (13)	12.7% (8)	18.9% (21)
17 - 24	18.8% (9)	19.0% (12)	18.9% (21)
25 - 31	12.5% (6)	15.9% (10)	14.4% (16)
32 - 40	14.6% (7)	33.3% (21)	25.2% (28)
More than 40	8.3% (4)	1.6% (1)	4.5% (5)
Total	**100.0% (48)**	**100.0% (63)**	**100.0% (111)**

Most Commonly Endorsed Changes to Wages/Benefits Most Important to Employees, by Facility vs. HCBS

Changes	Facility	HCBS	Total
Raising my hourly wage	88.1% (451)	76.9% (306)	83.2% (757)
Health Insurance	60.9% (312)	54.0% (215)	57.9% (527)
Dental Insurance	27.7% (142)	24.4% (97)	26.3% (239)
Paid Vacation	**15.0% (77)**	**18.6% (74)**	**16.6% (151)**

Most Commonly Endorsed Changes to Wages/Benefits Most Important to Employees, by Facility vs. HCBS (Cont'd)

Changes	Facility	HCBS	Total
Paid Holiday	6.3% (32)	8.5% (34)	7.3% (66)
Paid Sick Leave	13.3% (68)	13.1% (52)	13.2% (120)
Flex Time	7.8% (40)	10.6% (42)	9.0% (82)
Help With School Tuition	9.6% (49)	10.6% (42)	10.0% (91)
Mileage Reimbursement for Transportation	5.5% (28)	14.1% (56)	9.2% (84)
Retirement Package	26.6% (136)	22.9% (91)	24.9% (227)
Life Insurance	4.5% (23)	6.0% (24)	5.2% (47)
Total	**100.0% (512)**	**100.0% (398)**	**100.0% (910)**

Source of Payment for Hospital or Doctor Visits, by Facility vs. HCBS

Source of Payment	Facility	HCBS	Total
I pay myself	18.6% (95)	21.1% (84)	19.7% (179)
Someone else pays for me	4.5% (23)	5.3% (21)	4.8% (44)
Health Insurance	73.8% (378)	72.4% (288)	73.2% (666)
I don't go to the doctor	6.1% (31)	5.8% (23)	5.9% (54)
I don't know	0.0% (0)	1.0% (4)	0.4% (4)
Total	**100.0% (512)**	**100.0% (398)**	**100.0% (910)**

Source of Public Health Insurance, by Facility vs. HCBS

Source of Public Health Insurance	Facility	HCBS	Total
Medical Assistance	6.3% (32)	8.5% (34)	7.3% (66)
General Assistance Medical Care (GAMC)	0.2% (1)	0.5% (2)	0.3% (3)
MinnesotaCare	3.9% (20)	4.3% (17)	4.1% (37)
Medicare	3.3% (17)	4.3% (17)	3.7% (34)
Railroad Retirement Benefits	0.2% (1)	0.3% (1)	0.2% (2)
Veteran's health care, TRICARE, or CHAMPUS	1.8% (9)	0.3% (1)	1.1% (10)
Indian Health Services	0.0% (0)	1.8% (7)	0.8% (7)
Do Not Have Public Insurance	67.1% (344)	80.1% (319)	82.5% (751)
Total	**100.0% (512)**	**100.0% (398)**	**100.0% (910)**

Source of Private Health Insurance, by Facility vs. HCBS

Source of Private Health Insurance	Facility	HCBS	Total
Health insurance through THIS employer	40.8% (209)	33.7% (134)	37.7% (343)
Health insurance through another job	4.5% (23)	5.5% (22)	4.9% (45)
Health insurance that I purchase directly from agent or insurance company	8.4% (43)	10.1% (40)	9.1% (83)
Health insurance through my spouse or partner's employer	16.8% (86)	17.1% (68)	16.9% (154)
COBRA	0.2% (1)	0.3% (1)	0.2% (2)
Do Not Have Private Insurance	29.3% (150)	33.4% (133)	31.0% (283)
Total	**100.0% (512)**	**100.0% (398)**	**100.0% (910)**

Reason Employees do not have Private Health Insurance, by Facility vs. HCBS

	Facility	HCBS	Total
Cost of insurance is too expensive	56.6% (73)	58.2% (64)	57.3% (137)
Don't work enough hours with this employer	23.3% (30)	23.6% (26)	23.4% (56)
Have not worked at this employer long enough	4.7% (6)	4.5% (5)	4.6% (11)
Not offered to me or my spouse	10.9% (14)	10.9% (12)	10.9% (26)
Other	4.7% (6)	2.7% (3)	3.8 (9)
Total	**100.0% (129)**	**100.0% (110)**	**100.0% (239)**

Willingness/Ability of Employees to Work 32 hours per week in order to become Eligible for Health Insurance, by Facility vs. HCBS

	Facility	HCBS	Total
I already work more than 32 hours per week	70.6% (12)	57.1% (4)	66.7% (16)
No, I won't be able to or don't want to work 32 hours a week	11.8% (2)	0.0% (0)	8.3% (2)
Yes, I would try to work 32 or more hours per week	17.6% (3)	42.9% (3)	25.0% (6)
Total	**100.0% (7)**	**100.0% (24)**	**100.0% (24)**

Maximum Monthly Premium Employees Would Pay for Employee Only Health Insurance Coverage, by Facility vs. HCBS

Maximum Monthly Premium	Facility	HCBS	Total
Nothing	15.6% (21)	15.3% (17)	15.4% (38)
$1 - $24 per month	22.2% (30)	31.5% (35)	26.4% (65)
$25 - $49 per month	28.9% (39)	25.2% (28)	27.2% (67)
$50 - $99 per month	20.7% (28)	14.4% (16)	17.9% (44)
$100 - $199 per month	9.6% (13)	11.7% (13)	10.6% (26)
$200 - $299 per month	2.2% (3)	0.0% (0)	1.2% (3)
$300 or more per month	**100.0% (135)**	**100.0% (111)**	**100.0% (246)**

Maximum Monthly Premium Employees Would Pay for Family Health Insurance Coverage, by Facility vs. HCBS

Maximum Monthly Premium	Facility	HCBS	Total
Nothing	12.4% (12)	19.5% (16)	15.6% (28)
$1 - $24 per month	6.2% (6)	9.8% (8)	7.8% (14)
$25 -$49 per month	20.6% (20)	17.1% (14)	19.0% (34)
$50 - $99 per month	23.7% (23)	14.6% (12)	19.6% (35)
$100 - $199 per month	18.6% (18)	28.0% (23)	22.9% (41)
$200 - $299 per month	9.3% (9)	7.3% (6)	8.4% (15)
$300 - $399 per month	3.1% (3)	1.2% (1)	2.2% (4)
$400 - $499 per month	3.1% (3)	0.0% (0)	1.7% (3)
$500 or more per month	3.1% (3)	2.4% (2)	2.8% (5)
Total	**100.0% (97)**	**100.0% (82)**	**100.0% (179)**

Name Insurance Policy is under, by Facility vs. HCBS

Name Insurance Policy is Under	Facility	HCBS	Total
My name	73.2% (257)	71.0% (186)	72.3% (443)
My spouse's, partner's, or family member's name	26.8% (94)	29.0% (76)	27.7% (170)
Total	**100.0% (351)**	**100.0% (262)**	**100.0% (613)**

Monthly Premium Paid for Private Insurance, by Facility vs. HCBS

Premium	Facility	HCBS	Total
Less than $50 per month	16.6% (50)	25.8% (59)	20.5% (109)
$50 - $99 per month	19.9% (60)	13.1% (30)	16.9% (90)
$100 - $199	20.5% (62)	20.1% (46)	20.3% (108)
$200 - $299	17.2% (52)	14.4% (33)	16.0% (85)
$400 - $499	5.6% (17)	4.8% (11)	5.3% (28)
$500 or more	7.9% (24)	7.4% (17)	7.7% (41)
Total	**100.0% (302)**	**100.0% (229)**	**100.0% (531)**

Have Employees gone without Health Insurance for any period of time within the last 12 months, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	73.2% (372)	76.4% (294)	74.6% (666)
Yes	26.8% (136)	23.6% (91)	25.4% (227)
Total	**100.0% (508)**	**100.0% (385)**	**100.0% (893)**

Have Employees canceled a health appointment or avoided going to the doctor because they did not have Health Insurance, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	74.3% (370)	74.9% (287)	74.6% (657)
Yes	25.7% (128)	25.1% (96)	25.4% (224)
Total	**100.0% (498)**	**100.0% (383)**	**100.0% (881)**

Do Employees Have a Regular Nurse or Doctor, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	21.8% (108)	17.5% (67)	19.9% (175)
Yes	78.2% (388)	82.5% (316)	80.1% (704)
Total	**100.0% (496)**	**100.0% (383)**	**100.0% (879)**

Have Employees Been to the Emergency Room within the Last 12 Months, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	75.7% (373)	77.8% (295)	76.6% (668)
Yes	24.3% (120)	22.2% (84)	23.4% (204)
Total	**100.0% (493)**	**100.0% (379)**	**100.0% (872)**

Have Employees spent time as a patient in a Hospital within the last 12 months, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	86.4% (425)	88.5% (340)	87.3% (765)
Yes	13.6% (67)	11.5% (44)	12.7% (111)
Total	**100.0% (492)**	**100.0% (384)**	**100.0% (876)**

2008 Medical Expenses Incurred by Employees (excluding premiums), by Facility vs. HCBS

Response	Facility	HCBS	Total
Less than $500	25.7% (115)	25.0% (80)	25.4% (195)
$500 - $999	21.7% (97)	20.3% (65)	21.1% (162)
$1000 - $1999	17.4% (78)	21.6% (69)	19.2% (147)
$2000 - $2999	13.4% (60)	15.6% (50)	14.3% (110)
$3000 - $3999	9.4% (42)	5.9% (19)	8.0% (61)
$4000 - $4999	4.5% (20)	5.3% (17)	4.8% (37)
$5000 or more	7.8% (35)	6.3% (20)	7.2% (55)
Total	**100.0% (447)**	**100.0% (320)**	**100.0% (767)**

Employees with Unpaid Medical Bills, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	54.7% (270)	53.5% (205)	54.2% (475)
Yes	45.3% (224)	46.5% (178)	45.8% (402)
Total	**100.0% (494)**	**100.0% (383)**	**100.0% (877)**

Employees Currently Enrolled in a Dental Insurance Plan, by Facility vs. HCBS

Response	Facility	HCBS	Total
No	37.3% (185)	40.7% (156)	38.8% (341)
Yes	62.7% (311)	59.3% (227)	61.2% (538)
Total	**100.0% (496)**	**100.0% (383)**	**100.0% (879)**

Gender, by Facility vs. HCBS

Gender	Facility	HCBS	Total
Female	91.0% (453)	89.5% (341)	90.3% (794)
Male	9.0% (45)	10.5% (40)	9.7% (85)
Total	**100.0% (498)**	**100.0% (381)**	**100.0% (879)**

Age, by Facility vs. HCBS

Age	Facility	HCBS	Total
Younger than 20	3.0% (15)	4.4% (17)	3.6% (32)
20 - 29	20.5% (102)	18.0% (69)	19.4% (171)
30 - 39	16.1% (80)	17.0% (65)	16.5% (145)
40 - 49	22.1% (110)	22.2% (85)	22.2% (195)
50 - 59	23.9% (119)	26.6% (102)	25.1% (221)
60 - 69	12.3% (61)	9.9% (38)	11.3% (99)
70 or more	2.0% (10)	1.8% (7)	1.9% (17)
Total	**100.0% (497)**	**100.0% (383)**	**100.0% (880)**

Race, by Facility vs. HCBS

Race	Facility	HCBS	Total
American Indian or Alaska Native	0.2% (1)	4.8% (18)	2.2% (19)
Asian	0.8% (4)	2.7% (10)	1.6% (14)
Black, African American, or Haitian	5.3% (26)	1.1% (4)	3.5% (30)
Native Hawaiian or Other Pacific Islander	0.2% (1)	0.0% (0)	0.1% (1)
White	93.5% (462)	91.5% (343)	92.6% (805)
Total	**100.0% (494)**	**100.0% (375)**	**100.0% (869)**

Ethnicity, by Facility vs. HCBS

Ethnicity	Facility	HCBS	Total
Hispanic or Latino or Spanish origin	1.9% (9)	4.0% (15)	2.8% (24)
Not Hispanic or Latino	98.1% (470)	96.0% (356)	97.2% (826)
Total	**100.0% (479)**	**100.0% (371)**	**100.0% (850)**

Highest Level of Education Attained, by Facility vs. HCBS

Highest Level of Education Attained	Facility	HCBS	Total
High school or less	2.6% (13)	6.5% (25)	4.3% (38)
High school graduate/GED	28.0% (139)	26.8% (103)	27.5% (242)
Voc or trade school	23.5% (117)	14.3% (55)	19.5% (172)
Some college	23.1% (115)	21.6% (83)	22.5% (198)
College graduate or more	22.7% (113)	30.7% (118)	26.2% (231)
Total	**100.0% (497)**	**100.0% (384)**	**100.0% (881)**

Marital Status, by Facility vs. HCBS

Marital Status	Facility	HCBS	Total
Divorced	11.8% (60)	17.0% (66)	14.0% (126)
Married	57.5% (292)	54.5% (212)	56.2% (504)
Member of an unmarried couple	4.5% (23)	3.1% (12)	3.9% (35)
Never married	21.9% (111)	19.5% (76)	20.8% (187)
Separated	1.0% (5)	2.1% (8)	1.4% (13)
Widowed	3.3% (17)	3.9% (15)	3.6% (32)
Total	**100.0% (508)**	**100.0% (389)**	**100.0% (897)**

Typical Monthly Household Income, by Facility vs. HCBS

Typical Monthly Household Income	Facility	HCBS	Total
Less than $500	1.8% (9)	1.9% (7)	1.8% (16)
$500 - $999	7.6% (38)	6.9% (26)	7.3% (64)
$1,000 - $1,499	20.3% (101)	18.3% (69)	19.4% (170)
$1,500 - $1,999	18.5% (92)	15.1% (57)	17.0% (149)
$2,000 - $2,999	19.3% (96)	19.6% (74)	19.4% (170)
$3,000 - $3,999	14.9% (74)	20.1% (76)	17.1% (150)
$4,000 - $4,999	9.7% (48)	9.5% (36)	9.6% (84)
$5,000 or more	7.8% (39)	8.7% (33)	8.2% (72)
Total	**100.0% (497)**	**100.0% (378)**	**100.0% (875)**

Size of Household, by Facility vs. HCBS

Size of Household	Facility	HCBS	Total
Myself	22.1% (112)	21.0% (81)	21.6% (193)
Myself and one other	36.5% (185)	36.3% (140)	36.4% (325)
Myself and two others	18.7% (95)	15.8% (61)	17.5% (156)
Myself and three others	12.4% (63)	15.8% (61)	13.9% (124)
Myself and four others	6.5% (33)	7.3% (28)	6.8% (61)
Myself and five others or more	3.7% (19)	3.9% (15)	3.8% (34)
Total	**100.0% (386)**	**100.0% (893)**	**100.0% (893)**

Private/Public Health Insurance Enrollment, by Facility vs. HCBS

Enrollment	Facility	HCBS	Total
Both Public and Private Insurance	4.7% (24)	6.3% (25)	5.4% (49)
Public Health Insurance Only	10.9% (56)	13.6% (54)	12.1% (110)
Private Health Insurance Only	66.0% (338)	60.3% (240)	63.5% (578)
No Health Insurance	18.4% (94)	19.8% (79)	19.0% (173)
Total	**100.0% (512)**	**100.0% (398)**	**100.0% (910)**

Appendix I: Additional Data from Actuarial Analysis

i) Projected Costs of Medical Plans, by Funding Source

Below are the projected per member per month (PMPM) costs of each of the six medical plans, by source of plan availability and funding. For any given funding source, the plan design with the lowest total cost (employer plus employee contributions) is always the $500 deductible commercial Plan 6. The highest cost plans are the MinnesotaCare look-alike Plans 1 and 3, the MinnesotaCare look-alike with no limit on hospital stays. The other plans cluster fairly close together in cost.

Exhibit I.1: Medical Coverage from Market: Small Group

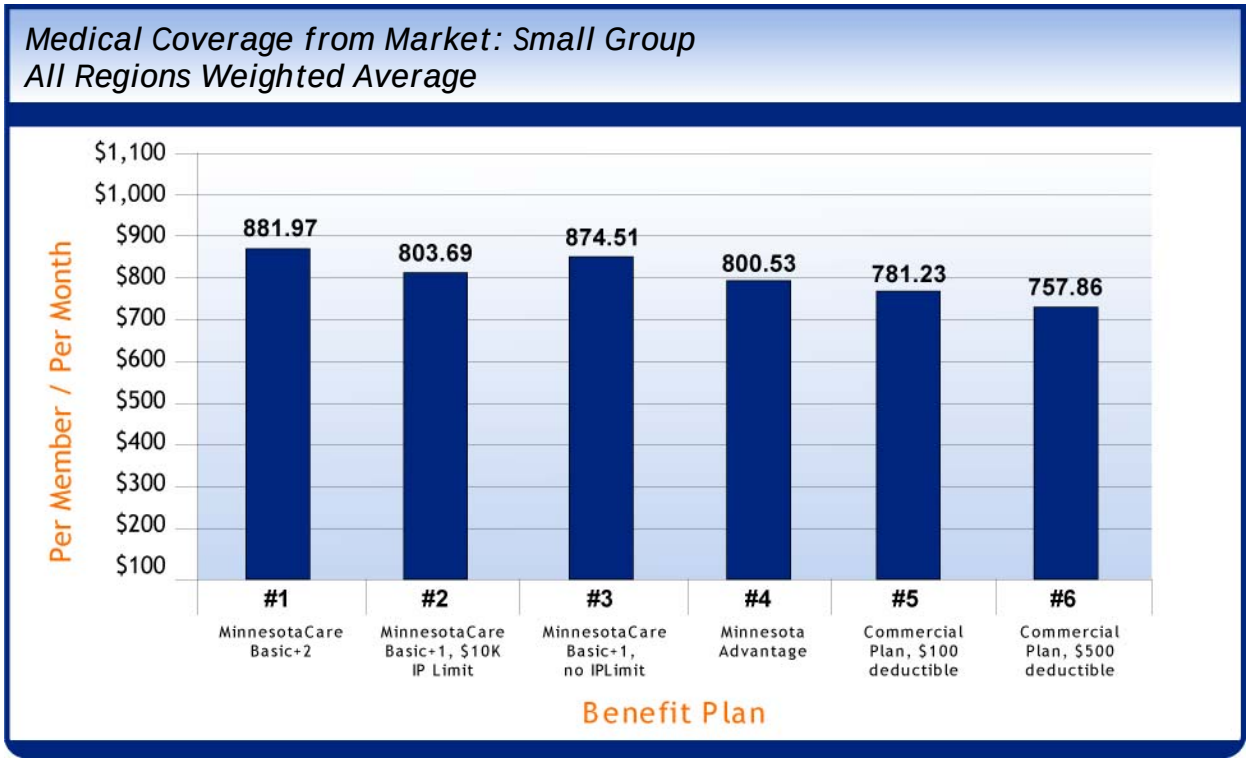


Exhibit I.2: Medical Coverage from Market: Large Group

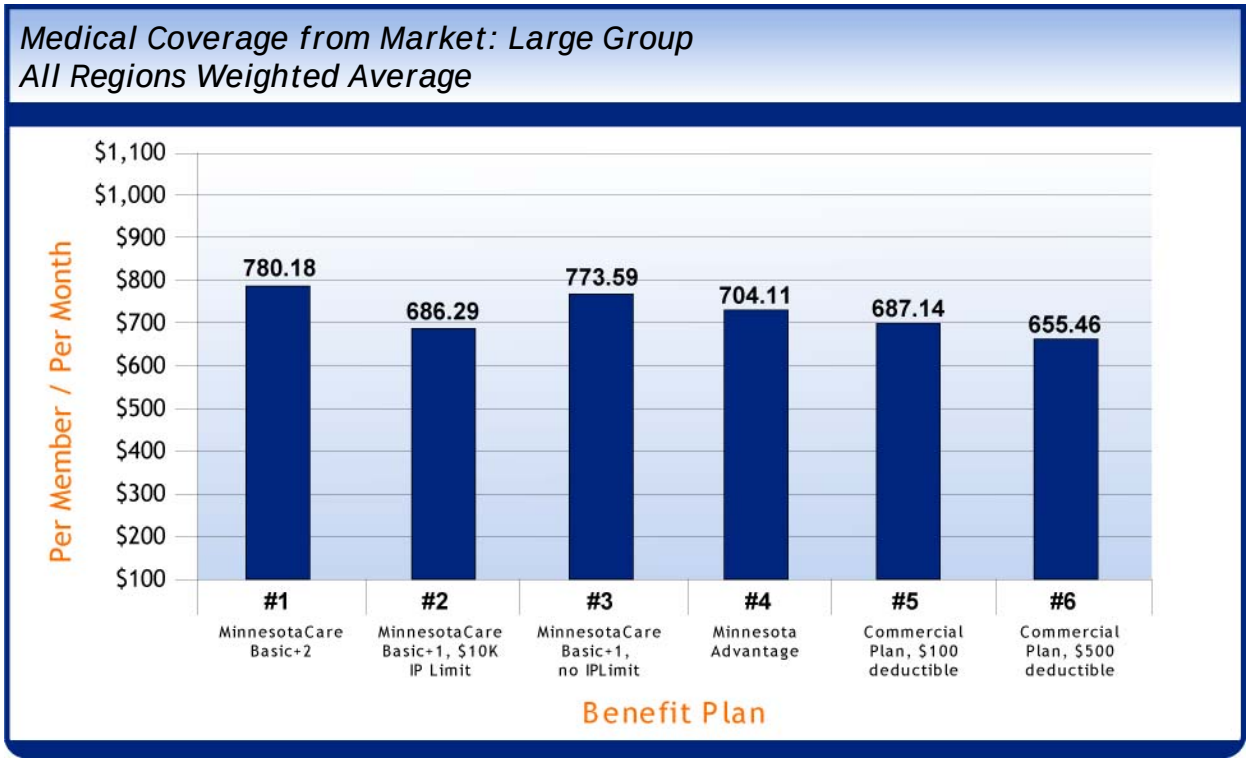


Exhibit I.3: Medical Coverage from Dedicated Risk Pool: Small Group

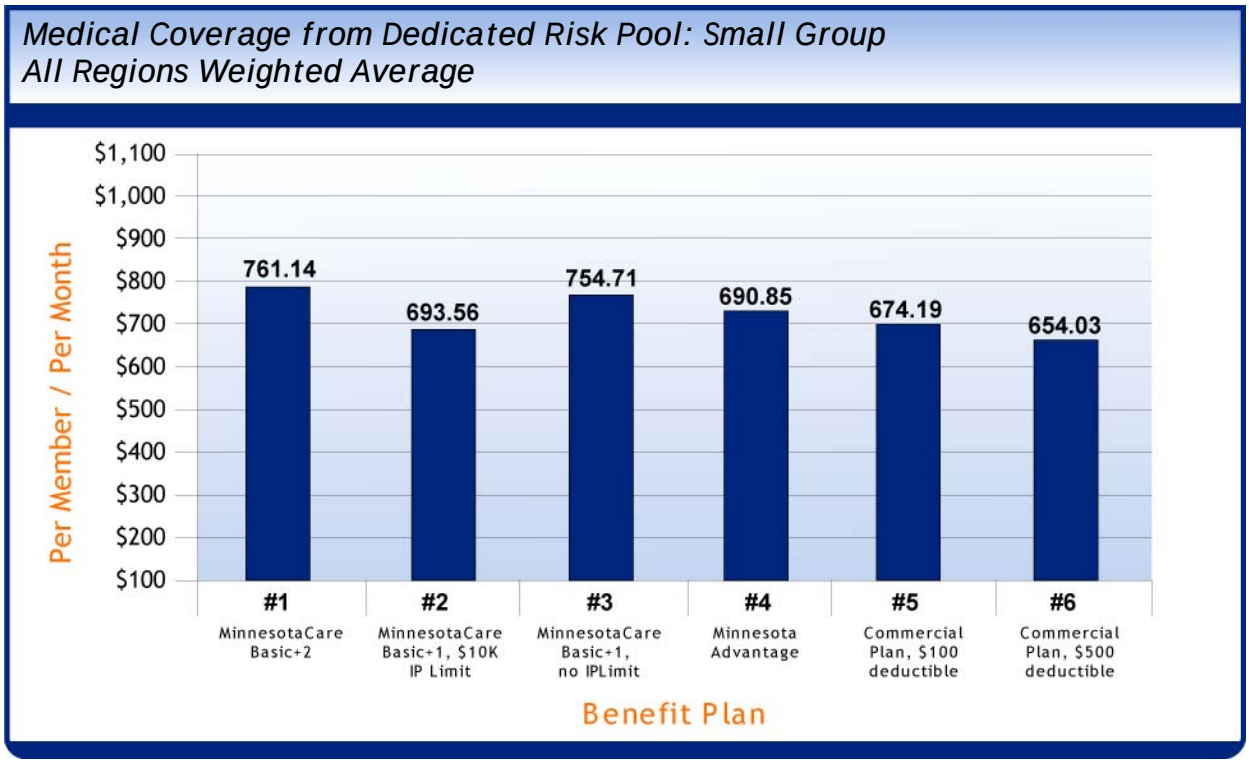


Exhibit I.4: Medical Coverage from Dedicated Risk Pool: Large Group

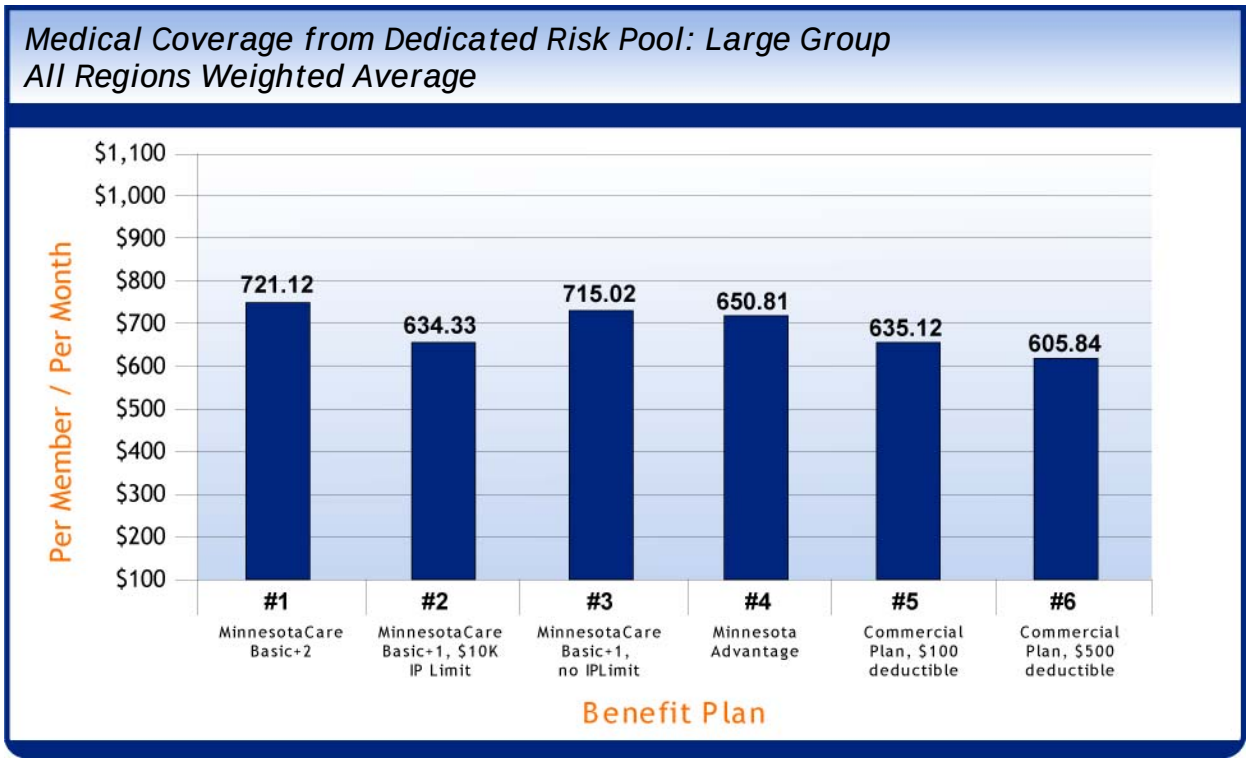


Exhibit I.5: Medical Coverage from MinnesotaCare: Small Group

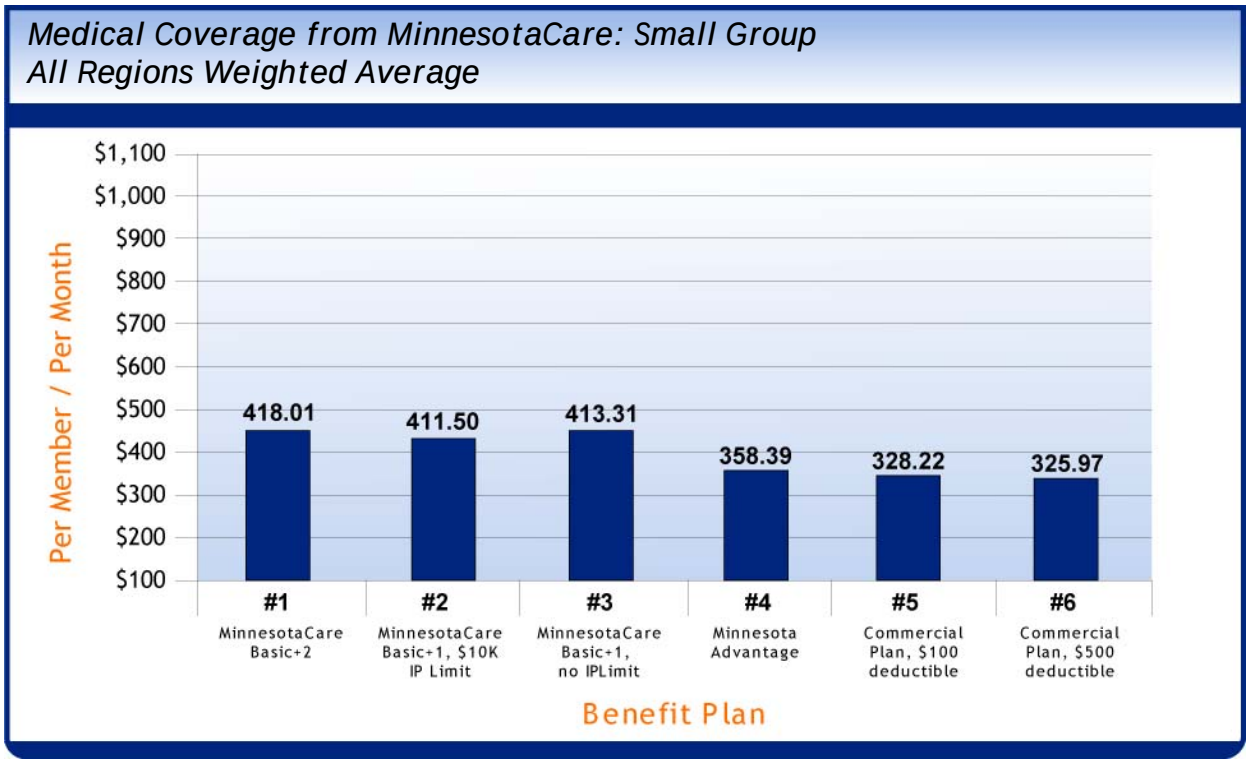
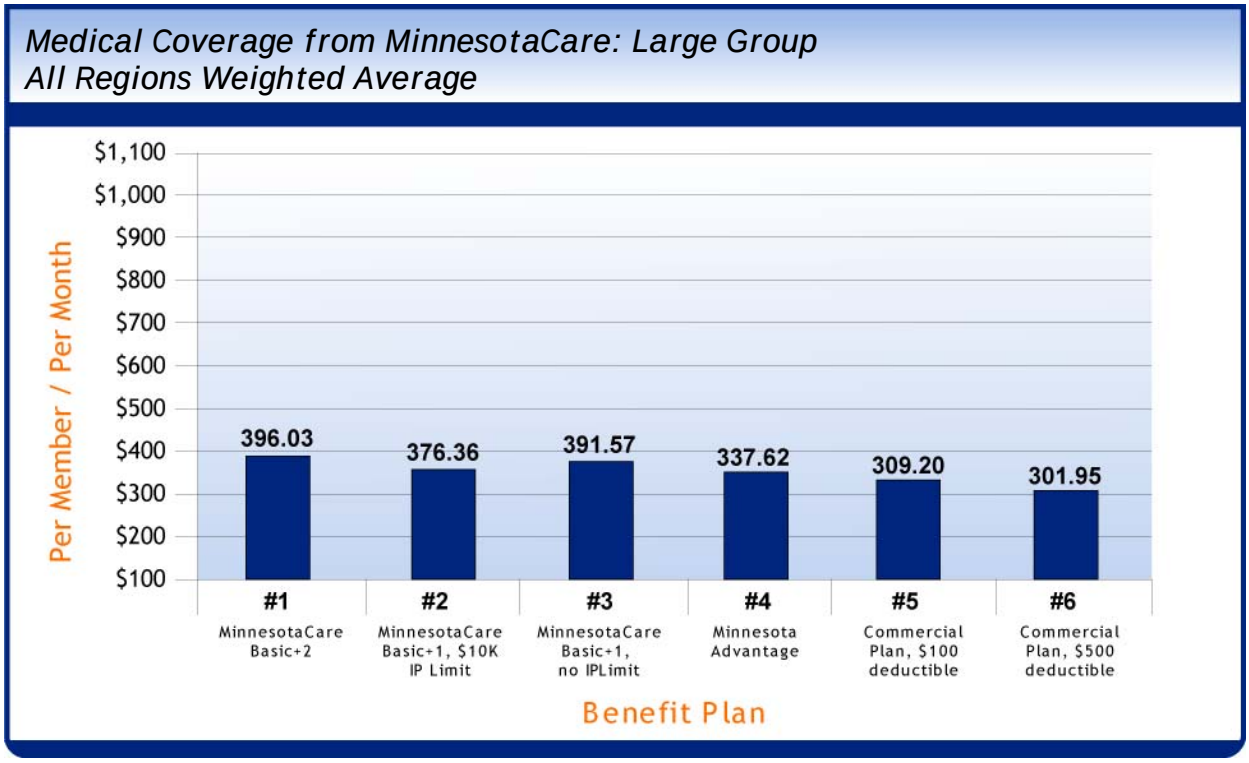


Exhibit I.6: Medical Coverage from MinnesotaCare: Large Group

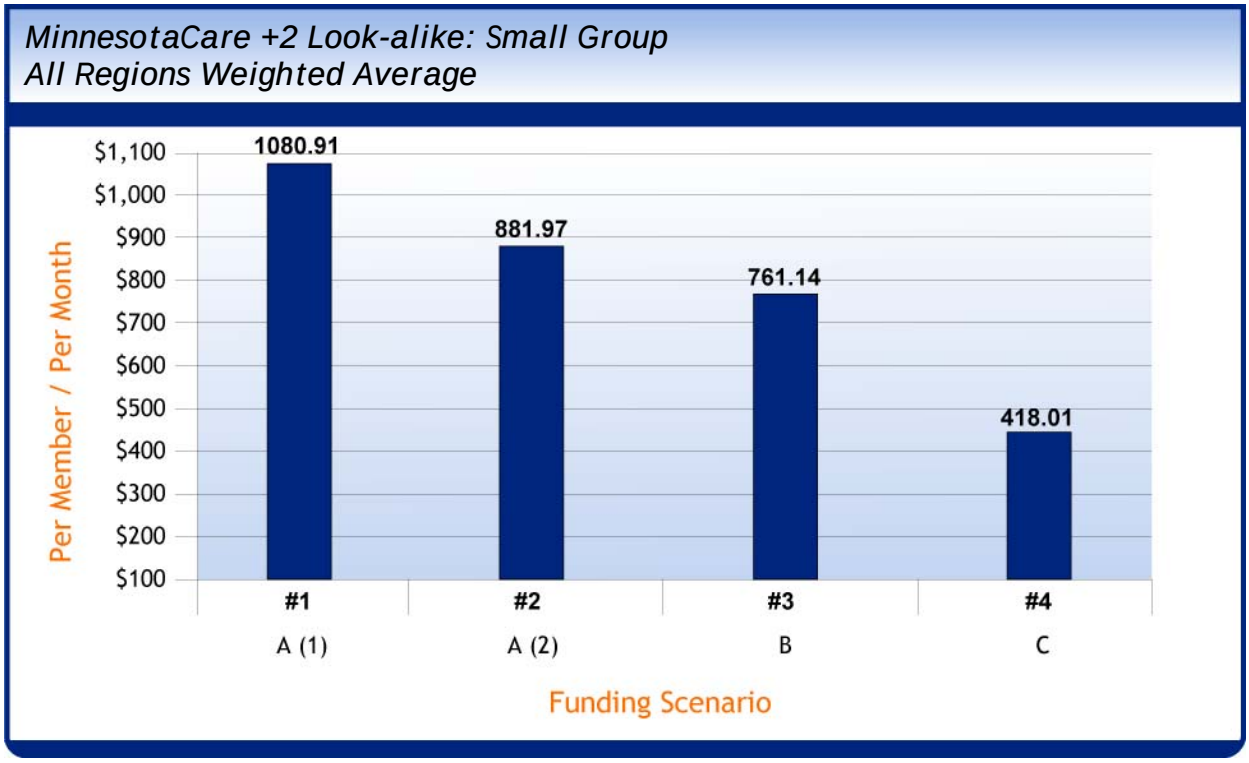


ii) Projected Costs of Funding Scenarios, by Medical Plan

Below are projected PMPM costs for each of the availability and funding scenarios. Not surprisingly, Scenario C, in which the plan is actually part of MinnesotaCare, produces by far the lowest costs. This happens because IC assumes that providers will be paid at reimbursement levels typical of Medical Assistance, levels that IC estimates are considerably less than that of commercial plans.

For the commercial market scenario, Scenario A, costs vary by the employee participation rates. Greater participation results in less adverse selection and lower premiums. Thus, IC projected commercial market scenario costs both for current employee participation levels and for projected increased participation rates due to the rate increase.

Exhibit I.7: MinnesotaCare +2 Look-alike: Small Group



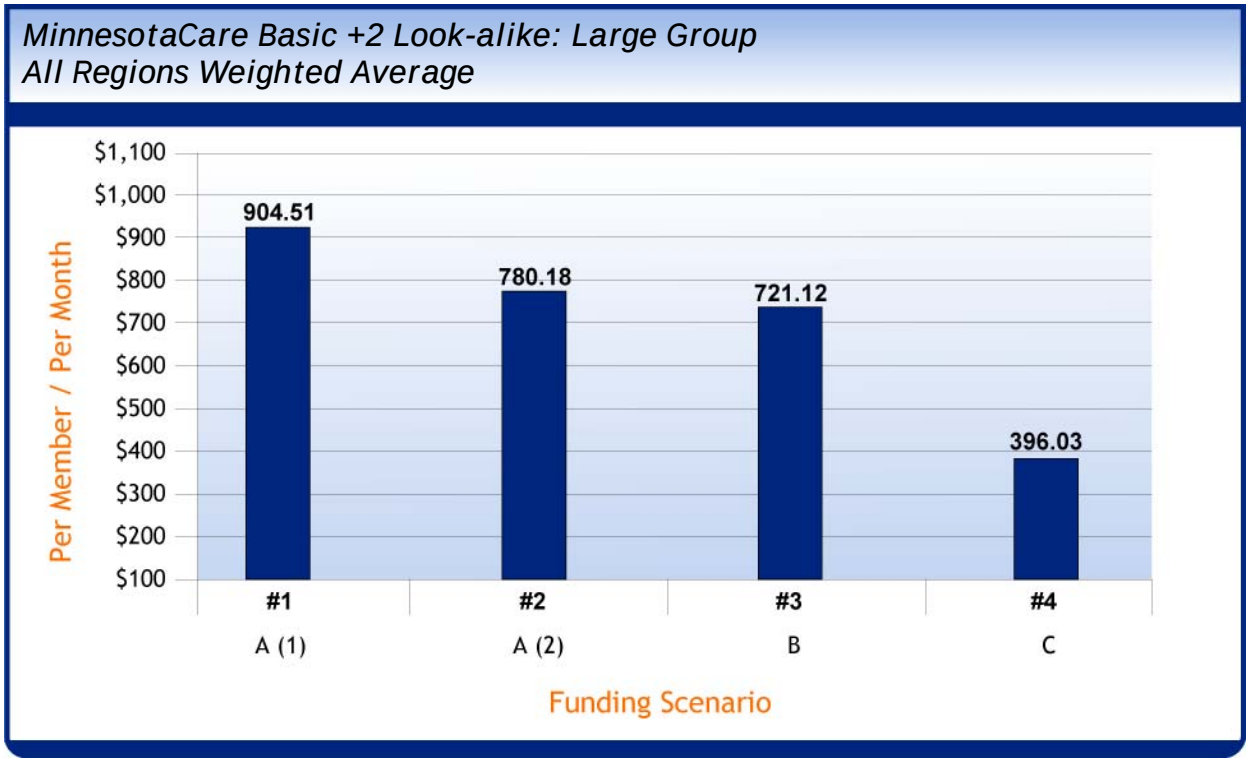
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.8: MinnesotaCare Basic +2 Look-alike: Large Group



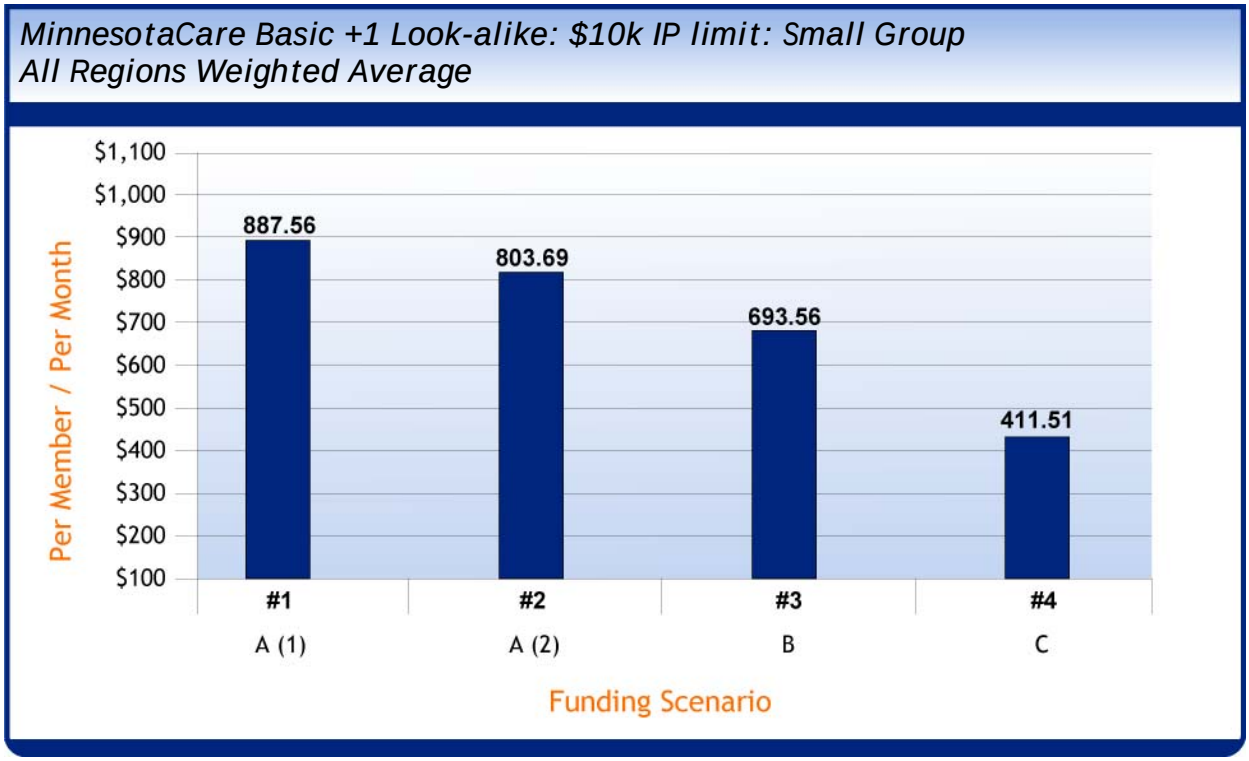
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.9: MinnesotaCare Basic +1 Look-alike: $10k IP limit: Small Group



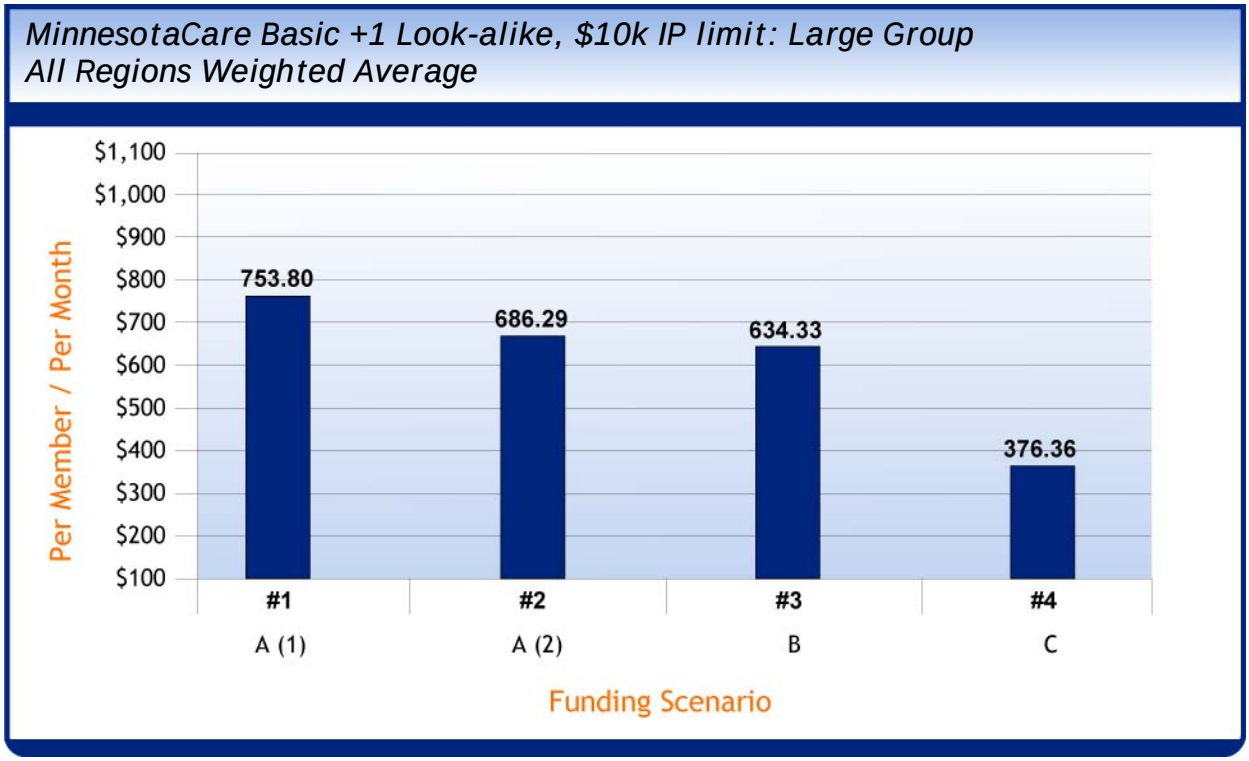
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.10: MinnesotaCare Basic +1 Look-alike, $10k IP limit: Large Group



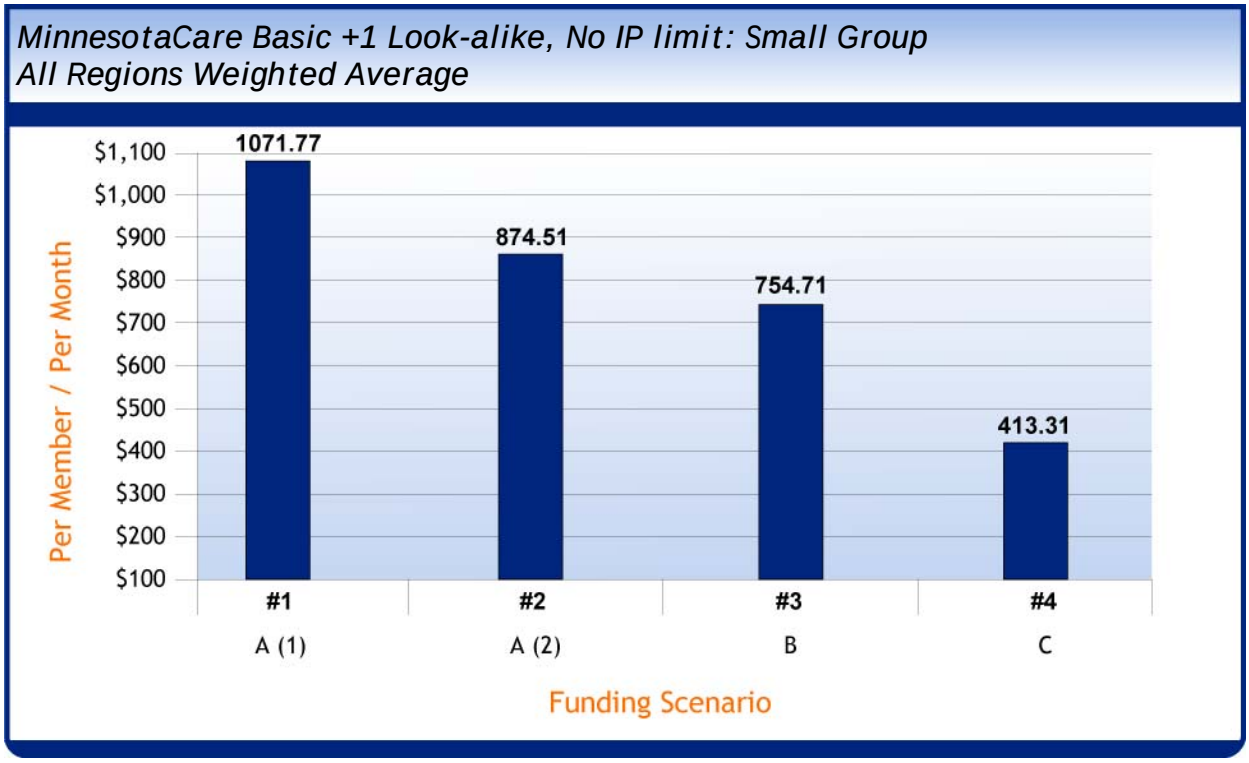
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.11: MinnesotaCare Basic +1 Look-alike, No IP limit: Small Group



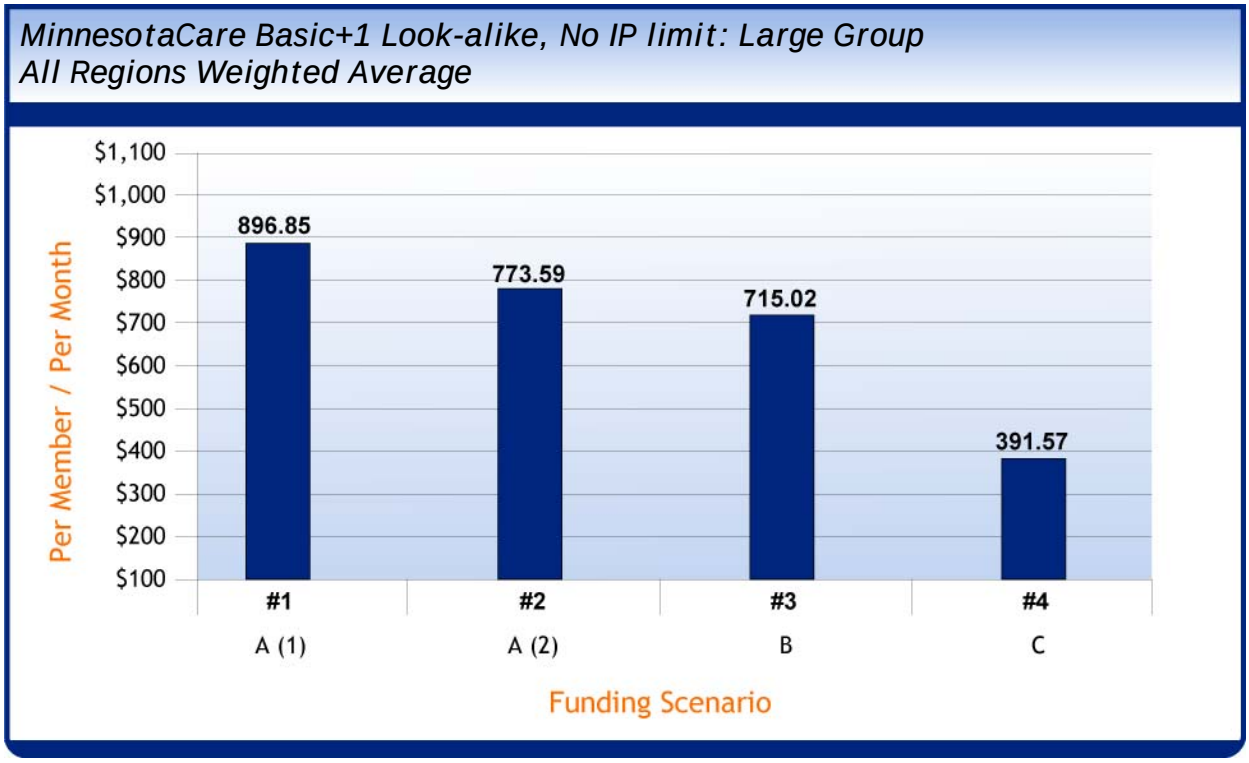
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.12: MinnesotaCare Basic+1 Look-alike, No IP limit: Large Group



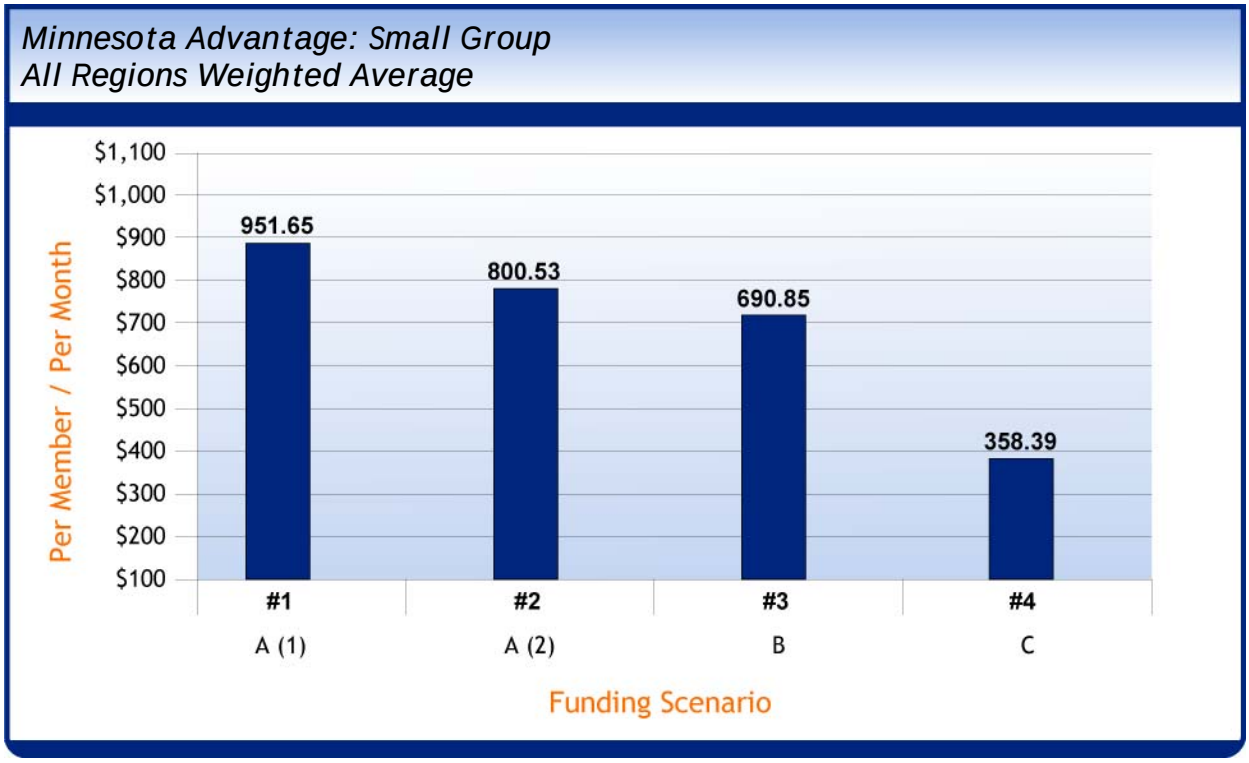
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.13: Minnesota Advantage: Small Group



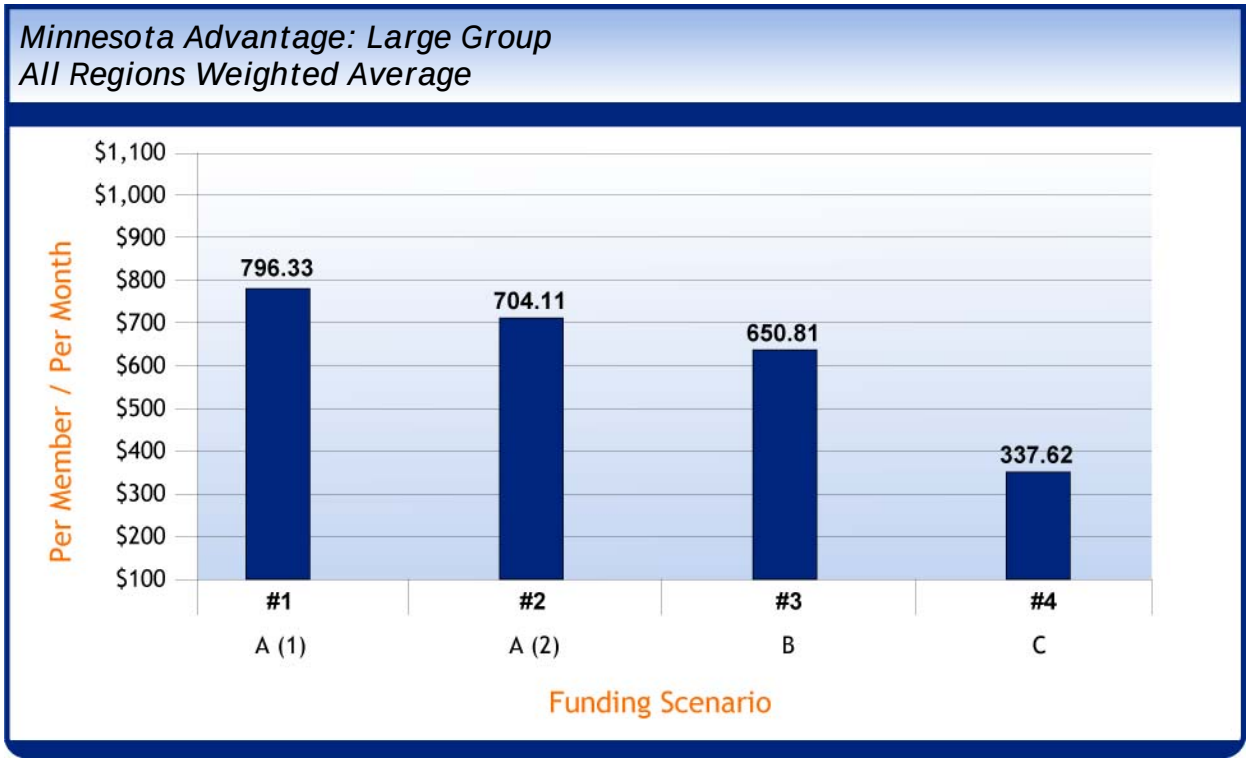
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.14: Minnesota Advantage: Large Group



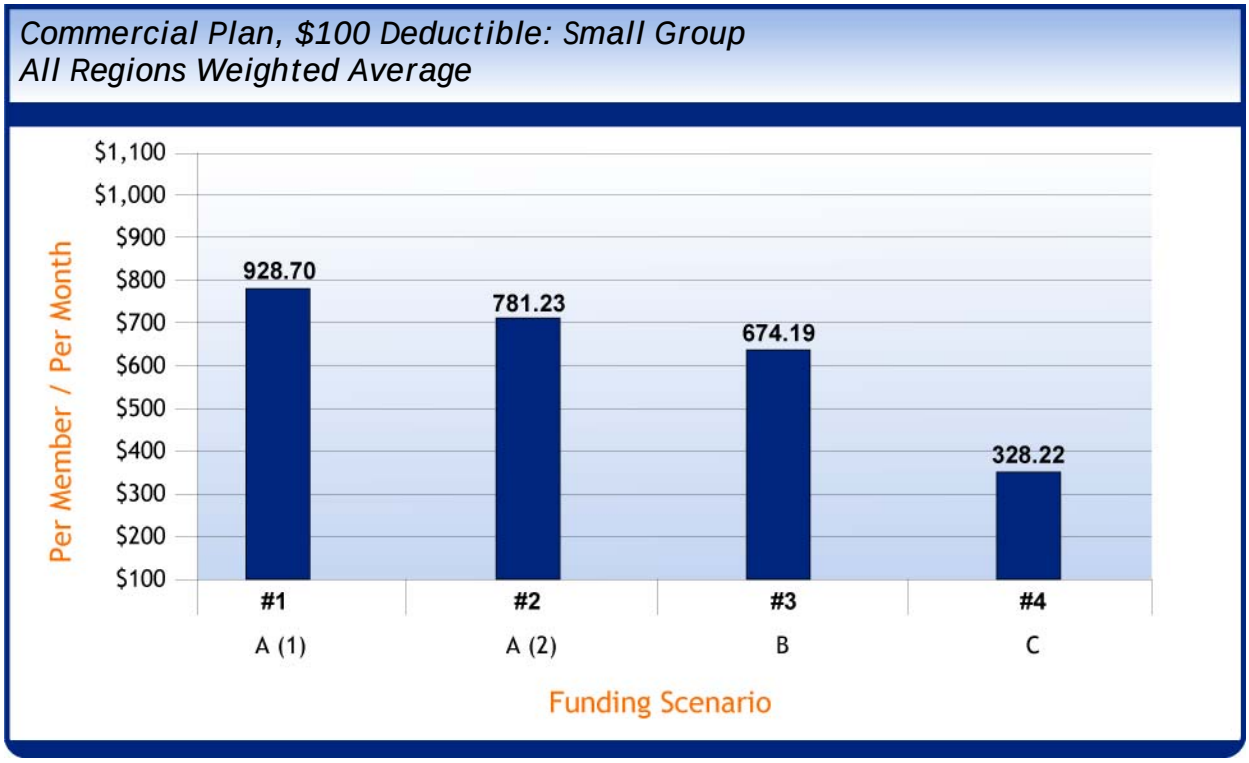
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.15: Commercial Plan, $100 Deductible: Small Group



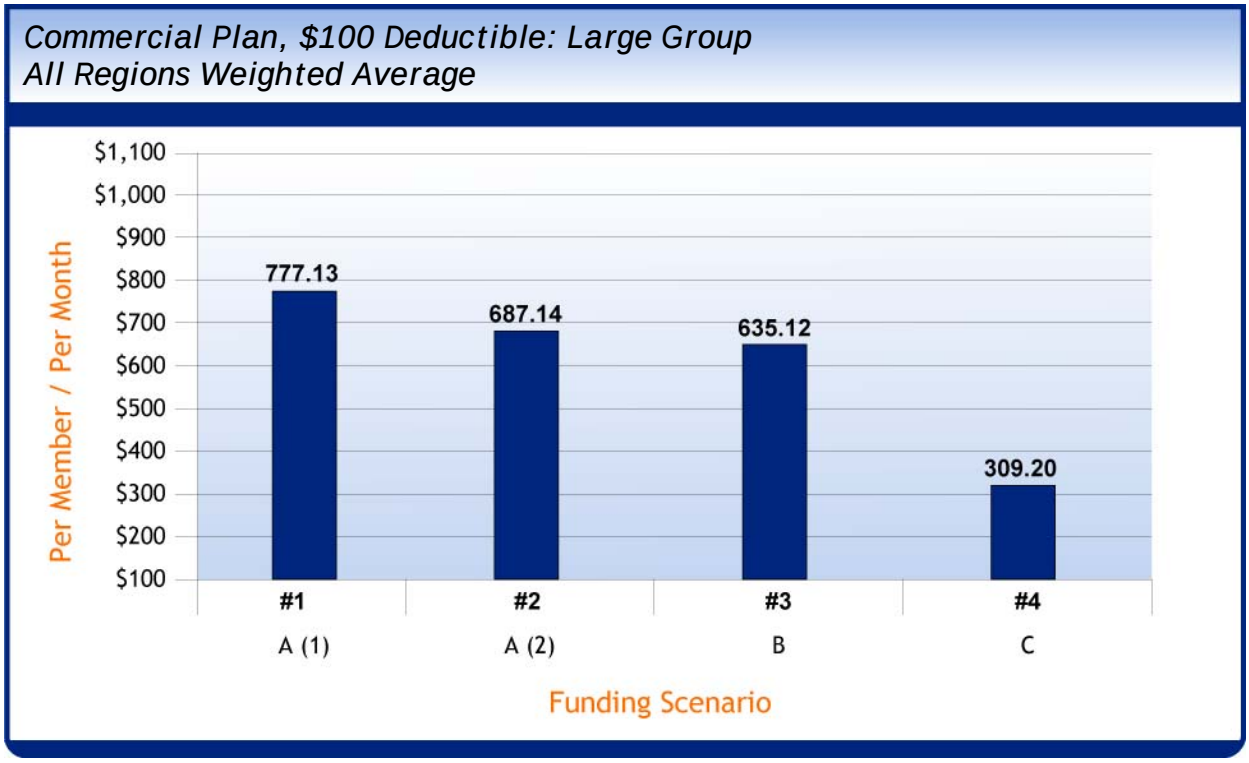
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.16: Commercial Plan, $100 Deductible: Large Group



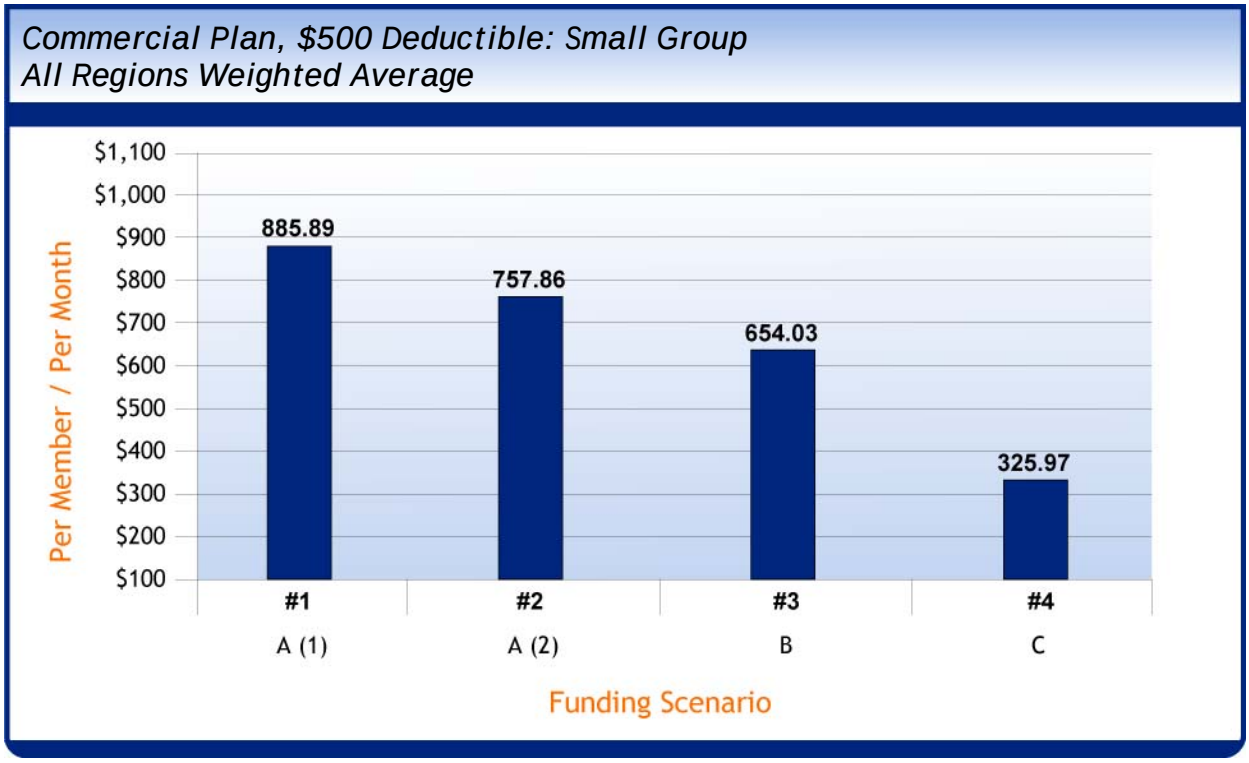
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.17: Commercial Plan, $500 Deductible: Small Group



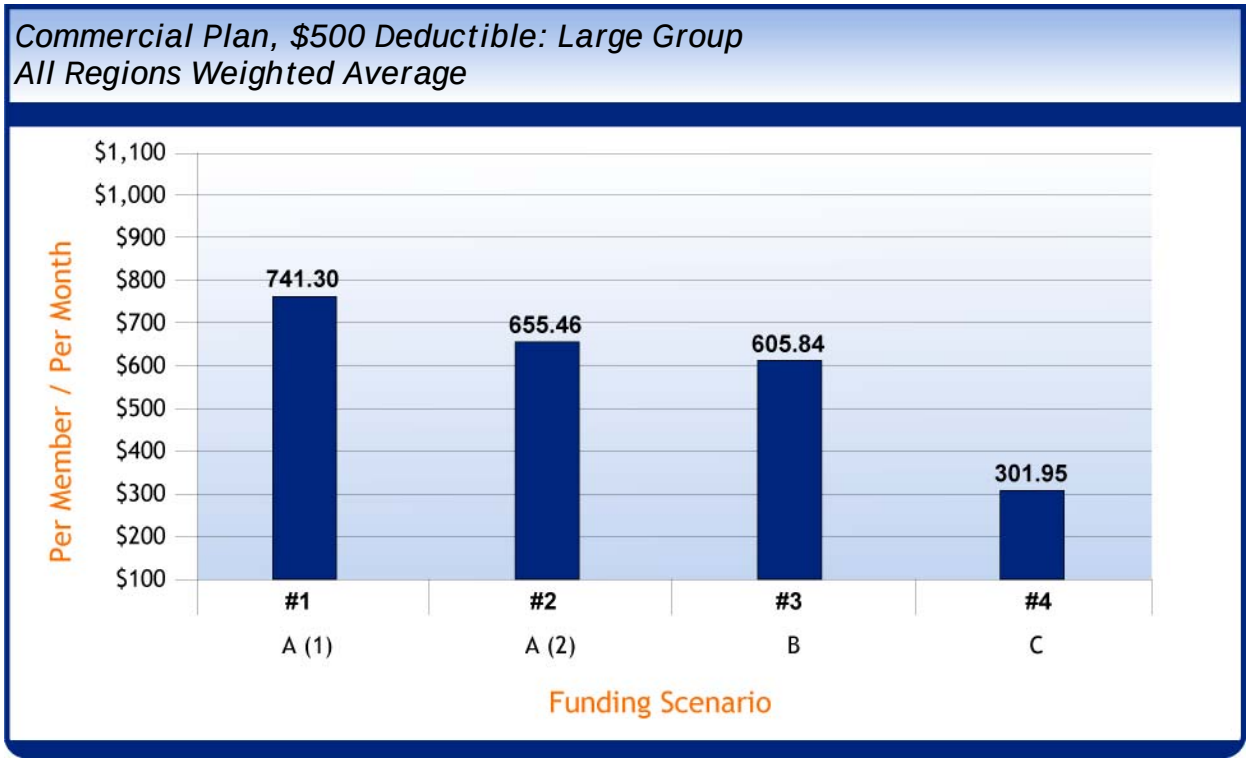
A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

Exhibit I.18: Commercial Plan, $500 Deductible: Large Group



A(1): Medical Coverage from Market with current employee participation rate.

A(2): Medical Coverage from Market with projected participation rate.

B: Medical Coverage from Dedicated Risk Pool with projected participation rates.

C: Medical Coverage from MinnesotaCare with projected participation rates.

iii) Projected Costs of Dental Plans, by Funding Scenario

Exhibit I.19: Dental Coverage from Market: Small Group

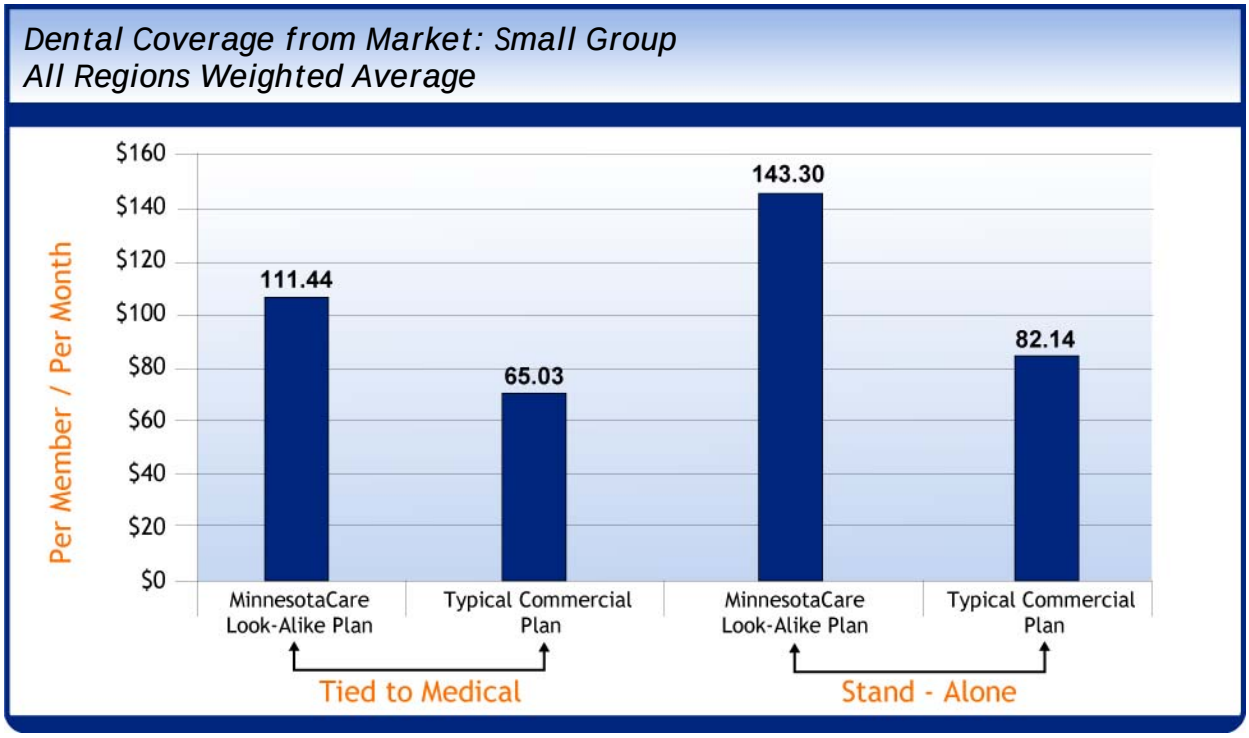


Exhibit I.20: Dental Coverage from Market: Large Group

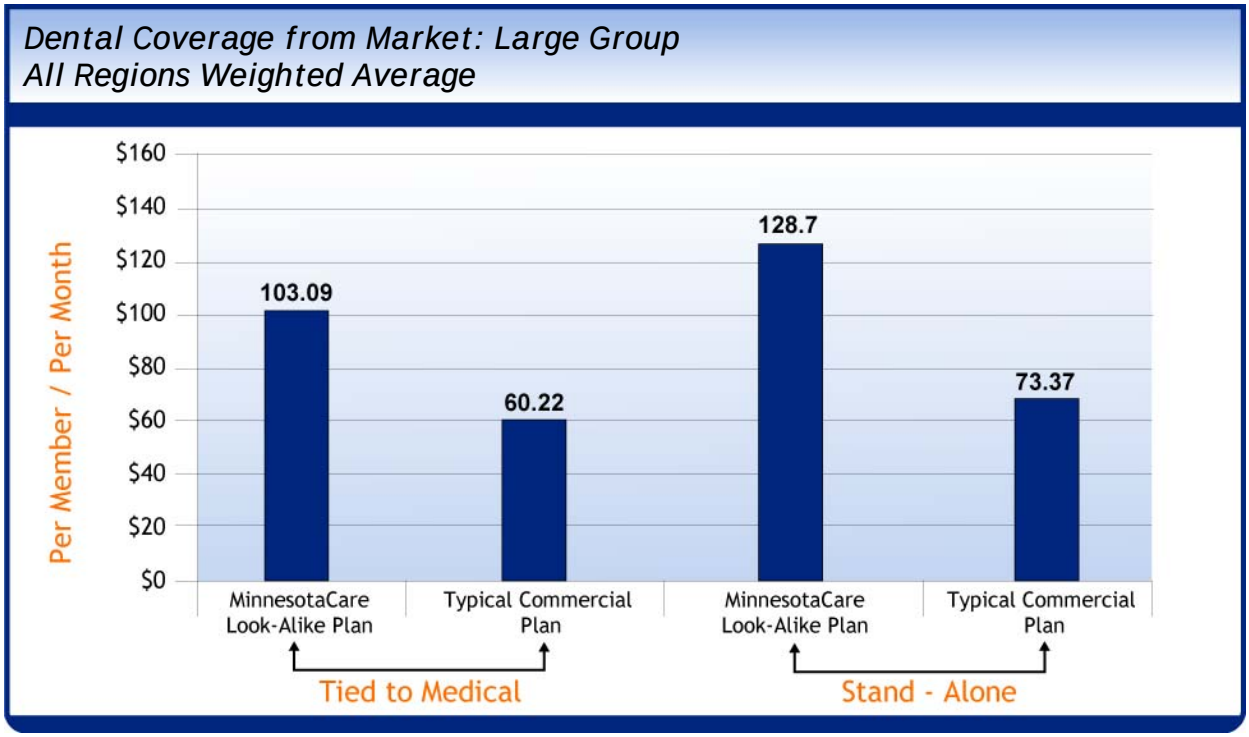


Exhibit I.21: Dental Coverage from Dedicated Risk Pool: Small Group

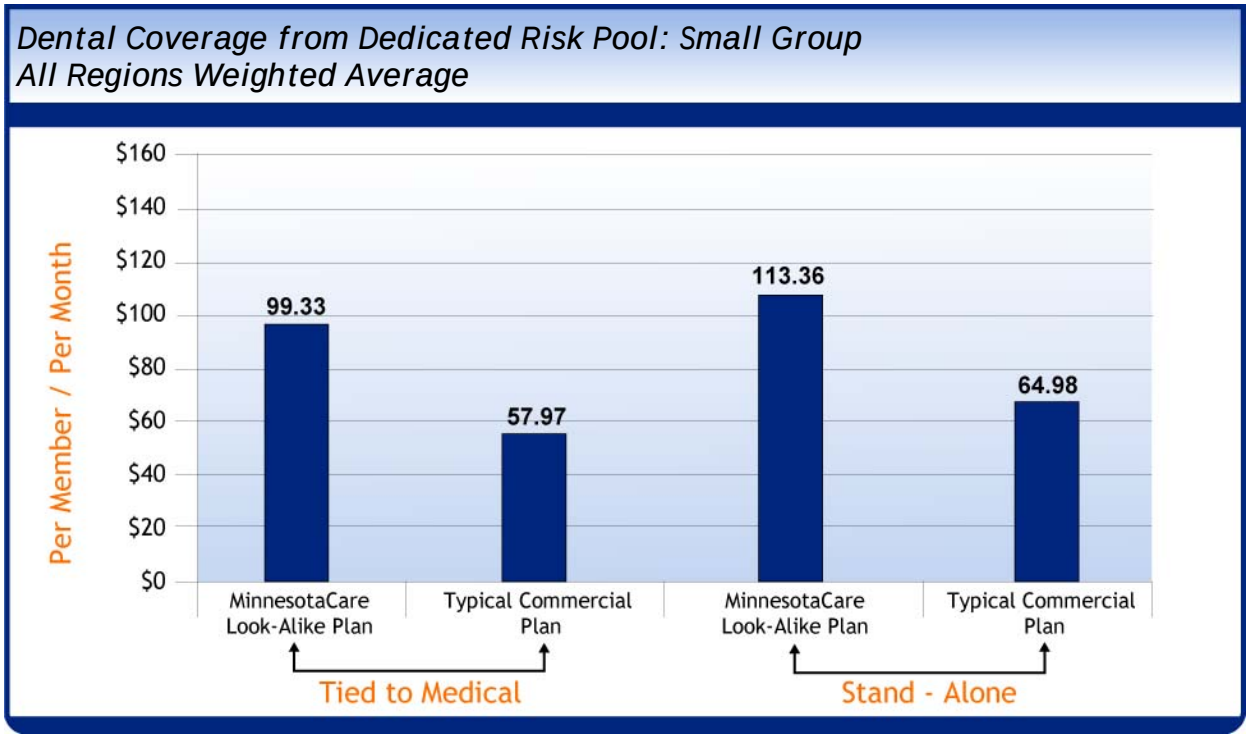


Exhibit I.22: Dental Coverage from Dedicated Risk Pool: Large Group

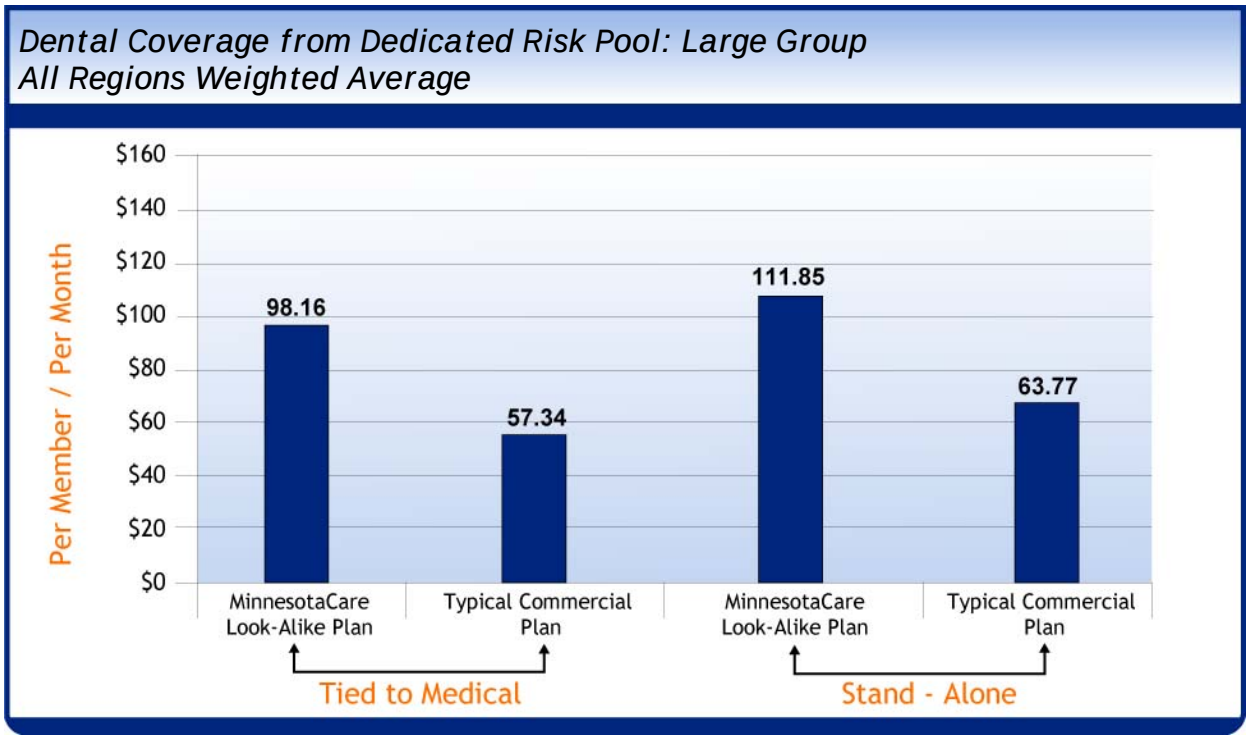


Exhibit I.23: Dental Coverage from MinnesotaCare: Small Group

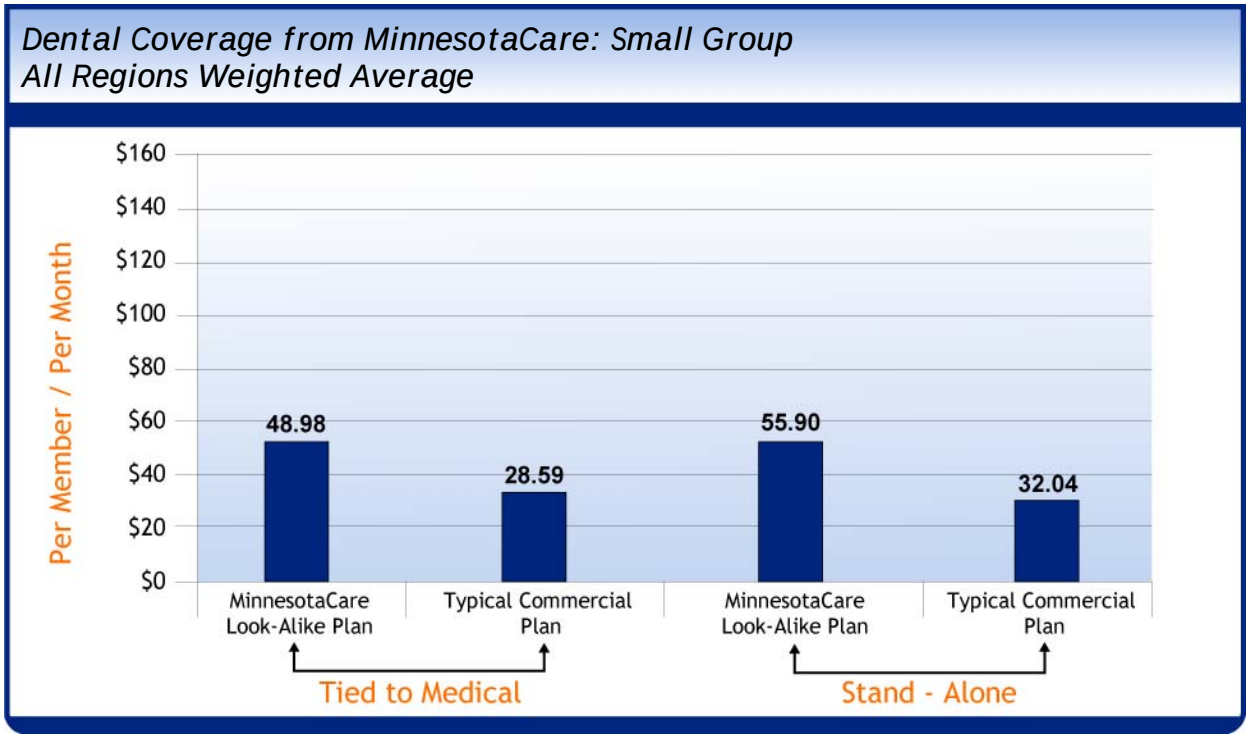
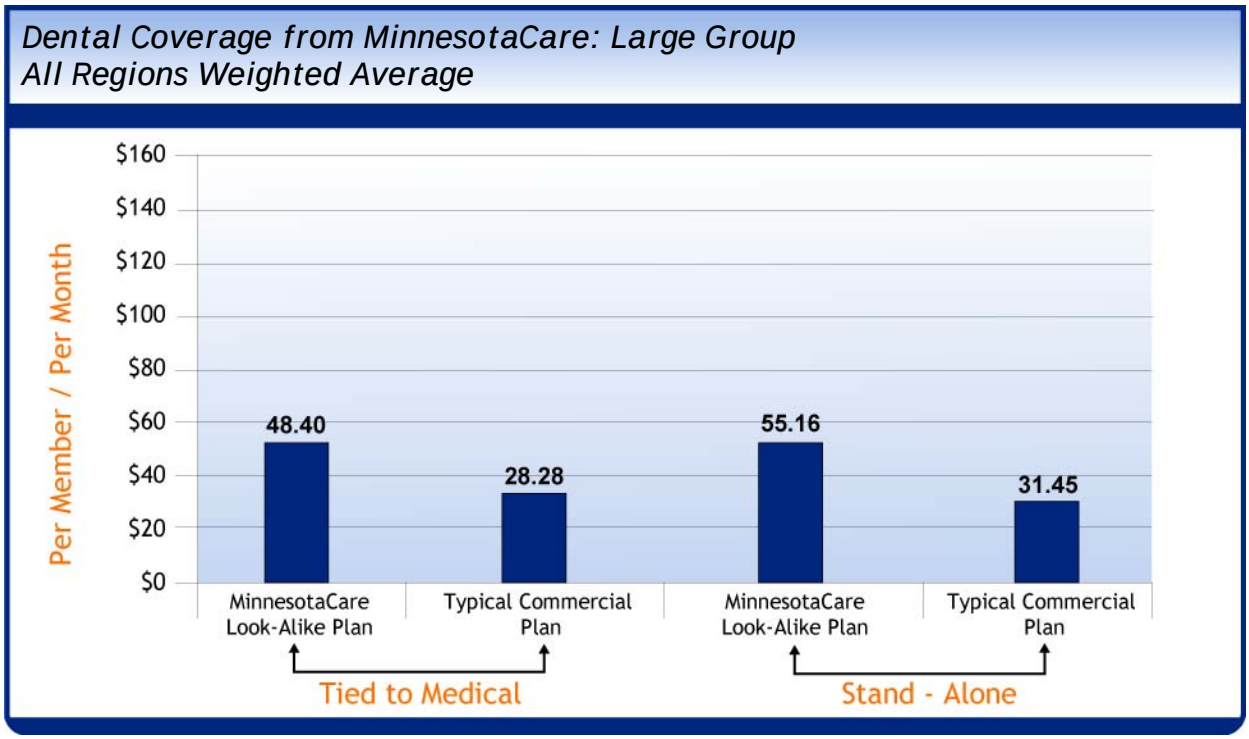
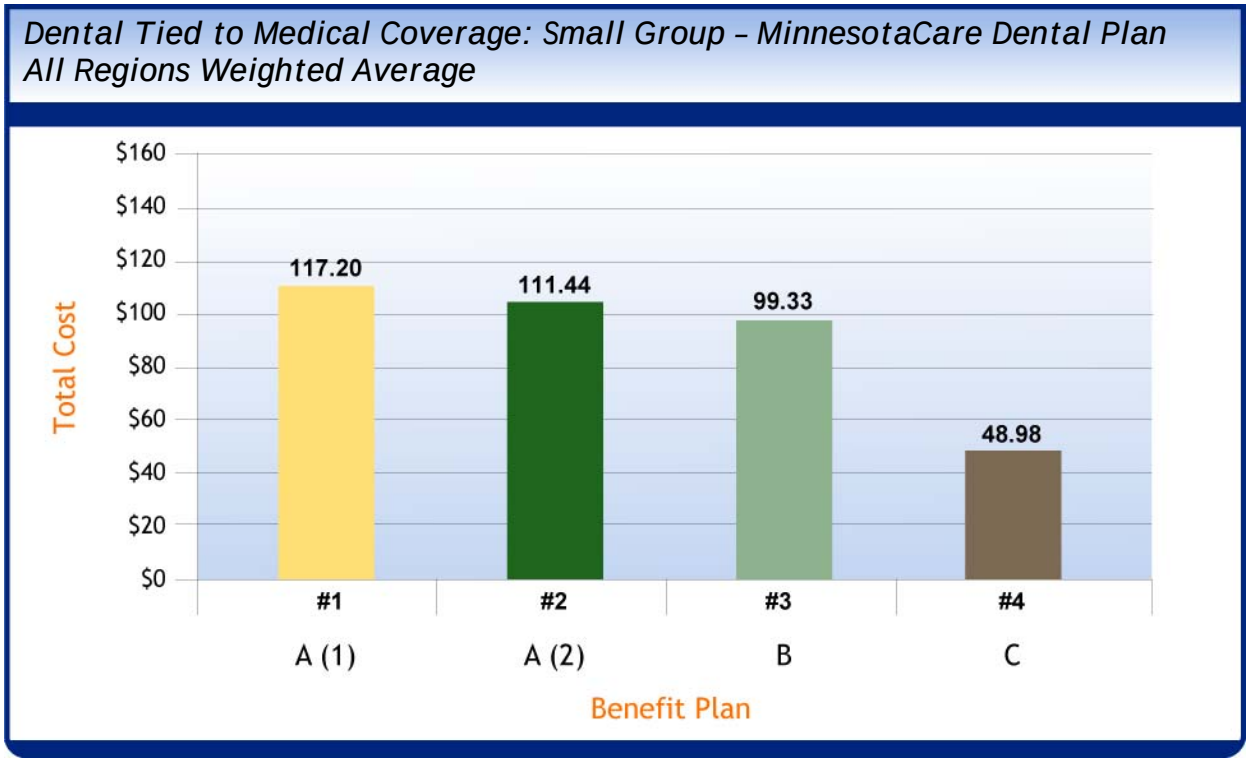


Exhibit I.24: Dental Coverage from MinnesotaCare: Large Group



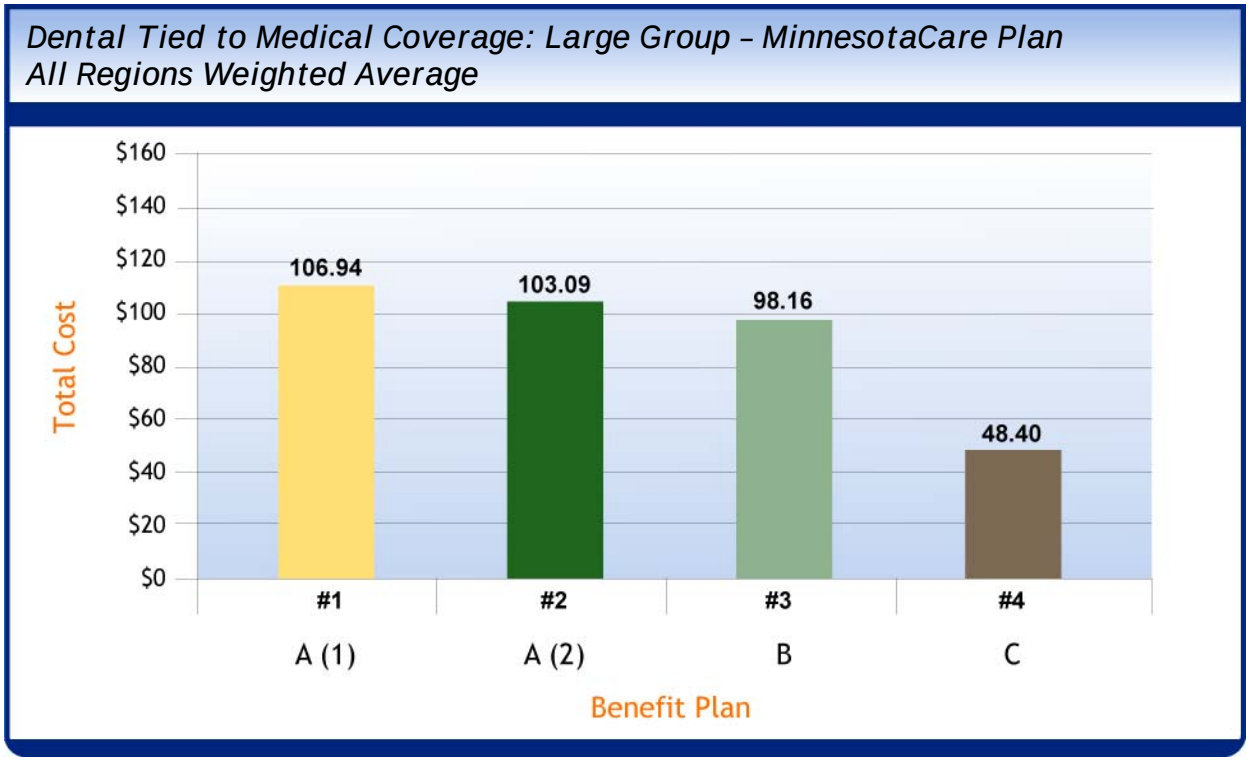
iv) Dental Plan Cost Projections by Availability and Funding Scenario

Exhibit 1.25 Dental Tied to Medical Coverage: Small Group – MinnesotaCare Dental Plan



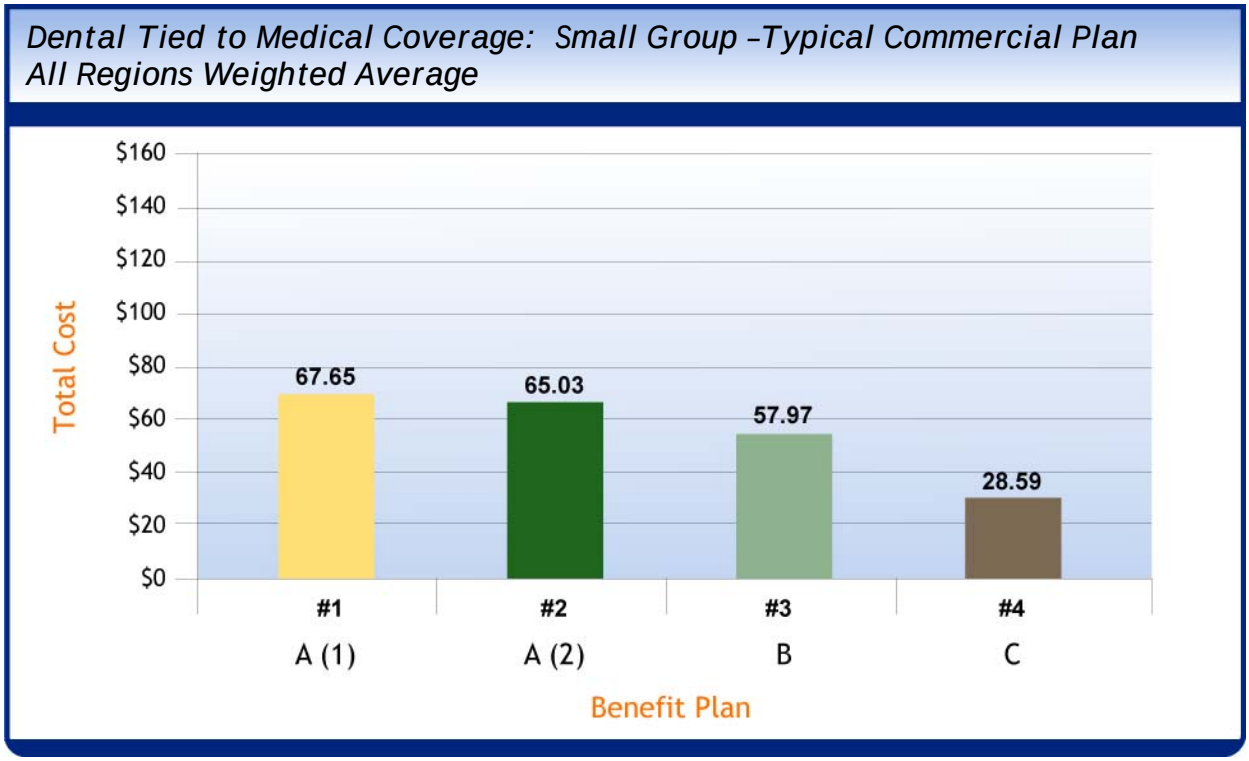
A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

Exhibit 1.26: Dental Tied to Medical Coverage: Large Group – MinnesotaCare Plan



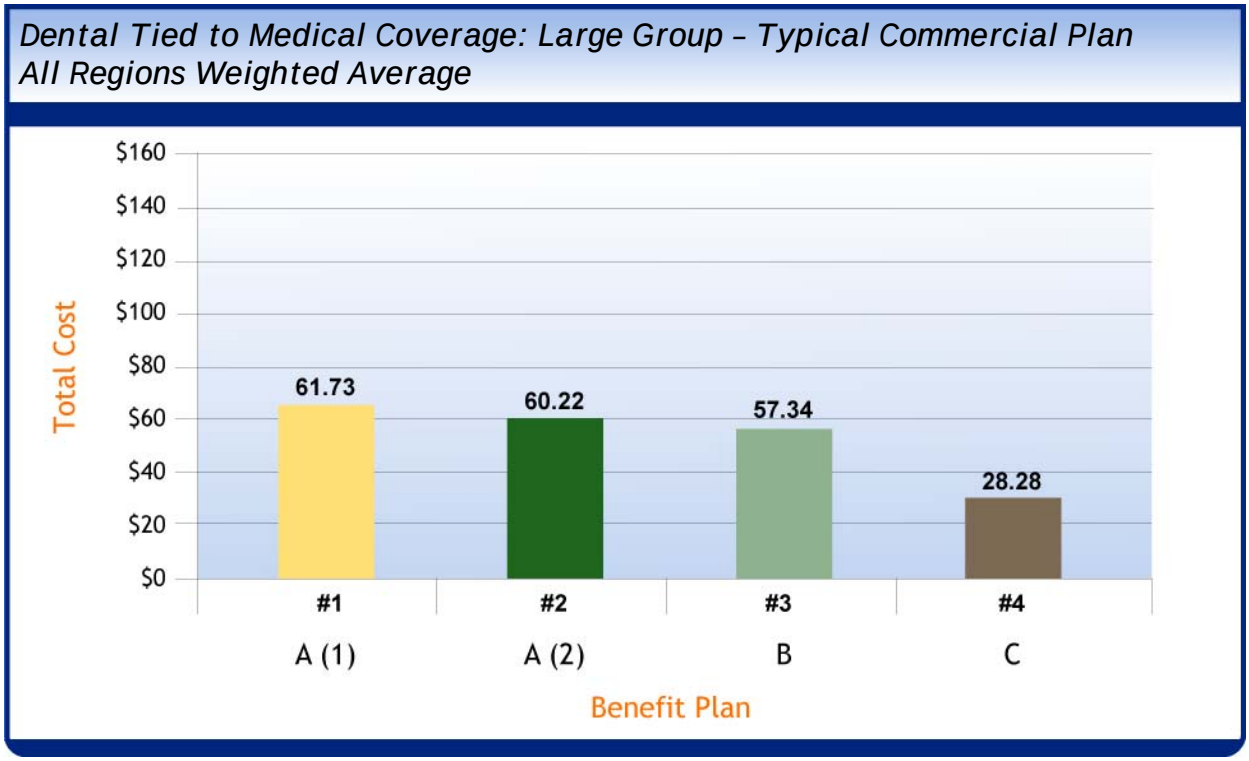
A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

Exhibit 1.27: Dental Tied to Medical Coverage: Small Group – Typical Commercial Plan



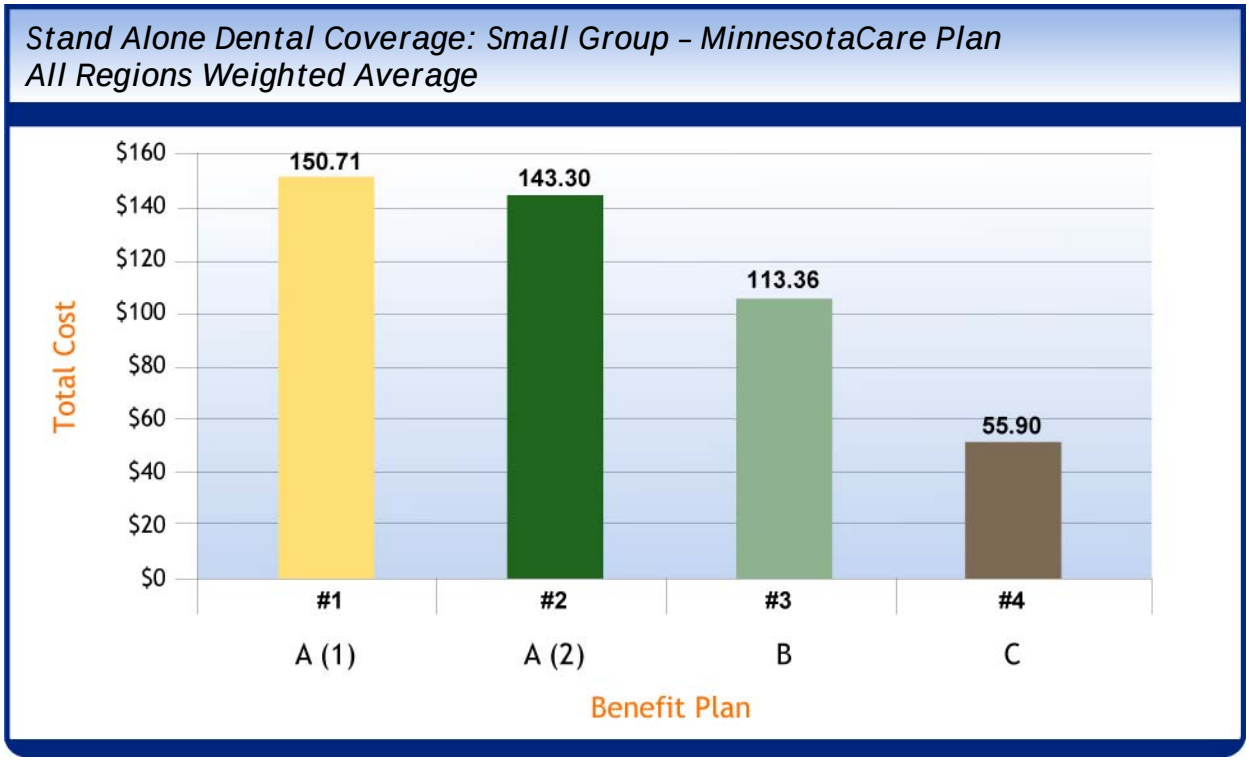
A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

Exhibit 1.28: Dental Tied to Medical Coverage: Large Group – Typical Commercial Plan



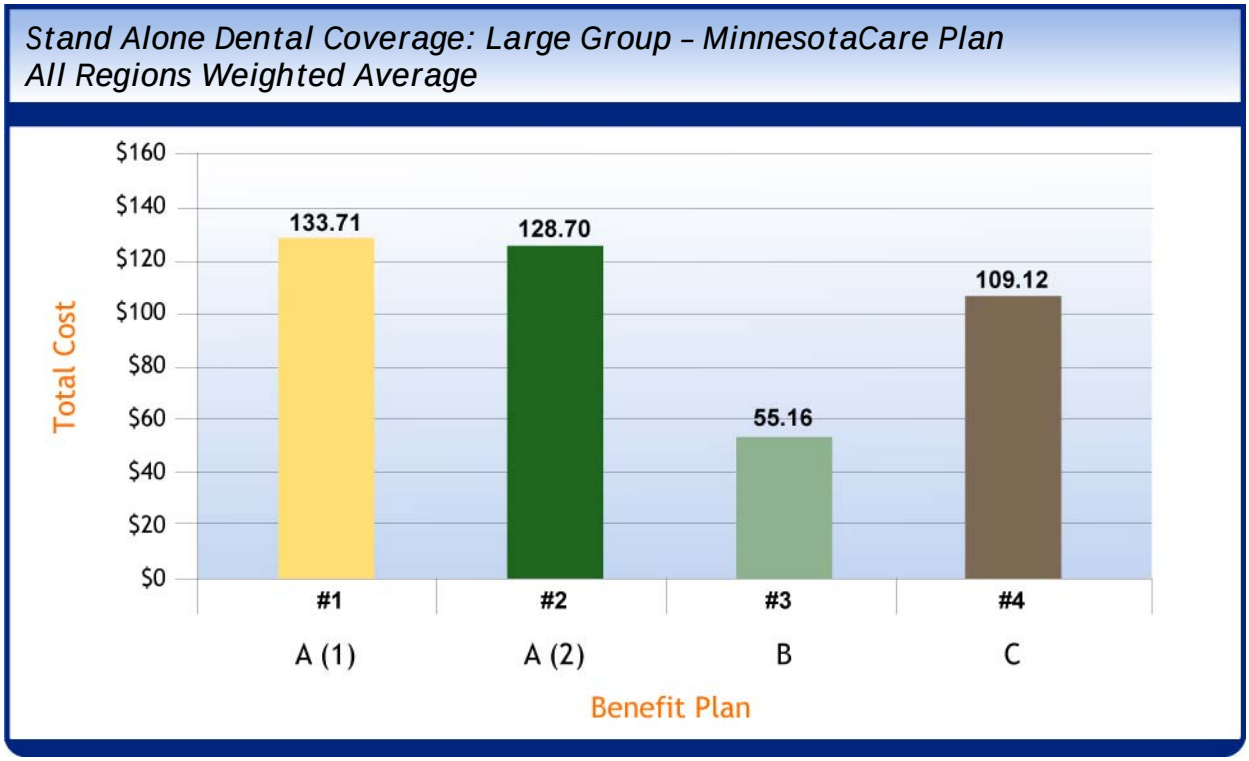
A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

Exhibit 1.29: Stand Alone Dental Coverage: Small Group – MinnesotaCare Plan



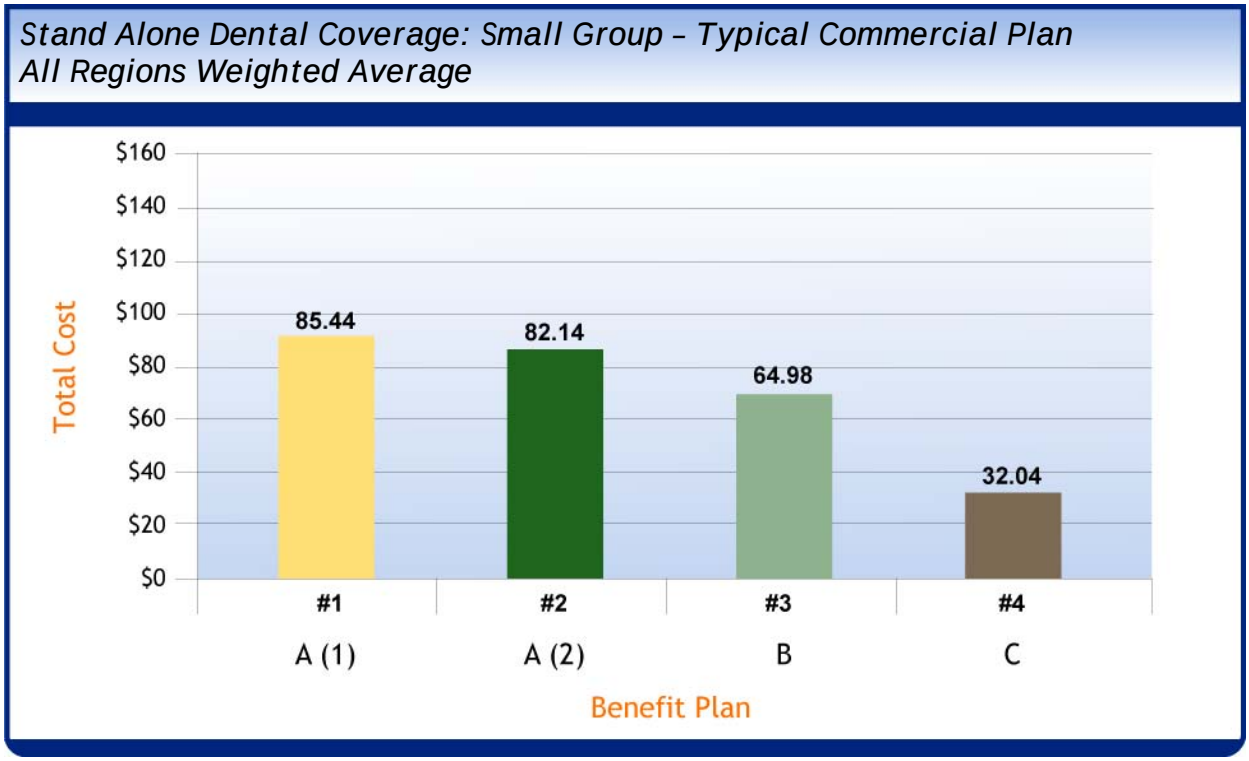
A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

Exhibit 1.30: Stand Alone Dental Coverage: Large Group – MinnesotaCare Plan



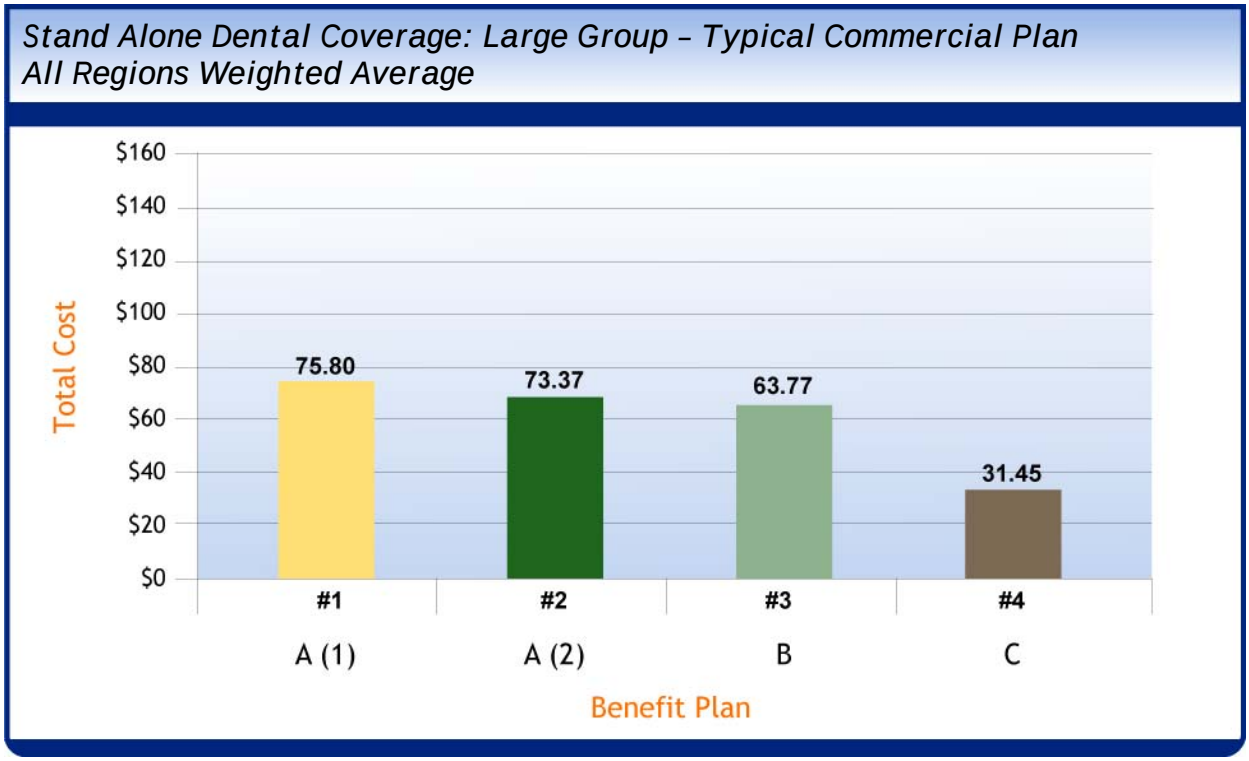
A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

Exhibit 1.31: Stand Alone Dental Coverage: Small Group – Typical Commercial Plan



A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

Exhibit 1.32: Stand Alone Dental Coverage: Large Group – Typical Commercial

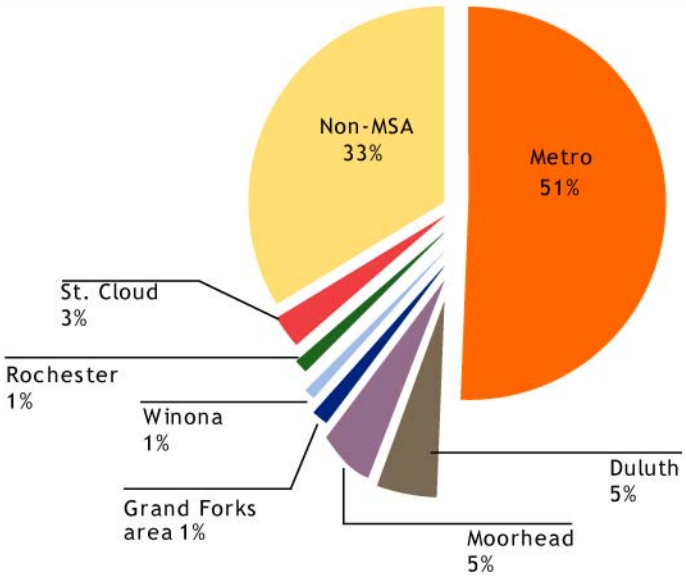


A (1). Dental Coverage from Market with current employee participation rate.
A (2). Dental Coverage from Market with projected participation rate.
B. Dental Coverage from Dedicated Risk Pool with projected participation rate.
C. Dental Coverage from MinnesotaCare with projected participation rate.

v) Regional Distribution of Employees

Exhibit 1.33 Regional Distribution of Employees from Employee Survey

Regional Distribution of Employees from Employee Survey



Appendix J: Minnesotacare Basic +2 & Basic +1 Benefit Sets Effective 1/1/08 Revised 12/20/07

Note: FFS copay exclusions do not apply to MinnesotaCare enrollees in health plans therefore those exclusions are not reflected in this chart.

MinnesotaCare Basic Plus Two (parents) ≤ 175% of FPG* *change from ≤175% to ≤200% still pending federal approval FF (M2,M4)= FFP JJ (M2)=No FFP	MinnesotaCare Basic Plus One (non-parents) ≤ 200% of FPG NOTE: Transitional MinnesotaCare members receive this Benefit Set after they enroll in a health plan BB (M1)= No FFP
Chemical Dependency Assessment and Treatment[1]	Chemical Dependency Assessment and Treatment[1]
N/A	N/A
Chiropractic ($3 copay)	Chiropractic ($3 copay)
Dental (orthodontia not covered)	Dental (orthodontia not covered)
Emergency Room ($6 copay for non-emergency visits to ER)	Emergency Room ($6 copay for non-emergency visits to ER)
Eye Care ($3 copay)	Eye Care ($3 copay)
Eyeglasses ($25 co-pay)	Eyeglasses ($25 co-pay)
Family Planning ($3 copay for non-preventive visit)	Family Planning ($3 copay for non-preventive visit)
Hearing Aids	Hearing Aids
Home Care (Excludes private duty and PCA)	Home Care (Excludes private duty and PCA)
Hospice Care	Hospice Care
Hospital Stay (no co-pay or annual limit)	Hospital Stay (10% co-pay, up to $1,000. $10,000 annual limit)
Immunizations	Immunizations
Interpreters (hearing, language)	Interpreters (hearing, language)
Lab, Radiology (no copay) Diagnostics (such as colonoscopy) ($3 copay)	Lab, Radiology (no copay) Diagnostics (such as colonoscopy) ($3 copay)
Medical Equipment and Supplies	Medical Equipment and Supplies
Medical Transportation (emergency only)	Medical Transportation (emergency only)
Medication Therapy Management	Medication Therapy Management

MinnesotaCare Basic Plus Two (Cont'd) (parents) ≤ 175% of FPG* *change from ≤175% to ≤200% still pending federal approval FF (M2,M4)= FFP JJ (M2)=No FFP	MinnesotaCare Basic Plus (Cont'd) One (non-parents) ≤ 200% of FPG NOTE: Transitional MinnesotaCare members receive this Benefit Set after they enroll in a health plan BB (M1)= No FFP
Mental Health including: -ARMHS, ACT, IRTS, Crisis Response Services	Mental Health Services including: -ARMHS, ACT, IRTS, Crisis Response Services
Outpatient Surgery (hospital or freestanding center)	Outpatient Surgery (hospital or freestanding center)
Physicians and Clinics ($3 copay on non-preventive visit)	Physicians and Clinics ($3 copay on non-preventive visit)
Podiatrist ($3 copay)	Podiatrist ($3 copay)
Prescriptions ($3 co-pay)	Prescriptions ($3 co-pay)
Physicals/Preventive Care	Physicals/Preventive Care
Rehab Therapies Abortion[2]	Rehab Therapies Abortion[2]

NOTE: THE MINNESOTACARE LIMITED BENEFIT SET WAS ELIMINATED EFFECTIVE 1/1/08. THOSE ENROLLEES WERE MOVED TO THE BASIC PLUS ONE BENEFIT SET.

[1] MCOs are responsible for Primary Residential Inpatient care and outpatient care in all benefit sets; halfway house and extended care will be paid FFS in all benefit sets. Effective 7/1/08, MCOs will be responsible for all treatment and for room and board determined necessary through the Rule 25 assessment/update.

[2] bortion, nursing homes/ICF-MR facilities, and school based services are paid FFS.

[3] Children's Residential Mental Health Treatment (Rule 5) and Mental Health Targeted Case Management (MH-TCM) services are available through the county for Program LL only and are paid FFS. Effective 1/1/09 MH-TCM services will be available in all MinnesotaCare benefit sets. Children's Residential Mental Health Treatment will be available to all children under 18 effective 1/1/09.

[4] Common carrier transportation costs and personal mileage reimbursement - available through the MinnesotaCare Division or through MNET for the Expanded Benefit Set (LL and KK).

Appendix K: Minnesota Advantage Health Plan 2008 – 2009 Benefits Schedule

2008-2009 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
A. Preventive Care Services ⓫ Routine medical exams, cancer screening ⓫ Child health preventive services, routine immunizations ⓫ Prenatal and postnatal care and exams ⓫ Adult immunizations ⓫ Routine eye and hearing exams	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible (single/family)	$50/100	$140/280	$350/700	$600/1200
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care within the service area ⓫ Outpatient visits in a physician's office ⓫ Chiropractic services ⓫ Outpatient mental health and chemical dependency	$17/22* copay per visit annual deductible applies	$22/27* copay per visit annual deductible applies	$27/32* copay per visit annual deductible applies	$37/42* copay per visit annual deductible applies
D. Convenience Clinics	$10 copay	$10 copay	$10 copay	$10 copay
E. Emergency Care (in service area) ⓫ Emergency care received in a hospital emergency room	$75 copay annual deductible applies	$75 copay annual deductible applies	$75 copay annual deductible applies	25% coinsurance annual deductible applies
F. Inpatient Hospital Copay	$85 copay annual deductible applies	$180 copay annual deductible applies	$450 copay annual deductible applies	25% coinsurance annual deductible applies
G. Outpatient Surgery Copay	$55 copay annual deductible applies	$110 copay annual deductible applies	$220 copay annual deductible applies	30% coinsurance annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics and Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	30% coinsurance annual deductible applies
K. MRI/CT Scans	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	30% coinsurance annual deductible applies
L. Other expenses not covered in A – K above, including but not limited to: ⓫ Ambulance ⓫ Home Health Care ⓫ Outpatient Hospital Services (non-surgical) ⌘ Radiation/chemotherapy ⌘ Dialysis ⌘ Day treatment for mental health and chemical dependency ⓫ Other diagnostic or treatment related outpatient services	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	30% coinsurance annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	$10/$16/$36	$10/$16/$36	$10/$16/$36	$10/$16/$36
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility growth hormones) (single/family)	$800/1600	$800/1600	$800/1600	$800/1600
O. Plan Maximum Out-of-Pocket Expense(excluding prescription drugs) (single/family)	$1100/2200	$1100/2200	$1100/2200	$1100/2200

**The level of the office visit copayment for the employee and his or her family is dependent upon whether you have completed the Health Assessment in each Open Enrollment. Employees who have completed the Health Assessment and agreed to a follow-up call from a health coach are entitled to the lower copayment. Employees hired after the close of Open Enrollment will be entitled to the lower copayment.*

Emergency care or urgent care at a hospital emergency room or urgent care center out of the plan's service area or out of network: the plan covers 80% of the first $2000 of eligible charges, then 100% per calendar year. Out-of-Network coverage is available only for members whose permanent residence is outside the State of Minnesota and outside the service areas of the health plans participating in Advantage. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave including sabbatical leaves] and all dependent children, including college students, and spouses living out of area. These members pay a $350 single or $700 family deductible and 30% coinsurance to the out-of-pocket maximums described in section O above. Members pay the drug copayment described in section M above to the out-of-pocket maximum described in section N. A standard set of benefits is offered in all SEGIP Advantage Plans. There are still some differences from plan to plan in the way that benefits are administered, and in the referral and diagnosis coding patterns of primary care clinics