



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

**Division of Senior & Disability Services**

in coordination with Mercer

***Summary of National Core Indicators:  
Aging and Disabilities and Consumer Directed  
Services Workforce Survey Results***

2023

- Late 2022 - National Core Indicators — Aging and Disabilities (NCI-AD) Staff Stability Pilot Survey conducted.
  - Surveyed HCBS providers that deliver in-home agency-model personal care services in residential care facilities (RCFs), assisted living facilities (ALFs) and adult day care services.
- Early 2023- Consumer Directed Services (CDS) Operational survey was conducted.
- Both surveys covered various topics including, but not limited to: general provider characteristics, DSW characteristics and workforce metrics, DSW wages and benefits, and other provider costs.
- Goals of the Surveys:
  - Collect data specific to DSDS HCBS workforce issues
  - Inform future policy and fiscal related initiatives

- Prior to the issuance of the two surveys, DSDS engaged with various stakeholders including the Missouri Council for Independent Living, Missouri Alliance of Home Care, Missouri Council for Home Care, Missouri Assisted Living Association, and the Missouri Adult Day Services Association.
- DSDS discussed plans for the surveys during several monthly stakeholder meetings, during an October 2022 Missouri Medicaid Audit and Compliance provider update meeting, and during association conferences.
- DSDS also issued informational memorandums [Info-09-22-01](#) and [Info-12-22-03](#), 2022 to alert agency and CDS providers, respectively, of the upcoming surveys.

**Table 1: Key Elements of Each Survey**

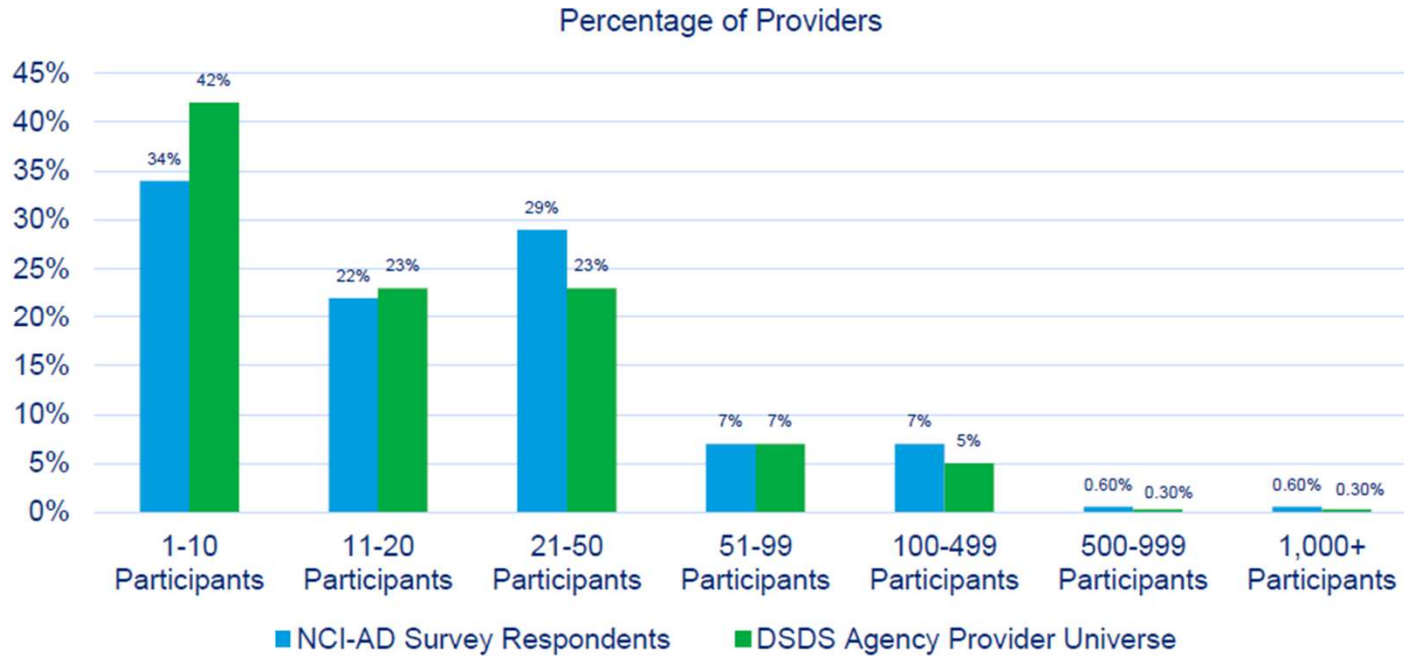
<b>Survey Name</b>	<b>Target Audience</b>	<b># of Questions</b>	<b>Data Reporting Period in Survey</b>	<b>Survey Response Window</b>	<b># of Responses</b>	<b>Total # of Providers</b>
<b>NCI-AD Staff Stability Pilot Survey</b>	Agency-model providers who deliver: <ul style="list-style-type: none"> <li>• Personal care services in the community, in RCFs, or in ALFs</li> <li>• Adult day services</li> </ul>	91	January 1, 2021– December 31, 2021	September 12, 2022– November 15, 2022	222	1,081
<b>CDS Operational Survey</b>	CDS personal care providers	56	July 1, 2022– December 31, 2022	January 16, 2023– February 28, 2023	347	925

# Distribution of Responding Providers

NCI-AD Agency Model

Of the 222 responding agencies, there were 189 (or 85%) who either only provided support to older adults and/or individuals with disabilities or who could limit their reporting to DSWs who work exclusively with these populations.

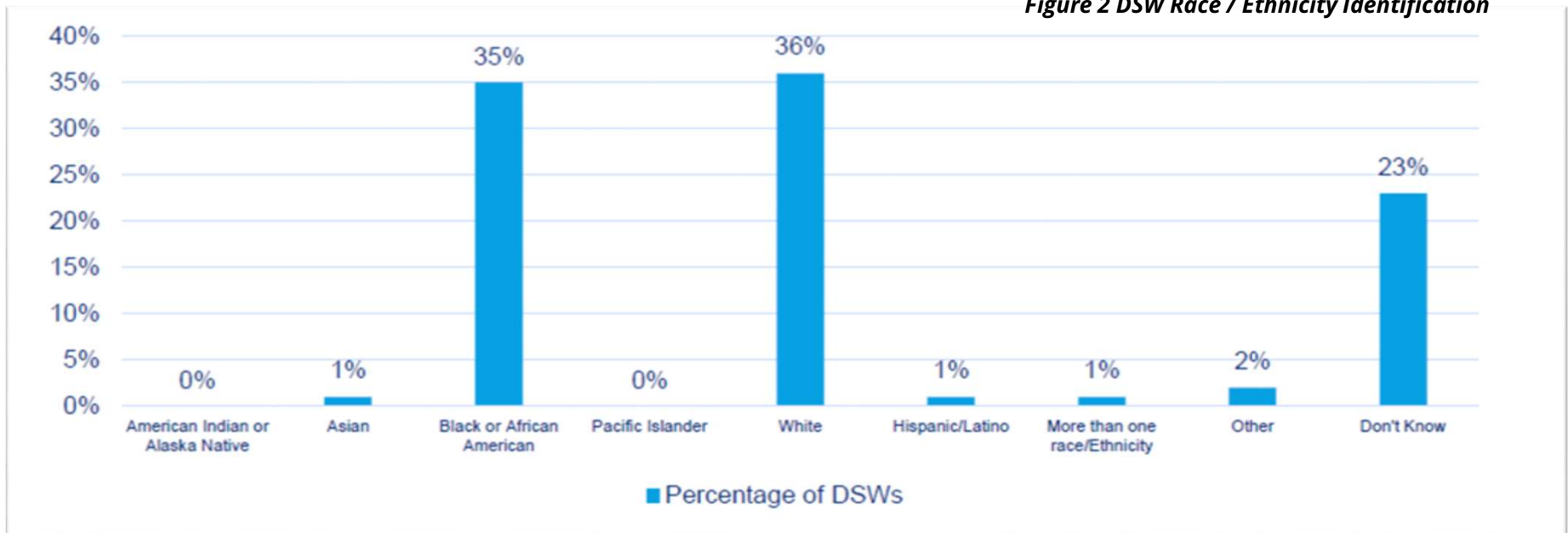
Figure 1: Size Distribution of Responding Providers



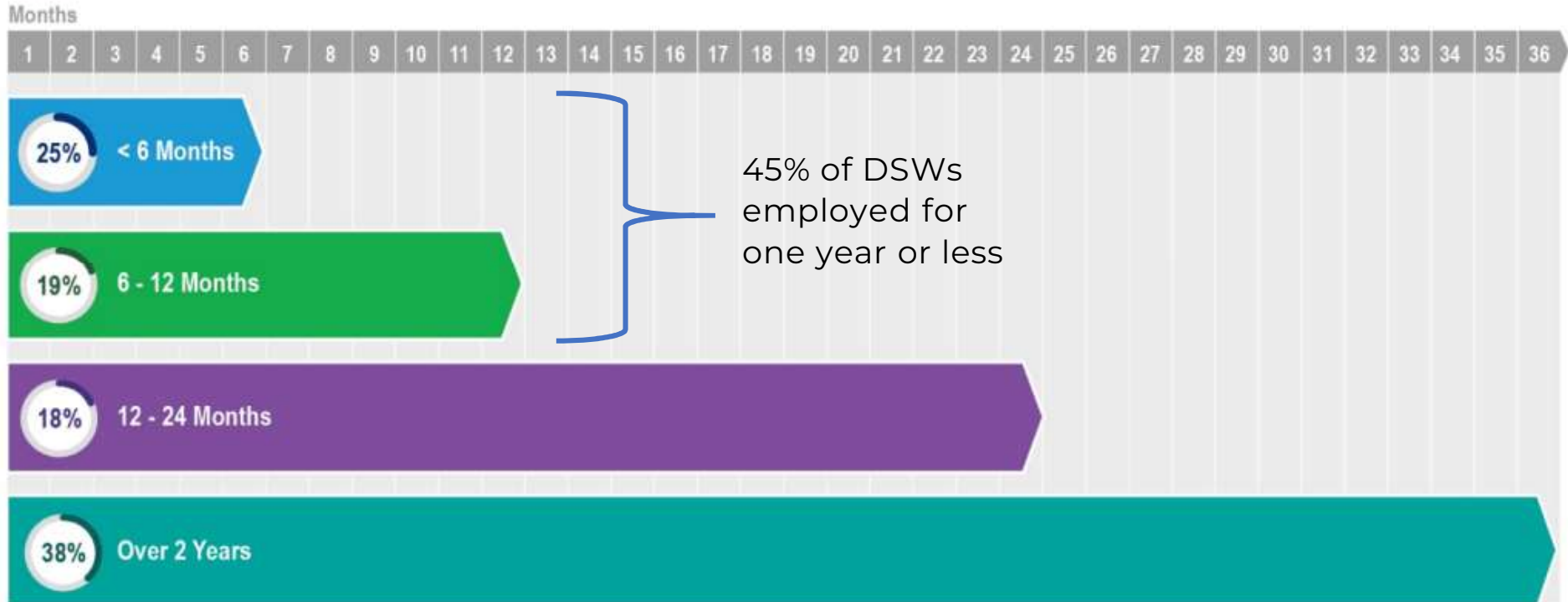
Providers reported employing a total of 4,728 DSWs. On average, the ratio of DSWs to participants was roughly 1 DSW to 1.8 participants.

The vast majority of DSWs identified as either black or African American or white and 89% identified as female.

Figure 2 DSW Race / Ethnicity Identification



## 01 Tenure Percentage of DSWs



### DSW Full-time and Part-time Status



- 57% of providers able to distinguish between FT & PT
- Full time = 30+ hours per week

### DSW Turnover Rate



Some providers with extremely high turnover rates (100-400%)

### DSW Vacancy Rate



57% of providers had to turn away or stop accepting new service referrals in 2021



During the *January 1, 2021–December 31, 2021* survey reporting period, Missouri's minimum wage was \$10.30 per hour. DSW hourly wages reported in the survey ranged from \$9.00 per hour to \$16.50 per hour, with a median hourly wage of \$11.15 per hour and an average hourly wage of \$11.71.

47 of 189 providers who reported an average starting hourly wage or average hourly wage less than \$10.30 per hour.

Little variation between DSW starting wages and the average wage across all DSWs regardless of length of employment.

Also little variation in wages across service types (i.e., personal care delivered in the community, personal care delivered in RCFs/ALFs, adult day services).



**Range of Hourly Wages:**  
**\$9.00 to \$16.50**

**Median Hourly Wage: \$11.15**

for DSWs across all service types

**Bonus:** 29% of responding agencies indicated they provided a wage bonus to DSWs. Of those providing bonuses, 75% indicated the average bonus amount was \$200 or less.

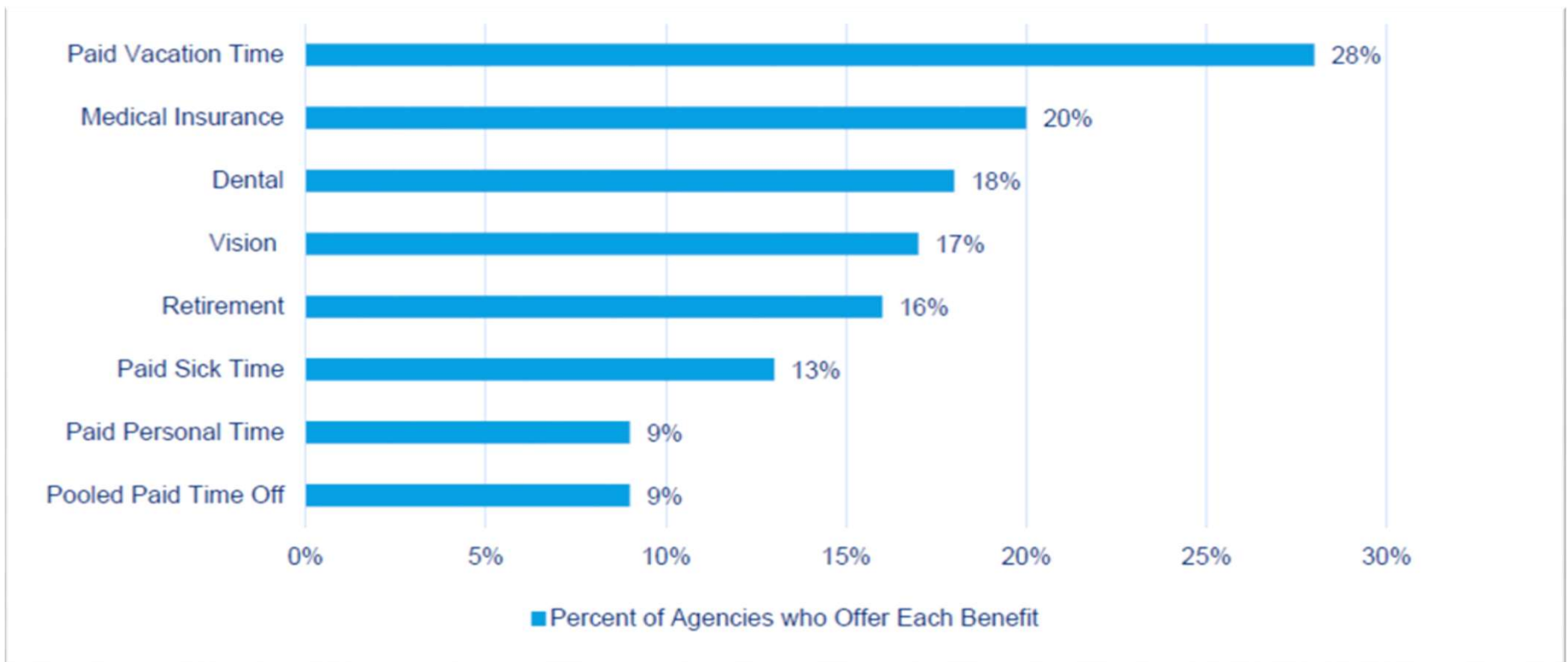
**Overtime:** Less than 3% of total hours worked.

**Benefits:** Generally 20% or fewer providers made them available to DSWs (percentage varied by type of benefit).

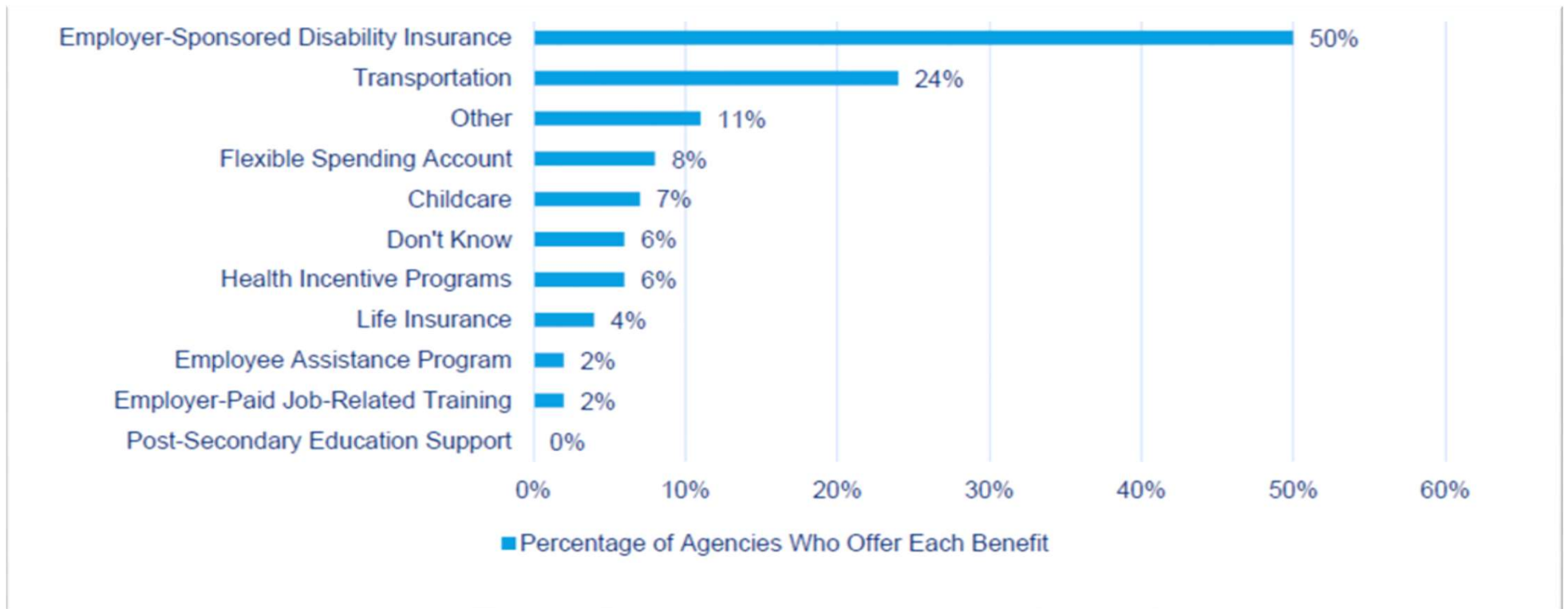
- The one exception was paid vacation time, which roughly 28% of providers offered to DSWs.
- About half of those providing benefits offered to all DSWs, while other providers required DSWs to work a certain amount of hours or have a minimal length of employment to be eligible for benefits



### Benefits that are offered to some or all DSWs



## Additional Benefits Offered to DSWs



September 2023 Update

# Supervisor Support & Recruitment/Retention Strategies

NCI-AD Agency Model



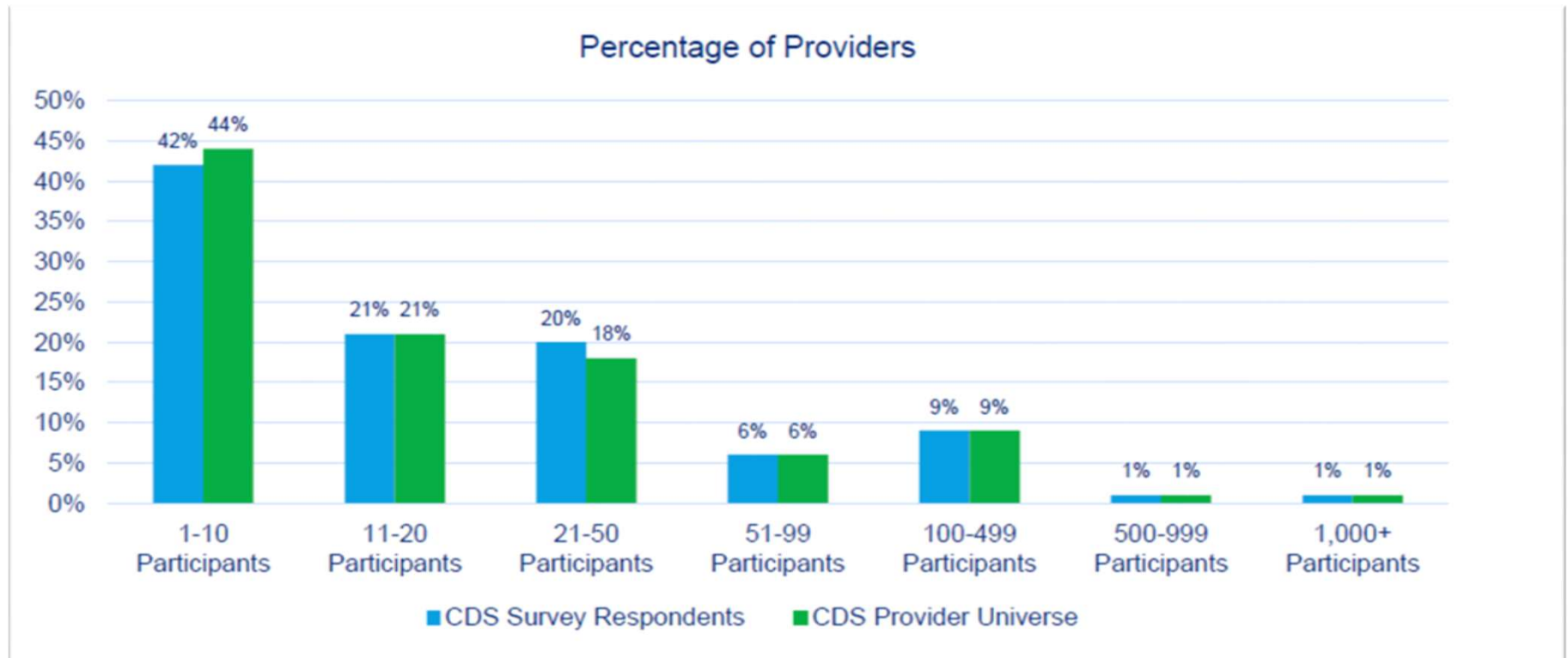
**On average, providers employed about one frontline supervisor for every 11 DSWs.**

Wide range: some reported 1 supervisor to every 2 or 3 DSWs; some indicated they employed no supervisors

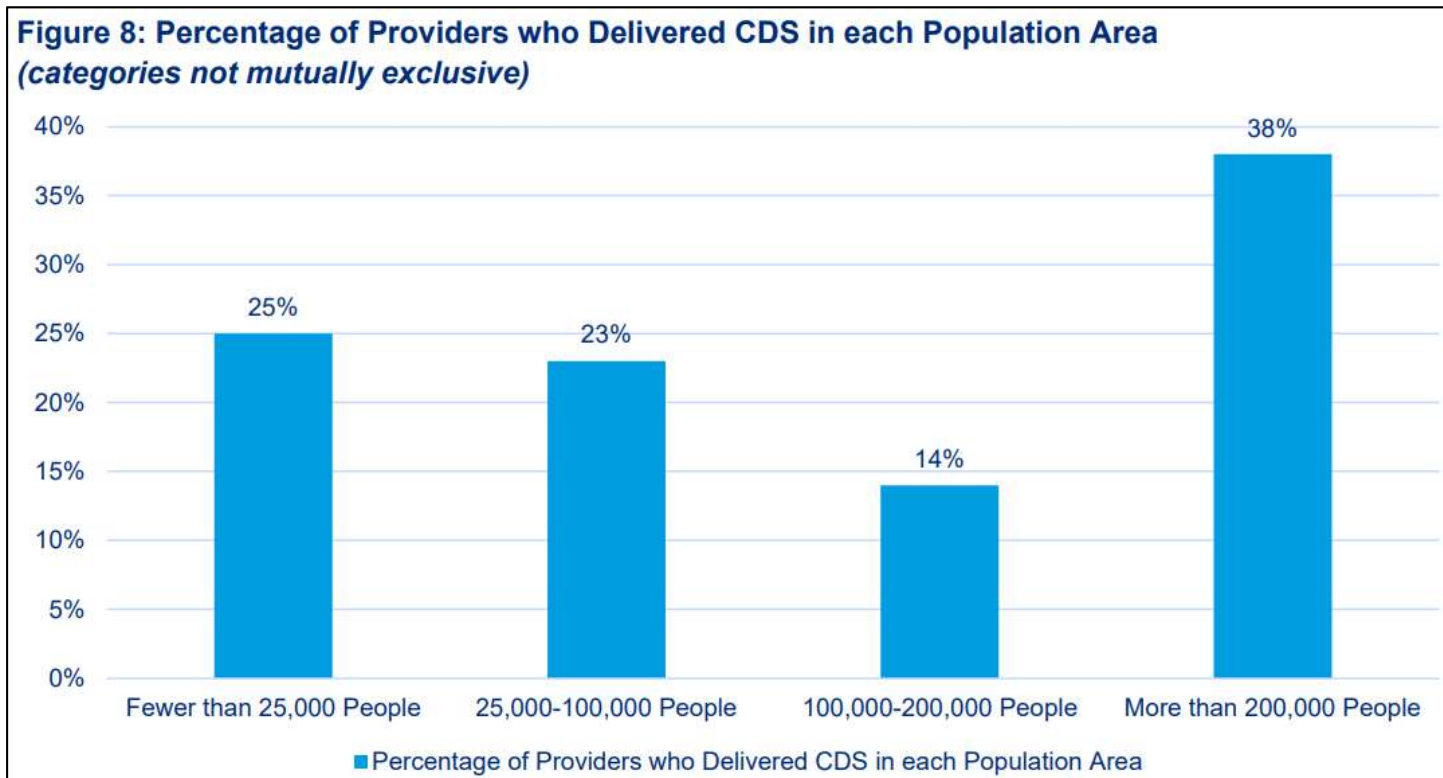
## Top 5 Most Popular DSW Recruitment and Retention Strategies



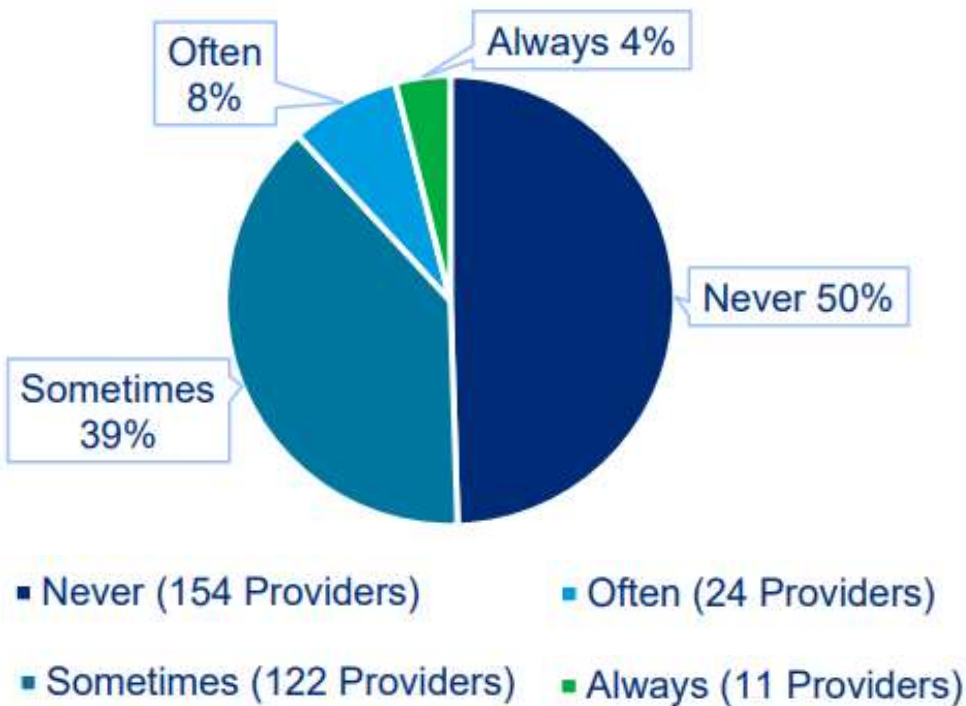
In order to limit the impact of data quality issues, Mercer excluded 36 invalid survey responses prior to conducting statistical analysis on the remaining 311 responses.



All population areas were represented in the survey responses.



## Frequency of Provider Needing to Pair Participant with a PCA



Over 60% of providers reported no instances of having to turn down referrals

~15% unable to deliver services to 1 or 2 participants due to staffing issues

~20% had to turn down referrals for three or more



## Median PCA Turnover Rate



This indicates that the PCA turnover rates were quite low in most survey responses.



This survey data represents a total of 17,669 PCAs reported across provider respondents. The average ratio of PCA to participant was 1:1.



Median length of PCA/participant relationship was **8 months**

PCA hourly wages reported in the survey for the *July 1, 2022–December 31, 2022* reporting period ranged from \$9.00 to \$15.00 per hour, with a median hourly wage of \$11.25 per hour and an average hourly wage of \$11.45.

During this timeframe, CDS providers were paid a rate of \$4.89 per 15-minute unit (\$19.56 per hour) to deliver the State Plan Personal Care service. Based on the \$11.25 median PCA hourly wage, CDS State Plan Personal Care providers spent roughly 58% of their payment rate on PCA wages.

The remaining 42% was spent on non-wage cost components, which likely included costs such as employer taxes (e.g., FICA, FUTA/SUTA), workers' compensation insurance, electronic visit verification (EVV), fiscal management services, other service-related costs, and administration/overhead. In contrast, the percentage of the rate that went to non-wage cost components in the agency model was 44%.



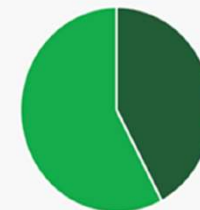
**Range of Hourly Wages:**  
**\$9.00 to \$15.00**

**Median Hourly Wage: \$11.25**

across all responses

**CDS State Plan Personal Care Rate:**  
**\$19.56 per Hour Effective 7/1/22**

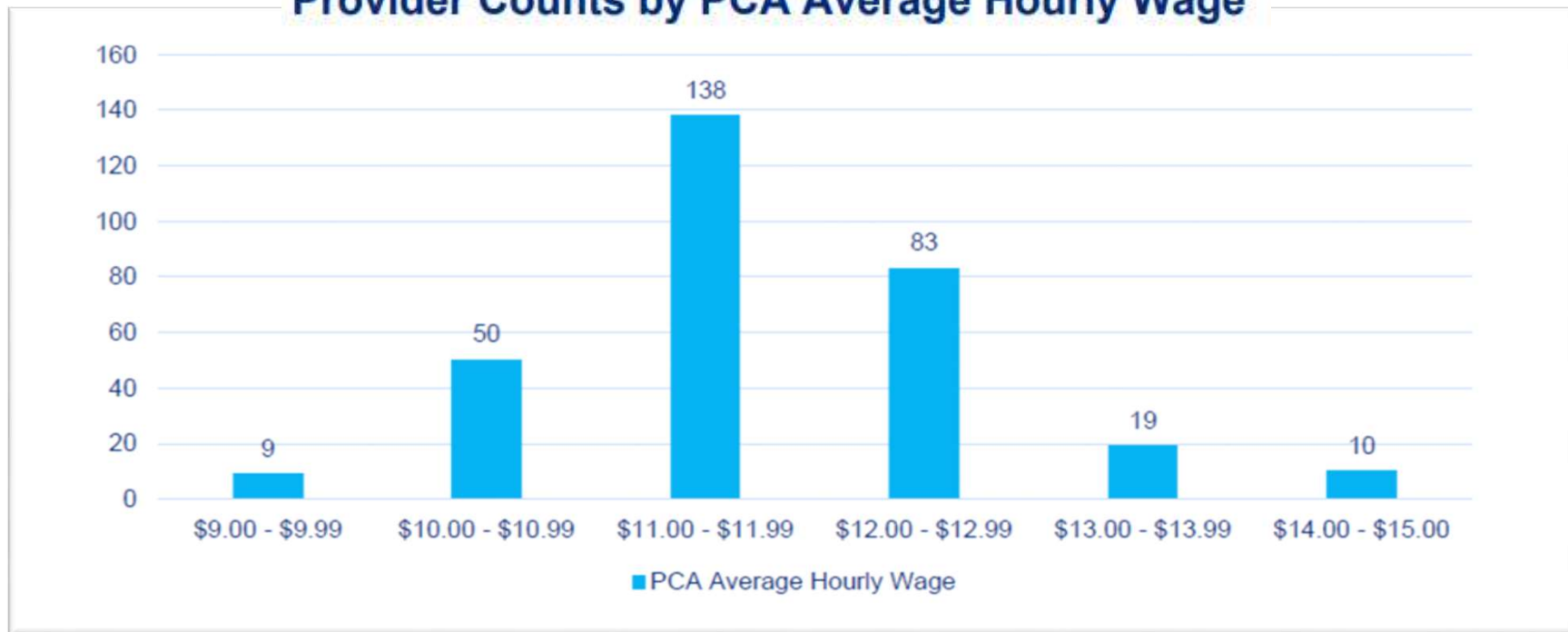
PCA  
Wages:  
**58%**  
of rate



Non-PCA  
Wages:  
**42%**  
of rate

~50% of the responding providers reported an hourly wage between \$11.00 and \$11.99.

### Provider Counts by PCA Average Hourly Wage



Missouri minimum wage effective during the July 1, 2022–December 31, 2022 survey reporting period was \$11.15.

Majority of non-PCA staff were employed part time (72%)

- Less than 8% of the responses indicated that benefits were offered to part-time employees.

Majority of PCAs worked 35 hours or fewer per week (94%)

- Less than 5% of the responses indicated that these benefits were offered to PCAs.

In terms of paid time off, less than 26% of the responses indicated that any type of paid time off was offered to employees, and less than 5% indicated that any type of paid time off was offered to PCAs. Given this low prevalence, minimal data on the number of paid time off days was available.



There was a wide range of time spent by providers on the different types of CDS administrative activities listed in the survey.

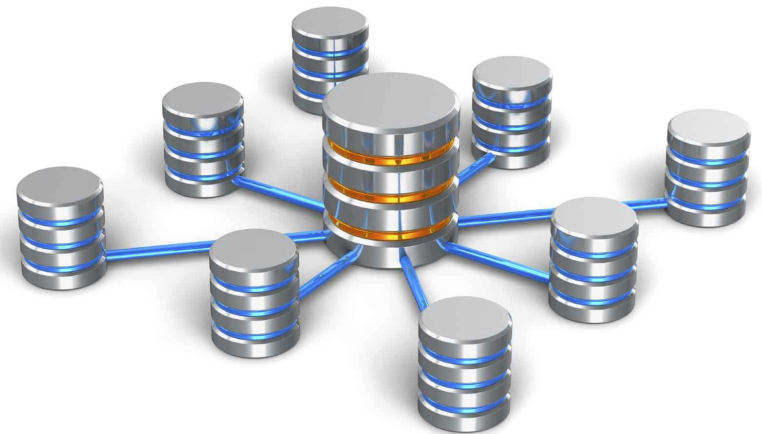
Task	Measurement Basis	Range of Responses	Median
<b>Onboarding New PCAs</b>	Hours per PCA	1 hour–130 hours	3 hours
<b>Training New Consumers</b>	Hours per Consumer	1 hour–72 hours	3 hours
<b>Conducting Background Checks</b>	Hours per New PCA	6 minutes–120 hours	1 hour
<b>Performing Monthly Case Management Monitoring Tasks</b>	Per Month per Participant*	0 minutes–60 hours	35 minutes
<b>Processing PCA Payroll</b>	Per Month per PCA*	0 minutes–80 hours	30 minutes
<b>Certifying, Maintaining, or Correcting EVV Records</b>	Per Month per Participant*	0 minutes–100 hours	43 minutes

\* Converted survey responses to per PCA or per participant basis to allow comparison across providers

## ***Update on EVV Connection to the Aggregator***

### ***Electronic Visit Verification***

- Personal Care providers were required to transmit their EVV data to Missouri's Electronic Aggregator Solution (EAS) effective November 8, 2021.
- In October 2022, DSDS notified providers that a value-based payment (VBP) would be made beginning in March 2023 to all providers who demonstrated they were meeting this requirement.
- 60% of providers demonstrated compliance with the EVV requirement and obtained the VBP as of March 2023.



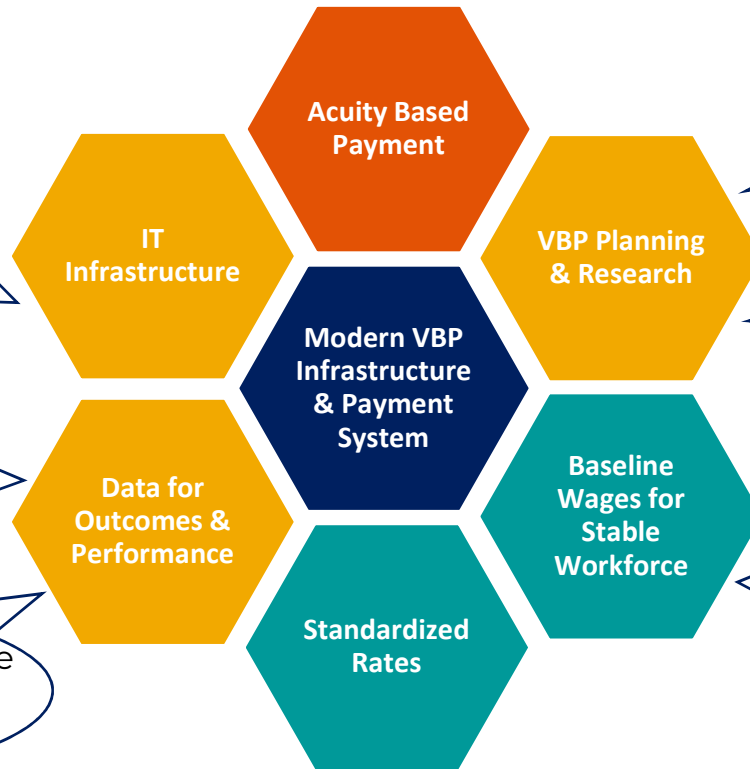
# Survey Data and Value-Based Payment (VBP)

Collecting workforce data is part of our strategy towards implementing a VBP system which incentivizes key quality outcomes for our participants.

New case management system: IT project kicked off this summer and is expected to be completed in the fall of 2024

Incentivizing the submission of data through the EVV aggregator and workforce surveys

Utilize additional data within the assessment tool to identify risk factors



Create a panel of direct service workers to drive innovation in the field

Develop Workforce Incentive with industry experts

Since the original rate study was published in 2020, over \$440 million in provider rates have been invested to help support baseline wages for direct service workers.

## Next Steps: Round Two of Surveys

**Purpose:** To provide DSDS with data that can aid in program monitoring efforts, identify provider best practices, highlight system pain points, and inform future policy and fiscal initiatives.

- Agency Model: State of the Workforce – Aging and Disabilities 2023 Staff Stability Survey
  - Data Reporting Period: 1/1/22-12/31/22
  - Opened 9/15/23
  - Closes 10/31/23
- CDS Model: Consumer Directed Services Operational Survey
  - Data Reporting Period: 7/1/23-12/31/23
  - Estimated to open 1/15/24
  - Estimated to close 2/29/24



A one-time payment of \$2,000 will be issued to eligible providers that complete the surveys fully and accurately.



## *Next Steps: Additional uses of Workforce Data*

- To ensure DSW and PCA wage increases are implemented as intended by the legislature
  - Rates effective 7/1/22 were passed by the General Assembly with an intended baseline wage of \$15.00/hr
  - Rates effective 7/1/23 were passed by the General Assembly with an intended baseline wage of \$16.10/hr
- To provide insight into current agency and CDS provider cost components which will help DSDS to assess potential impacts of the proposed federal Access Rule published on April 27, 2023 and compliance with the 80% compensation threshold.

*Per CMS, “the proposed rule seeks to require that at least 80% of Medicaid payments for personal care, homemaker, and home health aide services be spent on compensation for the direct care workforce (as opposed to administrative overhead or profit)”*

## ***Next Steps: Comprehensive Rate Study Timeline***

**Purpose:** To determine whether the fee schedule rates being paid to providers are reasonable and appropriate given market conditions

CMS requires states to formally review rates for all waiver services at least once every five years. Previous rate study was completed in 2019.

Cost Components include wages & overtime; employee-related expenses; productivity; other service-related expenses; and admin/overhead

*\*Due to differences in the CDS delivery model, CDS providers will not incur some of these costs.*

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Mercer holds the statewide Medicaid actuarial contract and will be completing the next rate study in conjunction with DSOS.

- Project Kickoff: May 2024
- Stakeholder Engagement: Fall 2024
- Intended Publication: January 2025 (potential for FY 2026 budget)

## Next Steps: We Need Your Help!

Participate in second round of workforce surveys AND encourage your peers to participate too!

**[STATE]**

National Core Indicators®-Aging and Disabilities (NCI®-AD)  
State of the Workforce in 2022 Survey

**Do not reply to this email. For questions or comments,  
please contact your state contact:** [contact] at [email address]

Survey for [agency name]

You are receiving this survey because your agency provides direct care and support to older adults and individuals with physical disabilities in **Missouri**.

Please forward this email to the employee within your organization who is most familiar with Human Resources and Payroll Information.

Please do not forward outside of your organization

Data are due [due date]

For more information see INFO 08-23-01 and INFO 09-23-01.

SAMPLE INVITE sent to business e-mail address on file with Missouri Medicaid Audit and Compliance (MMAC).



If you did not receive an invitation and believe you should have, check your spam folder then notify DSDS via e-mail at [DSDS.surveys@health.mo.gov](mailto:DSDS.surveys@health.mo.gov)

## *Next Steps: We Need Your Help!*

Help us draft better survey questions to improve data quality for the CDS survey.

- DSDS has begun working with Mercer to revise survey questions from round one.
- Look for opportunities to provide input by late November or early December 2023.



## Participate in our Missouri Master Plan on Aging!



Subcommittee on Long-term Services and Supports with three workgroup options:

- 1) In-Home care
- 2) Facility-based care
- 3) Navigating LTSS



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***Questions?***

***Thank You***