



## 2018-19 NYS Home Care Industry Survey

### Introduction

**This important survey is used in conjunction with our overall data analysis, culminating in HCA's annual report on the financial condition of the home care industry. This report is a key feature of our state advocacy documents. Your responses will remain confidential and only reported in the aggregate. Please complete the survey by January 7, 2019.**

**If you prefer to download the survey as a PDF, you can do so and e-mail your responses (on the PDF) to HCA. Otherwise, simply fill out the fields online starting on the next page.**

**Note: We recommend printing out a PDF and entering your responses manually before entering your responses online, just in case of an internet disconnection or other access issue.**

**For questions, contact HCA's Communications Director Roger Noyes at:**

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### SECTION 1: Demographic Information

**\* 1. List your contact information**

Your Organization

Your Name

Your Title

Your E-mail

Your Phone Number

**\* 2. Please check your home care provider type, which may include multiple entities (check all that apply).**

CHHA

LHCSA

LTHHCP

**\* 3. My agency is \_\_\_\_\_. (Please only check one answer)**

Voluntary

Proprietary

Public

**4. For CHHAs: What % of your **Medicaid** revenues is Fee-For-Service (includes Medicaid episodic payments/pediatric rates) versus Medicaid Managed Care (MLTC/Mainstream Medicaid Managed Care)?**

**Note:** Please enter 0 in both boxes if you do **not** bill Medicaid.

Fee-for-service % is \_\_\_\_

Managed Care % is \_\_\_\_

5. For CHHAs: What % of your **Medicare** revenues is Fee-For-Service versus Medicare Advantage Managed Care? **Note:** Please enter 0 in both boxes if you do not bill Medicare.

Fee-for-service % is \_\_\_\_

Medicare Advantage % is \_\_\_\_

6. For CHHAs and LHCSAs: What % of your overall revenue is from commercial/private insurance?



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### SECTION 2: Financial Data

**Question 7 should be completed by CHHAs (or LTHHCPs completing a CHHA cost report).**

**Questions 8, 9 and 10 should be completed by LHCSAs.**

**Your answers can be taken directly from your 2017 CHHA Medicaid Cost Report or your 2017 LHCSA Statistical Report. Your Finance Director/Chief Financial Officer can assist you. For each question, we've included a reference to the exact schedules on your cost reports and statistical reports for entering your responses.**

**Again, all agency-specific information provided to us will be kept confidential and will only be used in the aggregate.**

**We will use this data to calculate the most recent aggregate operating margins and other financial findings of the home care industry.**

7. For CHHAs: If your agency filed a 2017 CHHA cost report, please provide the following data from it. If you are a LHCSA, please proceed to question 8.

No. of Full Time Employees (FTEs): Schedule A-6, C-0009, L212

Total Revenue (all payors): Schedule D, C-0001, L-411

Total Operating Expenses: Schedule D, C-0001, L-425

8. For LHCSAs: Please complete the following data from your 2017 LHCSA Statistical Report. If you are not a LHCSA, skip to the next question.

Unduplicated Patient Count (LSR2 Patient Form)

Total Contract Revenue (LSR3 Contract Revenue)

Total Direct Revenue (LSR4 Direct Revenue)

Total Costs (LSR5 Costs)

9. For LHCSAs: Did your organization file a 2017 Statistical Report?

Yes

No

10. For LHCSAs: Did your organization complete the new LHCSA registration process as part of the 2017 Statistical Report?

Yes

No



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### SECTION 3: Payment, Accounts Receivable and Other Finance Issues

**This next section seeks information on timely payment, cash-flow, accounts receivable and other finance issues.**

11. What is the average number of days that your revenues (from all payors) remain in Accounts Receivable? Please provide your best estimate.

Days

12. Assuming that your costs have increased in the last year, please rate the impact of each cost factor below on your increased costs. For any that have a "large" or "largest impact," please tell us more about the specific cost impact in the text box below. (Please note that you may select more than one answer for the "largest impact" column if more than one item on the list accounts for your largest impacts.)

	No Impact	Minimal Impact	Medium Impact	Large Impact	Largest Impact
Statutory wage mandates (i.e., minimum wage, wage parity, overtime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs related to 24-hour/live-in cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfunded mandates (e.g. Corporate Compliance, Flu vaccination requirements, TPL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology investment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment and turnover-related costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing/administrative expenses associated with managed care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic or advanced staff training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency preparedness and response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff time and partnership development work on DSRIP/MLTC/VBP activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff time and resources to comply with the newly revised home health CoPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other administrative costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us more about your large and largest costs and specifically how your operation has been impacted.

13. At any time over the past two years (2017 and 2018), did you use a line of credit or borrow money (including gap-payment financing from parent organization) to pay for operating expenses? Or, if your agency is unable to establish a line of credit/approval for financing, please also indicate.

- Yes
- No
- Unable to establish a line of credit or financing due to various financial factors

14. If you are contracting with an MLTC or Mainstream Medicaid Managed Care, please estimate the percentage of your Medicaid revenue derived from each of the following service/contract arrangements. **(Note: simply enter a zero in the boxes below for any services that you *do not* provide.)**

Care management services to plan enrollees account for \_\_\_% of our Medicaid revenue from plans.

Professional services (nursing, therapy) to plan enrollees account for \_\_\_% of our Medicaid revenue from plans.

Aide services to plan enrollees account for \_\_\_\_% of our Medicaid revenue from plans.

Assessment services account for \_\_\_\_% of our Medicaid revenue from plans.

Fiscal Intermediary (FI) services account for \_\_\_\_% of our Medicaid revenue from plans.





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### SECTION 4: Labor Issues

**HCA seeks information on the labor issues affecting your agency. Again, your responses will be kept confidential and only reported in the aggregate.**

15. Is your agency unionized for the following staff categories?

Yes or No

Aides (home health and/or personal care)

Nurses and/or other professional staff

Please name the unions representing your staff and/or identify any other staff categories represented by unions.

16. For services provided **outside** of NYC, Long Island and Westchester: What average hourly wage (excluding non-cash benefits) did you pay staff in the following job categories in 2018? (**Note:** Please skip the question if you do not provide services outside the above regions.)

Home health aides avg. hourly wage (\$) outside of NYC, Long Island and Westchester

Personal care aides avg. hourly wage (\$) outside of NYC, Long Island and Westchester

17. For 2019, are you intending to pay your aides above the minimum wage amount, not including the supplemental wage amounts in NYC (\$15/hour), Long Island (\$12/hour) and Westchester (\$12/hour)?

Yes

No

18. For NYC, Long Island and Westchester providers: In 2019, do you plan to pay any part of the supplemental wages (\$4.09 in NYC/\$3.22 in Long Island and Westchester) in cash?

Yes

No

19. For ALL agencies in NYS: Please provide the estimated total cost increase to your agency of the minimum wage increase that you have budgeted for the 12/31/18 to 12/31/19 period.

\$\_\_\_\_ cost increase for personal care aides (PCAs) and home health aides (HHAs)

\$\_\_\_\_ cost increase for other impacted staff

\$\_\_\_\_ cost increase for administrative and general (A&G) costs related to the wage increase (i.e., fringe benefits)

20. 24-hour/live-in cases have been the subject of litigation and changes in regulations. Please indicate your capacity to continue to maintain and/or continue to accept this type of case.

Unable to serve cases

Unable to serve some cases

Will keep my caseload the same

Will increase my caseload

Not applicable (N/A) or my agency does not provide 24-hour/live-in services

21. If you provide 24-hour/live-in services, what percentage of patients on your current census received these services in 2018 (including CDPAP cases)?

\_\_\_\_%

Enter N/A if you do not provide these services

22. Based on your current census at the time of this survey, how many of the following cases do you serve? (**Note:** please enter 0 if you don't serve any of these cases.)

24-hour/live-in cases

24-hour split-shift cases

23. What is your turnover rate for the following staff levels in 2018 (i.e., the percentage of staff who have left your organization, for any reasons, in 2018)?

Home health aide and/or  
personal care aides  
\_\_\_\_\_ %

Nurses and/or other  
professional non-  
supervisory staff \_\_\_\_\_ %

24. What are the top reasons for your staff turnover rate? (Check all reasons that apply.)

- Staff finds higher pay elsewhere
- Staff leaves for other health care sectors (i.e. to work in hospitals, nursing homes, physician practices or others settings).
- Staff burnout
- Paperwork and regulatory burden creates disincentive for staying in home care

Please list any other reasons not indicated above.

25. What percentage of cases per month (on average) are you unable to accept due to labor shortages in the following disciplines?

Home Health Aide and  
Personal Care Aide (%)

RNs/LPNs (%)

Therapists (%)

We are not affected by  
labor shortages (enter  
N/A)

26. What percentage of your cases per month (on average) are delayed in initiating start of care (SOC) due to labor shortages in the following disciplines?

Home Health Aides and  
Personal Care Aides (%)

RNs/LPNs (%)

Therapists (%)

We are not affected by  
labor shortages (enter  
N/A)

27. What % of the following positions at your agency were unfilled any time in 2018 due to labor shortages? (For example, if you need 4 RNs but you only have 2, the answer would be 50%).

Home Health Aides and  
Personal Care Aides (%)

RNs/LPNs (%)

Therapists (%)

We are not affected by  
labor shortages (enter  
N/A)

28. Does your agency offer any of the following non-wage or enhanced wage supports? **Note:** all agencies should complete this question. If you are a LHCSA, these questions are similar to those answered on your recently submitted 2017 Statistical Report).

Transportation support

Childcare support

Assistance with Public Benefits

Mentoring

Scholarships

Increased pay for employees filling cases on weekends, holidays or for complex care patients

Employer-provided health insurance

Other (please explain)



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### SECTION 5: Participation in New Models of Care

**New models of integrated care and payment are an increasing factor in the Medicaid and Medicare systems, so it is important for HCA to know about your participation in these models, whether it's in the Delivery System Reform Incentive Payment (DSRIP) program and its Performing Provider Systems (PPSs), Value Based Payments (VBP), or other arrangements. Your answers will help us report on your experiences with these systems and advocate on your behalf to support your participation.**

29. Has your agency received payment directly from a DSRIP Performing Provider System (PPS)?

- Yes
- No, we have contracts or agreements but haven't received any payment
- We are not involved with a PPS

30. If you answered "yes" to the previous question, in what dollar range are the total funds you've received to date from all DSRIP PPSs combined?

- \$0-\$50,000
- \$51,000-\$150,000
- \$151,000-\$500,000
- Above \$500,000

31. Please rate the degree to which you feel the PPS leads you are involved with understand the integral role that home care plays and have taken that into consideration in the design of payment systems and flow of funds to downstream providers.

- PPSs have not involved us at all
- PPSs have somewhat involved us
- PPSs have actively involved us
- PPSs are not utilizing home care at all
- PPSs are utilizing home care but not with our home care organization
- PPSs have deployed home care services without license to do so, using entities that lack Article 36 authority

32. If you are participating in a DSRIP PPS, what payment arrangement are you involved in or expect directly from the PPS? Please check all that apply if you have multiple payment arrangements with various PPSs.

- Fee-for-service
- Capitated payments
- Bundled payments/Value-Based Payments
- Specific project area funding

Other (please specify)

33. Last year, New York State developed a contract template for Level 1 VBP arrangements applicable to LHCSAs and CHHAs. In 2019, what arrangement do you expect to have?

- Continue using the Level 1 contract template developed by the state
- Continue at Level 1 using a variation on the state's contract template or a different Level 1 arrangement
- Level 2 (FFS with risk sharing, upside shared savings available when outcome scores are sufficient)
- Level 3 (Prospective capitation per-member-per-month or bundle)
- Not Applicable (N/A)

34. Under value based payments (VBP) please check the clinical areas you and your MLTC partners are implementing to achieve performance improvement and use the box below to provide specific interventions or programs aimed at these clinical areas.

- Heart Failure
- Sepsis
- Respiratory Infection
- Urinary Tract Infection
- Electrolyte Imbalance
- Anemia

Please describe your work on any of the interventions checked above.

35. Are you engaged in the following systems? Please check all that apply.

- Accountable Care Organization (ACO)
- Independent Practice Association (IPA)
- Health Home
- Bundled Payment system
- Physician/Advanced Primary Care Practice
- Hospital-Homecare-Physician Collaboration Statute (DAL: DHCBS 17-01; DHDTTC 17-17)
- If you are not involved in any of the above, please explain some of the barriers that prevent your participation in these models; OR, let us know about any other type of integrated system you are engaged with. (Enter information in the box.)

36. Do you currently utilize Electronic Visit Verification?

- Yes
- No

37. HCA is interested in learning about the experiences of providers with health care transformation grants. Please check the answer that applies and indicate the amount (if applicable)

- My organization applied for transformation funds but did **not** receive an award.
- My organization applied for transformation funds and received an award (please list the amount in the box below).
- My organization did not apply.

If you did receive an award, please indicate the amount in the box. Also, if you did not apply, explain why not.

38. Are you connected to a Regional Health Information Organization (also known as a "Qualified Entity," or QE)? If not, explain why in the box below.

- Yes
- No

If you aren't connected, please explain why.

39. Did you apply and receive funds for the DEIP initiative? (The Data Exchange Incentive Program, or "DEIP," is a funding opportunity for providers and organizations to connect to the SHIN-NY).

- My organization applied and did **not** receive DEIP funds.
- My organization applied and did receive DEIP funds.
- My organization did not apply.

40. **IMPORTANT FINAL QUESTION:** In the last year or two, have you implemented a unique program that you are particularly proud of? It could be a clinical intervention program, a workforce development or career ladder program, a set of best-practices, a cost-savings innovation, or a quality of care model that you believe is unique to your organization and helps support patient care. Tell us about it in a sentence or two and HCA will follow-up to learn more about it, as we would like to highlight it in our upcoming report.





## 2018-19 NYS Home Care Industry Survey

### THANK YOU

**Thank you for completing this important survey. If you have any additional comments, please note them in the text box below.**

#### 41. Comments