



December 23, 2021

Dear Provider Agency,

This email is to notify your agency that it is potentially eligible for funding from New York State's Transform the Long-Term Care (LTC) Workforce and Achieve Value-Based Payment (VBP) Readiness investment. You can find [more information about this initiative here](#). This investment opportunity is part of broader efforts by the Department of Health (DOH) to spend enhanced Federal Medicaid Assistance Percentage (FMAP) funding to enhance, expand, and strengthen Medicaid Home and Community-Based Services (HCBS) in New York State.

Please be aware that all funding is contingent upon approval of this investment from the federal Centers for Medicare & Medicaid Services (CMS). Specifically, DOH remains in the process of seeking approval from CMS for a directed payment to certain Licensed Home Care Services Agencies (LHCSAs) through Managed Long-Term Care (MLTC) plans—inclusive of Partial Cap MLTC Plans (MLTCPs) and Medicaid Advantage Plus (MAP) plans.

While awaiting CMS's response, DOH is notifying your agency of its potential eligibility for the directed payment investment for two reasons: (1) so that your agency can understand its obligations in connection with receipt of this funding to help inform your decision to participate in this initiative, and (2) so that your agency can take appropriate steps to expedite the distribution of funding in the event of CMS approval. Given that CMS approval is pending, and there is no guarantee that CMS will agree with purpose and process by which New York State is seeking to award this funding, your agency should not treat this letter as a guarantee of new funding or begin making new expenditures in reliance on it.

**In the event that CMS approves this funding, your agency is potentially eligible for an award of approximately \$XXX for investment in the XXXX region of the state.** Your agency will receive funding pursuant to your plan contracts with MLTCP and MAP plans. If you contract with multiple MLTCP and MAP plans, you may receive a portion of your award from each. Should CMS approve this investment, we will share a list of payments by plan with you.

If your agency chooses to participate, it will be responsible for using the award to develop and implement programs and strategies that assist in workforce capacity building and value-based payment (VBP) arrangement readiness. **To continue to be eligible to receive your award, you are required to complete an online questionnaire before January 14, 2022.** [Please click here to access the questionnaire](#). A copy of the questionnaire is included on pages 13 – 24 of this letter. The copy is provided only for your reference. DOH will only accept submissions of the



online questionnaire. If you do not submit the questionnaire by the deadline established by DOH, you will not continue to be eligible for funding from this investment.

You can find detailed guidance regarding your potential role in the process on pages 3 through 12 of this letter. Please refer to this guidance for more information regarding allowable spending practices, reporting requirements, and timing expectations.

DOH will host an informational webinar on Thursday, January 6, 2022, at 2:00 pm. [Please register in advance using this link](#). Please submit any comments, questions, or concerns to the BML: [LHCSA.FMAP@health.ny.gov](mailto:LHCSA.FMAP@health.ny.gov) by January 3, 2022, so that DOH can address them at the webinar. The webinar will be recorded.

Sincerely,

Division of Long Term Care  
Office of Health Insurance Programs  
NYS Department of Health



## Long-Term Care Workforce and Value-Based Payment Readiness Directed Payment Information for Providers

### Payment Logistics:

1. The New York State Department of Health (DOH) submitted a directed payment template to the Centers for Medicare & Medicaid Services (CMS) on November 15, 2021 and expects a response in the near future. Funding is not guaranteed until CMS approves DOH's submission. If CMS does not approve the directed payment arrangement in time for distribution by March 31, 2022, the initiative will be delayed into State Fiscal Year 2023.
2. Agencies will qualify for the directed payment based on their revenue in each region of the state (see page 7). DOH will notify agencies as to the region(s) for which they are receiving funding.
3. Payments will flow to agencies through managed long-term care (MLTC) plans—including partial cap MLTCs and Medicaid Advantage Plus-- with which they contract. DOH will send schedules of payments to plans and agencies in February 2022. The payment schedules will total to the agencies' total awards.
4. Pending timely CMS approval, DOH anticipates that LHCSAs will begin to receive funding by March 31, 2022, but LHCSAs should not begin to account for such dollars in their financial projections or statements until CMS approval is received. Assuming CMS approval is received timely, DOH will make payments to plans by February 4, 2022. It will take about one month for MLTCs to receive payments from DOH. The MLTC plans will have 30 days to distribute funding to agencies.

### Spending and Implementation:

1. Agencies must spend their awards on home and community-based services (HCBS) workforce development and/or preparation for participation in value-based payment (VBP) arrangements.
2. DOH has identified seven categories of expenses on which agencies can choose to spend their awards. They are:
  - a. **Workforce Recruitment and Retention:** Adopting strategies, including recognition and retention bonuses, employee development and promotion initiatives, enhanced job benefits (e.g., health insurance for part-time and full-time workforce), paid training time, and other job satisfaction strategies that support workforce recruitment and retention.
  - b. **Training:** Developing training programs and promoting completion of training programs for new and current home care workers. Includes providing paid



training opportunities for home care worker skill development, including the qualification of home care workers as Advanced Home Health Aides that are authorized under New York law to perform advanced tasks (e.g., administration of routine or pre-filled medications under the supervision of a registered nurse).

- c. **Technology:** Utilizing innovative technologies that assist with VBP contracting and increasing employee satisfaction, such as consumer-personal assistant matching technology, technologies that enable aides to maximize hours to achieve full-time work, and other technologies that improve care management.
  - d. **Diversity and Cultural Competency:** Developing or utilizing strategies to recruit and retain a racially and ethnically diverse and culturally competent workforce, with adequate levels of demographic and linguistic representation based on historical client populations.
  - e. **Care Management:** Implementing strategies for effective care management and reductions in health care spending associated with effective service delivery, which would include long-term relationship development between consumers and their home care worker.
  - f. **Emergency Preparedness:** Building appropriate personal protective equipment (PPE) stockpiles from state-authorized sources for ensuring that home care workers are able to deliver care in a safe and effective manner through the end of COVID-19 and other public health emergencies.
  - g. **Preparing for Value-Based Payment:** Building the capacity to collect and report data, adopting key performance metrics, and investing in a culture that prioritizes value over volume of care.
3. Agencies must implement their efforts in the regions in which they qualified for funding and may use the funding to implement efforts across their full New York service area.
  4. Agencies may not use their awards to fund compensation for any staff other than direct care workers, i.e., personal care aides and home health aides. Funding cannot be used to pay for nurse assessors, nursing supervision, and bonuses or salary increases for executive staff or managers.
  5. Funding cannot be used to supplant current or already planned expenses. For example, an agency cannot use this funding to cover existing trainings or monthly payments on technology purchased prior to the receipt of the award.
  6. Funding must be spent by March 31, 2023. Agencies should budget expenditures accordingly. If an agency chooses to use its award to cover recurring costs, such as salary increases, the agency should identify additional funding to cover these costs beyond March 2023.

7. Agencies that fail to expend funds, or expend funds on non-approved uses, will be ineligible for future awards and/or subject to recoupment of their award.
8. Please reference the Guidance for Investments on pages 8 through 12 of this document for examples of and suggestions for allowable investments.

**Reporting:**

1. Agencies must submit the online questionnaire containing attestations and survey responses by 11:59 PM ET on January 14, 2022. Any agency that fails to submit the questionnaire by the deadline established by DOH will not be eligible for this funding.
2. Agencies will be required to submit quarterly spending reports and survey responses to DOH beginning July 1, 2022. These submissions must be made quarterly for agencies to retain their awards and maintain eligibility for future HCBS enhanced FMAP funding opportunities.
3. DOH will provide agencies with a reporting form each quarter. Similar to the initial attestation and survey, the form will track quarterly spending by investment category. It will also require an updated spending narrative detailing how the agency has spent the award and how it plans to spend the remainder.
  - Agencies must keep track of spending such that any expenditures for which the award is being used are clearly documented. Agencies will not be required to provide documentation in their quarterly reports but must keep them available until March 31, 2028.
  - Any expenditures that do not have direct documentation or justification, such as hours worked by an existing employee, should be tracked and recorded. Staff hours dedicated to these investments by staff who also serve in other roles may be allocated as a use of funding and tracked using hourly rates as the cost.
  - Agencies may cover administrative expenses incurred in the implementation of these investments with this funding. Administrative expenses must be tracked and recorded in the same manner as all other expenses.
4. More information regarding the quarterly reports will be provided following the release of provider awards.

**Assistance and Resources:**

1. Any questions can be sent to DOH at [LHCSA.FMAP@health.ny.gov](mailto:LHCSA.FMAP@health.ny.gov).
2. Suggestions for developing spending plans are listed in the Guidance for Investments on pages 8 through 12 of this document.

3. More information on New York's enhanced FMAP for Home and Community-Based Services efforts [can be found here](https://www.health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/) or by typing [https://www.health.ny.gov/health\\_care/medicaid/redesign/hcbs/enhanced\\_funding/](https://www.health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/) into your browser.



**Regions:**

DOH used MLTC rate regions for this process. The regions and the counties that fall within these regions are listed below.

**Mid-Hudson/Northern Metro**

Dutchess	Rockland
Orange	Sullivan
Putnam	Ulster

**Northeast/Western**

Albany	Madison	Onondaga	Schenectady
Erie	Monroe	Orleans	Warren
Fulton	Niagara	Rensselaer	Washington
Genesee	Montgomery	Saratoga	Wyoming

**NYC Area**

NYC	Suffolk
Nassau	Westchester

**Rest of State**

Allegany	Chenango	Franklin	Livingston	Schoharie	Wayne
Broome	Clinton	Greene	Oneida	Schuyler	Yates
Cattaraugus	Columbia	Hamilton	Ontario	Seneca	
Cayuga	Cortland	Herkimer	Oswego	Steuben	
Chautauqua	Delaware	Jefferson	Otsego	Tioga	
Chemung	Essex	Lewis	St. Lawrence	Tompkins	

## Guidance for Investments:

The following represents a list of investments from which providers may select in deciding how to use their awards. Other investments may be approvable; however, if your idea is not on this list, you *must* seek prior approval before using award funds for the proposed purpose. To request approval, please email us at [LHCSA.FMAP@health.ny.gov](mailto:LHCSA.FMAP@health.ny.gov) by January 12, 2022. The Department may issue an update to this guidance with any new pre-approved investment ideas.

Please remember that funding cannot be used to supplant current or already planned expenses, including any portion of any settlement obligations or other liabilities owed by the provider, or any related person or entity, prior to January 1, 2022. Any investment your agency makes using this funding must be a **new** investment.

### **A. Workforce Recruitment and Retention Investments and Strategies**

*Investing in your workforce can help increase employee satisfaction, build employee morale, and ultimately, improve recruitment and retention by making your workplace a more attractive place to work. Options for such investments include:*

1. Employee recognition and retention bonuses, including:
  - a. Retention incentives
  - b. End of year lump sum bonuses
  - c. Performance bonuses
2. Employee development and promotion initiatives, including:
  - a. Paid study time for competency certification
  - b. Reimbursement for certification costs
  - c. Group study programs
3. Enhanced employee benefits, including:
  - a. Health insurance for part-time and full-time employees
  - b. Wellness benefits
  - c. Child and family-caregiver benefits and support
  - d. Paid vacation days
4. Establishing support systems for direct care workers, such as employee support groups or mentorship programs, which provide connection between employees, create a supportive environment, and allow for sharing of experience and knowledge





5. Providing direct care workers with information and resources that prepare them for the challenges or roadblocks they may face in their profession
6. Designing systems that include frontline staff members' ideas and concerns in operational and strategic decisions
7. Structuring promotion systems to encourage career development
8. Placing advertisements and articles in local publications to promote awareness of investments in the workforce, such as pay increases, culture changes, and training and promotion opportunities
9. Hosting realistic job previews that prepare potential applicants with a full view of the direct care worker role including opportunities and challenges

#### **B. Training Strategies**

*Training opportunities can help employees improve their job-related skills and abilities. Increased competency results in greater employee satisfaction as well as improved delivery of care. There are a number of strategies that your agency can adopt to incentivize and increase access to trainings. These strategies include:*

1. Incentives for completing training programs, such as:
  - a. Compensation for training hours
  - b. Childcare or other caregiver coverage during training
  - c. Bonuses or wage increases for training completion or certification
  - d. Career advancement or mobility within the agency
2. Partnerships with local organizations, such as Workforce Investment Organizations (WIOs), community colleges, and other home care agencies, to develop and deliver training to direct care workers

#### **Resources for Implementing Trainings**

*There are a number of resources available through the Department of Health (DOH) that can assist your agency in developing and implementing its own trainings or in connecting your employees to other organizations' trainings. They include:*

1. For resources, including guidance for implementing and operating home health aide training programs, please visit the DOH webpage: [Home Care – Information for Health Care Professionals](#)
2. For a comprehensive set of modules provided by DOH for home care workers, please visit: [Home Care Curriculum \(ny.gov\)](#)



### **C. Technology Investments**

*Care management technology and software are critical tools for your agency to improve and streamline access to and management of personal care and support services. Investing in and training employees to effectively use innovative technology can improve administrative processes, make services more accessible to consumers, and increase employee satisfaction. Innovative technologies that enhance the provider and consumer experience include:*

1. Consumer-personal assistant matching technology
2. Incident tracking systems
3. Scheduling systems
4. Internet connectivity
5. Remote monitoring devices
6. Systems that provide online access to service records and virtual visits

### **D. Diversity and Cultural Competency**

*Building adequate levels of demographic and linguistic representation based on historical client populations will allow your agency to provide services that best meet its clients' needs. Your agency can recruit and support a diverse and culturally competent workforce using strategies that include:*

1. Reviewing client demographics to better understand the populations you serve
2. Updating recruitment materials and external communications to include non-English language versions and showcase a diverse group of employees
3. Diversifying and casting a wider net for recruitment sources
4. Developing a roadmap for increasing diversity and cultural competency over time
5. Offering cultural competency trainings to employees
6. Providing a staff member or team with time dedicated to learning about, promoting, identifying, and sharing educational resources about culturally and linguistically appropriate services (CLAS) and the [National CLAS Standards](#) throughout the agency
7. Utilizing CLAS Standards Checklist to implement self-assessments, trainings and assistance, and analysis of internal data relating to diversity and cultural competency: [An Implementation Checklist for the National CLAS Standards \(hhs.gov\)](#)

### **E. Effective Care Management Strategies**

*Providing a person-centered system that aims to effectively meet the individual preferences, needs, and goals of consumers will improve the quality of services and level of satisfaction.*



*You can enhance the effectiveness of your care system by incorporating processes that increase the coordination of resources between and the availability of information for staff and providers. Strategies for improving the effectiveness of care management include:*

1. Using service planning processes and tools, including the development of roadmaps, to best meet consumers' individualized preferences, needs, and goals
2. Implementing matching technologies that consider preferences and cultural competencies of consumers and direct care workers
3. Improving coordination and communication with clients' support networks (other health care and service providers)

**F. Emergency Preparedness:**

*The COVID-19 pandemic drastically affected agencies' abilities to provide support services to clients. The pandemic necessitated changes in care practices, caused an increased demand for services, and placed stress on PPE stockpiles. As your agency returns to usual service delivery, keep sight of lessons learned from the pandemic. Having a preparedness plan in place to respond to emergency situations will be key to avoiding many of the issues that arose as a result of the pandemic. A preparedness plan can include steps such as:*

1. Developing sufficient supply stockpiles and planning to replenish as needed
  - a. Ensuring that stockpiles only contain functional equipment
2. Developing employee networks for back-up or standby care providers
3. Offering prepared rapid training on topics including:
  - a. Infection control
  - b. Virus testing
  - c. Natural disaster triage and response
  - d. Disaster morbidity and mortality surveillance

**G. Preparing for Value-Based Payment**

*Many of the aforementioned investments in the workforce and care management can position your agency to provide quality services. Participation in value-based payment arrangements rewards agencies for these improvements in services. Value-based payment is rooted in rewarding providers for the value, rather than volume, of the care they provide. Value is tied to quality standards to allow for standardized measurement. Quality standards are defined within individual VBP arrangements. To determine whether providers meet these quality standards, providers must collect certain data and report it to plans. To*

*prepare for participation in the first stage of value-based payment, providers should invest in and focus on the following areas:*

1. Creating a culture that prioritizes value over volume. This can be done by:
  - a. Training staff to document indicators focusing on value
  - b. Integrating value of care into job descriptions and employee performance expectations
  - c. Developing a team focused on shifting the agency toward value-based care
2. Adopting the key performance measures defined by New York State for the relevant managed care plan. These measures are available in [DOH's VBP Resource Library](#).
3. Building the capacity to collect and report data by:
  - a. Moving from paper records to health information technology, such as an electronic health records system and population health management system, to increase availability and accuracy of data
  - b. Identifying an individual or team dedicated to evaluating and reporting data

*These resources from the Department of Health (DOH) and other agencies cover different topics in managed care and value-based payment arrangements.*

1. NYS DOH VBP Resource Library: [DSRIP - Value Based Payment \(VBP\) Resource Library \(ny.gov\)](#)
2. Teaching materials from past VBP-U presentations: [VBP-U and VBP Bootcamps \(ny.gov\)](#)

## **New York HCBS eFMAP Long-Term Care Workforce Provider Attestation and Survey**

As part of New York State's enhanced Federal Medicaid Assistance Percentage (FMAP) for Home and Community-Based Services (HCBS) efforts, the Department of Health (DOH) has chosen to invest in the HCBS workforce, such that licensed home care services agencies (LHCSAs) are able to implement evidence-based care interventions, improve quality, and participate effectively in value-based payment (VBP) arrangements. Specifically, investing in evidence-based programs that help LHCSAs recruit, retain, train, and support their direct care workers will help the personal care sector recover from COVID-19, prepare to meet growing demand, and become ready to participate effectively in value-based payment arrangements.

Please be aware that all funding is contingent upon CMS approval of this investment. DOH remains in the process of seeking approval from CMS for a directed payment to certain LHCSAs through Managed Long-Term Care (MLTC) plans -- inclusive of Partial Cap MLTC Plans (MLTCPs) and Medicaid Advantage Plus (MAP) plans.

In the event that CMS approves this process and funding, eligible providers will be responsible for using their awards to develop and implement programs and strategies that assist in workforce capacity building and VBP readiness. **To continue to be eligible for these awards, providers will be responsible for submitting the online attestation form and survey to the State before January 14, 2022.** Providers that do not submit this attestation form and survey by the date determined by DOH will not be eligible for funding from this workforce and VBP readiness directed payment.

Providers will also be required to submit quarterly spending reports and provider surveys to the State beginning July 1, 2022 to retain their awards and maintain eligibility for future HCBS enhanced FMAP funding opportunities. Additionally, providers that fail to expend funds, or expend funds on non-approved uses, will be ineligible for future awards and/or subject to recoupment of their award. Any funding forfeited by providers in the initial round, along with any funding issued in subsequent rounds of awards, will be allocated to providers that have complied with programmatic requirements.



## **Instructions**

1. The attestation and survey include a combination of multiple choice, short answer, and descriptive narrative questions.
2. All questions must be completed online. Follow up questions may appear depending on the information you provide. The PDF version contains all questions, so it may include questions your agency does not need to answer.
3. You will have the option to move forward and backward between pages using the Back and Next buttons on the bottom of the page. You can also save your responses using the Save button at the bottom of the page. When you close out of the survey, a URL link will appear on the screen. Use this link to resume where you left off.
4. You must submit your responses by January 14, 2022. A reminder notice will be sent to the email address on file.
5. Failure to submit the questionnaire by the deadline will result in exclusion from the directed payment.
6. The following individuals or similar/equivalent authority within the Provider Organization may sign this attestation:
  - Owner
  - Chief Executive Officer
  - Chief Operating Officer
  - President/Officer
  - Chairperson
  - Chief Financial Officer
  - Governing Board
7. Please make sure that the Provider Organization Name entered below matches what is on file when the organization enrolled with eMedNY.

## **Provider Information**

Please provide the following information:

Provider Organization:

Organization/Individual Email:

NPI Number:

MMIS ID Number:

Owner/Officer Name (see instructions, #6)

Owner/Officer Name (see instructions, #6)



## Attestations

I, \_\_\_\_\_, attest that I have read the directions and guidance pertaining to the New York HCBS eFMAP Long-Term Care Workforce and Value-Based Payment Readiness Directed Payment, including the instructions for this survey, and understand the requirements for eligibility for funding under this payment program.

I attest that I have the requisite authority to complete this survey and attestation in accordance with the directions that I have read, and that all information provided in response to this survey is true, accurate, and complete and that I have taken reasonable steps to verify the accuracy thereof. I understand that funds under this program are only available for categories of expenses for building workforce capacity and/or developing VBP readiness expressly identified and described by the Department herein and in related provider guidance and that I must use my award to develop at least one such program or strategy. I also understand that such funds may not be used to support or supplant any existing or planned expenses, including any portion of any settlement obligations or other liabilities owed by the provider, or any related person or entity, prior to January 1, 2022.

Further, I understand that payment under this program will be from federal and state public funds and that any false claims or non-approved use of such funds are strictly prohibited and **will result in becoming disqualified for any further funds under this program and may result in civil or criminal fines and/or prosecution under applicable federal and state laws.**

In addition, I understand that as a condition of receiving and retaining these funds I agree and attest that the provider shall maintain compliance with all applicable state and federal wage and labor laws, and shall not engage in any unlawful conduct with respect to the employment of its employees, including any practices that are impermissible under any federal or state law.

Finally, I understand that by electronically signing and submitting this attention it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

Signature:

Date:

### **Activities and Budget:**

Please select the programs and/or strategies that your agency will develop from the list below. Additional detail on these strategies is available in the Long-Term Care Workforce and Value-Based Payment Readiness Directed Payment Information for Providers document. Please select at least one.

For each program and/or strategy selected, please indicate how much funding your agency plans to allocate to that program and/or strategy.

- Workforce retention strategies

Allocation: \$\_\_\_\_\_

- Development, implementation and promotion of training programs for staff

Allocation: \$\_\_\_\_\_

- Utilizing innovative technologies that assist with VBP contracting, care management, and increasing employee satisfaction

Allocation: \$\_\_\_\_\_

- Recruit and retain a racially and ethnically diverse and culturally competent workforce

Allocation: \$\_\_\_\_\_

- Implement strategies for effective care management and reductions in health care spending associated with effective service delivery

Allocation: \$\_\_\_\_\_

- Emergency preparedness efforts

Allocation: \$\_\_\_\_\_

- Preparation for value-based payment arrangements

Allocation: \$\_\_\_\_\_

### **Spending Narrative**

Please describe how you plan to use your award to implement the choices you selected above. You should describe your plan for each category selected above, including details such as known expenses, timeline for implementation, region in which the funding will be spent, etc. Please remember that you must use your awards for investments in the region(s) in which your agency qualified for funding and may use the funding to implement efforts across their full New York service area.



## Survey Instructions

Please answer the following questions as accurately as possible. **Throughout this survey, “staff,” “staff members,” and “employees” refer to direct care workers, i.e., home health aides and personal care aides. These terms do not refer to nursing staff.**

All questions must be completed. Follow up questions may appear depending on the information you provide.

Reminder: You can move forward and backward between pages using the Back and Next buttons on the bottom of the page. You can also save your responses using the Save button at the bottom of the page. When you close out of the survey, a URL link will appear on the screen. Use this link to resume where you left off.



**Provider Survey**

**Workforce Recruitment and Retention:**

1. How many direct care workers are currently employed by your agency?
  - a. Number of employees working full-time (full-time does not refer to full-time equivalents): \_\_\_\_\_
  - b. Number of employees working part-time: \_\_\_\_\_
2. Of the direct care workers employed by your agency, how many of them have been employed by your agency since before January 1, 2020? Please include employees who transitioned from part-time to full-time or full-time to part-time in the category that describes their current schedule.
  - a. Number of employees working full-time who began employment before January 1, 2020 (full-time does not refer to full-time equivalents): \_\_\_\_\_
  - b. Number of employees working part-time who began employment before January 1, 2020: \_\_\_\_\_
3. Please list the average and range of hourly wages your agency provides to its direct care workers.

	<b>Average (\$/hour)</b>	<b>Minimum (\$/hour)</b>	<b>Maximum (\$/hour)</b>
Straight Time			
Overtime			

4. Does your agency offer benefit programs to employees?

Full-Time Employees:  Yes  No

Part-Time Employees:  Yes  No

Please select the benefits that you provide from the following list:

- Paid time off
- Health insurance
- Vision and/or dental insurance
- Disability insurance
- Transportation benefits, such as:
  - Commuting costs



- Gas
- Mileage
- Parking
- Public transportation
- Ride share
- Rental cars
- Other: \_\_\_\_\_

- Childcare
- Tuition assistance
- Other: \_\_\_\_\_

5. a. Did your agency have to turn down or delay requests for services due to lack of staffing any time in the past year?  Yes  No
- b. If available, please select the months in which your agency had to turn down requests.
- January  February  March  April  May  June  July  August
  - September  October  November  December
- c. If available, for instances of delays, please provide the typical length of time (in days) between service request and service fulfillment. \_\_\_\_\_ days
6. Are you able to meet demand with the staff you currently have?  Yes  No
7. When you most recently hired a direct care worker, how long did it take (in weeks) between posting the position and hiring the first individual? \_\_\_\_\_ weeks
8. Does your agency provide a DOH approved Personal Care Aide and/or Home Health Aide Training Program (HHATP) credentialing course?  Yes  No
9. If yes, please provide the number of staff who completed it in:
- Calendar year 2019: \_\_\_\_\_
  - Calendar year 2020: \_\_\_\_\_
  - Calendar year 2021: \_\_\_\_\_



**Diversity of the Workforce:**

10. Please list the number of direct care staff your agency employs by race / ethnicity.

<b>Race / Ethnicity</b>	<b>Full-Time Staff</b>	<b>Part-Time Staff</b>
Asian		
Pacific Islander		
Black or African American		
Hispanic or Latino		
Native American or Alaskan Native		
White or Caucasian		
Other		
Not Available		

11. Please list the number of direct care staff your agency employs by gender identity.

<b>Ethnicity</b>	<b>Full-Time Staff</b>	<b>Part-Time Staff</b>
Female (including Transgender Female)		
Male (including Transgender Male)		
Non-Binary		
Other/Not Available		

12. Does your agency have recruitment strategies that help build a diverse workforce that reflects its client population?  Yes  No

Please list the strategies your agency employs that help build a diverse workforce that reflects its client populations. \_\_\_\_\_



13. Please list the number of direct care staff your agency employs and/or is seeking by language spoken.

<b>Primary Language Spoken</b>	<b>Full-Time Staff</b>	<b>Part-Time Staff</b>	<b>Are You Actively Recruiting Staff Who Speak this Language?</b>
English			
Spanish			
Mandarin			
Russian			
Yiddish			
Bengali			
Korean			
Haitian Creole			
Italian			
Arabic			
Polish			
Other			



**Training:**

14. Does your agency require direct care workers to complete any trainings beyond those required by New York State (NYS) that aim to enhance their skills and improve quality of care?  Yes  No

If your agency requires direct care workers to complete any trainings beyond those required by NYS, how many hours of additional training does your agency require staff to complete? \_\_\_\_\_ hours

15. Please find three categories of trainings below (required by NYS, required by your agency, and voluntary). Please list the trainings that your staff completes under the relevant categories below.

State Required	Agency Required	Additional Voluntary
a.	a.	a.
b.	b.	b.
c.	c.	c.

16. How many staff members complete at least one voluntary training per year?

Number: \_\_\_\_ Percentage: \_\_\_\_%

17. How many staff members complete more than one voluntary training per year?

Number: \_\_\_\_ Percentage: \_\_\_\_%

18. How does your staff access trainings?

- Directly through the agency
- Via partnerships with other organizations such as WIOs, community colleges, other higher education organizations
- Through other licensed home care services agencies
- Other: \_\_\_\_\_

19. Please describe your agency’s partnerships with other organizations, including how they facilitate trainings. \_\_\_\_\_

20. Does your agency incentivize training for direct care workers?  Yes  No

Please select all the strategies your agency uses to incentivize trainings.

- Compensation for training hours



- Childcare or other caregiver coverage during training
- Bonuses for training completion or certification
- Wage increases for training completions or certifications
- Career advancement or mobility within the agency
- Other: \_\_\_\_\_

**Technology:**

21. What care management technologies and/or software does your agency use to improve and streamline access to and management of personal care services? Please select from the following options.

- Scheduling management
- Incident tracking
- Referral system
- Other: \_\_\_\_\_

**Emergency Preparedness:**

22. In the past month, has a lack of PPE limited your agency's ability to accept new clients?

- Yes  No

23. Does your agency have sufficient PPE to deliver care in next three months?

- Yes  No

24. How challenging is it for your agency to source PPE? Please select the level of difficulty from a scale of 1 to 5, where 1 is comparable to ease of access before the COVID-19 emergency and 5 is almost impossible.

- 1     2     3     4     5



**Value-Based Readiness:**

25. Please indicate whether your agency is prepared for participation in value-based payment arrangements in each of the following areas:

Collecting quality data for reporting:

Prepared  Somewhat prepared  Not prepared

Submitting data reports:

Prepared  Somewhat prepared  Not prepared

Managing agency financial risk:

Prepared  Somewhat prepared  Not prepared