

January 2015

# Wages, Fringe Benefits, and Turnover for Direct Care Workers Working for Long-Term Care Providers in Oregon

## Final Report

Prepared for:

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Salem, Oregon

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## **Executive Summary**

This report provides the information required by the budget note included in the Budget Report for HB5029. This budget note seeks information on the number and type of direct care workers employed by long-term services and supports providers, the wages and fringe benefits of the direct care workers they employ, and turnover rates of these direct care workers. The budget note requests information on how trends over time in wages and fringe benefit offerings. In addition, the legislature seeks information about how wages relate to the Medicaid payment rates and to inflation over time.

Direct care workers, such as certified nurse assistants, home health aides, and personal care aides, are the backbone of the formal long-term services and supports delivery system. These workers often receive low wages. In addition, direct care workers often receive little in the way of fringe benefits. Advocates for direct care workers argue that low wages and lack of fringe benefits have adverse consequences in terms of turnover and quality of care. Proposals to improve extrinsic benefits of the job, such as wages and fringe benefits, make a straightforward economic case. Workers are more likely to stay on the job when they are well paid, especially relative to other employment opportunities. The argument is also that better worker compensation packages could help draw marginal workers into the labor force. In addition, increases in the compensation of long-term care staff relative to other low-wage positions could reallocate the available low-wage workforce to long-term care.

### **Survey Methodology**

Data for this study was collected primarily through a mail survey with telephone follow-up of long-term care providers participating in the Oregon Medicaid program. Individuals who act as independent providers are not included. Provider categories included Nursing Facilities, Residential Care Facility: Aged/Physical Disabilities, Residential Care: Adults/ Developmental Disabilities, Adult Foster Care: Aged/Physical Disabilities, Adult Foster Care: Developmental Disabilities, Assisted Living Facility: Adult/Physical Disabilities, In-Home Care Agencies, Residential Care Contracts, Residential Care: Children/Developmental Disabilities, Supportive Living: Developmental Disabilities, Adult Day Services, and Specialized Living Facilities. Direct care workers were defined as "A paid worker who is a full-time or part-time employee of the provider (i.e., the provider is required to issue a US Federal Tax Form W-2 on their behalf) and who provides direct hands-on personal care services to persons with disabilities or the elderly requiring long-term services and supports in the provider's facility, client's home or other setting. Contract workers are not included in this definition, and administrators/directors who provide direct care in addition to their administrative duties are not included in this definition."

Most, but not all, long-term care providers participating in the Oregon Medicaid program were surveyed. Working from a master list of Oregon Medicaid long-term care providers supplied by the Oregon Department of Human Services, we began by cleaning the file, removing duplicates from the sampling frame. For the survey, we took a census of all providers with the exception of adult foster homes where a stratified random sample was selected. Because of the large number of adult foster homes, a full census was not required to produce precise estimates for this provider type, which allowed us to conduct the survey at a lower cost.

The survey was developed by RTI International staff, drawing on previous surveys of long-term care providers. Historical data on wages and fringe benefits, in particular, were difficult for providers to obtain from their records and to accurately report. The final questionnaire was reviewed and approved by officials at the Oregon Department of Human Services.

The survey initially was mailed to 2,924 providers. The introductory letter stressed that completion of the survey was a condition of participating in the Oregon Medicaid program. At the end of the data collection, complete questionnaires were collected from 2,008 providers. After excluding duplicates, providers that were out of business, providers that submitted incomplete questionnaires, and providers that did not have an active contract from the Oregon Department of Human Services, the final response rate for the survey was 81.2%, calculated using American Association of Public Opinion Research (AAPOR) Response rates by provider types ranged from a low of 72.3% for Residential Care: Developmental Disabilities to a high of 100.0% for IC Specialized Services.

In order to make the survey responses descriptive of the total population, the response questionnaires were weighted to make them descriptive of the total population of long-term care providers, service users, and direct care workers. The report mostly presents descriptive statistics, with a few multivariate analyses of the determinants of wages, provision of fringe benefits, and turnover rates.

### ***Characteristics of Long-Term Care Providers Participating in Medicaid in Oregon***

- Not counting independent providers, an estimated 3,819 long-term care providers participate in Medicaid. The three largest categories in terms of the number of providers are adult foster care: aged/physical disabilities, adult foster care: adult/developmental disabilities, and residential care: developmental disabilities, which together account for more than four-fifths of all long-term care providers participating in Medicaid.
- The typical long-term care provider is a small, for-profit organization that is not part of a chain, which is located in a metropolitan area. Providers are split almost equally between those serving an older population and people with physical disabilities and a population with developmental disabilities. Other categories make up a small proportion of providers. Over three-quarters of providers require less than 75 hours of training before direct care workers start providing care to consumers. Only nursing

facilities required more than 75 hours of training, as stipulated by federal regulations. About a third of adult foster care homes did not employ any direct care workers.

- Long-term care providers served 45,858 current residents or other service users over the last 7 days, with assisted living facilities for aged/ physically disabled, nursing facilities and in-home care agencies serving the largest number of consumers.
- Most service users were white, non-Hispanics, female, and over age 65. About two-fifths of service users used Medicaid as their primary source of payment for services.
- There were 36,685 direct care workers employed by long-term care providers, with the largest employers being nursing facilities, assisted living facilities for aged/ physical disabilities, and in-home care agencies.
- The typical direct care worker was white, non-Hispanic, female, aged 18-44, with a high school education. About two-thirds of direct care workers are employed full time.

### ***Wages Provided to Direct Care Workers Employed by Long-Term Care Workers***

- Providers reported that the most important factors that they considered when setting wages for direct care workers were: the legally required minimum wage, the education and experience of individual workers, and the wages of other long-term care providers. The Medicaid rate was cited as a factor by about a third of long-term care providers, and was especially important for nursing facilities and in-home care agencies.
- Weighted by providers, the mean (average) wage per hour for direct care workers was \$12.38 and the median was \$11.15. There was not much variation by provider type, except that nursing facilities and adult foster care facilities for aged/physically disabilities paid higher salaries.
- Mean and median salaries were lower when weighted by the number of direct care workers employed by each provider. Weighted by direct care workers, the mean (average) wage per hour for direct care workers was \$11.10 and the median was \$10.51. There was not much variation by provider type, except that nursing facilities and adult foster care facilities for aged/physical disabilities paid higher salaries.
- Over the period 2003 to 2014, wages for providers in operation in 2014 increased, although less than 2003 wages adjusted for inflation. For example, weighted by the number of direct care workers, average wages increased from \$9.21 in 2003 to \$11.20 in 2014; inflation-adjusted 2003 wages would be \$12.07 in 2014.
- Although there is variation across provider types, Medicaid payment rates to providers serving older people and younger persons with physical disabilities generally increased faster than direct care payment rates. For example, the Medicaid payment rate for nursing facilities increased by 88% increase between 2003 and 2014, which was over three times faster than the reported direct care worker wage increase. Overall, Medicaid payment rates increased at a slower rate from 2009 to

2014 and were more comparable to increases in wages by direct care workers. Data is not available to conduct a comparable analysis of payment rates for providers of services to people with developmental disabilities.

- In a multivariate analysis of the wages, the following variables were statistically significant predictors of higher wages: nursing facility, adult foster care for aged/physical disabilities (compared to supported living for people with developmental disabilities, nonprofit and for-profit ownership (compared to government facilities), proportion of direct care workers who are Hispanic/Latino, number of service users, and 75 or more hours of required training. Statistically significant predictors of lower wages included: proportion of direct care workers who are minority, proportion of service users who have their care paid primarily by Medicaid, and micropolitan location.

### ***Provision of Fringe Benefits to Direct Care Workers***

- Provision of fringe benefits varies greatly among long-term care providers. As expected, the offer of fringe benefits is much more common for full-time employees than for part-time workers. Where offered to part-time workers, they generally must work a quarter-to-half time to qualify for benefits.
- The most commonly offered fringe benefit is paid personal time off (60.21%), followed by paid holidays (45.60%), employee-only health insurance (41.90%), health insurance with family coverage (34.03%), retirement plan (33.81%), and life insurance (30.97). Nursing facilities, assisted living facilities, and residential care facilities for adults with developmental disabilities offer benefits to a substantial portion of direct care workers; in home care agencies and adult foster care facilities offer few benefits. For providers in operation in 2014, a greater proportion of long-term care providers offered various fringe benefits in 2014 than they did in 2010.
- Direct care worker participation in fringe benefits varies greatly by the type of fringe benefit. Fringe benefits that typically require an employee financial contribution, such as health insurance, retirement benefits, and life insurance, have low participation rates. For example, while about 31% (30.85%) of long-term care providers offer some type of retirement benefits, only about 15% (14.25%) of direct care workers participate. Conversely, participation rates for “free” benefits are much higher. For example, about 56% (56.06%) of providers offered personal time off and almost two-thirds of (65.17%) direct care workers used the benefit.
- Various provider characteristics are associated with offering fringe benefits. While the effect varies by fringe benefit, in general, government providers, chains, providers with a higher proportion of Medicaid beneficiaries, providers serving people with intellectual disabilities, providers with a higher proportion of Hispanic/Latino direct care workers, providers with a lower proportion of minority service users, providers serving younger people with disabilities, providers requiring higher levels of training, and providers that pay direct care workers higher wages are more likely to offer fringe benefits.
- The relationship between provider characteristics and enrollment or use of fringe benefits by direct care workers is complicated and the effects are not as consistent. In general, direct care workers employed by providers that have nonprofit or government ownership, are owned by chains, have a lower proportion of Medicaid beneficiaries, provide services to people with intellectual disabilities, provide services to a lower proportion of minority direct care workers, have a high proportion of

minority beneficiaries, provide services primarily to younger people, with disabilities, provide services to a larger number of service users, employ a more educated workforce, require more training and pay direct care workers a higher wage are more likely to have direct care workers that enroll or use fringe benefits.

- In a multivariate analysis of factors associated with the offering of paid time off, the following variables were statistically significantly associated with an increase in the probability that providers would offer the benefit include: nonprofit ownership (compared to government ownership), for-profit ownership (compared to government ownership), chain ownership, larger providers, requiring 75 hours or more of training, metropolitan location. Statistically significant variables associated with a reduction in the probability that providers would offer the benefit include: proportion of direct care workers who are minority and providers who pay their workers less.

### ***Turnover among Direct Care Workers Employed by Long-Term Care Providers Participating in the Medicaid Program in Oregon***

- Average annual turnover among direct care workers was 64% a year, with wide variation across provider types. Residential care facilities for adults with developmental disabilities had the highest turnover rates at 90% per year, while adult foster care homes for people with developmental disabilities had the lowest turnover rate at 30%. Nursing facilities had turnover rates of 54%.
- Provider, service user, and direct care worker characteristics were associated with different turnover rates. Nonprofit ownership, chain ownership, micropolitan and rural location, providers focusing on people with developmental disabilities and severe mental illness, a low proportion of minority workers, and a high proportion of minority service users were associated with high turnover rates. Turnover rates did not differ by whether the provider served a high or low proportion of Medicaid beneficiaries.
- A multivariate analysis of turnover rates found that, controlling for other factors, the following variables were statistically significantly associated with higher turnover rates: residential care facilities for adults with developmental disabilities, for-profit and chain ownership, requiring direct care workers to have 75 or more hours of training, and lower wages paid to direct care workers. Variables statistically significantly associated with lower turnover rates include: proportion of long-term care workers who are nonwhite location in a metropolitan areas and proportion of service users who use Medicaid as their primary method of payment for services.

## **Discussion**

Direct care workers are the backbone of the long-term services and supports industry. These workers provide residents, clients, and patients (depending on provider type) with day-to-day basic care to ensure that their daily care needs are being met. Nationally, the U.S. Bureau of Labor Statistics (2013) estimates the need for an additional 1.3 million direct care worker positions between 2012 and 2022. The nation, including Oregon, will have difficulty recruiting and retaining these workers unless working conditions—including wages and fringe benefits—are improved.



# 1. INTRODUCTION

This report provides the information required by the budget note included in the Budget Report for HB5029. This budget note states:

*The Department of Human Services shall provide a report to the Joint Committee on Ways and Means during the 2015 legislative session on services, providers, and rates for each agency program relying on direct care workers for service delivery. Dependent on the project's final scope and expertise required, the Department may contract with a third party to complete the report. The report will include a description of the services, provider type, number of direct care workers, and worker turnover rates.*

*In addition, the report will show provider rates for the 2009-11, 2011-13, and 2015 biennia and the relationship between those rates and direct care worker wages. Where possible, the report will also show comparisons between the 2013-15 rates and what those rates would be if 2003-05 rates had been indexed to inflation from that biennium forward.*

*Within programs or specific services, the report will also describe how worker wages are determined, for example, whether by the employer or through a collective bargaining agreement. The Department will also identify any current data gaps, attempt to resolve them if possible, and outline strategies to resolve them for future reporting.*

*Finally, the report will explore other options – beyond simply increasing rates – for ensuring that funding increases translate into wage increases for direct care workers. Some recognized strategies include implementing wage pass through legislation, providing enhanced reimbursements tied to workforce outcomes, specifying a minimum allocation of rate to direct care labor costs, and revising contract language. It is the intent of the Joint Committee on Ways & Means that provider rate increases in the 2013-15 budget have as a priority salary and benefit increases for direct care workers in order to reduce turnover rates.*

Direct care workers, such as certified nurse assistants, home health aides, and personal care aides, are the backbone of the formal long-term services and supports delivery system (Stone and Wiener, 2001). These workers often receive low wages (Khatutsky et al., 2011). For example, according to the U.S. Bureau of Labor Statistics (BLS), the median hourly wage of personal care aides in Oregon was \$10.46 in 2012, down 7.7% from 2002 in inflation-adjusted dollars (PHI, 2013; U.S. Bureau of Labor Statistics, 2013a). In addition, direct care workers often receive relatively little in the way of fringe benefits. In an analysis of the National Health Interview Survey, researchers at the Institute for Women's Policy

Research found that nationally only 31% of personal care and service workers, an occupational category that includes personal care aides, had paid sick leave in 2012 (Williams and Gault, 2014).

Advocates for direct care workers argue that low wages and lack of fringe benefits have adverse consequences in terms of turnover and quality of care. An analysis of certified nursing assistants suggests that among those workers likely to leave their jobs in the next year, one in three workers cited pay as a reason they would leave their job (Squillace, Bercovitz, Remsburg, & Rosenoff, 2008). Similarly, an analysis of the National Nursing Assistance Survey found that extrinsic rewards, such as higher wages, paid time off, and availability of a pension, have a consistently positive effect on job tenure (Wiener, Squillace, Anderson, and Khatutsky, 2009). Similar results have been found for home care aides in Maine (Butler et al., 2014).

In a rare study of the effects of wage increases, a near doubling of wages of home care workers in San Francisco County, California, increased the retention rate over a 52-month period from 39% to 74% (Howes, 2005). However, an analysis that merged the National Nursing Home Survey, the National Nursing Assistant Survey, and Centers for Medicare & Medicaid nursing home quality of care data, the wages of certified nurse assistants were not found to be a statistically significant predictor of nursing home quality (Wiener, Anderson, and Khatutsky, 2011).

Proposals to improve extrinsic benefits of the job, such as wages and fringe benefits, make a straightforward economic case. Workers are more likely to stay on the job when they are well paid, especially relative to other employment opportunities. The argument is also that better worker compensation packages could help draw marginal workers into the labor force. In addition, increases in the compensation of long-term care staff relative to other low-wage positions could reallocate the available low-wage workforce to long-term care (Holzer, 2001), drawing more qualified staff into long-term care.

This report attempts to answer four broad questions:

- What are the characteristics of long-term care providers that participate in the Oregon Medicaid program? What are the characteristics of the people they serve and the direct care workers that they employ?
- What are the current wages of direct care workers employed by providers that participate in the Oregon Medicaid program? How do they wages vary by provider type, characteristics of service users, and characteristics of direct care workers? How have wages varied over time and do they relate to inflation and increases in Medicaid rates?
- What are the current fringe benefits offered to and used by direct care workers employed by providers that participate in the Oregon Medicaid program? How do fringe benefit offerings and use vary by provider type, characteristics of service

users, and characteristics of direct care workers? How have the offering and use of fringe benefits varied over time?

- What is the current turnover rate among direct care workers employed by providers that participate in the Oregon Medicaid program? How do turnover rates benefits vary by provider type, characteristics of service users, and characteristics of direct care workers? How have the offering and use of fringe benefits varied over time?

The remainder of this report is divided into five chapters. **Chapter 2** provides an overview of the survey of long-term care providers and the data analysis methods. **Chapter 3** provides a profile of long-term care providers, service users, and direct care workers. **Chapter 4** provides an analysis of direct care wages. **Chapter 5** provides an analysis of the offer and use of fringe benefits. **Chapter 6** provides an analysis of turnover among direct care workers. **Chapter 7** provides a discussion of the main findings of the report, including a discussion of options to pass through more of Medicaid rate increases to direct care wages in the form of wage increases and more fringe benefits.



## **2. DATA COLLECTION AND DATA ANALYSIS METHODS**

### **2.1 Survey Methodology**

Data for this study was collected primarily through a mail survey with telephone follow-up of long-term care providers participating in the Oregon Medicaid program. Individuals who act as independent providers are not included. Provider categories included Nursing Facilities, Residential Care Facility: Aged/Physical Disabilities, Residential Care: Adults/ Developmental Disabilities, Adult Foster Care: Aged/Physical Disabilities, Adult Foster Care: Developmental Disabilities, Assisted Living Facility: Adult/Physical Disabilities, In-Home Care Agencies, Residential Care Contracts, Residential Care: Children/Developmental Disabilities, Supportive Living: Developmental Disabilities, Adult Day Services, and Specialized Living Facilities. These long-term care providers served older people, younger persons with physical disabilities, people with intellectual/developmental disabilities, people with traumatic brain injuries, persons with HIV, and people with severe mental illness. The main purpose of the survey was to obtain information on direct care workers employed by these long-term services and supports providers, especially their training, wages, fringe benefits, and turnover.

Most, but not all, providers were surveyed. Working from a master list of Oregon Medicaid long-term care providers supplied by the Oregon Department of Human Services, we began by cleaning the file, removing duplicates from the sampling frame. For the survey, we took a census of all providers with the exception of adult foster homes where a stratified random sample was selected. Because of the large number of adult foster homes, a full census was not required to produce precise estimates for this provider type, which allowed us to conduct the survey at a lower cost.

The adult foster homes were stratified into two groups: Adult Aged and Physically Disabled (Adult APD) and Adult Developmental Disabilities (Adult DD). The sample for the two groups was proportionally allocated based on the population size for the two groups. This proportional allocation resulted in a simple random sample of 394 providers from the Adult DD stratum and a simple random sample of 720 providers from the Adult APD stratum. A power calculation determined that these sample sizes would allow for estimates with +/- 0.04 precision for a 50% estimate at the 95% confidence level.

Direct care workers were defined as follows: "A paid worker who is a full-time or part-time employee of the provider (i.e., the provider is required to issue a US Federal Tax Form W-2 on their behalf) and who provides direct hands-on personal care services to persons with disabilities or the elderly requiring long-term services and supports in the provider's facility, client's home or other setting. Contract workers are not included in this definition, and administrators/directors who provide direct care in addition to their administrative duties are not included in this definition."

The survey was developed by RTI International staff, drawing on previous surveys of long-term care providers, including the National Nursing Home Survey (NNHS), the National Nursing Assistant Survey (NNAS), the National Home Health and Hospice Care Survey (NHHCS), the National Home Health Aide Survey (NHHAS), the National Survey of Residential Care Facilities (NSRCF), and the National Study of Long-Term Care Providers (NSLTCP). In designing the questionnaire, we strove to balance the need to gather the information required to develop the legislative report with the need to limit the reporting burden on providers. Historical data on wages and fringe benefits, in particular, were difficult for providers to obtain from their records and to accurately report. The final questionnaire, **Appendix E**, was reviewed and approved by officials at the Oregon Department of Human Services.

The survey followed industry best-practices for conducting mailouts and non-response follow-up. On July 2-3, 2014, a package containing the introductory letter, frequently asked questions (FAQs), the questionnaire and a postage-paid business reply envelope was mailed to 2,924 providers. The introductory letter stressed that completion of the survey was a condition of participating in the Oregon Medicaid program. On July 23, a reminder letter was mailed to 2,573 providers for whom a response was not received. On August 6, a second package containing a final request letter, FAQs, the questionnaire and a postage-paid business reply envelope was mailed to 2,183 providers for whom a response was not received. All packages were mailed via the United States Postal Service. In order to increase the response rate, DHS sent e-mail Alerts to all providers reinforcing the mandatory nature of the survey and reminding providers to complete their questionnaires.

A Toll-Free Inquiry line as well as an e-mail address for RTI project staff was printed on the letters, the FAQs, and the survey. During the mailout phase of the project, approximately 360 providers made inquiries via telephone or e-mail, all of which RTI responded to through a personal e-mail message, a personal phone call, or by leaving a voicemail message. The most common types of inquiries were: (1) providers wanting to confirm that their questionnaire was received; (2) provider requested another mailing; (3) provider did not have direct care workers or a Medicaid contract; (4) provider wanted to know the deadline for the survey; and (5) provider thought they had received duplicate questionnaire or had multiple facilities and wanted clarification as to how to complete the questionnaire..

In addition to the mailings a telephone "prompting" procedure began on August 12, 2014. After receiving a 4-hour training and passing a detailed certification testing, telephone interviewers began calling the providers who had not yet responded to the survey. The telephone prompters reminded them about the survey, asked if there were questions or concerns, clarified response procedures for co-located providers and providers with multiple sites, and, when requested, resent questionnaires. Questionnaires were sent either by mail or by sending a PDF to the e-mail address the interviewer collected from the provider.

Prompting was performed for the 2,153 providers with outstanding questionnaires. Up to 10 calls were made to each provider.

Returned questionnaires were received in RTI's offices. The questionnaires were scanned into the Teleform system, which extracted answers to coded questions and all write-in numeric questions. On all questionnaires, data clerks compared the Teleform's digital image of all write-in numeric questions to hardcopy and made any corrections to data files, when necessary. Data collection ended on October 28, 2014.

The final response rate for the survey was 81.2%, calculated using American Association of Public Opinion Research (AAPOR) Response Rate #1 methods (**Table 2-1**). Response rates by provider types ranged from a low of 72.3% for Residential Care: Developmental Disabilities to a high of 100.0% for IC Specialized Services.

## **2.2 Weights**

In order to make the survey responses descriptive of the total population, the response questionnaires were weighted to make them descriptive of the total population of long-term care providers, service users, and direct care workers. The provider-level analysis weights were calculated in three steps: (1) calculate the sample weights, (2) calculate the non-response adjustment factor and, (3) apply the non-response adjustment factor to the sample weights to create the provider-level analysis weights. After the provider-level analysis weights were calculated, we created direct care worker-level analysis weights and beneficiary-level analysis weights using a similar methodology. A detailed description of how the provider, service user, and direct care worker weights were created are presented in **Appendix B**.

## **2.3 Data Recodes**

Prior to conducting any analyses or creating estimates we thoroughly reviewed the survey data for any reporting inconsistencies. As a result of our review we implemented a series of data recodes. In determining the rules for the data recodes we followed the data recoding conventions used on the National Study of Long Term Care Facilities funded by NCHS. A detailed description of the data recodes are found in **Appendix C**.

## **2.4 Statistical Analysis**

The statistical analyses conducted for this report are primarily descriptive statistics and cross tabulations. No significance testing was conducted for these analyses. Most analyses were conducted for all long-term care providers and by individual provider type. Depending on the type of analyses, provider, service user or direct care worker weights were used. As in many industries, many long-term care providers are small, employing relatively few direct care workers. By weighting some analyses by the number of direct care workers, for example, the analyses directly takes into account that some providers employ 5 direct care

workers while another employs 50, and gives recognition in the weighting to that larger provider.

To preserve respondent anonymity without compromising the utility of the analyses we suppressed estimates for any provider specialty subgroup with fewer than 29 respondents. The subgroups that were suppressed were Adult Day Services and Specialized Living Facilities. The results for these two provider specialties were rolled together and combined with all the other provider specialties and presented in the “total” estimates. Any analysis or set of table estimates not split out by provider specialty also retained the responses for these two provider specialties.

Data on some provider types are included in **Appendix D** rather than the main report text. These providers include Residential Care Facilities with Contract Rates (residential care facilities that carry a separate contract for additional work, usually tied to serving individuals in a memory care community), Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities. In addition, due to small sample sizes (i.e., under 30 respondents), certain providers, including Adult Day Services and Specialized Living Facilities, could not be separately analyzed without disclosing data on individual providers. However, data on these long-term care providers are included in the analyses of “all long-term care providers.”

While descriptive statistics and cross tabulations account for the bulk of the analyses, multiple regression analyses were conducted on a few important outcomes. Multivariate analyses allow several variables to be controlled for simultaneously, allowing the analyst to determine the independent effect of a particular variable controlling for all of the others. Ordinary least squares regression analyses were conducted of direct care worker wages and turnover; logistic regression was performed on whether providers offered or did not offer employee-only health insurance and whether providers offered paid time off.

**Table 2-1. Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers Sample Disposition**

	Total	Complete	Ineligible				Response Rate Complete/ (Total - Ineligible). %	
			Duplicate Questionnaire Received	Duplicate	No Medicaid Contract	Out of Business		Not Complete
<b>All Provider Types</b>	<b>2924</b>	<b>2008</b>	<b>13</b>	<b>174</b>	<b>35</b>	<b>229</b>	<b>465</b>	<b>81.2</b>
<b>By Provider Specialty Type (including imputations)</b>								
Adult Foster Care APD	394	301	0	1	13	18	61	83.1
Adult Day Services APD	23	15	0	0	0	6	2	88.2
Adult Foster Care DD	720	580	0	1	5	59	75	88.5
Assisted Living Facility APD	214	149	1	22	5	10	27	84.7
IC Specialized Living	8	7	0	1	0	0	0	100.0
In Home Care Agency	67	52	0	2	0	2	11	82.5
Nursing Facility	169	118	0	7	10	14	20	85.5
Residential Care APD	119	79	1	12	0	6	21	79.0
Residential Care Contract Rates	131	81	5	28	0	5	12	87.1
Residential Care DD Adult	933	552	1	80	2	86	212	72.3
Residential Care DD Child	48	29	0	1	0	7	11	72.5
Specialized Living Services	2	2	0	0	0	0	0	100.0
Supported Living DD	96	43	5	19	0	16	13	76.8

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.



### 3. LANDSCAPE OF OREGON LONG-TERM CARE SYSTEM

#### 3.1 Characteristics of Long-Term Care Providers Participating in Medicaid in Oregon

This chapter provides a snapshot of the characteristics of long-term care providers in Oregon as well for each type of provider. **Highlights Box 1** summarizes the main findings from this chapter.

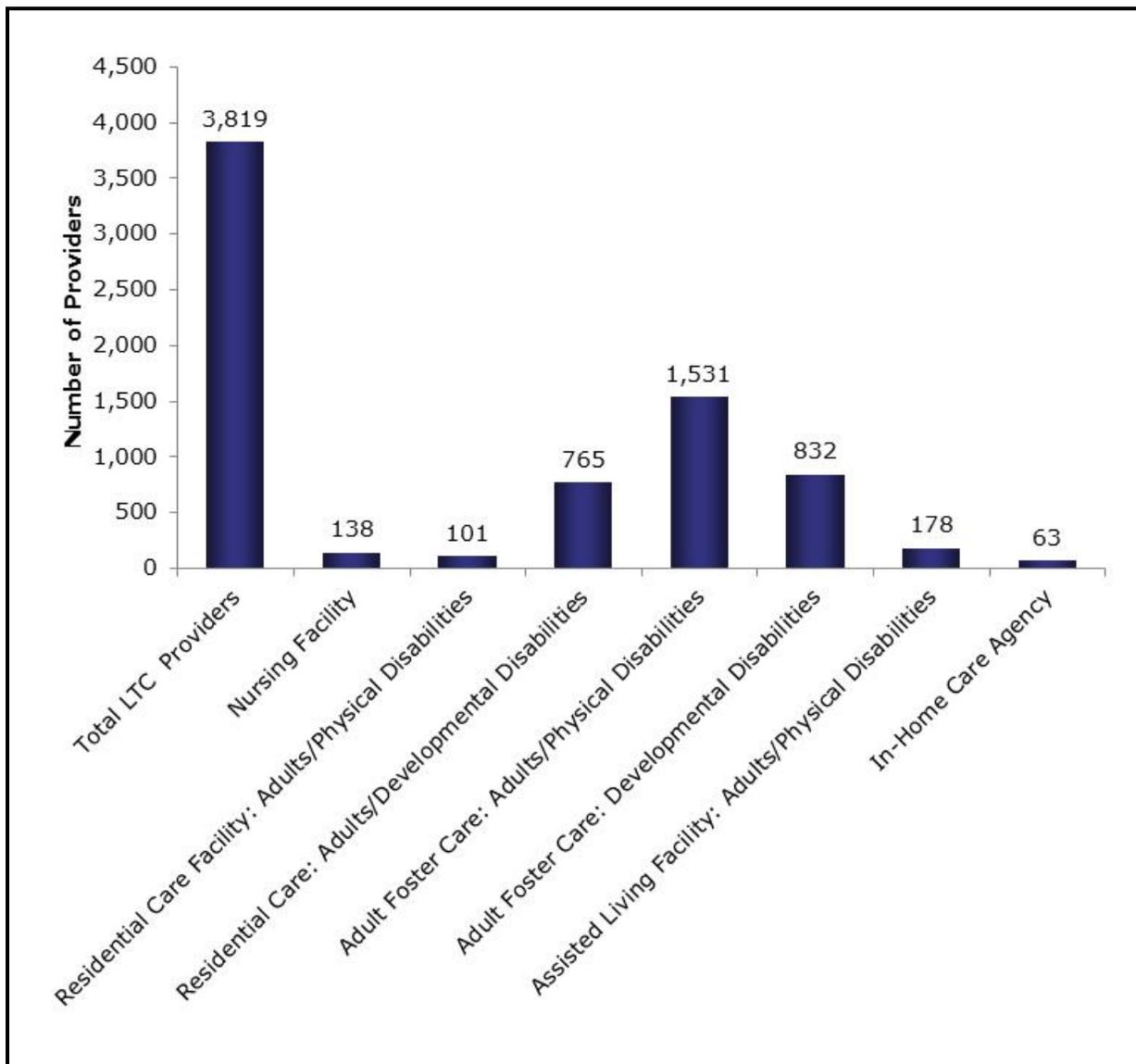
##### **Highlight Box 1: Characteristics of Long-Term Care Providers Participating in Medicaid in Oregon**

- Not counting independent providers, an estimated 3,819 long-term care providers participate in Medicaid. The three largest categories in terms of the number of providers are adult foster care: aged/physical disabilities, adult foster care: adult/developmental disabilities, and residential care: developmental disabilities, which together account for more than four-fifths of all long-term care providers participating in Medicaid.
- The typical long-term care provider is a small, for-profit organization that is not part of a chain, which is located in a metropolitan area. Providers are split almost equally between those serving an older population and people with physical disabilities and a population with developmental disabilities. Other categories make up a small proportion of providers. Over three-quarters of providers require less than 75 hours of training before direct care workers start providing care to consumers. Only nursing facilities required more than 75 hours of training, as stipulated by federal regulations. About a third of adult foster care homes did not employ any direct care workers.
- Long-term care providers served 45,858 current residents or other service users over the last 7 days, with assisted living facilities for aged/physical disabilities, nursing facilities and in-home care agencies serving the largest number of consumers.
- Most service users were white, non-Hispanics, female, and over age 65. About two-fifths of service users used Medicaid as their primary source of payment for services.
- There were 36,685 direct care workers employed by long-term care providers, with the largest employers being nursing facilities, assisted living facilities for aged/physical disabilities, and in-home care agencies.
- The typical direct care worker was white, non-Hispanic, female, aged 18-44, with a high school education. About two-thirds of direct care workers are employed full time.

**Figure 3-1** is the distribution of the estimated 3,819 long-term care providers participating Medicaid in Oregon, by the type of provider. The three largest categories in terms of the number of providers are adult foster care for aged/physical disabilities, adult foster care: adult/developmental disabilities, and residential care: developmental disabilities, which

together account for more than four-fifths of all long-term care providers participating in Medicaid. **Table 3-1** presents data on how providers varied by characteristics including type of ownership, location, types of individuals served, size, and requirements around training for direct care.

**Figure 3-1. Estimated Number of Oregon Long-Term Care Providers Participating in Medicaid, by Provider Type, 2014**



Note: unit of analysis is provider. No columns for Adult Day Services, Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 3-1. Oregon LTC Provider Characteristics, by Provider Type**

Characteristics of Providers	Residential Care Facilities				Adult Foster Care Homes				Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
	Total Providers	Nursing Facility	Facility: Aged/Physical Disabilities	Adults/Developmental Disabilities	Aged/Physical Disabilities		Developmental Disabilities			
					<i>Direct Care Workers</i>	<i>No Direct Care Workers</i>	<i>Direct Care Workers</i>	<i>No Direct Care Workers</i>		
Total % (Number of Providers)	3,819	138	101	765	987	544	433	399	178	63
Type of Ownership										
Private, non-profit	34.27	13.68	15.38	84.32	16.40	20.59	17.28	35.77	14.67	6.00
Private, for profit	59.10	81.20	82.05	15.68	75.66	70.59	69.49	50.41	83.33	94.00
Government: federal, state, county or local	6.63	5.13	2.56	0.00	7.94	8.82	13.24	13.82	2.00	0.00
Chain Ownership										
Part of corporate chain (yes)	33.44	82.05	64.10	52.41	24.21	13.33	14.81	3.73	80.54	60.00
Individual entity (no)	66.56	17.95	35.90	47.59	75.79	86.67	85.19	96.27	19.46	40.00
MSA										
Metropolitan	79.06	74.36	52.50	75.72	84.97	82.24	86.38	76.17	63.58	61.22
Micropolitan	14.05	14.53	21.25	16.85	11.92	12.15	11.96	14.80	21.19	24.49
Non-Metropolitan/Non-Micropolitan	6.89	11.11	26.25	7.43	3.11	5.61	1.66	9.03	15.23	14.29
Most Common Disability Among Individuals Served										
Frailty, dementia, and physical disabilities	51.20	97.37	96.00	2.23	90.22	84.85	3.89	1.14	99.32	100.00
Intellectual/developmental disabilities	45.13	1.75	0.00	97.58	3.26	8.08	92.93	97.72	0.68	0.00
Severe mental illness	1.57	0.88	4.00	0.00	2.17	2.02	2.47	0.76	0.00	0.00

(continued)

Table 3-1. Oregon LTC Provider Characteristics, by Provider Type (continued)

Characteristics of Providers	Total Providers	Residential Care Facility			Adult Foster Care Homes					
		Nursing Facility	Aged/Physical Disabilities	Adults/Developmental Disabilities	Adults/Physical Disabilities	Developmental Disabilities	Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency		
Traumatic brain injury	1.93	0.00	0.00	0.19	4.35	4.04	0.71	0.38	0.00	0.00
HIV	0.17	0.00	0.00	0.00	0.00	1.01	0.00	0.00	0.00	0.00
Number of Individuals Served										
0-25	87.55	9.32	56.25	98.01	100.00	100.00	99.67	100.00	10.67	12.00
26-50	5.45	37.29	23.75	0.91	0.00	0.00	0.00	0.00	38.67	24.00
51-75	4.13	35.59	13.75	0.72	0.00	0.00	0.00	0.00	31.33	18.00
76-100	1.47	12.71	6.25	0.00	0.00	0.00	0.00	0.00	10.00	12.00
100+	1.40	5.08	0.00	0.36	0.00	0.00	0.33	0.00	9.33	34.00
Training Required for Direct Care Workers										
No formal training	14.26	0.85	11.25	1.31	18.52	46.48	10.21	19.73	5.96	6.00
Less than 75 hours of training	63.41	26.50	73.75	64.35	63.49	40.85	76.76	68.71	77.48	84.00
75 hours of training	8.94	11.97	8.75	14.82	6.88	5.63	4.23	4.08	9.27	6.00
More than 75 hours of training	13.39	60.68	6.25	19.51	11.11	7.04	8.80	7.48	7.28	4.00
Uses Contract Workers to Provide Direct Care										
Yes	12.16	42.74	21.25	5.29	12.17	17.14	8.28	11.02	11.33	1.96
No	87.84	57.26	78.75	94.71	87.83	82.86	91.72	88.98	88.67	98.04
Owner, Administrator/Director or Other Administrative Staff Provides Direct Care										
Yes	73.68	17.95	54.43	45.49	91.49	95.10	95.21	87.45	44.00	45.10
No	26.32	82.05	45.57	54.51	8.51	4.90	4.79	12.55	56.00	54.90

Note: unit of analysis is provider. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### **3.1.1 Total Long-Term Care Providers**

The typical long-term care provider in Oregon is a relatively small, non-chain, for-profit organization that provides services in a metropolitan area to either the elderly population or those with intellectual and developmental disabilities. Among total long-term care providers responding to the survey, the majority of providers in the state (59.10%) reported as private, for-profit organizations, just over a third (34.27%) of the providers reported as private, non-profit organizations and few providers (6.63%) reported as government-owned. Only a third (33.44%) of the providers reported that they are part of a corporate chain as opposed to operating as an individual entity (66.56%). Over three-quarters of the providers are located in metropolitan areas (79.06%), which include core urban areas of 50,000 or more population. The remaining providers are located either in micropolitan (14.05%) areas that are urban areas with 10,000 to 50,000 population, or non-metropolitan or micropolitan areas (6.89%) (rural areas with less than 10,000 population). About half (51.20%) of the long-term care providers served primarily individuals with frailty, dementia and physical disabilities as the most common disability among the individuals served by the long-term care provider survey respondents, although almost as many other providers (45.17%) primarily served individuals with intellectual or developmental disabilities. Far fewer providers primarily served individuals with severe mental illness, traumatic brain injury, or HIV. Most providers (87.55%) are small and serve 25 or less individuals.

Training requirements for long-term care providers in Oregon are modest, with a large majority requiring less than 75 hours of formal training, which is less than the federal government requirement for certified nurse assistants working in nursing homes or home health aides working for home health agencies. Almost two-thirds (63.41%) of providers required less than 75 hours or less of formal training (63.41%) by their direct care workers and almost 15% of providers required no formal training for their direct care staff (14.26%) before they start serving consumers. Almost 9% (8.94%) of provider respondents reported that they require exactly 75 hours of training and 13.39% of providers reported they required more than 75 hours of training for their direct care workers. Relatively few providers used contract workers for their direct care staff (12.16%), although almost three-quarters of providers (73.68%) responded that the owner, administrator, or other administrative staff provided some direct care to the service users.

### **3.1.2 Nursing Facilities**

In 2014, Oregon had approximately 138 nursing facilities participating in the Medicaid program. For Oregon Medicaid purposes, a nursing facility is an establishment with permanent facilities, including inpatient beds; that provides medical services, including nursing services but excluding surgical procedures; and that provides care and treatment for two or more unrelated residents. The typical nursing facility provider reported that it was part of a for-profit chain in a metropolitan area that primarily serves people with frailty,

dementia, and physical disabilities. The average nursing facility was larger than the typical Oregon long-term care provider, and direct care workers received more training than the typical long-term care provider, with administrators or owners less involved in direct care than in other types of long-term care.

A large majority of nursing facilities (81.20%) reported as private, for-profit entities; only about one-fifth of facilities are either non-profit or government-owned organizations. In contrast to other types of long-term care providers in the state, most nursing facilities were part of a corporate chain (82.05%) rather than a single entity (17.95%). The nursing facilities were primarily located in metropolitan areas (74.36%), with only about a quarter of facilities located in micropolitan (14.53%) or rural (11.11%) areas. Almost all (97.37%) nursing facilities in the state primarily serve individuals with frailty, dementia, and physical disabilities. Compared to the total makeup of long-term care providers in the state, the size of the nursing facilities was more variable and tended to be larger. Most nursing facilities (90.68%) reported that they served than 25 residents. The amount of training required for direct care workers in nursing facilities was higher than the average long-term care provider in the state – 60.68% of nursing facilities in the state required more than 75 hours of training for their direct care workers. However, about a quarter of the nursing facilities (26.50%) required less than 75 hours of training, which was less than the federal minimum for certified nurse assistants; 11.97% required exactly 75 hours of training. Close to a half of nursing facilities (42.74%) used contract workers as part of their direct care staff and only a small proportion of the owners or administrators (17.95%) provided direct care.

### ***3.1.3 Residential Care Facilities: Aged and Physically Disabled***

In 2014, Oregon had approximately 101 residential care facilities for the aged and individuals who are physically disabled (RCFs-APD). Residential care facilities include buildings or complexes that consist of shared or individual living units in a homelike setting where six or more seniors and adult individuals with disabilities may reside. These residential care facilities offer and coordinate a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents. The typical residential care facility was part of a for-profit chain located in a metropolitan area serving fewer than 25 residents. The large majority of facilities required direct care workers to receive less than 75 hours of training prior to starting to serve residents and about half of the owners or administrators were involved to some extent in direct care of residents.

The large majority (82.05%) of the facilities were private, for-profit entities. Similar to nursing facilities in the state, most RCFs-APD (64.10%) were part of a corporate chain. The locations of the RCFs-APD were slightly more variable than other types of long-term care providers in the state. Just over half of the RCFs-APD (52.50%) were located in metropolitan area, while just under a quarter (21.25%) were located in micropolitan areas

and another quarter of these types of facilities (26.25%) were located in more rural areas. Because these providers focus on serving adults with physical disabilities, 96.00% of these residential care facility respondents reported that they primarily serve individuals with frailty, dementia, and physical disabilities. The remaining 4.00% reported that they served individuals with traumatic brain injury. Over half of the RCFs-APD (56.25%) had 25 or fewer residents, while the remaining 43.75% reported that they have more than 25 residents that they served. Almost three-quarters of the RCFs-APD (73.75%) required less than 75 hours of training for their direct care workers and another 11.25% did not require any formal training for their direct care staff. Only about a fifth (21.25%) of providers in the state used contract workers as part of their direct care workforce, and over half of the owners or administrators of these facilities also provided direct care to their residents (54.43%).

### **3.1.4 Residential Care Facilities: Adults with Developmental Disabilities**

In 2014, Oregon had a large number (765) of residential care facilities for adults with developmental disabilities (RCFs-DD) that participated in Medicaid. For Medicaid purposes, an RCF-DD is a residential home or small residential home that serves residents with developmental disabilities. The home consists of shared or individual living units in a homelike surrounding where six or more adults with developmental disabilities. The typical facility is a private, nonprofit facility that is part of a corporate chain located in metropolitan area, with most facilities requiring less than 75 hours of training for direct care workers. Very few facilities use contract workers, and administrators or owners are often involved in direct care.

Unlike most other long-term care providers in Oregon, RCF-DDs reported as mostly private, non-profit entities (84.32%), while the remaining facilities reported as private, for profit facilities (15.68%). Just over half of these types of facilities were part of a corporate chain (52.41%), which was slightly less than RCFs-APD. Residential care facilities for adults with developmental disabilities were primarily located in metropolitan areas (75.72%), with 16.85% located in micropolitan areas. Due to the nature of these residential care providers' population focus, almost all of these respondents (97.58%) reported that they primarily care for individuals with intellectual or developmental disabilities. Virtually all (98.01%) RCFs-DD were small providers, serving 25 or fewer residents. These providers required little in the way of training of direct care workers as almost two-thirds of these types of providers (64.35%) required less than 75 hours of formal training for their direct care workers. However, about a fifth (19.51%) required more than 75 hours of training. Very few (5.29%) RCFs-DD used contract workers to provide direct care, although almost half of the owners or administrators of these facilities (45.49%) provided direct care to their residents.

### **3.1.5 Adult Foster Care Homes: Aged and Physically Disabled**

In 2014, approximately 1,531 adult foster homes in Oregon participated in Medicaid. For Medicaid purposes, an adult foster care home for the aged and individuals with physical

disabilities (AFC-APD) include any family home or facility licensed by the Department in which residential care and services are provided in a home-like environment for compensation to five or fewer adults who are not related to the provider by blood, marriage, or adoption. About one-third of AFC-APDs are small enough that they employ no direct care workers. Although data on providers with and without direct care workers are reported in **Table 2-1**, the discussion below relates only to facilities that employed direct care workers, who are the focus of this report. The typical AFC-APD is a for-profit, non-chain facility in a metropolitan area providing care primarily to individuals with frailty, dementia, and physical disabilities. Almost all providers require less than 75 hours of training and almost all owners or administrators are involved in direct care.

Of total AFCs-APD who served the aged and individuals with physical disabilities and participate in Medicaid (n=1,531), about two-thirds employed direct care workers and the rest do not. Of the adult foster care homes who serve aged and individuals with physical disabilities (AFCs-APD) and employed direct care workers, three-quarters of these providers (75.66%) were privately owned, for-profit facilities and 16.40% were privately owned, non-profit facilities. Almost a quarter of AFCs-APD who used direct care workers (24.21%) were part of a corporate chain. AFCs-APD who used direct care workers were primarily located in metropolitan areas (84.97%) and 11.92% were located in micropolitan areas. Over 90% (90.22%) of AFCs-APD who used direct care workers served primarily individuals with frailty, dementia, and physical disabilities. Fewer than 5% (4.35%) of these providers reported that they primarily serve individuals with traumatic brain injury. Similar to the AFCs-APD who do not use direct care workers, 100% of these providers with direct care workers served 25 or fewer residents. Relatively little training is required of direct care workers at these facilities. Approximately one-fifth (18.52%) of providers had no training requirements and almost two-thirds of the AFCs-APD with direct care workers required less than 75 hours of formal training for their direct care staff. These providers generally did not use contract workers to provide direct care (87.83%), and the owners or administrators of the facilities were almost all involved with providing direct care (91.49%).

### **3.1.6 Adult Foster Care Homes: Adults with Developmental Disabilities**

Of the total adult foster care homes who serve adults with developmental disabilities (AFCs-DD) (n=832) who participate in Medicaid, almost half (47.96%, 399) do not use direct care workers. Facilities that employ direct care workers and those that do not employ direct care workers are very similar. For Medicaid purposes, an AFC-DD is any family home or facility in which residential care is provided in a homelike environment for five or fewer adults with developmental disabilities who are not related to the provider by blood or marriage. The typical AFCs-DD is a small, private, for-profit, non-chain organization located in a metropolitan area serving people with intellectual or developmental disabilities. Very little formal training is required of direct care workers and the owner or administrators are almost all involved in direct care.

Of the AFCs-DD who did use direct care workers, over two-thirds (69.49%) were privately owned, for-profit entities and 17.28% were private, non-profit facilities. Similar to other long-term care providers in the state, they were generally individual entities (85.19%) rather than chains, and they were also primarily located in metropolitan areas of the state (86.38%). Over 90% (92.93%) served primarily individuals with intellectual or developmental disabilities, although almost 4% (3.89%) reported that they primarily served individuals with frailty, dementia, and physical disabilities. As for other adult foster care homes, almost all reported that they serve 25 or fewer residents (99.67%). These facilities required very little training for direct care workers. About one-tenth of facilities required no formal training and another three-quarters of these facilities with direct care workers required less than 75 hours of training for their direct care staff. Only a very small percentage of AFCs-DD (8.32%) used contract workers to provide direct care, and most owners or administrators of these providers did provide direct care to their residents (95.21%)

### ***3.1.7 Assisted Living Facility: Aged and Physically Disabled***

A total of 178 assisted living facilities for the aged and individuals with physical disabilities (ALFs) are estimated to participate in Medicaid. Assisted living facilities include buildings or complexes that consist of fully, self-contained, individual living units where six or more seniors and adult individuals with disabilities may reside in homelike surroundings. The assisted living facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the. The assisted living facilities for ALFs reported similar characteristics to those of the nursing facilities in the state. The typical ALF is a non-chain, private for-profit facility in a metropolitan area serving people with frailty, dementia, or physical disabilities. ALFs are larger than most residential settings. These facilities do not require much training for their direct care workers; about half of the administrators or owners report that they are involved in direct care.

The ALFs reported as primarily private ownership, for-profit facilities (83.33%), while another 14.67% were privately owned, non-profit facilities. Most ALFs were part of a corporate chain (80.54%). Almost two-thirds of these facilities (63.58%) were located in metropolitan areas of the state, with another 21.19% located in micropolitan areas. Almost all of the ALFs (99.32%) reported that the most common disabilities among their residents were frailty, dementia, or physical disabilities. The ALFs respondents reported varying sizes: the largest share (38.67%) reported serving 26 to 50 residents, which was similar to nursing facility sizes (37.29%). Also similar to nursing facilities, 31.33% of ALFs reported serving 51 to 75 residents where 35.59% of nursing facilities reported serving the same number of residents. ALFs also reported that 10.67% served 25 or fewer residents, which is also similar to nursing facility sizes (9.32% reported serving 25 or fewer residents) and in-home care agencies (12.00% reported serving 25 or fewer residents). Among the ALFs,

10.00% reported serving 76 to 100 residents, and 9.33% reported serving 100 or more residents, which was second to in-home care agencies in the number of individuals served at that range. Assisted Living Facilities require very little training for their direct care workers. Over three-quarters of ALFs (77.48%) required less than 75 hours of training for their direct care workers. However, almost 10% (9.27%) reported they required 75 hours of training and 7.28% reported they required more than 75 hours of training for their direct care staff. Only about a tenth (11.33%) of ALFs used contract workers to provide direct care, and the majority of the owners or administrators of ALFs (56.00%) did not provide direct care.

### **3.1.8 In-Home Care Agencies**

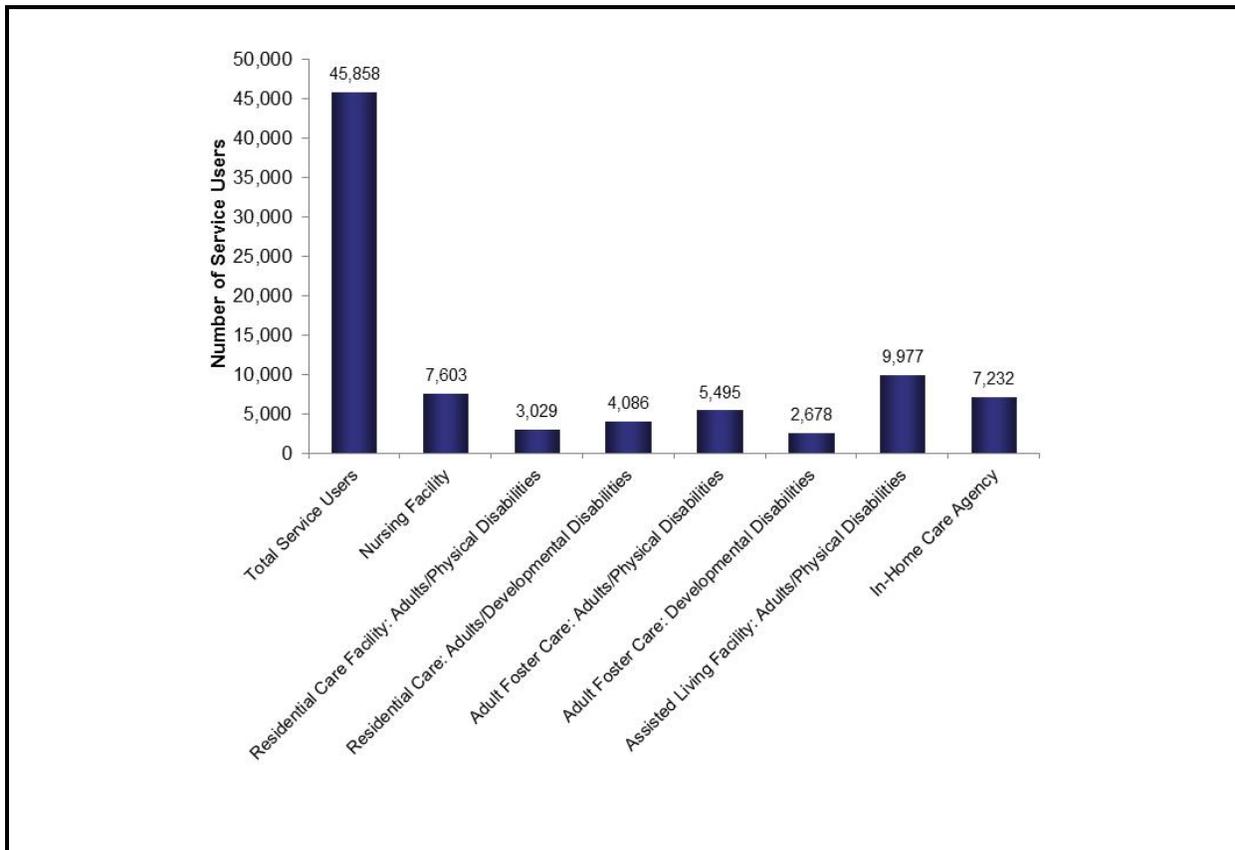
A total of 63 In-home care agencies are estimated to participate in Medicaid. In-home care agencies included agencies primarily engaged in providing in-home care services for compensation to an individual in that individual's place of residence. These providers do not include home health agencies. The typical in-home care agency is a chain, for-profit entity that located in a metropolitan area and provides care primarily to individuals with frailty, dementia, and physical disabilities. The median agency served more than 76 consumers in the last week. Training requirements for direct care workers are below that for home health aides for Medicare and Medicaid certified home health agencies. Agencies rarely use contract workers and in about half of agencies, the owner or administrators provides some direct care.

Of those in-home care agency respondents, 94.00% reported that they were privately owned, for-profit agencies, and the remaining 6.00% reported that they were privately owned, non-profit agencies. The majority of the in-home care agencies (60.00%) were part of a corporate chain rather than an individual entity. These providers were more likely located in metropolitan areas of the state (61.22%), although almost a quarter of in-home care agency respondents (24.49%) reported their location in micropolitan areas and 14.29% reported their location in more rural areas. All in-home care agencies (100.00%) reported that they primarily served individuals with frailty, dementia, and physical disabilities. Over a third of these agencies (34.00%) served more than 100 individuals. Another quarter (24.00%) reported that they served between 24 and 50 residents. In-home care agencies required less training of their direct care workers than do Medicare and Medicaid certified home health agencies. Most of the in-home care agencies (84.00%) required less than 75 hours of training for their direct care worker staff, although 6.00% reported that they required 75 hours of training, and 4.00% reported that they required more than 75 hours of training. Almost no in-home care agencies (1.96%) used contract workers to provide direct care, and about half of the agencies (45.10%) reported that their owners or administrators provide direct care.

### 3.2 Characteristics of Long-Term Care Service Users

**Figure 3-2** provides an estimate of the number of long-term care service users (n=45,858), by the type of provider. The three biggest providers in terms of number of people served were assisted living facilities for the aged and people with physical disabilities in-home care agencies, and nursing facilities, which account for over half of all service users being served by long-term care providers participating in Medicaid. Independent providers participating in Medicaid’s consumer-directed home care program are not included. In the survey, providers were asked to provide information about people living in the facility as of midnight the night before if they were residential settings or about people who received services over the last seven days if they provided nonresidential services. The provider respondents reported their service users’ ethnicity, race, gender, age, and the service user’s primary payer for the services received from the provider. **Table 3-2** presents detailed information on the characteristics long-term care service users

**Figure 3-2. Long-Term Care Service Users, by Provider Type in Oregon, 2014**



Note: Unit of analysis is service users. Note: No columns for Adult Day Services, Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 3-2. Service User Characteristics, by Provider Type**

Characteristics of Service Users	Total Service Users	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes				Assisted Living Facility: Aged/Physical Disabilities
			Facility: Aged/Physical Disabilities	Adults/ Developmental Disabilities	Aged/Physical Disabilities		Developmental Disabilities		
					<i>Direct Care Workers</i>	<i>No Direct Care Workers</i>	<i>Direct Care Workers</i>	<i>No Direct Care Workers</i>	
Total % (Number of Service Users)	45,858	7,603	3,029	4,086	3,852	1,644	1,816	862	9,977
Ethnicity									
Hispanic/Latino	7.82	12.31	12.25	2.34	9.85	16.14	1.20	15.59	10.96
Not Hispanic/Latino	92.18	87.69	87.75	97.66	90.15	83.86	98.80	84.41	89.04
Race									
American Indian or Alaska Native	1.94	4.09	1.70	1.00	1.68	1.21	0.24	2.44	1.77
Asian	2.66	4.92	3.39	0.50	2.37	4.80	0.10	0.94	2.07
Black or African American	2.80	7.06	2.48	1.65	2.25	3.38	0.36	3.80	1.84
Native Hawaiian or Other Pacific Islander	1.78	3.59	1.27	0.83	0.72	1.71	0.04	0.79	1.63
White	81.56	70.75	88.87	94.93	91.70	86.17	98.90	86.80	87.40
Other	9.26	9.59	2.29	1.10	1.28	2.72	0.36	5.22	5.29
Sex									
Male	36.14	39.91	35.02	54.80	34.60	40.52	36.44	50.53	28.56
Female	63.86	60.09	64.98	45.20	65.40	59.48	63.56	49.47	71.44

(continued)

**Table 3-2. Weighted Service Users Characteristics by LTC Provider Type in Oregon (continued)**

Characteristics of Service Users	Total Service Users	Residential Care Facilities			Adult Foster Care Homes			Assisted Living Facility: Aged/Physical Disabilities		
		Nursing Facility	Facility: Aged/Physical Disabilities	Adults/Developmental Disabilities	Adults/Physical Disabilities	Developmental Disabilities				
Age of Individuals Served										
17 Years or Younger	2.60	0.87	0.65	1.48	0.40	0.02	0.11	0.98	2.15	
18-65	24.94	16.95	9.75	75.88	19.26	18.73	99.00	90.18	6.22	
65-74	17.20	21.61	16.09	12.03	17.22	21.65	0.65	6.41	13.97	
75-84	23.41	27.89	30.49	5.84	24.46	27.84	0.18	1.45	30.26	
85+	31.85	32.67	43.01	4.77	38.67	31.76	0.07	0.98	47.40	
Primary Payer for Services Received by Provider										
Medicaid	43.15	57.64	36.10	50.48	42.82	43.55	7.41	67.90	34.64	
Private Pay	21.09	11.58	43.56	4.89	34.38	29.51	0.17	0.89	54.07	
Other Payer	35.76	30.78	20.34	44.62	22.80	26.94	92.42	31.21	11.29	

Note: Unit of analysis is service users. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in Appendix D. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers

### **3.2.1 Total Long-Term Care Service Users**

The typical long-term care service user from service providers participating in the Oregon Medicaid program was a non-Hispanic white female who used Medicaid to pay for their long-term care services. Of the reported total long-term care service users, over 90% (92.18%) were non-Hispanic/Latino and 81.56% were white. Almost two-thirds (63.86%) of the long-term care service users were female. The age range of service users varied more than other characteristics. Almost three-quarters (72.46%) were age 65 or older: 17.20% were between the age of 65 to 74 years, 23.41% were between the ages of 75 and 84 years, and 31.85% were 85 years or older. Another quarter (24.94%) were working-age adults (between 18 and 64 years of age). Medicaid was the source of payment for the largest share of service users (43.15%), with another third (35.76%) using “other payer” (e.g., Medicare, VA, and other government programs) for their service use and the remaining fifth (21.09%) were private pay.

### **3.2.2 Nursing Facilities**

Nursing facilities reported 7,603 nursing facility service users in Oregon. The average nursing facility resident had similar characteristics to long-term care service users overall – primarily non-Hispanic, white, female and used Medicaid as the primary payer for services. Over 85% (87.69%) of nursing facility residents were non-Hispanic/Latino, and 70.75% were reported as white. Just under two-thirds (60.09%) of nursing facility residents were female and most (82.17%) were age 65 and older, with almost a third (32.67%) were age 85 or older. The majority (57.64%) of nursing facility residents had Medicaid as their primary payer for services used, with another almost third (30.78%) reporting using other payers for the services provided.

### **3.2.3 Residential Care Facilities: Aged and Physically Disabled**

Residential care facilities for the aged or individuals physically disabled (RCFs-APD) reported 3,029 residents. Similar to long-term care users overall, RCFs-APD residents were non-Hispanic, white, and female. Residents were mostly elderly and the plurality of residents were private pay. The vast majority of residents of RCFs-APD were non-Hispanic/Latino (87.75%) and white (88.87%). Just under two-thirds (64.98%) of these residents were female. Most RCF-APD residents (89.59%) were age 65 or older, with 43.01% age 85 years or older. Over 40% (43.56%) of RCF-APD residents were private pay and another third (36.10%) used Medicaid as their primary payer.

### **3.2.4 Residential Care Facilities: Adults with Developmental Disabilities**

Residential care facilities for adults with developmental disabilities (RCFs-DD) reported 4,086 residents. Most residents were non-Hispanic, white, and age 18 to 65. Almost all (97.66%) residents of RCFs-DD were reported as non-Hispanic/Latino and 94.93% were

reported as white. Unlike long-term care users overall, the majority of RCF-DD residents were male (54.80%). Three-quarters (75.88%) were working-age adults (age 18 to 65), with only 22.64% age 65 or older. Half (50.48%) of the residents used Medicaid as their primary payer for services, and another 44.62% reported using other payers to pay for services received.

### ***3.2.5 Adult Foster Care Homes: Aged and Physically Disabled***

Adult foster care homes for the aged and individuals with physical disabilities (AFCs-APD) reported 5,496 residents. As discussed previously, about one-third of AFC-APD do not employ direct care workers. The data discussed here relates only to service users of facilities that employed direct care workers (n=3,852), who are the focus of this report.

Most residents of an AFC-APD that used direct care workers were non-Hispanic, white, and female. They were also likely to be age 65 or older and to use Medicaid as their primary payer for services. Most residents of AFCs-APD were reported as non-Hispanic/Latino (90.15%) and white (91.70%). Over two-thirds (65.40%) of residents of AFCs-APD were female and generally (80.35%) aged 65 and older, with 38.67% of residents reported as 85 or older. The largest share of residents (42.82%) used Medicaid as their primary payer, and another third (34.38%) reported as using private pay.

### ***3.2.6 Adult Foster Care Homes: Adults with Developmental Disabilities***

Adult foster care home for adults with developmental disabilities (AFCs-DD) reported 2,678 residents. Of these facilities, almost a third of residents (32.19%, 862) were residents of AFCs-DD that did not use direct care workers. However, this section will focus on residents of AFCs-DD that did use direct care workers (n=1,816).

Most residents of AFC-DD with direct care workers were non-Hispanic, white, female, age 18 to 64 years, and relied on “other payers” to pay for the AFC-DD services. Almost all (98.80%) of the AFC-DD residents were reported as non-Hispanic/Latino, and similarly, almost all (98.90%) were reported as white. Almost two-thirds (63.56%) of these residents were female and almost all (99.00%) were aged 18 to 64 years old. Most (92.42%) of the residents of AFCs-DD used other payers to pay for services received.

### ***3.2.7 Assisted Living Facilities: Aged and Physically Disabled***

Assisted living facilities for the aged and individuals with physical disabilities (ALFs) had the largest share of total long-term care users (n=9,977). Most ALF residents were non-Hispanic, white, and female. Residents were nearly all age 65 or older and a majority were private pay. Almost 90% (89.04%) of ALF residents were non-Hispanic/Latino, and 87.40% of residents were white. Almost three-quarters (71.44%) were female. ALF residents were primarily (91.63%) age 65 and older, with more than half of these (47.40%) age 85 and

older. The majority (54.07%) of ALF residents were private pay for the services received, and about a third (34.64%) used Medicaid to pay for services.

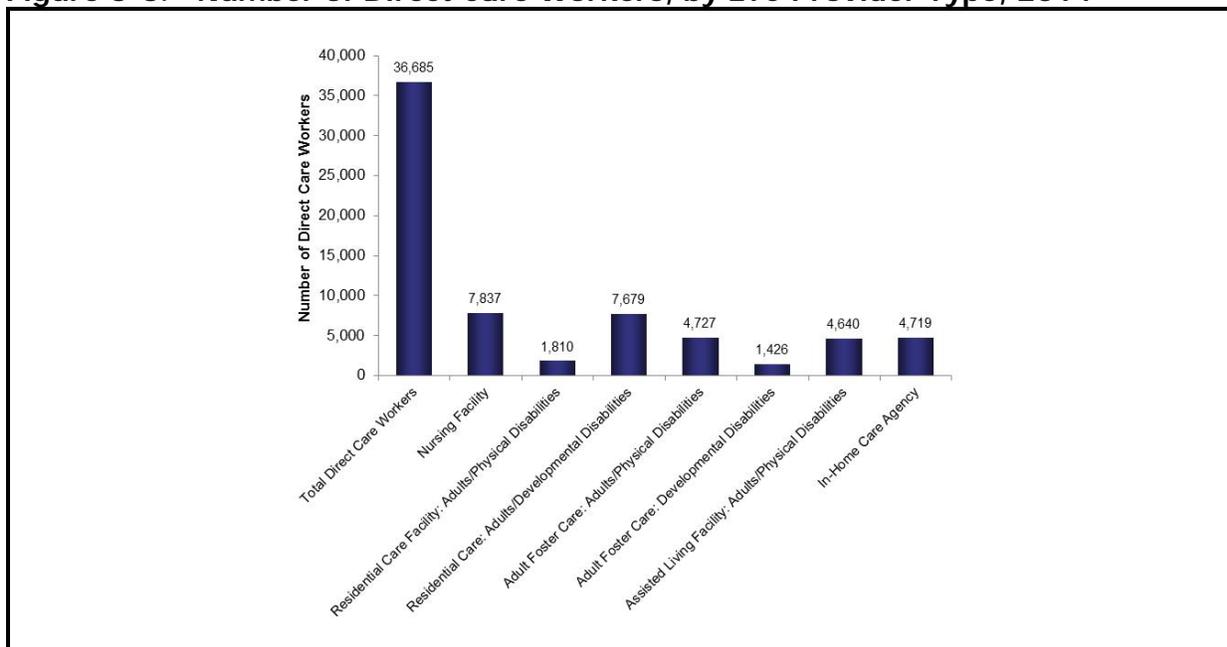
### 3.2.8 In-Home Care Agencies

In-Home Care Agencies reported 7,232 service users over the past 7 days. Most In-Home Care Agency service users were non-Hispanic, white, and female. Most consumers were age 65 or older and about half were private pay. Over 90% (93.53 %) of the in-home care agency users were non-Hispanic/Latino and 79.04% were white. Two-thirds (66.40%) of in-home care agency services users were female. Over three-quarters (78.07%) of these service users were age 65 or older, with the largest share (33.59%) age 85 or older. Almost half (48.33%) used “other payers” as their payment source for services received, and 35.65% reported used Medicaid to pay for their services.

### 3.3 Characteristics of Long-Term Care Direct Care Workers

**Figure 3-3** provides an overview of the characteristics of the estimated 36,685 long-term care direct care workers employed by long-term care providers participating in Medicaid as well as by each type of long-term care provider. Providers supplied information on the ethnicity, race, gender, age, education level, and full-time versus part-time status of direct care workers. **Table 3-3** presents detailed information on the characteristics of direct care workers.

**Figure 3-3. Number of Direct Care Workers, by LTC Provider Type, 2014**



Note: Unit of analysis is direct care worker. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 3-3. Characteristics of Direct Care Workers, by Provider Type**

Characteristics of Direct Care Workers	Total Direct Care Workers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes		Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
			Facility: Aged/Physical Disabilities	Adults/Developmental Disabilities	Aged/Physical Disabilities	Developmental Disabilities		
Total Number of Direct Care Workers	36,685	7,837	1,810	7,679	4,727	1,426	4,640	4,719
Ethnicity								
Hispanic/Latino	18.38	17.05	24.98	11.07	41.30	36.16	16.03	24.97
Not Hispanic/Latino	81.62	82.95	75.02	88.93	58.70	63.84	83.97	75.03
Race								
American Indian or Alaska Native	3.69	1.81	4.07	1.76	3.58	7.00	1.73	7.46
Asian	5.30	5.92	7.62	1.39	11.42	8.24	4.21	8.14
Black or African American	6.49	7.12	7.76	2.46	3.75	19.57	3.70	9.38
Native Hawaiian or Other Pacific Islander	4.94	3.21	5.35	2.14	2.07	7.29	7.39	7.71
White	66.60	70.98	60.04	74.20	70.95	45.63	67.24	56.52
Other	12.99	10.97	15.16	18.05	8.25	12.27	15.72	10.78
Sex								
Male	19.17	18.40	13.06	32.17	9.69	43.81	17.68	11.56
Female	80.83	81.60	86.94	67.83	90.31	56.19	82.32	88.44

(continued)

**Table 3-3. Characteristics of Direct Care Workers, by Provider Type (continued)**

Characteristics of Direct Care Workers	Total Direct Care Workers	Residential Care Facilities			Adult Foster Care Homes		Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
		Nursing Facility	Facility: Aged/Physical Disabilities	Adults/Developmental Disabilities	Aged/Physical Disabilities	Developmental Disabilities		
Age of Direct Care Workers								
17 years or younger	1.17	1.87	2.01	0.08	0.47	9.90	3.03	0.45
18-44 years	65.10	63.70	75.93	76.71	68.93	58.21	65.29	55.99
45-64 years	29.77	30.03	19.03	21.20	27.76	20.95	28.28	38.56
65 years or older	3.96	4.40	3.04	2.02	2.83	10.94	3.39	5.00
Education of Direct Care Workers								
Less than high school graduate	6.83	5.98	7.55	0.51	3.90	8.26	8.96	10.96
High school graduate or GED	59.72	48.25	60.29	93.37	36.24	36.11	35.21	57.66
Some college	13.70	13.98	16.48	4.01	47.29	24.39	26.63	12.87
Associate's degree	8.65	17.19	5.24	0.78	6.11	12.00	8.96	7.87
Bachelor's degree	6.92	8.70	6.15	1.02	5.34	11.77	13.08	6.00
Post graduate degree	4.18	5.91	4.27	0.32	1.13	7.59	7.16	4.64

(continued)

**Table 3-3. Characteristics of Direct Care Workers, by Provider Type (continued)**

Characteristics of Direct Care Workers	Total Direct Care Workers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes		Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
			Facility: Aged/Physical Disabilities	Adults/Developmental Disabilities	Aged/Physical Disabilities	Developmental Disabilities		
Full-Time vs Part-Time Status Currently								
Full-time	65.92	78.12	66.04	75.52	46.10	56.78	74.80	31.84
Part-time	34.06	21.88	33.96	24.48	53.66	43.12	25.20	68.16
Full-Time vs Part-Time Status Ever Employed Between January 1, 2014 and Survey Completion								
Full-time	64.25	76.87	64.86	72.60	45.74	52.46	69.93	34.57
Part-time	35.75	23.13	35.14	27.40	54.26	47.54	30.07	65.43

Note: Unit of analysis is service users. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### **3.3.1 Total Long-Term Care Direct Care Workers**

In 2014, there were 36,685 full- and part-time direct care workers employed by long-term care providers in Oregon. The typical long-term care direct care worker in Oregon was a non-Hispanic, white, female who was 18 to 44 years of age. Most direct care workers had at least a high school level of education and worked full time. Nursing facilities reported the largest share of direct care workers in the state (n=7,837), although residential care facilities for adults with developmental disabilities reported almost as many direct care workers (n=7,679). In descending order of number of direct care workers, are nursing facilities (n=7,837), residential care facilities for adults with developmental disabilities (n=7,679), adult foster care homes for the aged and individuals with physical disabilities (n=4,727), in-home care agencies (n=4,719), assisted living facilities for the aged and individuals with physical disabilities (n=4,640), residential care facilities for the aged and individuals with physical disabilities (n=1,810), and adult foster care homes for adults with developmental disabilities (n=1,426).

Of the total number of direct care workers employed by long-term care providers, 83.97% were reported as non-Hispanic/Latino and 66.60% were reported as white. Just over 80% (80.83%) of the direct care workers overall were reported as female. Almost two-thirds (65.10%) were reported as aged 18 to 44 years, with another 30% (29.77%) age 45 to 64. The majority (59.72%) of direct care workers in the state had a high school level of education, with 8.65% reported as having an associate's degree and 11.10% reported as having a bachelor's degree or higher. Almost two-thirds (65.92%) of the direct care workers were reported to currently work full time. The analysis also accounted for the total direct care workers that were ever employed by the providers on a full-time or part-time basis to determine whether these results were different than the responses to the number of current direct care workers. Because both of these responses were virtually the same for each provider, only the results from information on direct care workers who were currently working are reported in this section.

### **3.3.2 Nursing Facilities**

Nursing facilities reported 7,837 direct care workers in Oregon. The average nursing facility direct care worker had similar characteristics to long-term care direct care workers overall – primarily non-Hispanic, white, female who was most likely to have a high school level of education and worked full-time. Over 80% (82.95%) of nursing facility direct care workers were non-Hispanic/Latino, and 70.98% were white. Most (81.60%) of the nursing facility direct care workers were female, and almost two-thirds (63.70%) were aged 18 to 44 years and another third (30.03%) were aged 45 to 64 years. The largest share (48.25%) of nursing facility direct care workers had a high school level education, with another 13.98% having had some college level education and 17.19% having an associate's degree. Over three-quarters (78.12%) worked full time.

### **3.3.3 Residential Care Facilities: Aged and Physically Disabled**

Residential care facilities for the aged or individuals with physical disabilities (RCFs-APD) reported 1,810 direct care workers. RCFs-APD direct care workers were primarily non-Hispanic, white, and female. Most direct care workers were between the ages of 18 and 44 years old, had a high school level of education, and worked full time. Over three-quarters (75.02%) of direct care workers for RCFs-APD were non-Hispanic/Latino and 60.04% were white. The vast majority (86.94%) of direct care workers for RCFs-APD are female and just over three-quarters (75.93%) are between the ages of 18 and 44. The majority of direct care workers (60.29%) had high school level of education, with another 16.48% having some college education. Two-thirds (66.04%) of RCF-APD direct care workers worked full time.

### **3.3.4 Residential Care Facilities: Adults with Developmental Disabilities**

Residential care facilities for adults with developmental disabilities reported 7,679 direct care workers. Most direct care worker for residential care facilities for adults with developmental disabilities (RCF-DD) are non-Hispanic, white, female, between the ages of 18 to 44, and had a high school level of education. Most (88.93%) direct care workers for RCFs-DD were reported as non-Hispanic/Latino and three-quarters (74.20%) were reported as white. Over two-thirds (67.83%) are female and three-quarters (76.71%) are between the ages of 18 and 44. Almost all (93.37%) direct care workers for RCFs-DD had a high school level of education, and three quarters (75.52%) worked full time.

### **3.3.5 Adult Foster Care Homes: Aged and Physically Disabled**

Adult foster care homes for the aged and physically disabled (AFCs-APD) reported 4,727 direct care workers. Most direct care workers for AFCs-APD are non-Hispanic, white, and female. They were also more likely to be between the ages of 18 and 44 years and to be especially well educated, but were much less likely to work full time. The majority (58.70%) of AFC-APD direct care workers are non-Hispanic/Latino and 70.95% are white, with another 11.422% reports as Asian. Over 90% (90.31) are female and two-thirds (68.93%) are between the ages of 18 and 44. Unlike direct care workers for other long-term care providers in the state, a large share (47.29%) of AFC-APD workers had some college education, while 36.24% were reported to have a high school level of education. Also unlike most other long-term care direct care workers, a minority (46.10%) of AFC-APD direct care workers work full time.

### **3.3.6 Adult Foster Care Homes: Adults with Developmental Disabilities**

Adult foster care home for adults with developmental disabilities (AFCs-DD) reported 1,426 direct care workers. Most direct care workers for an AFC-DD were non-Hispanic, white, female, age 18 to 44 years old. Direct care workers had higher levels of education than most other direct care workers and about half worked full time. Almost two-thirds (63.84%)

of AFC-DD direct care workers are non-Hispanic/Latino. The largest share (45.63%) of AFC-DD direct care workers are white, with another 20% (19.57%) Black or African-American. Unlike other long-term care providers in Oregon, a substantial portion of direct care workers are male. Although a majority (56.19%) of direct care workers for AFCs-DD are female, male constituted almost half (43.81%) of direct care workers. The majority (58.21%) of direct care workers for AFCs-DD are between the ages of 18 and 44. Just over 10% (10.94%) AFC-DD direct care workers were reported as age 65 or older, which was the largest share reported for this age range among all long-term care direct care workers in Oregon. There was also much more variation reported among the different education levels of direct care workers for AFCs-DD. Just over a thirds (36.11%) had a high school level of education, with another quarter (24.39%) having some college education. Twelve percent (12.00%) were reported to have an Associate's degree and another 20% (19.36%) had a bachelor's degree or higher. The majority (56.78%) of AFC-DD direct care workers worked full time, less than most direct care workers employed by other providers.

### ***3.3.7 Assisted Living Facilities: Aged and Physically Disabled***

Assisted living facilities for the aged and individuals with physical disabilities (ALFs) reported 4,640 direct care workers. Most ALF direct care workers were non-Hispanic, white, female, and between the ages of 18 and 44 years. Compared to those working for other long-term care providers in Oregon, direct care workers in ALFs are quite well educated, with over half with more than a high-school education; a large majority work full time. Most (83.97%) ALF direct care workers are non-Hispanic/Latino, and just over two-thirds (67.24%) are white. Over 80% (82.32%) were female and just under two-thirds (65.29%) were age 18 to 44 years. The largest share (35.21%) of ALF direct care workers graduated from high school level or have a GED, with another quarter (26.63%) have some college education and over 20% (20.24%) have a bachelor's degree or higher. Almost three quarters (74.80%) were reported to work full time.

### ***3.3.8 In-Home Care Agencies***

In-home care agency services reported 4,719 direct care workers. Most in-home care agency direct care workers are non-Hispanic, white, female and between the ages of 18 and 44. Three quarters (75.03 %) of the in-home care agency direct care workers are non-Hispanic/Latino and 56.52% are white. Almost 90% (88.44%) of in-home care agency direct care workers were female. The majority (55.99%) of these direct care workers were between the ages of 18 and 44 years with another 38.56% reported as between 45 and 64 years. The majority (57.66%) of in-home care agencies have a high school level of education. Unlike all other long-term care direct care workers in the state, most in-home care agency direct care workers work part-time (68.16%), with only 31.86% working full time.

## 4. WAGES PROVIDED TO DIRECT CARE WORKERS EMPLOYED BY LONG-TERM CARE PROVIDERS

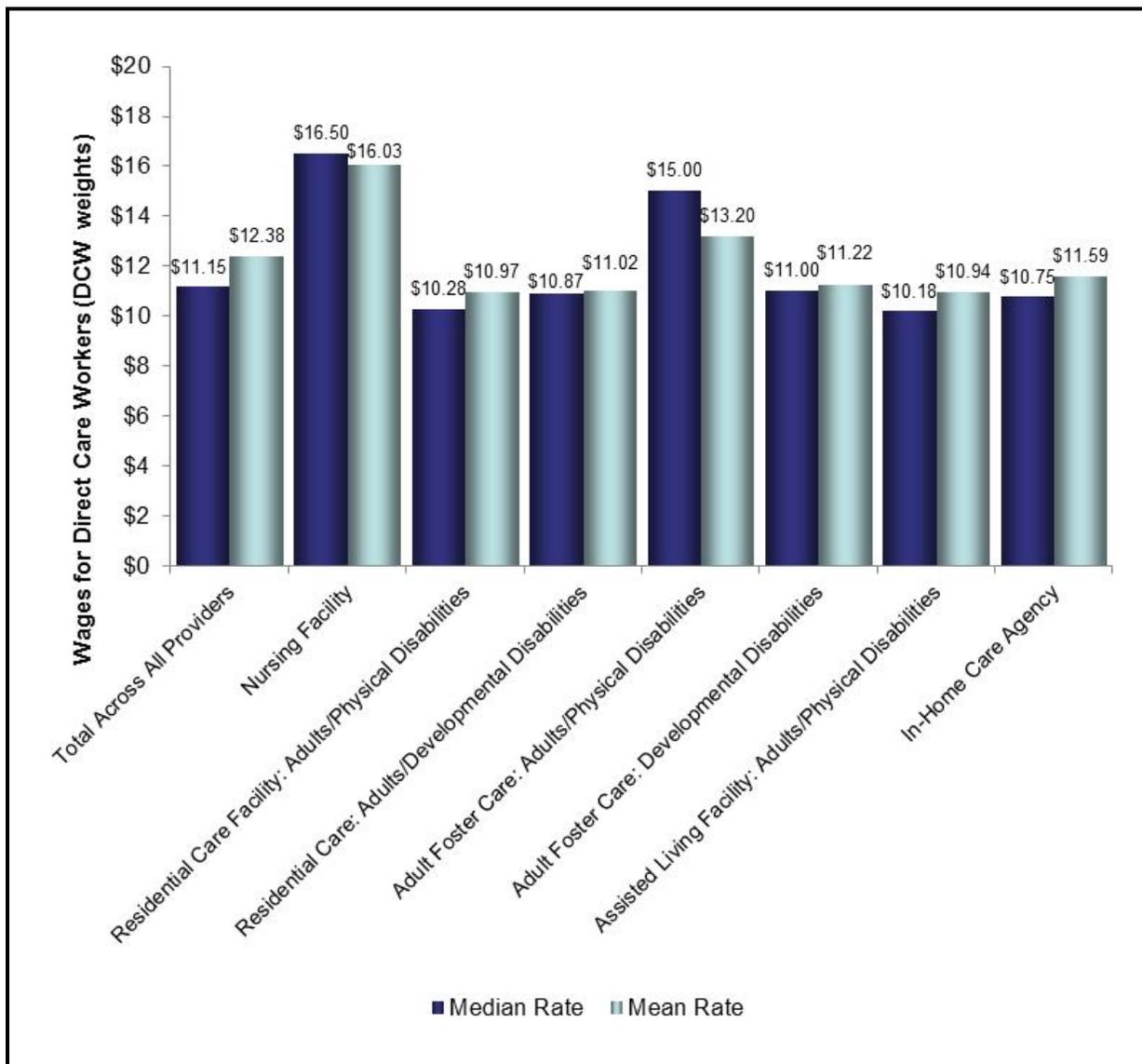
### 4.1 Current Wages for Long-Term Care Direct Care Workers

**Chapter 4** presents data on the wages of direct care workers. **Highlights Box 2** summarizes the main findings from this chapter. **Figures 4-1** and **4-2** present mean and median wages for direct care workers, weighted by the number of long-term care providers and by the number of direct care workers, by provider type. Results are lower when weighted by the number of direct care workers than when weighted by long-term care providers.

#### **Highlights Box 2: Wages Provided to Direct Care Workers Employed by Long-Term Care workers in Oregon**

- Providers reported that the most important factors that they considered when setting wages for direct care workers were: the legally required minimum wage, the education and experience of individual workers, and the wages of other long-term care providers. The Medicaid rate was cited as a factor by about a third of long-term care providers, and was especially important for nursing facilities and in-home care agencies.
- Weighted by providers, the mean (average) wage per hour for direct care workers was \$12.38 and the median was \$11.15. There was not much variation by provider type, except that nursing facilities and adult foster care facilities for aged/physically disabled paid higher salaries.
- Mean and median salaries were lower when weighted by the number of direct care workers employed by each provider. Weighted by direct care workers, the mean (average) wage per hour for direct care workers was \$11.10 and the median was \$10.51. There was not much variation by provider type, except that nursing facilities and adult foster care facilities for aged/physically disabled paid higher salaries.
- Over the period 2003 to 2014, wages for providers in operation in 2014 increased, although less than 2003 wages adjusted for inflation. For example, weighted by the number of direct care workers, average wages increased from \$9.21 in 2003 to \$11.20 in 2014; inflation-adjusted 2003 wages would be \$12.07 in 2014.
- In a multivariate analysis of the wages, the following variables were statistically significant predictors of higher wages: nursing facility, adult foster care for aged/physical disabilities (compared to supported living for people with developmental disabilities, nonprofit and for-profit ownership (compared to government facilities), proportion of direct care workers who are Hispanic/ Latino, number of service users, and 75 or more hours of required training. Statistically significant predictors of lower wages included: proportion of direct care workers who are minority, proportion of service users who have their care paid primarily by Medicaid, and micropolitan location.
- Although there is variation across provider types, Medicaid payment rates to providers serving older people and younger persons with physical disabilities generally increased faster than direct care payment rates. For example, the Medicaid payment rate for nursing facilities increased by 88% increase between 2003 and 2014, which was over three times faster than the reported direct care worker wage increase. Overall, Medicaid payment rates increased at a slower rate from 2009 to 2014 and were more comparable to increases in wages by direct care workers. Data is not available to conduct a comparable analysis of payment rates for providers of services to people with developmental disabilities.

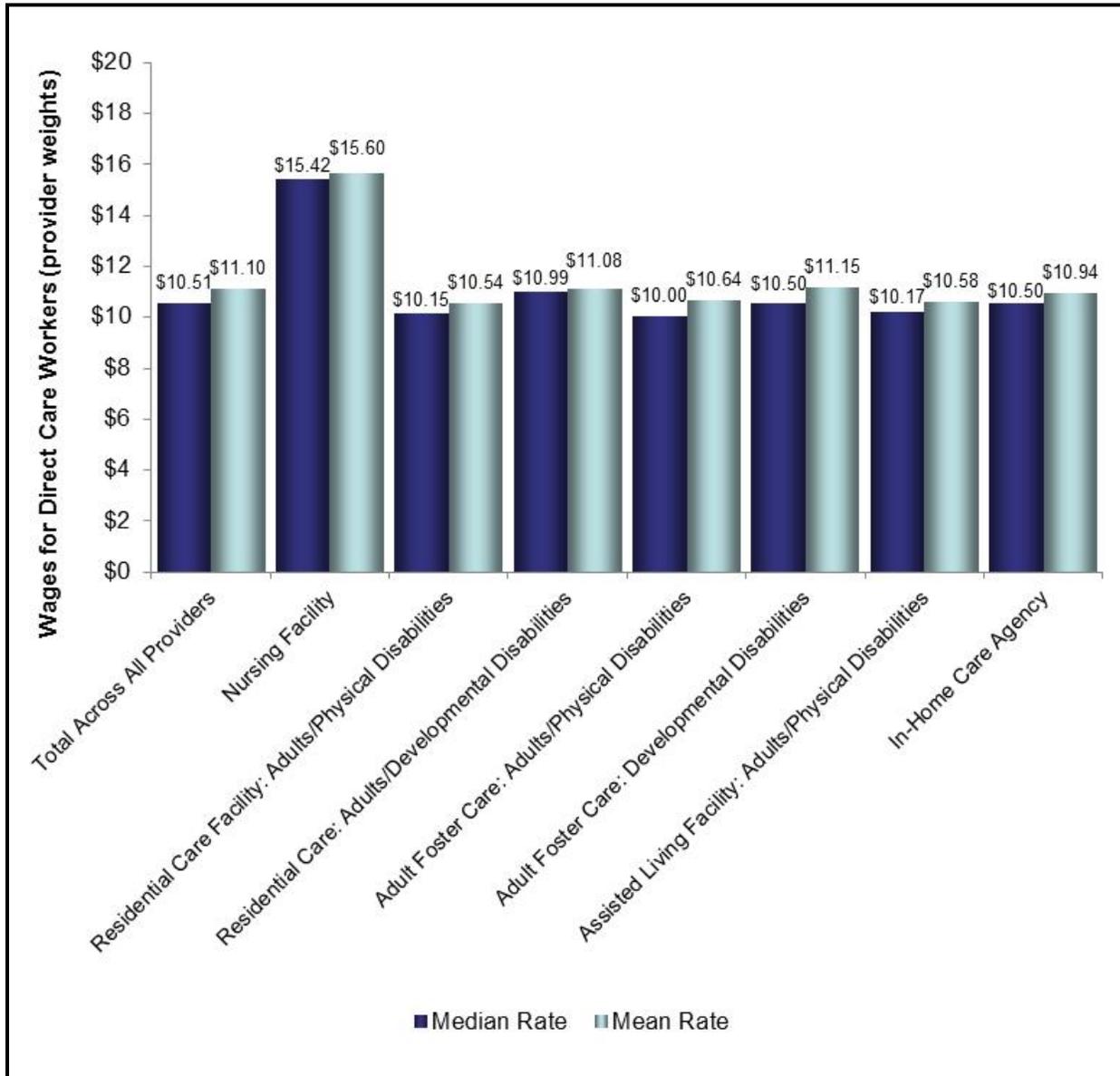
**Figure 4-1. Mean and Median Wages for Direct Care Workers, by Provider Type, 2014 (Averaged Across Direct Care Workers)**



Note: Unit of analysis is direct care worker. No columns for Adult Day Services and Specialized Living Facilities because there were < 30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Figure 4-2. Mean and Median Wages for Direct Care Workers, by Provider Type, 2014 (Averaged Across Providers)**



Note: Unit of analysis is direct care worker. No columns for Adult Day Services and Specialized Living Facilities because there were < 30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

## 4.2 Factors in Determining Wages and Fringe Benefits for Long-Term are Direct Care Workers

**Table 4-1** provides the various factors that long-term care providers reported as influences they considered when determining wages and fringe benefit offerings for their direct care workers. Respondents were allowed to choose more than one factor among the options

provided in the survey. The types of factors that the respondents considered included the role of unions or other collective bargaining processes, the Medicaid payment rates to the provider, the proportion of private-pay service users for that provider, the level of charitable donations to the provider organization, the local unemployment rate, the legally required minimum wage, the profitability of the provider, the relative wages of other long-term care providers, the wages offered to employees of fast food companies, and the education and experience of the individual direct care worker.

#### **4.2.1 Total Long-Term Care Providers**

For long-term care providers as a whole, the most often cited factors that providers consider include the legally required minimum wage and the education and experience of the individual direct care worker. Almost two-thirds (61.98%) of the providers said that they consider the legally required minimum wage and another 56.63% reported that they consider the education and experience of the individual direct care worker when determining the wages and fringe benefit offerings to their direct care workers. Almost half (46.42%) of providers reported that they consider what wages other long-term care providers are offering their direct care workers and another third (31.95%) reported that they consider their Medicaid payment rates for services provided. A quarter (26.98%) of providers reported that they consider their profitability. Factors that were considered much less among the long-term care provider respondents included the local unemployment rate (9.31%), the proportion of private-pay service users (8.63%), the wages of fast food company employees (4.71%), or the level of charitable donations made to the provider organizations (4.39%).. Few providers (7.23%) reported that they considered unions or other collective bargaining processes.

**Table 4-1. Weighted Factors in Determining Wages and Fringe Benefits for Direct Care Workers by LTC Provider Type in Oregon**

Wage and Benefit Determining Factors	Total Providers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes		Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
			Facility: Aged/Physical Disabilities	Adults/Developmental Disabilities	Aged/Physical Disabilities	Developmental Disabilities		
Total Number of Providers	2,867	138	101	765	987	433	178	63
Role of Unions in Determining Wages and Benefits								
Provider Determined	92.77	72.12	100.00	88.99	94.59	94.93	99.33	90.20
Collective Bargaining	7.23	27.88	0.00	11.01	5.41	5.07	0.67	9.80
Factors Taken into Account When Determining Wages and Fringe Benefits								
Medicaid Rate	31.95	52.54	23.75	37.97	26.29	23.51	18.54	65.38
Proportion of Private-Pay Individuals Served by Provider	8.63	5.93	18.75	2.89	12.37	3.97	12.58	21.15
Level of Charitable Donations to Organization	4.39	2.54	2.50	11.75	0.00	0.66	0.00	0.00
Local Unemployment Rate	9.31	16.10	6.25	15.91	4.12	7.95	3.31	9.62
Legally Required Minimum Wage	61.98	64.41	62.50	72.33	55.67	53.64	63.58	57.69
Profitability of Provider	26.98	31.36	28.75	35.44	19.07	19.54	26.49	48.08
Wages of other Long-Term Services and Supports Providers	46.42	77.97	50.00	70.71	22.16	29.47	58.94	59.62
Wages of Fast Food Companies	4.71	9.32	0.00	12.30	0.52	0.66	2.65	7.69
Education and Experience of Individual Workers	56.63	86.44	77.50	37.43	56.70	61.92	78.15	75.00

Note: Unit of analysis is provider. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column. Respondents were given the option to “mark all that apply” for questions related to the factors taken into account when determining wages and fringe benefits. Therefore, numbers do not sum to 100%. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

#### **4.2.2 Nursing Facilities**

The most commonly cited factors that nursing facility providers reported as considering when determining wage and fringe benefits for the direct care workers included the education and experience of the individual direct care worker, the wages offered by other long-term care providers, and the legally required minimum wage. Unlike other long-term care providers, just over a quarter (27.88%) of nursing facility provider respondents reported that they used collective bargaining processes when determining wage and fringe benefit offerings to their direct care workers. The most commonly cited factor that nursing facility providers reported that they considered was the education and experience of the individual direct care worker (86.44%). Over three-quarters of providers (77.97%) reported that they consider the wages that other long-term care providers offer, and another two-thirds (64.41%) said that they also account for the legally required minimum wage. More than half (54.54%) of nursing facility providers reported that they considered their Medicaid payment rate, and just under a third (31.36%) reported that they considered their profitability. About a tenth (9.32%) of nursing facilities reported that they considered the wages of fast food restaurants.

#### **4.2.3 Residential Care Facilities: Aged and Physically Disabled**

Residential care facilities for the aged and individuals with physical disabilities (RCFs-APD) reported that they most often considered the education and experience of the individual direct care worker when determining wages and fringe benefits. In 2014, all (100.00%) of the RCFs-APD respondents reported that they did not use collective bargaining processes when determining the wage and fringe benefit offerings for their direct care workers. Similar to nursing facility provider respondents, the most often-cited factor (77.50%) was the education and experience of the individual direct care worker. Almost two-thirds (62.50%) reported that they considered the legally required minimum wage, while half (50.00%) reported that they also considered the wages offered by other long-term care providers in the state. Just over a quarter (28.75%) of the RCFs-APD reported that they considered their profitability and just under a quarter (23.75%) reported that they considered their Medicaid payment rates when determining the wage and fringe benefit offerings to their direct care workers. No facility reported that they considered the wages of fast-food restaurants.

#### **4.2.4 Residential Care Facilities: Adults with Developmental Disabilities**

Residential care facilities for adults with developmental disabilities (AFCs-DD) reported that the most commonly cited factor was the legally required minimum wage, closely followed by the wages offered by other long-term care providers. In 2014, most (88.99%) of the RCFs-DD reported that they did not use collective bargaining processes when determining wage and fringe benefit offerings for their direct care workers. Almost three-quarters of the RCFs-DD respondents reported that they considered the legally required minimum wage when determining wage and fringe benefits for their direct care workers. Seventy percent

(70.71%) reported that they also considered the wages offered by other long-term care providers in the state. At much lower rates, just over a third (37.97%) reported that they also considered the Medicaid payment rate, 37.43% reported that they considered the education and experience of the direct care worker, and 35.44% reported that they considered their profitability. About one-eighth (12.30%) of providers cited the wages paid in fast food restaurants as a factor.

#### **4.2.5 Adult Foster Care Homes: Aged and Physically Disabled**

Adult foster care homes for the aged and individuals with physical disabilities (AFCs-APD) respondents reported that the two most commonly cited factors considered for determining wage and fringe benefits for their direct care workers were the legally required minimum wage and the experience and education of the individual direct care worker. Similar to other long-term care providers, almost all (94.59%) AFC-APD providers reported that they did not use collective bargaining processes. The majority (56.70%) reported that they considered the education and experience of the individual direct care worker and 55.67% also reported that they considered the legally required minimum wage. A quarter (26.29%) reported that they considered their Medicaid payment rates, and just over a fifth (22.16%) responded that they considered the wages offered by other long-term care providers. Less than 1% (0.52%) of providers reported that they considered the wages of fast-food restaurants.

#### **4.2.6 Adult Foster Care Homes: Adults with Developmental Disabilities**

Adult foster care home for adults with developmental disabilities (AFCs-DD) reported that the education and experience of the individual direct care worker and the legally required minimum wage were the most important factors considered when determining wages and fringe benefits for their direct care workers. As with many of the other long-term care providers, 94.93% of the AFCs-DD respondents reported that they determined their own wages and benefits rather than going through a collective bargaining process. Almost two-thirds of providers (61.92%) reported that they considered the experience and education of the individual direct care worker, while 53.64% reported that they considered the legally required minimum wage. Fewer than 30% (29.47%) reported that they considered the wages offered by other long-term care providers and about a quarter (23.51%) reported that they considered the Medicaid payment rates when determining wages and fringe benefits for their direct care workers. Less than 1% (0.66%) of providers reported that they considered the wages of fast food restaurants.

#### **4.2.7 Assisted Living Facilities: Aged and Physically Disabled**

Assisted living facilities for the aged and individuals with physical disabilities (ALFs) reported that the education and experience of the individual direct care worker, the legally required minimum wage, and the wages offered by other long-term care providers were the most important factors considered when determining wages and fringe benefits for their direct

care workers. Almost all (99.33%) of the ALF respondents reported that they determined wages and fringe benefits on their own rather than going through a collective bargaining process. Over three quarters (78.15%) reported that they considered the education and experience of the individual direct care worker when determining wages and fringe benefits. Almost two-thirds of the ALF respondents reported that they also considered the legally required minimum wage, and 58.94% reported that they considered the wages offered by other long-term care providers in the state. Just over a quarter (26.49%) reported that they considered their profitability. Less than a fifth of providers (18.54%) said that they considered the Medicaid rate when making these decisions.

#### **4.2.8 In-Home Care Agencies**

In-home care agency services reported that they most often considered the education and experience of the individual direct care worker as well as the Medicaid payment rates when determining the wages and fringe benefits of their direct care workers. Most (90.20%) in-home care agency respondents reported that they determined the wages and fringe benefits rather than going through a collective bargaining process. Three-quarters (75.00%) of these providers reported that they considered the education and experience of the individual direct care worker, and two-thirds (65.38%) reported that they considered their Medicaid payment rates. Other often-cited considerations made by in-home care agency providers include the wages offered by other long-term care providers (59.62%) and the legally required minimum wage (57.69%). Only a small percentage (7.69%) of providers said that they considered the wages of fast food restaurants.

### **4.3 Current Wages for Direct Care Workers**

Wages are analyzed two ways. First, the responses are weighted by the number of direct care workers that each provider employs so that providers which employ a greater number of workers are given more weight than providers who employ fewer workers (**Table 4-2**). Second, responses are weighted by the number of providers, so that each provider is weighted equally. In the second method, a provider that employs 3 direct care workers is given the same weight as a provider that employs 100 workers (**Table 4-3**).

**Table 4-2. Wages for Direct Care Workers, by Provider Type, 2014**

Wages for Direct Care Workers	Total Across All Providers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes		Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
			Aged/Physical Disabilities	Adults/Developmental Disabilities	Aged/Physical	Adult Foster Care: Developmental		
Total Number of Direct Care Workers	<b>2,867</b>	<b>138</b>	<b>101</b>	<b>765</b>	<b>987</b>	<b>433</b>	<b>178</b>	<b>63</b>
Current Average Hourly Rate for Direct Care Workers (weighted by the number of direct care workers by provider)								
Median Rate	10.51	15.42	10.15	10.99	10.00	10.50	10.17	10.50
Mean Rate	11.10	15.60	10.54	11.08	10.64	11.15	10.58	10.94
Percentage Distribution of Direct Care Worker Wages (Rate per Hour)								
Less than \$9.10	0.73	0.03	0.85	0.14	5.27	3.11	0.40	0.00
\$9.10 - \$9.99	18.17	1.62	31.66	19.89	16.74	15.57	35.12	17.12
\$10.00 - \$10.99	29.70	4.29	34.95	38.60	38.84	30.92	28.54	49.73
\$11.00 - \$11.99	15.62	8.20	14.66	20.98	13.31	19.09	12.74	19.04
\$12.00 - \$12.99	10.46	16.90	5.95	9.97	12.84	11.97	6.95	5.66
\$13.00 - \$13.99	6.35	14.31	2.43	4.73	3.97	4.62	4.56	2.55
\$14.00 - \$14.99	3.70	9.66	2.01	1.89	2.08	2.17	2.54	0.70
\$15.00 - \$15.99	3.03	8.44	1.59	1.24	2.55	4.43	1.59	0.03
\$16.00 - \$16.99	2.15	6.02	1.17	1.16	1.13	1.79	1.12	0.08
\$17.00 and more	10.09	30.53	4.73	10.21	3.26	6.32	6.43	5.09
Average Wage per Hour for Most Recently Hired Direct Care Worker	10.48	12.74	9.81	10.21	10.52	10.81	9.84	10.37
Current Average Hourly Rate for Direct Care Worker Who Has Worked for Provider for 5 or More Years	12.16	15.77	11.73	12.19	11.47	12.12	11.59	11.19

Note: Unit of analysis is direct care worker. No columns for Adult Day Services, Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 4-3. Direct Care Worker Weighted Current Wages for Direct Care Workers, by LTC Provider Type**

Wages for Direct Care Workers	Total Across All Providers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes			
			Aged/Physical Disabilities	Adults/Developmental Disabilities	Aged/Physical Disabilities	Adult Foster Care: Developmental Disabilities	Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
Total Number of Direct Care Workers	36,685	7,837	1,810	7,679	4,727	1,426	4,640	4,719
Current Average Hourly Rate for Direct Care Workers (weighted by the number of direct care workers by provider)								
Median Rate (\$)	11.15	16.50	10.28	10.87	15.00	11.00	10.18	10.75
Mean Rate (\$)	12.38	16.03	10.97	11.02	13.20	11.22	10.94	11.59
Distribution of Direct Care Worker Wages (Rate per Hour)								
Less than \$9.10	0.23	0.01	0.47	0.02	2.99	5.03	0.34	0.00
\$9.10 - \$9.99	18.78	1.62	29.08	30.95	11.74	16.14	30.05	18.47
\$10.00 - \$10.99	29.67	4.10	36.51	33.88	30.24	21.94	17.08	51.23
\$11.00 - \$11.99	14.44	7.80	12.78	16.83	8.99	15.84	11.30	17.33
\$12.00 - \$12.99	8.94	16.87	6.57	9.24	9.97	9.97	6.99	3.46
\$13.00 - \$13.99	5.80	12.95	3.50	3.97	4.09	6.60	7.87	1.40
\$14.00 - \$14.99	3.49	9.09	2.20	2.18	1.32	5.09	2.95	0.39
\$15.00 - \$15.99	3.11	8.31	1.90	2.18	27.70	6.18	2.34	0.01
\$16.00 - \$16.99	1.89	5.53	1.40	0.45	0.71	4.47	2.03	0.02
\$17.00 and more	13.66	33.71	5.59	0.28	2.25	8.73	19.05	7.68
Average Wage per Hour for Most Recently Hired Direct Care Worker (\$)	11.15	12.87	9.95	10.14	13.12	10.72	9.94	10.87
Current Average Hourly Rate for Direct Care Worker Who Has Worked for Provider for 5 or More Years (\$)	12.87	15.86	12.17	12.13	11.84	12.21	12.14	11.46

Note: Unit of analysis is direct care worker. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

When weighting the responses for all long-term care providers by the number of direct care workers, the overall current average rate paid to direct care workers was \$12.38 an hour. Weighting the responses by the number of providers drops the current average rate paid to direct care workers to \$11.10 an hour. Because the average might be skewed by a few providers that paid a lot more or less than the average, the analysis also provides the median reported wage, which is the middle wage value reported among all respondents. When weighted by the number of direct care workers a provider employs, the median wage reported for all direct care workers was \$11.15 an hour. Weighting this response by the number of providers drops the median wage to \$10.51 an hour. The legal minimum wage in Oregon is \$9.10 and nationally is \$7.25.

When examining the distribution of the current wages offered to direct care workers, the largest share of respondents reported that they paid between \$10.00 and \$10.99 an hour, both when weighted by the number of direct care workers a provider employs and when weighted by the number of providers. Almost 30% (29.67%) of the respondents reported that they paid their direct care workers between \$10.00 and \$10.99 an hour when weighted by the number of direct care workers. When weighting the respondents by the number of providers, the response is almost the same – 29.70% reported that they paid their direct care workers between \$10.00 and \$10.99 an hour. Another fifth (18.78%) of respondents reported that they paid their direct care workers between \$9.10 and \$9.99 an hour when weighting the providers by the number of direct care workers they employed. The response remains similar when weighting it by the number of providers – 18.17% reported that they paid their direct care workers between \$9.10 and \$9.99 an hour.

Respondents reported that they paid their most recently hired direct care worker \$11.15 an hour, when weighting the responses by the number of direct care workers. This amount dropped to \$10.48 an hour when weighting the responses by the number of providers. When asked about the current average wage rate for the direct care worker who has worked for the provider for five or more years, respondents reported that they paid that worker \$12.87 an hour (weighted by the number of direct care workers). When weighting the response by the number of providers, the amount was \$12.16 an hour.

#### **4.3.1 Nursing Facilities**

In 2014, the nursing facility providers paid their direct care workers much higher hourly rates than compared to all other long-term care providers in the state. The average rate reported was \$16.03 an hour when weighted by the number of direct care workers employed by the nursing facility providers. This average rate was \$15.60 an hour when weighted by the number of nursing facility providers. When weighted by the number of direct care workers a provider employs, the median wage reported for all direct care workers was \$16.50 an hour. Weighting this response by the number of providers, the median wage was \$15.42 an hour.

When weighted by the number of direct care workers, a third (33.71%) of the nursing facility providers reported that they paid their direct care workers \$17.00 or more an hour, much more than other providers. The next largest share (16.87%) of nursing facility providers reported they pay their direct care workers \$12.00 to \$12.99 an hour. When weighted by the number of providers, almost a third (30.53%) of nursing facility providers reported they paid their direct care workers \$17.00 or more an hour, and 16.90% reported that they paid their direct care staff \$12.00 to \$12.99 an hour.

Nursing facility providers reported that they paid their most recently hired direct care workers an average of \$12.87 an hour, when weighted by the number of direct care workers. When weighted by the number of providers, this average rate was \$12.74 an hour. The average rates paid to direct care workers who had worked for the provider for longer were paid at much higher rates. When asked what the nursing facility providers paid their direct care workers who had worked for them for 5 years or more, the average was \$15.86 an hour weighted by number of direct care workers and \$15.77 an hour weighted by number of providers.

#### ***4.3.2 Residential Care Facilities: Aged and Physically Disabled***

Residential care facilities for the aged and individuals with physical disabilities (RCFs-APD) reported average wages for their direct care workers that were slightly lower than the average rates for long-term care providers in the state overall. RCF-APD providers reported an average wage rate of \$10.97 an hour when weighted by the number of direct care workers and \$10.54 an hour when weighted by the number of providers. When examining the median wage rate paid to RCF-APD direct care workers, these providers paid \$10.28 an hour when weighted by the number of direct care workers and \$10.15 when weighted by the number of providers.

A larger share of the distribution of wages paid to RCF-APD direct care workers were reported at the lower end of average hourly rates. Over a third (36.51%) of RCF-APD providers reported that they paid their direct care workers \$10.00 to \$10.99 an hour, and another 29.08% reported they paid between \$9.10 to \$9.99 an hour when weighted by the number of direct care workers. When weighted by the number of providers, 34.51% reported that they paid \$10.00 to \$10.99 an hour and 31.66% reported they paid \$9.10 to \$9.99 an hour.

The average wage RCF-APD providers reported that they paid their most recently hired direct care worker was \$9.95 an hour when weighted by the number of direct care workers and \$9.81 an hour when weighted by the number of providers. The average wages paid to direct care workers who have worked for 5 years or more was \$12.17 an hour when weighted by the number of direct care workers and \$11.73 an hour when weighted by the number of providers.

### **4.3.3 Residential Care Facilities: Adults with Developmental Disabilities**

Average wages paid to direct care workers for residential care facilities for adults with developmental disabilities (RCFs-DD) were similar to the average rates paid to direct care workers overall. RCFs-DD reported that the average wage paid to direct care workers was \$11.02 an hour when weighted by the number of direct care workers and \$11.08 an hour when weighted by the number of providers. The median wage paid to RCF-DD direct care workers was \$10.87 an hour when weighted by the number of direct care workers and \$10.99 an hour when weighted by the provider.

RCF-DD providers reported that they tended to pay their direct care workers slightly higher than the legally required minimum wage (\$9.10 an hour). A third (33.88%) of these providers reported that they paid their direct care workers between \$10.00 and \$10.99 an hour when weighted by the number of direct care workers employed by the provider. This average wage range increases to almost 40% (38.60%) providers when weighted by the number of providers. Another almost third (30.95%) reported that they paid their direct care workers between \$9.10 and \$9.99 an hour, when weighted by the number of direct care workers and about a fifth (19.89%) of providers when weighted by the number of providers.

RCFs-DD paid their most recently hired direct care worker \$10.14 an hour when weighted by the number of direct care workers and \$10.21 an hour when weighted by the number of providers. For the more experienced direct care workers, RCFs-DD paid \$12.13 an hour for direct care workers with 5 years with that provider weighted by number of direct care workers and \$12.19 an hour weighted by number of providers.

### **4.3.4 Adult Foster Care Homes: Aged and Physically Disabled**

Among the adult foster care homes for the aged and individuals with physical disabilities (AFCs-APD), the average wage paid to their direct care workers was at the higher end of wages paid to all direct care workers when weighted by the number of direct care workers, but dropped to the lowest wages when weighted by the number of providers. The average wage reported for AFC-APD direct care workers was \$13.20 an hour when weighted by the number of direct care workers for a provider and \$10.64 an hour when weighted by the number of providers. The median rate reported for these types of direct care workers was \$15.00 an hour when weighted by the number of direct care workers and \$10.00 an hour when weighted by the number of providers.

When examining the distribution of wages paid to AFC-APD direct care workers, the weighted averages changed substantially between weighting the responses by the number of direct care workers versus weighting the responses by the number of providers. Almost a third (30.24%) of providers reported that they paid their direct care workers between \$10.00 and \$10.99 an hour, which increased to 38.84% when weighted by the number of

providers. On the other end of the distribution, just over a quarter of AFCs-APD reported that they paid \$15.00 to \$15.99 an hour for their direct care workers, when weighted by the number of direct care workers for the provider, but only 2.55% reported this range when weighted by the number of providers. On the other hand, 16.74% of AFC-APD providers paid their direct care workers between \$9.10 and \$9.99 an hour when weighted by the number of providers, but 11.74% of providers reported this range when weighted by the number of direct care workers.

The AFC-APD providers also reported higher wages for their more recent direct care worker hires than the workers that had worked for them for at least 5 years. When weighted by the number of direct care workers, AFC-APD providers reported that they paid their most recently hired direct care worker \$13.12 an hour, and they paid direct care workers with 5 years or more experience with this provider \$11.84 an hour. However, weighting the responses by the number of providers indicates that the AFCs-APD paid their most recent direct care worker \$10.52 an hour and \$11.47 an hour for their more experienced direct care workers.

#### **4.3.5 Adult Foster Care Homes: Adults with Developmental Disabilities**

Adult foster care home for adults with developmental disabilities (AFCs-DD) reported relatively similar wages to those of AFCs-APD. The average wage rate paid to AFC-DD direct care workers was \$11.22 an hour when weighted by the number of direct care workers and \$11.15 an hour when weighted by the number of providers. The median wage rate reported for these types of direct care workers was \$11.00 an hour when weighted by the number of direct care workers and \$10.50 an hour when weighted by the number of providers.

When weighted by the number of direct care workers, the largest share (21.94%) of AFCs-DD paid their direct care workers between \$10.00 and \$10.99 an hour. Another 16.14% reported that they paid their direct care workers between \$9.10 and \$9.99 an hour, 15.84% reported they paid between \$11.00 and \$11.99 an hour, and 9.97% reported that they paid between \$12.00 and \$12.99 an hour. When examining the distribution when weighted by the number of providers, the largest share (30.92%) remains with the range of \$10.00 to \$10.99 an hour. Another 19.09% paid between \$11.00 and \$11.99 an hour, 15.57% paid between \$9.10 and \$9.99 an hour, and 11.97% paid between \$12.00 and \$12.99 an hour.

The AFCs-DD paid their most recent direct care worker hire around the same as recent direct care workers overall. AFCs-DD paid an average of \$10.72 an hour to their most recent direct care worker hire when weighted by the number of direct care workers. This average increased to \$10.81 an hour when weighted by the number of providers. When asked about the average wage paid to direct care workers with 5 years or more experience with this provider, AFCs-DD paid an average of \$12.21 an hour when weighted by the number of direct care workers and \$12.12 when weighted by the number of providers.

#### **4.3.6 Assisted Living Facilities: Aged and Physically Disabled**

Assisted living facilities for the aged and individuals with physical disabilities (ALFs) paid direct care workers on the lower end of the average wages paid to direct care workers in the state. ALFs paid an average \$10.94 an hour to their direct care workers when weighted by the number of direct care workers and \$10.58 an hour when weighted by the number of providers. The median wage for ALF direct care workers was \$10.18 an hour when weighted by the number of direct care workers and \$10.17 an hour when weighted by the number of providers.

The distribution of wages paid to ALF direct care workers was also towards the lower end of the wage ranges compared to direct care workers overall. Almost a third (30.015%) of ALFs paid their direct care workers between \$9.10 and \$9.99 an hour when weighted by the number of direct care workers. This increased to over a third (35.12%) when weighted by the number of providers. However, when examining the second largest wage ranges, the distribution varies by the type of weighting. Almost a fifth (19.05%) of ALFs reported that they paid their direct care workers \$17.00 or more an hour when weighted by the number of direct care workers, but this changes to 6.43% of ALFs when weighting by the number of providers. On the other hand, 28.54% of ALFs reported that they paid their direct care workers between \$10.00 and \$10.99 an hour when weighted by the number of providers and this drops to 17.08% when weighting this range by the number of direct care workers.

The average wage paid to most recently hired direct care workers for ALFs was \$9.94 an hour when weighted by the number of direct care workers and \$9.84 an hour when weighted by the number of providers. The average wages paid to direct care workers with 5 years or more experience at the provider was \$12.14 an hour when weighted by the number of direct care workers and \$11.59 an hour when weighted by the number of providers.

#### **4.3.7 In-Home Care Agencies**

In-home care agencies reported average wages for their direct care workers that were similar to average wages of direct care workers overall in the state. The average wage paid to in-home care agency direct care workers was \$11.59 an hour when weighted by the number of direct care workers and \$10.94 an hour when weighted by the number of providers. The median wage among in-home care agency service direct care workers was \$10.75 an hour when weighted by the number of direct care workers compared to \$10.50 an hour when weighted by the number of providers.

Also similar to direct care workers overall in the state, the majority of in-home care agencies paid their direct care workers between \$10.00 and \$10.99 an hour. Over 50% (51.23%) of in-home care agencies paid their direct care workers in this wage range when weighted by the number of direct care workers and just under half (49.73%) when weighted

by the number of providers. When weighted by the number of direct care workers, the next largest share of in-home care agency providers was 18.47% of providers who reported that they paid their direct care workers between \$9.10 and \$9.99 an hour. However the next largest share of these providers when weighted by the number of providers was 19.04% of providers who reported that they paid between \$11.00 and \$11.99 an hour.

The average wage paid to the most recent in-home care agency direct care workers was \$10.87 an hour when weighted by the number of direct care workers. This dropped slightly when weighted by the number of providers to \$10.37 an hour. For direct care workers with 5 years or more experience at the provider, in-home care agency providers paid \$11.46 an hour when weighted by the number of direct care workers and \$11.19 an hour when weighted by the number of providers.

#### **4.4 Prior Wages for Long-Term Care Direct Care Workers**

**Figure 4-3** and **Tables 4-4 through 4-11** provide data on wages for direct care workers, overall and by individual provider type for 2003 to 2014. The analysis of these prior wages also included information on how these average wages related to the Medicaid payment rates as well as general inflation over time. The analysis includes Medicaid payment rates for providers where the information on their payment rates could be readily and definitively collected, including providers who primarily served the aged and individuals with physical disabilities (e.g., residential care facilities for the aged and individuals with physical disabilities). However, the Medicaid payment rates for long-term care providers who primarily served individuals with developmental disabilities (e.g., residential care facilities for adults with developmental disabilities), the components to the their Medicaid payment rates are based on the individual beneficiary's specific plan of care, varying from individual to individual greatly and cannot therefore be appropriately applied to the provider group as a whole. For this reason, information about the trends in Medicaid payment rates for these providers who primarily serve individuals with developmental disabilities are not included in this report.

To conduct the analysis of what wages would have been if 2003 wages increased with general inflation, the analysis multiplied the wages in 2003 by the annual rate of inflation obtained from the Bureau of Labor Statistics (BLS) between 2003 and 2014. The tables also include data on wages of long-term care workers in the State of Oregon collected by the BLS Occupational Employment Statistics Programs as a supplemental estimate (U.S. Bureau of Labor Statistics, 2014). A limitation of this supplement is that the provider categories do not exactly map to the long-term care provider categories used by Oregon. The analysis reports personal care aides for any direct care workers employed by long-term care providers other than nursing facilities and in-home care agencies. Nursing aides is the BLS employment categories used for comparison for direct care workers employed by nursing facilities and home health aides is the BLS employment category used for comparison for

direct care workers employed by in-home care agencies. Data from the survey show that average wages for direct care workers increased from 2003 to 2014, but did not quite keep up with general inflation. U.S. Bureau of Labor Statistics (BLS) data on direct care workers in Oregon suggest a slightly higher rate of increase, but not enough to match inflation.

The tables also present information on the change in the number of long-term care providers as well as the number of direct care workers in Oregon for these providers.

A limitation is that the wages reported only apply to the providers in operation in 2014. Providers that closed over the 2003 to 2014 time period are not included because they were not available to answer the survey. Also not included are data for providers which were sold over the time period for the portion of the time period prior to their being sold. Data on providers that opened over the 2003 to 2014 time period are available only for the period in which they were open.

Overall, the number of long-term care providers for providers that were in operation in 2014 increased from 734 to 2,867 from 2003 to 2014, which was a 291% increase over that period of time. Nursing facilities increased by 146%; residential care facilities for the aged and individuals with physical disabilities (RCFs-APD) increased by 281%; residential care facilities for adults with developmental disabilities (RCFs-DD) increased by 257%; adult foster care homes for the aged and individuals with physical disabilities (AFCs-APD) increased by 313%; adult foster care homes for adults with developmental disabilities (AFCs-DD) increased by 529%; assisted living facilities for the aged and individuals with physical disabilities (ALFs) increased by 297%; and in-home care agencies increased by 420%.

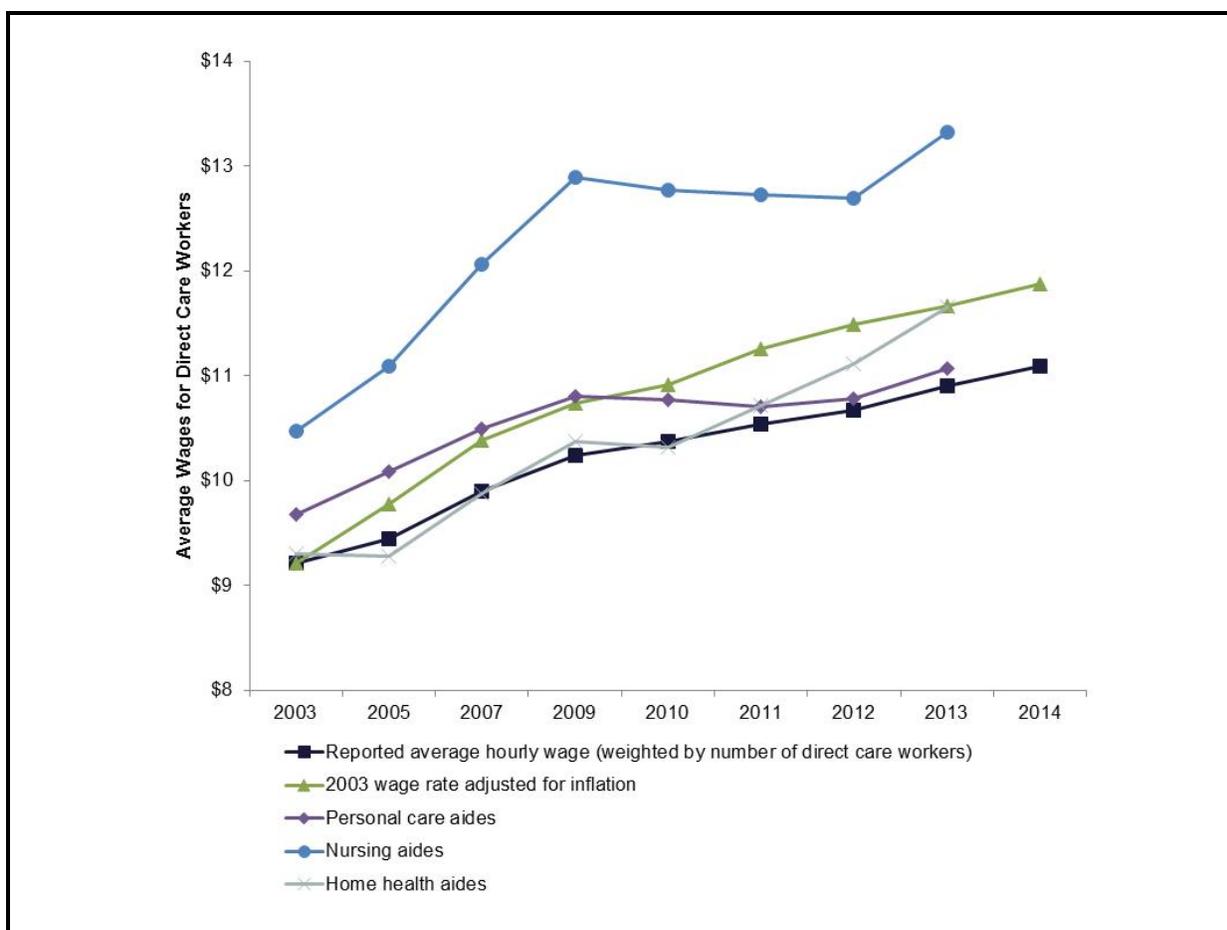
The number of direct care workers in the state overall for providers that were in operation in 2014 increased from 10,143 in 2003 to 36,685 in 2014, which was a 262% increase over that period of time. Nursing facility direct care workers increased by 156%; RCF-APD direct care workers increased by 251%; RCF-DD direct care workers increased by 297%; AFC-APD direct care workers increased by 932%; AFC-DD direct care workers increased by 606%; ALF direct care workers increased by 293%; and in-home care agency direct care workers increased by 383%.

#### **4.4.1 Prior Wages for Total Direct Care Workers**

**Figure 4-3** and **Table 4-4** show that the average hourly wage paid to all direct care workers in the state increased over the past 10 years. In 2003, the reported average wage for direct care workers overall was \$9.21 an hour. By 2014, the average wage for a long-term care direct care worker was \$11.10 an hour, which was a 21% increase over that 10 year time period. In the past 5 years, from 2009 to 2014, the average hourly rate increased from \$10.23 to \$11.10, which was an 8% increase over 5 years.

When adjusting the average wages in 2003 by general inflation over time, the reported average hourly rate (\$11.10) in 2014 was lower than the inflation adjusted rate (\$11.88). The BLS Occupational Employment Statistics Programs (BLS) reported over the same time period that the average rate for personal care aides increased from \$9.67 an hour in 2003 to \$11.07 an hour in 2013 (the latest data available), which was a 14% increase. For nursing aides, the BLS reported that the average rate was \$10.47 an hour in 2003 and \$13.32 an hour in 2013, which was a 27% increase. For home health aides, the BLS reported that the average wage rate was \$9.30 an hour in 2003 and \$11.65 an hour in 2013, a 25% increase over that time period.

**Figure 4-3. Average Wages for Direct Care Workers for All Long-Term Care Providers Participating in Medicaid, 2003-2014**



Note: Unit of analysis is direct care worker. Estimates for personal care aides, nursing aides, and home health aides are from U.S. Bureau of Labor Statistics (BLS) estimates for Oregon. BLS estimates are not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 4-4. Wages for Direct Care Workers for Total Providers, 2003-2014**

<b>Year Provider in Operation</b>	<b>2003</b>	<b>2005</b>	<b>2007</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Total Number of Providers	734	878	1,108	1,364	1,577	1,729	1,894	2,256	2,867
Total Number of Direct Care Workers	10,143	12,538	18,296	22,758	27,095	28,492	31,639	36,430	36,685
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$9.21	\$9.44	\$9.89	\$10.23	\$10.38	\$10.54	\$10.67	\$10.90	\$11.10
2003 wage rate adjusted for inflation	\$9.21	\$9.78	\$10.38	\$10.74	\$10.91	\$11.26	\$11.49	\$11.66	\$11.88
BLS estimates									
Personal care aides	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	
Nursing aides	\$10.47	\$11.09	\$12.06	\$12.89	\$12.77	\$12.73	\$12.69	\$13.32	
Home health aides	\$9.30	\$9.28	\$9.87	\$10.37	\$10.32	\$10.71	\$11.11	\$11.65	

Note: Unit of analysis is direct care worker. Includes Adult Day Services and Specialized Living Facilities. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

#### **4.4.2 Nursing Facilities**

**Table 4-5** shows that the average wage paid to nursing facility direct care workers increased at a slightly faster rate than direct care workers total over the 10 years reported in the survey. Nursing facility providers reported that they paid direct care workers an average of \$12.16 an hour in 2003, which increased to an average of \$15.60 an hour in 2014, a 28% increase over the time period. In the past 5 years, the average nursing facility direct care worker wages increased from \$14.13 an hour to \$15.60 an hour, which was a 10% increase. When adjusting the 2003 wages by general inflation, the reported average rate in 2014 (\$15.60 an hour) was just under the inflation-adjusted rate in 2014 (\$15.73 an hour). Comparing the reported rates to the BLS reported wages, the BLS reported nursing aide average wages increased from \$10.47 an hour in 2003 to \$13.32 an hour in 2013, which was a 27% increase - around the same as the reported wage rate increase.

The Medicaid payment rates to the nursing facilities increased from \$138.88 per basic resident in 2003 to \$257.56 per basic resident in 2014, which was an 88% increase during this time period. The Medicaid payment rate increase was over three times faster than the reported direct care worker wage increase. In the last 5 years, from 2009 to 2014, the Medicaid payment rate to nursing facilities increased from \$208.29 to \$257.56, which was a 24% increase over this time period – almost two and half times faster than the wage rate increase for direct care workers in the last 5 years.

#### **4.4.3 Residential Care Facilities: Aged and Physically Disabled**

**Table 4-6** shows that the average wage paid to Residential Care Facilities: Aged and Physically Disabled (RCFs-APD) direct care workers increased at a rate to nursing facility direct care workers over the 10 years reported in the survey, but at a much lower starting and ending payment level. RCF-APD providers reported that they paid direct care workers an average of \$8.33 an hour in 2003, which increased to an average of \$10.54 an hour in 2014, a 27% increase over that time period. In the past 5 years, the average RCF-APD direct care worker wages increased from \$9.64 an hour to \$10.54 an hour, a 9% increase. When adjusting the 2003 wages for RCF-APD direct care workers by general inflation, the reported average rate in 2014 (\$10.54 an hour) was just under the inflation-adjusted rate in 2014 (\$10.84 an hour). Compared to the BLS reported wages, the personal care aide average wages increased from \$9.67 an hour in 2003 to \$11.07 an hour in 2013, which was a 14% increase over that time period.

**Table 4-5. Weighted Wages for Direct Care Workers at Nursing Facilities, 2003-2014**

<b>Year Provider in Operation</b>	<b>2003</b>	<b>2005</b>	<b>2007</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Total Number of Providers	56	68	82	90	98	99	105	112	138
Total Number of Direct Care Workers	3,057	3,583	5,463	6,588	6,957	6,861	6,973	7,569	7,837
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$12.16	\$13.17	\$13.61	\$14.13	\$14.56	\$14.80	\$14.86	\$14.99	\$15.60
2003 wage rate adjusted for inflation	\$12.16	\$12.91	\$13.70	\$14.18	\$14.41	\$14.87	\$15.17	\$15.40	\$15.73
BLS estimates for nursing aides	\$10.47	\$11.09	\$12.06	\$12.89	\$12.77	\$12.73	\$12.69	\$13.32	
Daily Medicaid Payment Rate per Nursing Facility Resident	\$136.88	\$165.89	\$187.06	\$208.29	\$208.29	\$212.12	\$212.12	\$256.47	\$257.56

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 4-6. Wages for Direct Care Workers at Residential Care Facilities for Aged/Physical Disabilities in Oregon, 2003-2014**

Year Provider in Operation	2003	2005	2007	2009	2010	2011	2012	2013	2014
Total Number of Providers	27	35	43	51	54	61	69	76	101
Total Number of Direct Care Workers	516	699	932	1,040	1,180	1,302	1,552	1,685	1,810
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$8.33	\$8.81	\$9.23	\$9.64	\$9.65	\$9.82	\$10.00	\$10.32	\$10.54
2003 wage rate adjusted for inflation	\$8.38	\$8.89	\$9.44	\$9.77	\$9.93	\$10.24	\$10.46	\$10.61	\$10.84
BLS estimate for personal care aides	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	
Monthly Medicaid Payment Rate per RCF-APD Resident	\$1,142.00	\$1,142.00	\$1,206.00	\$1,491.00	\$1,491.00	\$1,491.00	\$1,491.00	\$1,543.00	\$1,597.00

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

The Medicaid payment rates to the RCFs-APD increased from \$1,142.00 per resident in 2003 to \$1,597.00 per resident in 2014, which was a 40% increase in payment rates during this time period. The Medicaid payment rate increase was almost one and half times faster than the reported RCF-APD direct care worker wage increase. In the last 5 years, from 2009 to 2014, the Medicaid payment rate to RCFs-APD increased from \$1,491.00 to \$1,597.00, which was a 7% increase over this time period, which was slower than the wage rate increase for RCF-APD direct care workers in the last 5 years.

#### **4.4.4 Residential Care Facilities: Adults with Developmental Disabilities**

**Table 4-7** shows that the average wage paid to Residential Care Facilities: Adults with Developmental Disabilities (RCFs-DD) direct care workers increased at the same rate as overall direct care workers over the 10 years reported in the survey. RCF-DD providers reported that they paid direct care workers an average of \$9.18 an hour in 2003, which increased to an average of \$11.08 an hour in 2014. This was a 21% increase over that time period. In the past 5 years, the average RCF-APD direct care worker wages increased from \$10.37 an hour to \$11.08 an hour, which was a 7% increase. When adjusting the 2003 wages by general inflation, the reported average rate in 2014 (\$11.08 an hour) was slightly under the inflation-adjusted rate in 2014 (\$11.88 an hour). The BLS reported average wages for personal care aides increased from \$9.67 an hour in 2003 to \$11.07 an hour in 2013, which was a 14% increase over that time period.

#### **4.4.5 Adult Foster Care Homes: Aged and Physically Disabled**

**Table 4-8** shows that the average wage paid to Adult Foster Care Homes: Aged and Physically Disabled (AFC-APD) direct care workers increased at a slightly slower rate than the rate reported for direct care workers overall over the 10 years reported in the survey. AFC-APD providers reported that they paid direct care workers an average of \$8.85 an hour in 2003, which increased to an average of \$10.64 an hour in 2014, a 20% increase over that time period. In the past 5 years, the average RCF-APD direct care worker wages increased from \$9.64 an hour to \$10.64 an hour, a 10% increase. When adjusting the 2003 wages for AFC-APD direct care workers by general inflation, the reported average rate in 2014 (\$10.64 an hour) was almost a dollar an hour under the inflation-adjusted rate in 2014 (\$11.45 an hour). The BLS reported wages for personal care aide average wages increased from \$9.67 an hour in 2003 to \$11.07 an hour in 2013, which was a 14% increase over that time period.

**Table 4-7. Wages for Direct Care Workers at Residential Care Facilities for Adults with Developmental Disabilities in Oregon, 2003-2014**

<b>Year Provider in Operation</b>	<b>2003</b>	<b>2005</b>	<b>2007</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Total Number of Providers	214	260	343	397	429	473	512	642	765
Total Number of Direct Care Workers	1,935	2,765	4,481	5,948	6,603	7,073	8,238	10,035	7,679
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$9.18	\$9.40	\$9.90	\$10.37	\$10.51	\$10.56	\$10.68	\$10.92	\$11.08
2003 wage rate adjusted for inflation	\$9.18	\$9.74	\$10.34	\$10.70	\$10.88	\$11.22	\$11.45	\$11.62	\$11.88
BLS estimate for personal care aides	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 4-8. Wages for Direct Care Workers at Foster Care Homes for Aged/Physical Disabilities, 2003-2014**

Year Provider in Operation	2003	2005	2007	2009	2010	2011	2012	2013	2014
Total Number of Providers	239	270	331	427	529	580	651	779	987
Total Number of Direct Care Workers	458	550	697	1,109	1,608	1,857	2,046	2,269	4,727
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$8.85	\$8.94	\$9.33	\$9.64	\$9.82	\$10.10	\$10.24	\$10.48	\$10.64
2003 wage rate adjusted for inflation	\$8.85	\$9.39	\$9.97	\$10.32	\$10.49	\$10.82	\$11.04	\$11.20	\$11.45
BLS estimate for personal care aides	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	
Monthly Medicaid Payment Rate per AFC-APD Resident	\$1,142.00	\$1,142.00	\$1,206.00	\$1,491.00	\$1,491.00	\$1,491.00	\$1,491.00	\$1,543.00	\$1,597.00

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

The Medicaid payment rates to the AFCs-APD increased from \$1,142.00 per resident in 2003 to \$1,597.00 per resident in 2014, which was the same as RFCs-APD and a 40% increase in payment rates during this time period. The Medicaid payment rate increase was two times faster than the reported AFC-APD direct care worker wage increase. In the last 5 years, from 2009 to 2014, the Medicaid payment rate to AFCs-APD increased from \$1,491.00 to \$1,597.00, which was a 7% increase over this time period – which was slower than the wage rate increase for RCF-APD direct care workers in the last 5 years.

#### **4.4.6 Adult Foster Care Homes: Adults with Developmental Disabilities**

**Table 4-9** shows that the average wage paid to Adult Foster Care Homes: Adults with Developmental Disabilities (AFCs-DD) direct care workers increased at a slower rate than the rate reported for direct care workers overall during the 10 years reported in the survey. AFC-DD providers reported that they paid direct care workers an average of \$9.41 an hour in 2003, which increased to an average of \$11.15 an hour in 2014, an 18% increase over that time period. In the past 5 years, the average RCF-DD direct care worker wages increased from \$9.87 an hour to \$11.15 an hour, a 13% increase. When adjusting the 2003 wages for AFC-DD direct care workers by general inflation, the reported average rate in 2014 (\$11.15 an hour) was over a dollar an hour less than the inflation-adjusted rate in 2014 (\$12.17 an hour). And compared to the BLS reported wages, the personal care aide average wages increased from \$9.67 an hour in 2003 to \$11.07 an hour in 2013, which was a 14% increase over that time period.

#### **4.4.7 Assisted Living Facilities: Aged and Physically Disabled**

**Table 4-10** shows that the average wage paid to Assisted Living Facilities: Aged and Physically Disabled (ALFs) direct care workers increased at a faster rate than the rate reported for direct care workers overall during the 10 years reported in the survey. ALF providers reported that they paid direct care workers an average of \$8.18 an hour in 2003, which increased to an average of \$10.58 an hour in 2014. This was a 29% increase over that time period. In the past 5 years, the average ALF direct care worker wages increased from \$9.55 an hour to \$10.58 an hour, which was an 11% increase. When adjusting the 2003 wages by general inflation, the reported average rate in 2014 (\$10.58 an hour) was the exactly the same as the inflation-adjusted rate in 2014. The BLS reported wages for personal care aides increased from \$9.67 an hour in 2003 to \$11.07 an hour in 2013, which was a 14% increase over that time period.

**Table 4-9. Wages for Direct Care Workers at Foster Care Homes for Adults with Developmental Disabilities in Oregon, 2003-2014**

<b>Year Provider in Operation</b>	<b>2003</b>	<b>2005</b>	<b>2007</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Total Number of Providers	69	97	126	179	218	239	265	320	433
Total Number of Direct Care Workers	202	275	396	578	1,991	836	972	1,155	1,426
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$9.41	\$9.28	\$9.54	\$9.87	\$10.14	\$10.35	\$10.61	\$11.03	\$11.15
2003 wage rate adjusted for inflation	\$9.41	\$9.99	\$10.60	\$10.97	\$11.15	\$11.50	\$11.74	\$11.91	\$12.17
BLS estimate for personal care aides	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 4-10. Wages for Direct Care Workers at Assisted Living Facilities, 2003-2014**

Year Provider in Operation	2003	2005	2007	2009	2010	2011	2012	2013	2014
Total Number of Providers	45	47	61	67	83	93	99	114	178
Total Number of Direct Care Workers	1,181	1,291	1,958	2,051	2,566	3,259	3,611	4,165	4,640
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$8.18	\$8.50	\$9.21	\$9.55	\$9.65	\$9.97	\$10.15	\$10.39	\$10.58
2003 wage rate adjusted for inflation	\$8.18	\$8.68	\$9.22	\$9.54	\$9.69	\$10.00	\$10.21	\$10.36	\$10.58
BLS estimate for personal care aide	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	
Monthly Medicaid Payment Rate per ALF Resident	\$1,142.00	\$1,142.00	\$1,206.00	\$1,491.00	\$1,491.00	\$1,491.00	\$1,491.00	\$1,543.00	\$1,597.00

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.  
Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

The Medicaid payment rates to the ALFs increased from \$1,490.76 per resident in 2003 to \$2,096.00 per resident in 2014, a 41% increase in payment rates during this time period. The Medicaid payment rate increase was almost one and half times faster than the reported ALF direct care worker wage increase. In the last 5 years, from 2009 to 2014, the Medicaid payment rate to ALFs increased from \$1,957.00 to \$2,096.00, which was a 7% increase over this time period – slower than the wage rate increase for RCF-APD direct care workers in the last 5 years.

#### **4.4.8 In-Home Care Agencies**

**Table 4-11** shows that the average wage paid to in-home care agency direct care workers increased at a faster rate than the rate reported for direct care workers overall during the 10 years reported in the survey. ALF providers reported that they paid direct care workers an average of \$8.78 an hour in 2003, which increased to an average of \$10.94 an hour in 2014, a 25% increase over that time period. In the past 5 years, the average ALF direct care worker wages increased from \$9.90 an hour to \$10.94 an hour, an 11% increase. When adjusting the 2003 wages for in-home care agency direct care workers by general inflation, the reported average rate in 2014 (\$10.94 an hour) was less than the inflation-adjusted rate in 2014 (\$11.36 an hour). The BLS reported wages for personal care aides increased from \$9.67 an hour in 2003 to \$11.07 an hour in 2013, a 14% increase over that time period. The home health aide average wages increased from \$9.30 an hour in 2003 to \$11.65 an hour in 2013, a 25% increase.

Although information about the Medicaid payment rates to in-home care agencies was not available for 2003, in the last 5 years from 2009 to 2014, the Medicaid payment rate to ALFs increased from \$20.70 an hour to \$21.24 an hour, which was a 6% increase over this time period – slower than the wage rate increase for in-home care agency direct care workers in the last 5 years.

**Table 4-11. Wages for Direct Care Workers at In-Home Agencies, 2003-2014**

<b>Year Provider in Operation</b>	<b>2003</b>	<b>2005</b>	<b>2007</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Total Number of Providers	69	97	126	179	218	239	265	320	433
Total Number of Direct Care Workers	202	275	396	578	1,991	836	972	1,155	1,426
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$9.41	\$9.28	\$9.54	\$9.87	\$10.14	\$10.35	\$10.61	\$11.03	\$11.15
2003 wage rate adjusted for inflation	\$9.41	\$9.99	\$10.60	\$10.97	\$11.15	\$11.50	\$11.74	\$11.91	\$12.17
BLS estimates	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	
Personal care aides	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	
Home health aides	\$9.30	\$9.28	\$9.87	\$10.37	\$10.32	\$10.71	\$11.11	\$11.65	
Hourly Medicaid Payment Rate per In-Home Care Agency Service User	No data	No data	\$19.25	\$20.07	\$20.07	\$20.07	\$20.07	\$21.24	\$21.24

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimates for wages not available for 2014.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

#### 4.5 Average Wages for Long-Term Care Direct Care Workers by Provider Characteristics

**Table 4-12** provides information on the average wages provided to all direct care workers, examining the differences by a variety of characteristics of long-term care providers, service users, and direct care workers. The analysis of these average wages for direct care workers are presented two ways. First, survey responses are weighted by the number of providers, so that so that each provider is weighted equally. Second, survey responses are weighted by the number of direct care workers employed by the provider, so that providers who employ a greater number of workers are given more weight than providers who employ fewer workers. The different long-term care provider characteristics examined include the type of provider ownership, location, the provider dependence on Medicaid payers, the most common disability among service users, the ethnicity and race of direct care workers, the ethnicity and race of the service users, the average age of the services users, the provider size, the education of the direct care worker, the required training of the direct care workers, and the fringe benefits offered to direct care workers in 2014.

**Table 4-12. Wages for Direct Care Workers, Total Providers, by Provider Characteristics, 2014**

Provider Characteristics	Average Wages (\$) in 2014	
	Averaged Across All Providers	Averaged Across All Direct Care Workers
Total Average Wages	11.10	12.38
Type of Ownership		
Private, non-profit	11.06	11.65
Private, for profit	11.16	12.70
Government: federal, state, county or local	10.80	12.90
Chain Ownership		
Part of corporate chain (yes)	11.32	12.66
Individual entity (no)	10.93	12.00
MSA		
Metropolitan	11.16	12.53
Micropolitan	10.84	11.54
Non-Metropolitan/Non-Micropolitan	10.95	12.23
Dependence on Medicaid		
High percent of beneficiaries with Medicaid as primary payer (> median)	11.41	12.51
Low percent of beneficiaries with Medicaid as primary payer (<= median)	10.88	12.03

(continued)

**Table 4-12. Wages for Direct Care Workers, Total Providers, by Provider Characteristics, 2014 (continued)**

Provider Characteristics	Average Wages (\$) in 2014	
	Averaged Across All Providers	Averaged Across All Direct Care Workers
Most Common Disability Among Individuals Served	.	.
Frailty, dementia, and physical disabilities	11.14	12.96
Intellectual/ developmental disabilities	11.09	11.09
Severe mental illness	10.73	11.18
Traumatic brain injury	10.65	10.81
HIV	.	.
Ethnicity of Direct Care Workers		
High Hispanic/Latino workers (> median)	11.33	12.72
Low Hispanic/Latino workers (< =median)	10.89	12.07
Race of Direct Care Workers		
High minority workers (> median of all non-white race categories)	10.78	11.68
Low minority workers (< =median of all non-white race categories)	11.41	13.00
Ethnicity of Beneficiaries		
High Hispanic/Latino beneficiaries (> median)	11.47	13.11
Low Hispanic/Latino beneficiaries (<= median)	10.97	11.86
Race of Beneficiaries		
High minority beneficiaries (> median of all non-white race categories)	10.91	12.24
Low minority beneficiaries (< =median of all non-white race categories)	11.35	12.50
Age of Target Population		
Elderly (65 years or more)	11.13	12.90
Younger individuals with disabilities (Less than 65 years)	11.07	11.13
Employer Size		
Large provider (>75 beneficiaries)	12.42	12.93
Small provider (<= 75 beneficiaries)	11.04	12.19
Education of Direct Care Workers		
Higher than median education	11.26	12.65
Lower than median education	11.06	12.32

(continued)

**Table 4-12. Wages for Direct Care Workers, Total Providers, by Provider Characteristics, 2014 (continued)**

Provider Characteristics	Average Wages (\$) in 2014, Weighted by All	
	Averaged Across All Providers	Averaged Across All Direct Care Workers
Required training of Direct Care Workers		
< 75 hours	10.93	11.73
>=75 hours	11.62	13.72
Fringe Benefits Offered in 2014		
Health insurance with family coverage	11.60	13.00
Health insurance for employee only	11.51	12.80
Paid personal time off, vacation time, or sick leave	11.34	12.38
Paid holidays	11.49	12.64
Pension or 401(k) or 403(b) accounts	11.63	12.91
Employer-sponsored life insurance	11.69	13.02

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

#### **4.5.1 Facility Characteristics**

The average wages offered to direct care workers in Oregon in 2014 was \$11.10 an hour when weighted by the number of providers. Providers that were private, for-profit and part of a chain ownership, located in metropolitan areas, that served larger numbers of beneficiaries, served more Medicaid beneficiaries, and served primarily individuals with frailty, dementia, and physical disabilities paid higher rates than the average wages provided to direct care workers overall.

Those providers who reported that they were private, for-profit entities paid direct care workers at a slightly higher rate (\$11.16 an hour) than the average rate overall. Those providers who were private, non-profit or government entities paid less (\$11.06 an hour or \$10.80 an hour, respectively) than the average hourly rate. Long-term care providers that reported that they were part of chain ownership paid higher wages (\$11.32 an hour) than the average wage, and those that reported as individual entities reported lower (\$10.93 an hour) than the average wages overall. Long-term care providers located in metropolitan areas reported slightly higher wages (\$11.16 an hour) than the average wage overall, while those in micropolitan or more rural areas paid slightly less. Among those providers who had a higher percentage of service users who used Medicaid as their primary payer, the wages paid to direct care workers were higher (\$11.41 an hour) than the average wages overall, while those providers with a lower percentage of Medicaid payers for their services paid lower wages (\$10.88 an hour). And when examining the most common disability among the individuals served, those providers who primarily served individuals with frailty, dementia, and physical disabilities paid slightly more (\$11.14 an hour) than the average wage. Those

providers who primarily served individuals with intellectual or developmental disabilities, severe mental illness, traumatic brain injury, or HIV paid slightly less than the average wages for direct care workers. Larger providers that served more than 75 service users paid higher average wages (\$12.42 an hour) to direct care workers than the average wages to direct care workers overall.

When weighted by the number of direct care workers employed by the provider, the average wage for direct care workers was \$12.38 an hour. Those providers who reported that they were run by government entities or were private, for-profit entities paid direct care workers at higher rates (\$12.90 an hour and \$12.70 an hour, respectively) than the average rate overall. Those providers who were private, non-profit entities paid less (\$11.65 an hour) than the average hourly rate. Those long-term care providers that reported that they were part of a chain paid higher wages (\$12.66 an hour) than the average wage, and those that were individual entities reported lower (\$12.00 an hour) than the average wages overall. Long-term care providers located in metropolitan areas reported slightly higher wages (\$12.53 an hour) than the average wage overall, while those in micropolitan or more rural areas paid slightly less. Among those providers who had a higher percentage of service users who used Medicaid as their primary payer, the wages paid to direct care workers were higher (\$12.51 an hour) than the average wages overall, while those providers with a lower percentage of Medicaid payers for their services paid lower wages (\$12.03 an hour). And when examining the most common disability among the individuals served, those providers who primarily served individuals with frailty, dementia, and physical disabilities paid more (\$12.96 an hour) than the average wage. Those providers who primarily served individuals with intellectual or developmental disabilities, severe mental illness, traumatic brain injury, or HIV paid more than a dollar less an hour than the average wages for direct care workers. Larger providers that served more than 75 service users paid higher average wages (\$12.93 an hour) to direct care workers than the average wages to direct care workers overall.

#### **4.5.2 Service User Characteristics**

Providers who served a higher percentage of Hispanic/Latino s, a lower percentage of minority individuals, and primarily served individuals age 65 and older paid higher wages to their direct care workers than the average wages for direct care workers overall.

Weighting the average wages offered to direct care workers by the number of providers, long-term care providers that served a higher percentage of Hispanic/Latinos paid higher (\$11.47 an hour) wages than those who had a lower percentage of Hispanic/Latino service users. However, those providers who served a lower percentage of minority service users reported higher wages (\$11.35 an hour) than those with a higher percentage of minority service users. The providers who reported serving primarily individuals age 65 or older paid higher average wages (\$11.13 an hour) than the average wage, while those who served

primarily individuals under 65 with disabilities paid slightly lower average wages (\$11.07 an hour).

Weighting the average wages offered to direct care workers by the number of direct care workers employed by the provider, those long-term care providers serving a higher percentage of Hispanic/Latinos paid higher average wages (\$13.11 an hour) to direct care workers compared to the average wages (\$12.38 an hour). Providers with lower percentages of Hispanic/Latino ethnic service users paid less (\$11.86 an hour) than the average wages for direct care workers. Providers who served a lower percentage of minority service users reported higher wages (\$12.50 an hour) than the average wages. The providers who served primarily individuals age 65 or older reported paying higher (\$12.90 an hour) than average wages and those providers who primarily served individuals under age 65 (\$11.13 an hour).

### **4.5.3 Direct Care Worker Characteristics**

Average wages of direct care workers varied greatly with the characteristics of direct care workers. Those providers who employed a higher percentage of Hispanic/Latino direct care workers, had a lower percentage of minority direct care workers, had a higher percentage of direct care workers with higher levels of education, and were more likely to offer any fringe benefit paid higher wages to their direct care workers than the average wages for direct care workers overall.

Weighting the average wages offered to direct care workers by the number of providers, long-term care providers who employed a higher percentage of Hispanic/Latino direct care workers paid higher (\$11.33 an hour) wages than the average wages overall. Providers with a lower percentage of minority direct care workers reported higher (\$11.41 an hour) wages than the average wages for direct care workers as well as those providers with a higher number of minority direct care workers (\$10.78 an hour). Providers who employed a higher percentage of direct care workers with higher levels of education (higher than the median education level reported) also paid higher average wages to their direct care workers (\$11.26 an hour) than the average wage and those with direct care workers with lower levels of education (\$11.06 an hour).

Providers that required at least 75 hours of training for their direct care workers also paid higher average rates to their direct care workers at \$11.62 an hour compared to the average rate and those who required less training for their direct care workers (\$10.93 an hour). Providers who offered any fringe benefit to their direct care workers (i.e., health insurance with family coverage, health insurance for employee only, paid personal time off, paid holidays, retirement benefits, or employer-sponsored life insurance) also paid higher average wages to their direct care workers than the average wages to direct care workers overall. The providers who reported providing employer-sponsored life insurance paid the

highest average wage (\$11.69 an hour) compared to the average wages associated with other fringe benefit offerings.

Weighting the average wages offered to direct care workers by the number of direct care workers employed by the provider, the long-term care providers who employed a higher percentage of Hispanic/Latino direct care workers paid higher (\$12.72 an hour) wages than the average wages overall and those providers who had less service users with Hispanic/Latino ethnicity (\$12.07 an hour). Providers with a lower percentage of minority direct care workers reported higher (\$13.00 an hour) wages than the average wages for direct care workers as well as those providers with a higher percentage of minority direct care workers (\$11.68 an hour). Providers who employed a higher percentage of direct care workers with higher levels of education (higher than the median education level reported) also paid higher average wages to their direct care workers (\$12.65 an hour) than the average wage and those with direct care workers with lower levels of education (\$12.32 an hour).

Providers that required at least 75 hours of training for their direct care workers also paid over a dollar an hour higher average rates to their direct care workers at \$13.72 an hour compared to the average payment rate and more than those who required less training for their direct care workers (\$11.73 an hour). Providers who offered any fringe benefit to their direct care workers (i.e., health insurance with family coverage, health insurance for employee only, paid personal time off, paid holidays, retirement benefits, or employer-sponsored life insurance) also paid higher average wages to their direct care workers than the average wages to direct care workers overall. The providers who reported providing employer-sponsored life insurance paid the highest average wage (\$13.02 an hour) compared to the average wages associated with other fringe benefit offerings.

## **4.6 Predictors of Wages for Long-Term Care Direct Care Workers**

**Table 4-13** presents the results of a multivariate analysis of wages paid to direct care workers. The analysis was conducted pooling all long-term care providers. The table provides information on which factors affect the level of wages paid to direct care workers in Oregon holding other factors constant. The analysis focuses on certain characteristics of long-term care providers that may influence wages, including the types of providers as well as their ownership, size, location, and requirements around training for direct care workers. Other factors that were accounted for include the ethnicity, race, and education levels of the direct care workers, as well as the service users' age and primary payer source for services received.

### **4.6.1 Long-Term Care Provider Factors**

Among the long-term care provider factors included in the analysis, certain long-term care provider types, privately nonprofit ownership, and higher training requirements had a

statistically significant positive effect on wages paid to direct care workers. Although most provider types were not statistically significant predictors of wages, nursing facilities and adult foster care homes for the aged and individuals with physical disabilities (AFCs-APD) were statistically significant positive predictors of wages ( $p < 0.0001$  for nursing facilities;  $p = 0.0002$  for AFCs-APD).

For-profit and non-profit providers also significantly paid their direct care workers more than long-term care providers who were owned by a government entity ( $p < 0.0001$ , private non-profit;  $p = 0.0012$ , private for-profit). Providers that required that their direct care worker staff have at least 75 hours of training or more also had higher wages compared to those providers who did not require as much training ( $p < 0.0001$ ). Larger providers who served more service users than other long-term care providers also had higher wages than smaller providers ( $p < 0.0001$ ). The one provider characteristic factor that had a statistically significantly decreasing effect on direct care worker wages was location in micropolitan areas ( $p = 0.0033$ ).

**Table 4-13. OLS Regression of Average Wages, Total Providers, 2014**

Variables	Coefficient	P-Value
<b>Type of Provider</b>		
Nursing Facility	4.9716	<.0001
Residential Care APD	-0.1546	0.7777
Residential Care DD Adult	0.2905	0.5163
Adult APD	1.9867	0.0002
Adult DD	1.0682	0.0452
Assisted Living Facility APD	-0.0617	0.9056
In Home Care Agency	-0.1032	0.8354
Adult Day Services APD	0.4061	0.7314
IC Specialized Living	0.2554	0.9070
Specialized Living Services	1.4355	0.3287
<b>Type of Ownership</b>		
Private, nonprofit organization	1.6996	<.0001
Private, for profit organization	1.2192	0.0012
Government - federal, state, county, or local	0.0000	
<b>Part of Corporate Chain Ownership</b>		
Yes	0.2376	0.0835
No	0.0000	
<b>Proportion of Direct Care Workers Who are Hispanic/ Latino</b>	0.0113	<.0001
<b>Proportion of Direct Care Workers Who are Nonwhite</b>	-0.0130	<.0001

(continued)

**Table 4-13. OLS Regression of Average Wages, 2014 (continued)**

Variables	Coefficient	P-Value
<b>Proportion of Beneficiaries Who Have Their Care Paid by Medicaid</b>	-0.0101	<.0001
<b>Proportion of Beneficiaries Who Are Over Age 65</b>	-0.0009	0.7495
<b>Number of Beneficiaries</b>	0.0050	<.0001
<b>Proportion of Direct Care Workers With More Than a High School Education</b>	0.0033	0.5486
<b>Whether the Provider Requires 75 or More Hours of Training</b>		
Yes	0.6990	<.0001
No	0.0000	
<b>Whether the Provider is Rural</b>		
Metropolitan	0.1009	0.6097
Micropolitan	-0.7071	0.0033
Non-Metropolitan/Non-Micropolitan	0.0000	

Note: Unit of analysis is direct care worker

Note: Include providers <30 (Adult day services, IC Specialized Living, and Specialized living services)

\*Coefficients significant at  $p < .05$

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

#### **4.6.2 Direct Care Worker Factors**

Among the direct care worker factors included in the analysis, the ethnicity and race of the direct care workers significantly affected the wages provided to direct care workers overall. Providers who had higher proportions of direct care workers who were Hispanic/Latino were significantly more likely to pay higher wages than those providers with lower proportions of direct care workers who were Hispanic/Latino ( $p < 0.0001$ ). On the other hand, providers who had higher proportions of direct care workers who were minorities were significantly more likely to have lower wages ( $p < 0.0001$ ). In contrast to the training discussed above, education levels of direct care workers had no significant effect on wages.

#### **4.6.3 Service User Factors**

The service user factor that had a significant effect on the wages offered to direct care workers was the source of payment for services provided. Providers who had a higher proportion of service users who used Medicaid as their primary payer for services statistically significantly paid less to direct care workers than those providers with lower proportions of Medicaid service users ( $p < 0.0001$ ). The proportion of providers who served more individuals who were age 65 and older did not have a significant effect on the wages paid to direct care workers compared to providers who served a lower proportion of individuals age 65 and older.

## 5. PROVISION OF FRINGE BENEFITS TO DIRECT CARE WORKERS

This chapter presents information on the offer and use of various fringe benefits by long-term care providers and of their use by direct care workers, currently and between 2010-2014. Fringe benefits analyzed include health insurance: family and employee only; paid time off: personal vacation time or sick leave and paid holidays; retirement benefits such as a 401(k) or 403(b); and/or life insurance. Fringe benefits can be offered to both full time and part-time employees. We present information for both categories including the monthly minimum average hours a part-time direct care worker must work to obtain each benefit. The data are presented first across all providers next sequentially by each individual provider in the table. **Highlights Box 3** summarizes the main findings of this chapter.

### Highlights Box 3: Provision of Fringe Benefits to Direct Care Workers

- Provision of fringe benefits varies greatly among long-term care providers. As expected, the offer of fringe benefits is much more common for full-time employees than for part-time workers. Where offered to part-time workers, they generally must work a quarter-to-half time to qualify for benefits.
- The most commonly offered fringe benefit is paid personal time off (60.21%), followed by paid holidays (45.60%), employee-only health insurance (41.90%), health insurance with family coverage (34.03%), retirement plan (33.81%), and life insurance (30.97). Nursing facilities, assisted living facilities, and residential care facilities for adults with developmental disabilities offer benefits to a substantial portion of direct care workers; in home care agencies and adult foster care facilities offer few benefits. For providers in operation in 2014, a greater proportion of long-term care providers offered various fringe benefits in 2014 than they did in 2010.
- Direct care worker participation in fringe benefits varies greatly by the type of fringe benefit. Fringe benefits that typically require an employee financial contributions, such as health insurance, retirement benefits, and life insurance, have low participation rates. For example, while about 31% (30.85%) of long-term care providers offer some type of retirement benefits, only about 15% (14.25%) of direct care workers participate. Conversely, participation rates for “free” benefits are much higher. For example, about 56% (56.06%) of providers offered personal time off and almost two-thirds of (65.17%) direct care workers used the benefit.
- Various provider characteristics are associated with offering fringe benefits. While the effect varies by fringe benefit, in general, government providers, chains, providers with a higher proportion of Medicaid beneficiaries, providers serving people with intellectual disabilities, providers with a higher proportion of Hispanic/Latino direct care workers, providers with a lower proportion of minority service users, providers serving younger people with disabilities, providers requiring higher levels of training, and providers that pay direct care workers higher wages are more likely to offer fringe benefits.
- The relationship between provider characteristics and enrollment or use of fringe benefits by direct care workers is complicated and the effects are not as consistent. In general, direct care workers employed by providers that have nonprofit or government ownership, are owned by chains, have a lower proportion of Medicaid beneficiaries, provide services to people with intellectual disabilities, provide services to a lower proportion of minority direct care workers, have a high proportion of minority beneficiaries, provide services primarily to younger people, with disabilities, provide services to a larger number of service users, employ a more educated workforce, require more training and pay direct care workers a higher wage are more likely to have direct care workers that enroll or use fringe benefits.

- In a multivariate analysis of factors associated with the offering of paid time off, the following variables were statistically significantly associated with an increase in the probability that providers would offer the benefit include: nonprofit ownership (compared to government ownership), for-profit ownership (compared to government ownership), chain ownership, larger providers, requiring 75 hours or more of training, metropolitan location. Statistically significant variables associated with a reduction in the probability that providers would offer the benefit include: proportion of direct care workers who are minority and providers who pay their workers less.

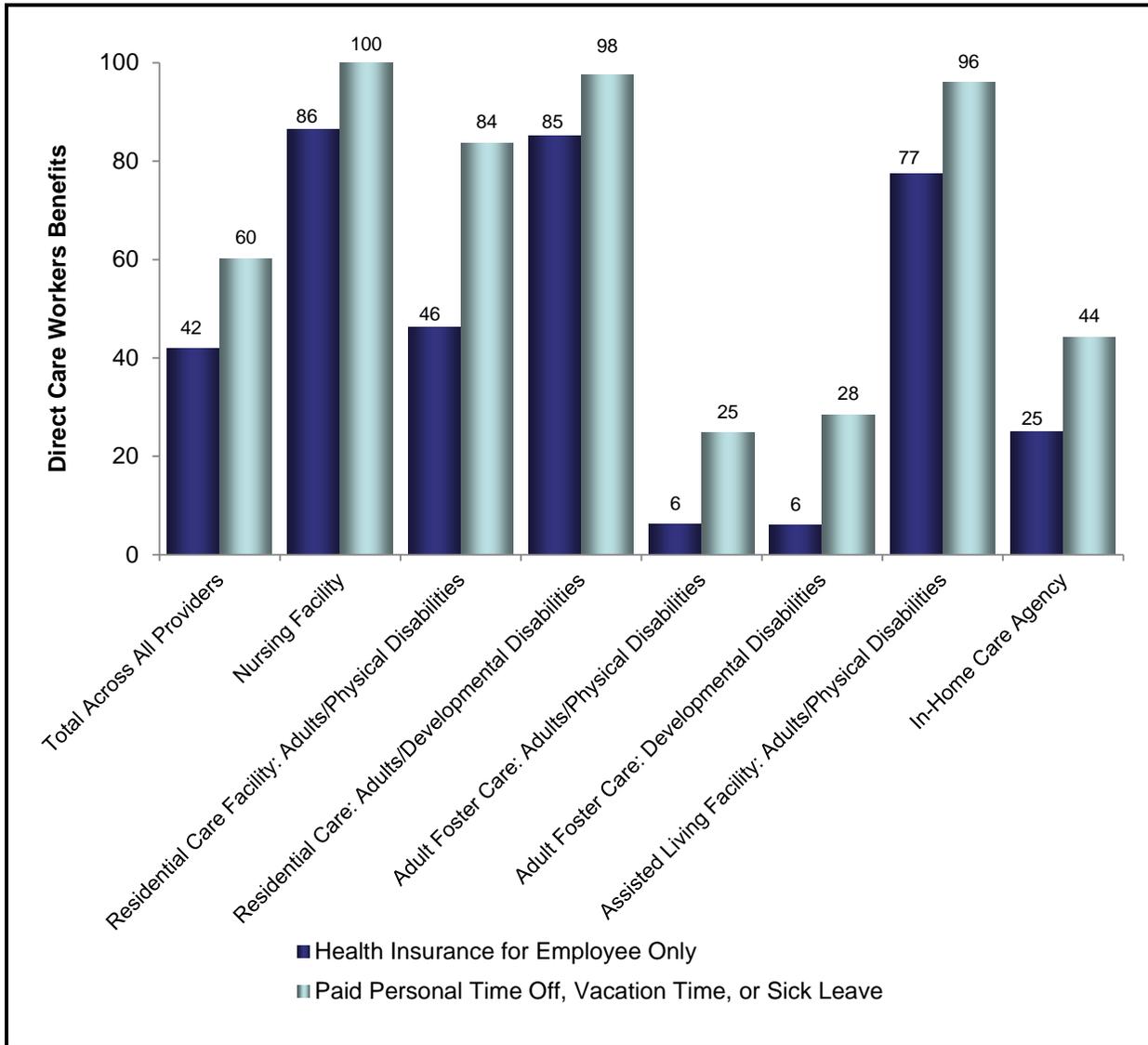
## 5.1 Current Provision of Fringe Benefits by LTC Provider Type

### 5.1.1 Introduction

**Figure 5-1** and **Table 5-1** presents information on the percentage of long-term care providers that offered either employee-only health insurance or paid time off their direct care workers in 2014, by type of provider. Nursing facilities, assisted living facilities: aged/physical disabilities, and residential care facilities: developmental disabilities were most likely to offer fringe benefits; both types of adult foster care and in-home care agencies were least likely to offer fringe benefits.

Three quarters of providers (75.07%) reported they provided some fringe benefit to their direct care workers. Paid, personal time off (vacation or sick leave) was offered by the highest proportion of providers to their full-time and part-time direct care workers compared to all other benefits in 2014. A higher proportion of Nursing Facilities generally provided all fringe benefits to their full-time direct care workers compared to all other provider types. AFCs-APD and AFCs-DD providers were least likely to have offered all benefits to their full-time direct care workers compared to all other providers. For part-time direct care workers, a higher percentage of ALFs-APD offered health insurance both with family coverage and for the employee compared to all other provider types. A higher percentage of nursing facilities, compared to all provider types, offered all other fringe benefits to their part-time direct care workers. A lower proportion of AFCs-APD and AFCs-DD offered any of the fringe benefits described in **Figure 5-1** to their part-time direct care workers compared to all other providers.

**Figure 5-1. Offer of Employee-Only Health Insurance and Personal Paid Time Off to Direct Care Workers, by Provider Type, 2014**



Note: Unit of analysis is provider. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**. "Any fringe benefit" includes: health insurance: family and employee only; paid time off: personal vacation time or sick leave and paid holidays; retirement benefits such as a pension plan such as a 401(k) or 403(b); and/or life insurance.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

Table 5-1. Offer of Fringe Benefits to Direct Care Workers, by Provider Type, 2014

Direct Care Worker Benefits	Total Across All Providers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes			In-Home Care Agency
			Aged/Physical Disabilities	Residential Care: Adults/Developmental Disabilities	Aged/Physical Disabilities	Adult Foster Care: Developmental Disabilities	Assisted Living Facility: Aged/Physical Disabilities	
Total Number of Providers	2,867	138	101	765	987	433	178	63
Health Insurance with Family Coverage								
Percent offer to full-time direct care workers	34.03	91.53	46.25	64.56	3.09	2.32	70.86	25.00
Percent offer to part-time direct care workers	9.19	19.49	8.75	11.39	2.06	0.99	29.80	11.54
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	87.82	71.61	54.71	110.97	61.67	76.67	55.03	116.67
Health Insurance for Employee Only								
Percent offer to full-time direct care worker	41.90	86.44	46.25	85.17	6.19	5.96	77.48	25.00
Percent offer to part-time direct care workers	11.08	19.49	11.25	18.44	1.55	1.99	31.13	7.69
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	83.80	79.57	53.00	92.17	40.50	116.20	60.98	73.50

(continued)

**Table 5-1. Offer of Fringe Benefits to Direct Care Workers, by Provider Type, 2014 (% of providers) (continued)**

Direct Care Worker Benefits	Total Across All Providers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes			In-Home Care Agency
			Aged/Physical Disabilities	Residential Care: Adults/Developmental Disabilities	Aged/Physical Disabilities	Adult Foster Care: Developmental Disabilities	Assisted Living Facility: Aged/Physical Disabilities	
Paid Personal Time Off, Vacation Time, or Sick Leave								
Percent offer to full-time direct care workers	60.21	100.00	83.75	97.65	24.74	28.48	96.03	44.23
Percent offer to part-time direct care workers	37.56	74.58	52.50	66.55	6.19	16.89	69.54	36.54
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	47.82	43.16	53.81	45.68	54.09	50.45	43.32	38.56
Paid Holidays								
Percent offer to full-time direct care workers	45.60	77.97	65.00	77.22	15.98	18.54	74.83	34.62
Percent offer to part-time direct care workers	30.66	60.17	51.25	49.91	7.73	11.92	58.94	25.00
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	40.02	33.15	36.03	40.98	32.08	54.27	39.52	27.17

(continued)

**Table 5-1. Offer of Fringe Benefits to Direct Care Workers, by Provider Type, 2014 (% of providers) (continued)**

Direct Care Worker Benefits	Total Across All Providers	Nursing Facility	Residential Care Facilities		Adult Foster Care Homes		Assisted Living Facility: Aged/Physical Disabilities	In-Home Care Agency
			Aged/Physical Disabilities	Residential Care: Adults/Developmental Disabilities	Aged/Physical Disabilities	Adult Foster Care: Developmental Disabilities		
Pension, or a 401(k) or 403(b)								
Percent offer to full-time direct care workers	33.81	85.59	40.00	68.35	2.06	1.32	70.86	21.15
Percent offer to part-time direct care workers	19.97	61.86	21.2D5	35.26	1.55	1.66	42.38	21.15
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	43.47	39.36	43.92	39.67	80.00	25.25	71.74	47.88
Life Insurance								
Percent offer to full-time direct care workers	30.97	81.36	27.50	67.99	0.52	0.99	56.95	9.62
Percent offer to part-time direct care workers	13.23	37.29	11.25	24.95	0.52	0.66	28.48	5.77
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	76.06	53.45	51.25	82.78	80.00	50.00	58.41	94.00

Note: Providers are the unit of analysis. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses, but they are included in total column Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### **5.1.2 Overall**

#### *Health Insurance: Family Coverage and Employee Only*

One third (34.09%) of all providers with direct care workers reported offering health insurance with family coverage to full-time employees. A somewhat higher proportion of providers (41.90%) reported offering health insurance coverage only for the employee. About 10% of providers indicated they provide health insurance with family coverage (9.19% of providers) or employee only health insurance (11.08% of providers) to part-time employees. Part-time direct care workers were required to work a monthly minimum average of 87.82 hours to receive family coverage while 83.80 hours is the monthly minimum average required for employee-only health insurance. Thus, part-time employees had to work about half-time to receive the offered of health insurance benefits.

#### *Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

Across all providers, paid, personal time for vacation time or sick time off was the most frequently reported fringe benefit providers offered to their direct care workers. More than half (60.21%) of providers offered this benefit to their full-time direct care workers. Fewer providers (37.56%), however, offered this benefit to part-time workers. The monthly minimum average number of hours per month providers reported as the minimum to receive this benefit was 47.82, equal to a part-time schedule of about 10 hours per week. Paid holidays was the second most common fringe benefit reported by providers. Again, more providers (45.60%) offered this benefit to full time direct care workers compared to approximately a third (30.66%) of providers offering this benefit to part-time direct care workers. Providers reported that their direct-care workers were required to work a monthly minimum average of about 40 hours per month (40.02 hrs.) to be eligible for paid holidays, again roughly 10 hours a week.

#### *Retirement Benefits: Pension, 401(k) or 403(b)*

Only approximately a third of providers (33.81%) offered retirement benefits to full-time direct care workers. Fewer part-time workers are offered retirement benefits by providers (19.97%). Part-time direct care workers were required to work a monthly minimum average of 43.47 hours to receive this benefit.

#### *Life Insurance*

Similar to retirement benefits, life insurance is only offered to full-time direct care workers by about a third (30.97%) of providers. Just over 10% of providers offered life insurance to part-time direct care workers. The monthly minimum average number of hours providers require for life insurance, 76.06 hours, is close to a 0.5 full-time equivalent (FTE) position.

### **5.1.3 Nursing Facilities**

#### *Health Insurance: Family Coverage and Employee Only*

Almost all nursing facilities (91.53%) reported that they offered health insurance with family coverage to their full-time direct care workers. Fewer nursing facilities (86.44%), reported offering employee only coverage to their full-time staff. The same percentage of facilities, about 20% (19.49%), reported offering both health insurance with family coverage and employee only health insurance to part-time direct care workers. Nursing facilities require a monthly minimum average of about 70 hours (70.61 hrs.) for part-time direct care workers to receive family coverage compared to about 80 hours (79.57 hrs.) for employee only coverage. Thus, part-time employees need to work roughly half time to qualify for health insurance.

#### *Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

All nursing facilities reported that they offered paid, personal time off (sick or vacation) to their full-time direct care workers. In contrast, about 25% fewer nursing facilities (77.97%) offered direct care workers the benefit of paid holidays. A smaller proportion of nursing facilities offered both personal time and paid holidays to their part-time direct care workers (74.58% and 60.17%, respectively). Nursing facilities reported that direct care workers were required to work a monthly minimum average of 43.16 hours to receive personal time off compared to 33.15 hours to receive paid holidays.

#### *Retirement Benefits: Pension, 401(k) or 403(b)*

A large majority of nursing facilities (85.59%) offered retirement benefits to their full-time direct care workers. Just under two-thirds of nursing facilities (60.86%) offered this benefit to these staff. Nursing facilities reported that direct care workers were required to work a monthly minimum average of 39.36 hours to receive retirement benefits.

#### *Life Insurance*

Similar to retirement benefits, a large share of nursing facilities (81.36%) offered life insurance to their full-time direct care workers. In contrast, only about a third of nursing facilities (37.29%) reported offering life insurance to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 53.45 hours to receive this benefit.

### **5.1.4 Residential Care Facility: Aged and Physically Disabled**

#### *Health Insurance: Family Coverage and Employee Only*

Less than half of RCFs-APD (46.25%) offered health insurance with family coverage or employee only health insurance to their full-time direct-care workers. Very few (8.75%) RCFs-APD offered family coverage to their part-time direct care workers while employee-

only insurance is offered to part-time direct care workers by slightly higher proportion of facilities (11.25%). Part-time direct care workers were required to work a monthly minimum average of 54.71 hours to receive the family coverage benefit which is similar to the 53.00 hours required for employee-only health insurance.

*Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

A large majority of RCFs-APD (83.75%) reported that they offered paid, personal time off to full-time direct care workers. More than half (52.50%) of these providers also reported that they also offered paid, personal time off to their part-time workers. More than half of RCFs-APD offered paid holidays to full-time and part-time direct-care workers (65.00% and 51.25%, respectively). Part-time direct care workers were required to work a minimum of 53.81 hours per month to receive personal time off and fewer hours, 36.03 hour, to receive paid holidays.

*Retirement Benefits: Pension, 401(k) or 403(b)*

Two-fifths (40.00%) of RCFs-APD offered retirement benefits to their full-time direct care workers while just a fifth (21.25%) offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 43.93 hours per month to receive this benefit.

*Life Insurance*

Only about a quarter (27.50%) of RCFs-APD offered life insurance to their full-time direct care workers. Similarly, fewer RCFs-APD offered this benefit to their part-time direct care workers (11.25%). Part-time direct care workers were required to work a monthly minimum average of 51.25 hours per month to receive life insurance.

**5.1.5 Residential Care Facility: Individuals with Developmental Disabilities**

*Health Insurance: Family Coverage and Employee Only*

About two-thirds (64.56%) of RCFs-DD offered health insurance with family coverage to their direct care workers. About 10% (11.39%) offered this benefit to their part-time workers. Facilities reported that part-time direct care workers were required to work a minimum average of 110.97 hours per month to receive this benefit, which is approximately 70% time. Eighty-five percent (85.17%) of RCFs-DD offered employee-only health insurance to their full-time direct care workers. Almost 20% (18.17%) of RCFs-DD offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 92.17 hours per month to receive this benefit, which is approximately 60% time.

### *Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

Almost all (97.65%) RCFs-DD offered paid personal time off to their full-time direct care workers. Two-thirds of these facilities (66.55%) offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work an average of 45.68 hours to receive personal time off. About three quarters (77.22%) of RCFs-DD offered paid holidays to their full-time direct care workers; about half (49.91%) offered this benefit to part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 40.98 hours per month to receive paid holidays.

### *Retirement Benefits: Pension, 401(k) or 403(b)*

Retirement benefits were offered to full-time direct care workers by about two-thirds (68.35%) of RCFs-DD. About a third of facilities (35.26%) offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 40 hours (39.67) per month to receive paid holidays.

### *Life Insurance*

Two-thirds of RCFs-DD (67.99%) offered life insurance to full-time direct care workers. A quarter (24.95%) offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 82.78 hours per month to receive this benefit.

## **5.1.6 Adult Foster Care: Aged/Physical Disabilities**

### *Health Insurance: Family Coverage and Employee Only*

Few AFCs-APD offered health insurance with family coverage to their direct care workers or to their part-time workers (3.09% and 2.06%, respectively). Part-time direct care workers were required to work a monthly minimum average of 61.67 hours per month to receive this benefit. Very few AFCs-APD also offered employee only health insurance to their full-time and part-time direct care workers. Six percent (6.19%) offered this benefit to full-time direct care workers and less than 2% (1.55%) offered it to part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of about 40 hours (40.50 hrs.) hours per month, or about 10 hours per week, to receive employee only health insurance.

### *Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

A larger proportion of AFCs-APD (24.75%) offered personal time off to their full-time direct care workers compared to other fringe benefits. In contrast, about 6% (6.19%) of AFCs-APD offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 54.09 hours per month to receive employee only health insurance. A lower proportion of AFCs-APD offered paid holidays to their full-time direct care workers (15.98%). About 8% (7.73%) offered paid holidays to

part-time direct care workers who were required to work a monthly minimum average of 32.08 hours per month to receive paid holidays.

*Retirement Benefits: Pension, 401(k) or 403(b)*

Almost no AFCs-APD reported offering retirement benefits to their full-time or part-time direct care workers. Two percent (2.06%) offered this benefit to full-time direct care workers; similarly, about 2% offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 80 hours per month to receive this benefit.

*Life Insurance*

Less than 1% of AFCs-APD offered life insurance to full-time and part-time direct care workers (0.52% for both benefit categories). Similarly to the requirements for retirement benefits, part-time workers were required to work a monthly minimum average of 80 hours per month to receive life insurance.

**5.1.7 Adult Foster Care: Developmental Disabilities**

*Health Insurance: Family Coverage and Employee Only*

Very few AFCs-DD offered health insurance to their direct care workers. Only 2% of AFCs-DD (2.32%) offered family health insurance coverage to their full-time direct care workers. Less than 1% (0.99%) offered this benefit to part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 76.27 hours per month to receive this benefit. Six percent of AFCs-DD (6.19%) offered employee-only health insurance to full-time direct care workers, while only 2% (1.99%) offered it to their part-time direct care workers. AFCs-DD reported that part-time direct care workers were required to work a monthly minimum average of 116 hours per month to receive this benefit.

*Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

About one-quarter (28.48%) of AFCs-DD offered paid, personal time off to their full-time direct care workers. About 17% (16.89%) offered paid, personal time off to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 50.45 hours per month to receive this benefit. Close to 20% (18.54%) of AFCs-DD offered paid holidays to their full-time direct care workers, while only 12% (11.92%) offered this benefit to their part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 54.27 hours per month to receive this benefit.

*Retirement Benefits: Pension, 401(k) or 403(b)*

AFCs-DD, similar to AFCs-APD, did not offered retirement benefits to their full-time or part-time direct care workers. Less than 2% of AFCs-DD offered this benefit to both full-time (1.32%) and part-time direct care workers (1.66%). Part-time direct care workers were required to work a monthly minimum average of 25.25 hours per month to receive this benefit.

*Life Insurance*

Less than 1% of AFCs-DD offered life insurance to full-time or part-time direct care workers (0.99% and 0.66%, respectively). Part-time direct care workers were required to work a minimum average of 50.00 hours per month to receive this life insurance.

**5.1.8 Assisted Living Facility: Aged/Physical Disabilities**

*Health Insurance: Family Coverage and Employee Only*

Seventy-one percent (70.86) of ALFs-APD offered health insurance with family coverage to their full-time direct care workers while a slightly higher proportion of ALFs-APD (77.48%) offered employee only health insurance to their direct care workers. Family coverage and employee-only insurance were offered by about a third of ALFs-APDs (29.80% and 31.13%, respectively) to their part-time direct care workers. Part-time workers were required to work a monthly minimum average of 55.03 hours for health insurance with family coverage and an average of 60.98 hours for employee-only health insurance.

*Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

Almost all (96.03%) ALFs-APD offered personal time off to their full-time direct care workers. A lower proportion of ALFs-APD (75.83%) offered paid holidays to these same staff. A lower proportion of ALFs-APD offered personal time and paid holidays to their part-time direct care workers (69.54% and 58.94%, respectively). The monthly, minimum average hours required by ALFs-APD for part-time direct care workers to receive these benefits is about 40 hours for both categories of paid time off (43.32 and 39.52 hrs.).

*Retirement Benefits: Pension, 401(k) or 403(b)*

Seventy-one percent (70.86%) of ALFs-APD offered retirement benefits to direct care workers. Far fewer ALFs-APD (42.38%) offered retirement benefits. Part-time direct care workers were required to work a monthly, minimum average of 71.74 hours per month to receive this benefit.

*Life Insurance*

Over half (56.95%) of ALFs-APD offered life insurance to their full-time direct care workers and only a quarter (28.48%) offered this benefit to their part-time direct care staff. Part-

time direct care workers were required to work a monthly minimum average of 58.41 hours per month to receive this benefit.

### **5.1.9 In-Home Care Agency**

#### *Health Insurance: Family Coverage and Employee Only*

A quarter (25.00%) of in-home care agencies offered health insurance, including health insurance with family coverage or employee only coverage, to their full-time direct care workers. Close to 12% (11.54%) of these providers offered part-time direct care workers family coverage health insurance. Only 8% (7.69%) of in-home care agencies offered employee-only health insurance. The monthly minimum average hours that part-time direct care staff must work to obtain either benefit is about the same, 55.09 hours for family health insurance and 60.98 hours for employee only health insurance.

#### *Paid Time Off: Personal Time (Vacation and Sick) and Paid Holidays*

Less than half (44.23%) of in-home care agencies offered paid time off to their full-time direct care workers. Only a third (34.62%) offered paid holidays to these same staff. A lower proportion of facilities provided part-time staff with either personal time or paid holidays (36.54% and 25.00%). Part-time direct care workers were required to work a minimum average of 38.56 hours per month to receive paid personal time off and 27.17 hours to receive paid holidays.

#### *Retirement Benefits: Pension, 401(k) or 403(b)*

A fifth (21.15%) of in-home care agencies offered retirement benefits to their full-time or part-time direct care workers. Part-time direct care workers were required to work a monthly minimum average of 47.88 hours per month to receive this benefit.

#### *Life Insurance*

Even fewer in-home care agencies provided life insurance to their full-time or part-time direct care workers compared to retirement benefits. Ten percent of agencies (9.62%) provided this benefit to their full-time staff and about 6% (5.77%) provided this to their part-time staff. Part-time direct care workers were required to work a monthly minimum average of 94.00 hours per month to receive this benefit.

## **5.2 Prior Coverage and Take-up of Fringe Benefits by LTC Provider Type**

### **5.2.1 Introduction**

**Tables 5-2a** through **5-2h** and **Table 5-3** present data on fringe benefits offered by long-term care providers from 2010 to 2014. Providers also supplied information on the proportion of their direct care staff that used the benefits that they offered. **Tables 5-2a** through **5-2h** present the data by provider type and **Table 5-3** presents the data for all

providers. The fringe benefit categories are (1) health insurance: family and employee only; (2) paid time off: personal vacation time or sick leave and paid holidays; (3) retirement benefits such as a pension plan such as a 401(k) or 403(b); and (4) life insurance. We do not separate full-time and part-time direct care staff for this analysis. The data is weighted by long-term care provider type.

The total number of direct care workers among all providers who were in operation in 2014 increased from 27,095 in 2010 to 36,685 in 2014 which represents a 35% (35.39%) increase. Nursing homes increased their total direct care workers by 81% (80.79%) from 2,566 direct care workers in 2010 to 4,640 in 2014. RCFs-APD also had an increase in direct care workers from 2010 to 2014 (1,180 and 1,810, respectively) in 2014. RCFs-DD also increased their total number of direct care workers from 2010 to 2014 although the percent change (16.30%) was relatively small (6,603 and 7,679, respectively) in comparison to other providers. AFCs-APD increased their total direct care workers by 194% (193.98%) from 1,608 direct care workers in 2010 to 4,727 in 2014. This represents the largest percent increase of direct care workers from 2010 to 2014 by any OR provider type. AFCs-DD, in comparison, had a reduction in the total number of direct care workers in 2010 (1,608) compared to 2014 (1,426). ALFs-APD increased their total direct care workers by 80% (80.80%) from 2,566 direct care workers in 2010 to 4,640 direct care workers in 2014. In home care agencies also experienced growth from 2,880 direct care workers in 2010 to 4,719 in 2014, a 63.86% increase.

### **5.2.2 Overall**

#### *Health Insurance: Family Coverage and Employee Only*

**Table 5-2a** shows that the proportion of providers operating in 2014 that offered health insurance to their direct care workers increased from 2010 to 2014. In 2010, 24% (24.19%) of providers offered family health insurance coverage compared to 32% (31.77%) in 2014. Employee-only insurance was also offered by slightly more providers across all 5 years and had an 11% increase from 2010-2014 (28.96% in 2010 to 36.65% in 2014). A much lower percentage of direct care workers enrolled in health insurance with family coverage in 2014 compared to employee-only health insurance (8.73% and 30.51%, respectively); this percentage remained roughly constant over the past 5 years, although individual coverage spiked in 2014.

#### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

Looking at the years 2010 to 2014, more providers historically offered the benefit of paid time off, including paid, personal time off and paid holidays compared to all other fringe benefit categories. Across all 5 years, a higher percentage of providers have consistently offered personal time off to their direct care workers compared to paid holidays. In 2010, 40 percent (39.21%) of providers offered personal time off compared to 56% (56.06%) of

providers in 2014 (an increase of about 17%). In 2010, over half (53.04%) of direct care workers used paid, personal time off which increased in 2014 to almost two thirds (65.17%) of direct care workers.

The proportion of providers offering paid holidays increased over time although there was a smaller increase in the proportion of direct care workers using the benefit overtime. Over a quarter (27.84%) of providers offered paid holidays to direct care workers in 2010 compared to two fifths (39.88%) of providers in 2014. In 2010, 41% (40.83%) of direct care workers used this benefit compared to almost half (48.24%) in 2014.

*Retirement Benefits: Pension, 401(k) or 403(b)*

The proportion of providers offering retirement benefits increased over time although there was a smaller increase in the proportion of direct care workers using the benefit overtime. Retirement benefits were offered to direct care workers by about 22% (22.03%) of providers in 2010 and 31% (30.85%) of providers in 2014. Few direct care workers were enrolled in retirement benefits in 2010 or 2014 (9.56% and 14.25%, respectively).

*Life Insurance*

Among the fringe benefits examined, the smallest proportion of providers offered life insurance, although the proportion of providers offering this benefit has steadily increased from 2010 to 2014. About 19% (18.81%) of providers offered life insurance to direct care workers in 2010 compared to over a quarter (27.06%) of providers in 2014. About a quarter (23.96%) of direct care workers enrolled in this benefit in 2010 compared to 30% (30.09%) in 2014.

**Table 5-2a. Offer of Fringe Benefits and Enrollment/Use by Direct Care Workers, Across All Providers and All Direct Care Workers, 2010-2014**

Year Provider in Operation	All LTC Providers				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	27,095	28,492	31,639	36,430	36,685
Health Insurance with Family Coverage					
Percent of providers who offered benefit	24.19	25.52	26.76	28.93	31.77
Percent of direct care workers who enroll/use benefit	6.97	7.19	7.22	6.59	8.73
Health Insurance for Employee Only					
Percent of providers who offered benefit	28.96	30.55	32.05	35.49	39.65
Percent of direct care workers who enroll/use benefit	24.98	25.17	25.16	23.43	30.51

(continued)

**Table 5-2a. Offer of Fringe Benefits and Enrollment/Use by Direct Care Workers, Across All Providers and All Direct Care Workers, 2010-2014**

Year Provider in Operation	All LTC Providers				
	2010	2011	2012	2013	2014
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	39.21	40.85	44.48	49.97	56.06
Percent of direct care workers who enroll/use benefit	53.04	53.76	51.44	50.42	65.17
Paid Holidays					
Percent of providers who offered benefit	27.84	29.62	32.04	35.88	39.88
Percent of direct care workers who enroll/use benefit	40.83	41.41	40.21	39.67	48.24
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	22.03	23.38	24.51	26.39	30.85
Percent of direct care workers who enroll/use benefit	9.56	10.95	12.10	11.45	14.25
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	18.81	19.46	19.99	21.99	27.06
Percent of direct care workers who enroll/use benefit	23.96	23.99	24.54	22.55	30.09

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 5.2.3 Nursing Facilities

#### *Health Insurance: Family Coverage and Employee Only*

**Table 5-2b** shows that in 2010, just over two-thirds of nursing facilities offered family health insurance or employee only insurance to their full-time direct care workers (67.80% and 66.95%, respectively). By 2014, the percentage offering family or employee-only health insurance had increased (85.59% and 83.05%, respectively). The proportion of direct care workers enrolling in family and employee only coverage increased slightly from 2010 to 2014 with 15% (14.94%) of direct care workers enrolled in family health insurance in 2010 compared to about 17% (16.65%) in 2014. Although more direct care workers enrolled in employee-only insurance compared to family coverage, just under a third (32.11%) of them enrolled in employee only insurance in 2010 with little change in the percent enrolled in 2014 (37.05%).

#### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

Over three quarters (77.12%) of nursing facilities offered personal time off to their direct care staff in 2010, which increased to almost all nursing facilities (90.68%) by 2014.

Despite this increase, the proportion of nursing facility direct care workers using personal time off has remained about the same in 2010 and 2014 (76.06% and 79.96%, respectively).

The proportion of nursing facilities that offered paid holidays increased from 2010 to 2014 (57.63% and 70.34%, respectively). Despite this increase, the proportion of direct care workers using paid holidays has not changed substantially over time, about 61% (61.34%) used this benefit in 2010 compared to about 65% (64.81%) in 2014.

*Retirement Benefits: Pension, 401(k) or 403(b)*

Just over two-thirds (68.64%) of nursing facilities in 2010 offered retirement benefits to their direct care workers, which increased to over three-quarters (77.12%) of nursing facilities in 2014. The proportion of direct care workers enrolled in this benefit slightly increased from 2010 to 2014 (14.24% and 18.21%, respectively).

*Life Insurance*

In 2010, over half (51.69%) of nursing facilities offered life insurance to their direct care workers, with about 63% (62.71%) of nursing facilities offering the benefit in 2014. The proportion of direct care workers enrolled in life insurance increased from 31% (31.00%) enrolled in 2010 to 38% (37.77%) in 2014.

**Table 5-2b. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Nursing Facilities, 2010-2014**

Year Provider in Operation	Nursing Facilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	6,957	6,861	6,973	7,569	7,837
Health Insurance with Family Coverage					
Percent of providers who offered benefit	67.80	67.80	71.19	73.73	85.59
Percent of direct care workers who enroll/use benefit	14.94	14.91	16.05	15.44	16.65
Health Insurance for Employee Only					
Percent of providers who offered benefit	66.95	67.80	71.19	73.73	83.05
Percent of direct care workers who enroll/use benefit	32.11	32.11	33.03	32.34	37.05
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	77.12	78.81	83.05	83.90	90.68
Percent of direct care workers who enroll/use benefit	76.06	75.42	76.08	76.27	79.96

(continued)

**Table 5-2b. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Nursing Facilities, 2010-2014 (continued)**

Year Provider in Operation	Nursing Facilities				
	2010	2011	2012	2013	2014
<b>Paid Holidays</b>					
Percent of providers who offered benefit	57.63	58.47	62.71	64.41	70.34
Percent of direct care workers who enroll/use benefit	61.34	60.59	61.67	61.26	64.81
<b>Pension or 401(k) or 403(b) Account</b>					
Percent of providers who offered benefit	68.64	68.64	71.19	73.73	77.12
Percent of direct care workers who enroll/use benefit	14.24	14.78	17.18	17.83	18.21
<b>Employer-sponsored Life Insurance</b>					
Percent of providers who offered benefit	51.69	51.69	54.24	56.78	62.71
Percent of direct care workers who enroll/use benefit	31.00	31.84	32.94	32.35	37.77

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

#### **5.2.4 Residential Care Facility: Aged and Physically Disabled**

##### *Health Insurance: Family Coverage and Employee Only*

**Table 5-2c** shows that just over a quarter (28.75%) of residential care facility: aged and individuals who are physically disabled (RCFs-APD) offered family coverage insurance to their direct care workers in 2010 compared to 39% (38.75%) in 2014. Very few RCFs-APD direct care workers enrolled in health insurance with family coverage from 2010-2014. About 7% (6.63%) of direct care workers were enrolled in 2010 compared with about 5% (5.37%) in 2014.

A similar proportion of RCFs-APD offered employee only health insurance compared to family coverage insurance to their direct care workers. Just over 25% (26.25%) of RCFs-APD also offered this benefit in 2010 compared to 39% (38.75%) in 2014. The proportion of RCF-APD direct care workers enrolled in employee-only insurance increased overall from 2010 to 2014 (5.99% to 9.76%, respectively).

##### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

Just over half (55.00%) of RCFs-APD offered personal time off to their direct care workers in 2010 compared to almost three-quarters (72.50%) in 2014. Just under half (48.02%) of RCF-APD direct care workers used personal time off in 2010 compared to about 55% (55.37%) in 2014.

A lower proportion of RCFs-APD offered paid holidays to their direct care workers compared to personal time off. Just over a third (35.00%) of RCFs-APD offered paid holidays to direct care workers in 2010 compared to over half (52.50%) in 2014. Very few RCF-APD direct care workers used paid holidays in 2010 or 2014 (5.13% and 7.67% respectively).

*Retirement Benefits: Pension, 401(k) or 403(b)*

The percentage of RCFS-APD offering retirement benefits has increased overtime with little increase in the percentage of direct care workers enrolled. About a quarter (23.75%) of RCFs-APD offered retirement benefits to their direct care staff in 2010 compared to almost a third (31.25%) of RCFs-APD in 2014. Overall, comparing 2010 to 2014, the proportion of direct care workers enrolled in retirement benefits has increased slightly. About 5% (5.13%) were enrolled in 2010 compared to 8% (7.67%) in 2014.

*Life Insurance*

There has been very little change in the proportion of RCFs-APD providing life insurance to their direct care workers over the past 5 years. The proportion of RCFs-APD that offered life insurance was about 16% (16.25%) in 2013 and had a slight increase to 19% (18.75%) in 2014. The proportion of direct care workers enrolled in life insurance has not changed overtime. In 2010 and 2014 about 11% of RCF-APD direct care workers were enrolled in life insurance (10.48% and 10.95%, respectively).

**Table 5-2c. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Residential Care APD Facilities, 2010-2014**

Year Provider in Operation	Residential Care Facility: Aged/Physical Disabilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	1,180	1,302	1,552	1,685	1,810
Health Insurance with Family Coverage					
Percent of providers who offered benefit	28.75	28.75	27.50	35.00	36.25
Percent of direct care workers who enroll/use benefit	6.63	2.91	2.20	3.75	5.37
Health Insurance for Employee Only					
Percent of providers who offered benefit	26.25	27.50	27.50	35.00	38.75
Percent of direct care workers who enroll/use benefit	5.99	7.18	5.53	7.57	9.76
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	55.00	57.50	60.00	66.25	72.50
Percent of direct care workers who enroll/use benefit	48.02	47.04	41.66	46.74	55.37
Paid Holidays					
Percent of providers who offered benefit	35.00	38.75	38.75	45.00	52.50

(continued)

**Table 5-2c. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Residential Care APD Facilities, 2010-2014 (continued)**

Year Provider in Operation	Residential Care Facility: Aged/Physical Disabilities				
	2010	2011	2012	2013	2014
Percent of direct care workers who enroll/use benefit Pension or 401(k) or 403(b) Account	41.82	39.28	33.03	39.78	48.88
Percent of providers who offered benefit	23.75	22.50	26.25	27.50	31.25
Percent of direct care workers who enroll/use benefit Employer-sponsored Life Insurance	5.13	5.82	5.61	3.52	7.67
Percent of providers who offered benefit	16.25	16.25	16.25	16.25	18.75
Percent of direct care workers who enroll/use benefit	10.48	9.02	7.32	6.74	10.95

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 5.2.5 Residential Care Facility: Developmental Disabilities

#### *Health Insurance: Family Coverage and Employee Only*

**Table 5-2d** shows that from 2010 to 2014, the proportion of residential care facilities: developmental disabilities (RCFs-DD) providing family health insurance coverage and employee only health insurance coverage increased. About half (45.93%) of RCFs-DD offered health insurance with family coverage in 2010 compared to almost two thirds (62.39%) in 2014. Few direct care workers at RCFs-DD enrolled in family health insurance with family coverage in 2010 (4.32%) and there has only been a small increase to 7% (7.24%) in 2014.

Employee-only health insurance is offered by more RCFs-DD than family health insurance coverage. The proportion of RCFs-DD offering this employee-only health insurance increased from 2010 to 2014. In 2010, about 60% (59.49%) of these facilities offered this benefit to their direct care workers compared to 84% (83.91%) of RCFs-DD in 2014. A higher percentage of RCF-DD direct care workers are using this benefit in 2014 compared to 2010. In 2010, 45% of RCF-DD direct care workers were enrolled in employee only health insurance compared to 62% (61.75%) in 2014.

#### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

Two-thirds (66.55%) of RCFs-DD offered personal time off to their direct care workers in 2010. The proportion of facilities offering this benefit increased over the 5 year period and as of 2014, almost all RCFs-DD (95.45%) offered this benefit to their direct care workers. The proportion of RCF-DD direct care workers using personal time increased from 2010 to 2014 (66.55% and 86.96%, respectively).

The proportion of RCFs-DD offering paid holidays to direct care workers increased from 2010 to 2014 (50.81% to 69.62%, respectively). The proportion of direct care workers using paid holidays did not increase as much over time, with 42% using paid holidays in 2010 compared to about 50% in 2014.

*Retirement Benefits: Pension, 401(k) or 403(b)*

Less than half (43.76%) of RCFs-DD offered retirement benefits in 2010. However, by 2014, two-thirds (66.18%) of RCFs-DD offered retirement benefits to their direct care workers. Few RCF-DD direct care workers are enrolled in retirement benefits, although the proportion increases over time. In 2010, just over 10% (11.77%) of RCF-DD direct care workers were enrolled in retirement benefits which increases to just over a quarter (25.76%) of RCF-DD direct care workers in 2014.

*Life Insurance*

About two fifths (43.50%) of RCFs-DD offered life insurance to their direct care workers in 2010 compared to almost two thirds (63.29%) in 2010 (43.40%). Likewise, more RCF-DD direct care workers enrolled in life insurance from 2010-2014 (43.54% and 67.20%, respectively).

**Table 5-2d. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Residential Care Facilities for Adults with Developmental Disabilities, 2010-2014**

Year Provider in Operation	Residential Care: Adults/Developmental Disabilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	6,603	7,073	8,238	10,035	7,679
Health Insurance with Family Coverage					
Percent of providers who offered benefit	45.93	49.19	52.26	54.43	62.39
Percent of direct care workers who enroll/use benefit	4.32	6.16	5.59	4.81	7.24
Total Number of Direct Care Workers	6,603	7,073	8,238	10,035	7,679
Health Insurance for Employee Only					
Percent of providers who offered benefit	59.49	62.75	66.00	71.97	83.91
Percent of direct care workers who enroll/use benefit	45.25	45.32	44.18	38.92	61.75
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	66.55	69.08	73.42	81.19	95.48
Percent of direct care workers who enroll/use benefit	62.75	63.56	56.88	52.19	86.96

(continued)

**Table 5-2d. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Residential Care Facilities for Adults with Developmental Disabilities, 2010-2014 (continued)**

Year Provider in Operation	Residential Care: Adults/Developmental Disabilities				
	2010	2011	2012	2013	2014
<b>Paid Holidays</b>					
Percent of providers who offered benefit	50.81	51.90	54.97	61.30	69.62
Percent of direct care workers who enroll/use benefit	42.09	42.91	38.61	35.66	49.74
<b>Pension or 401(k) or 403(b) Account</b>					
Percent of providers who offered benefit	43.76	46.47	48.82	52.26	66.18
Percent of direct care workers who enroll/use benefit	11.77	16.74	18.14	16.67	25.76
<b>Employer-sponsored Life Insurance</b>					
Percent of providers who offered benefit	43.40	44.12	45.39	49.37	63.29
Percent of direct care workers who enroll/use benefit	43.54	44.03	46.67	39.70	67.20

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 5.2.6 Adult Foster Care: Aged/Physical Disabilities

#### *Health Insurance: Family Coverage and Employee Only*

**Table 5-2e** shows that very few adult foster care: aged/physical disabilities (AFCs-APD) offered health insurance with family coverage or employee only family coverage and there has been very little change over time. In 2010, less than 5% (3.61%) of AFCs-APD offered health insurance with family coverage to their direct care workers compared to 5% (4.65%) in 2014. Very few direct care workers used this benefit from 2010-2014. Less than 2% (1.90%) of direct care workers used this benefit in 2010 compared to about 3% (3.31%) in 2014.

Similarly, less than 5% (4.12%) of AFCs-APD offered employee only health insurance to their direct care workers in 2010 compared to about 6% (5.67%) in 2014. Very few AFCs-APD direct care workers enrolled in the benefit in 2010 (2.85%) with only 5% (4.49%) enrolled in 2014.

#### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

About 14% (13.92%) of AFCs-APD offered personal time to their direct care workers in 2010 compared to just over 20% (22.16%) in 2014. In 2010, 14% (14.93%) of direct care workers used this benefit with an increase to 19% (18.68%) in 2014.

Fewer AFCs-APD (10%) offered paid holidays to direct care workers in 2010 and just under 20% (18.68) offered it in 2014. Few AFC-APD direct care workers utilized paid holidays in 2010 (13.61%) or 2014 (16.78%).

*Retirement Benefits: Pension, 401(k) or 403(b)*

Almost no AFCs-APD offered retirement benefits to their direct care workers in 2010 (1.03%) or 2014 (1.55%). Similarly, almost no direct care workers are enrolled in retirement benefits in 2010 (0.53%) or 2014 (1.65%).

*Life Insurance*

Similar to retirement benefits, almost no AFCs-APD offered life insurance to their direct care workers in 2010 and there has been little change in 2014. Less than 1% of AFCs-DD offered life insurance to their direct care workers in 2010 and just 1% (1.42%) offered it in 2014.

**Table 5-2e. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Foster Care Homes for Aged/Physical Disabilities, 2010-2014**

Year Provider in Operation	Foster Care Homes for Aged/Physical Disabilities with Direct Care Workers				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	1,608	1,857	2,046	2,269	4,727
Health Insurance with Family Coverage					
Percent of providers who offered benefit	3.61	4.12	4.64	5.15	4.64
Percent of direct care workers who enroll/use benefit	1.90	1.92	2.24	3.14	3.31
Health Insurance for Employee Only					
Percent of providers who offered benefit	4.12	4.64	5.15	5.15	5.67
Percent of direct care workers who enroll/use benefit	2.85	3.56	3.98	2.69	4.49
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	13.92	13.92	17.53	21.13	22.16
Percent of direct care workers who enroll/use benefit	13.92	15.62	16.17	17.49	18.68
Paid Holidays					
Percent of providers who offered benefit	7.73	9.28	10.82	11.86	12.89
Percent of direct care workers who enroll/use benefit	13.61	15.34	13.93	16.59	16.78

(continued)

**Table 5-2e. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Foster Care Homes for Aged/Physical Disabilities, 2010-2014 (continued)**

Year Provider in Operation	Foster Care Homes for Aged/Physical Disabilities with Direct Care Workers				
	2010	2011	2012	2013	2014
Percent of providers who offered benefit	1.03	2.58	3.09	2.58	1.55
Percent of direct care workers who enroll/use benefit	0.63	1.64	2.49	1.79	1.65
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	0.52	1.03	1.03	1.03	1.55
Percent of direct care workers who enroll/use benefit	0.00	1.37	1.24	1.12	1.42

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 5.2.7 Adult Foster Care: Developmental Disabilities

#### *Health Insurance: Family Coverage and Employee Only*

**Table 5-2f** shows that few adult foster care: developmental disabilities (AFCs-DD) providers offered health insurance with family coverage or employee only coverage to their direct care staff. In 2010, 2% (1.99%) of AFCs-DD offered this benefit compared to about 4% (3.64%) in 2014. Similarly, few AFC-DD direct care workers were enrolled in this benefit in 2010 (0.65%) with very little change in 2014 when 3% (3.32%) were enrolled. Employee-only health insurance is offered by a slightly higher proportion of AFCs-DD but still very few provide it. In 2010 4% (4.30%) of AFCs-DD provided employee only health insurance to their direct care workers compared to only about 7% (6.62%) in 2014. A very small proportion of direct care workers were enrolled in employee only health insurance in 2010 or 2014 (2.95% and 5.33%, respectively).

#### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

Relatively few AFCs-DD offered personal time off to their direct care workers in 2010 (16.89%), although the proportion increased to over a quarter (28.48%) by 2014. A smaller proportion (12.00%) of direct care workers used personal time off in 2010 compared to an increase of almost 50% (48.24%) in 2014. There was also an increase in the proportion of AFCs-DD offering paid holidays to direct care workers in 2010 compared to 2014 (9.60% and 19.21% respectively). The proportion of AFC-DD direct care workers using paid holidays increased substantially from 8% (7.78%) in 2010 to 39.90% in 2014.

*Retirement Benefits: Pension, 401(k) or 403(b)*

Very few (1.32%) AFCs-DD offered retirement benefits to their direct care workers in 2010. Little change occurred by 2014, with only 3% (2.98%) of AFCs-DD offering retirement benefits to their direct care workers. Not surprisingly, few (0.29%) AFC-DD direct care workers enrolled in this benefit in 2010 while no significant change occurred across time. Only 1% (1.11%) of AFC-DD direct care staff enrolled in retirement benefits in 2014.

*Life Insurance*

Similar to retirement benefits, very few AFCs-DD offered life insurance to their direct care workers in 2010 or 2014 (0.66% and 2.32% respectively). Likewise, almost no AFC-DD direct care workers were enrolled in this benefit in 2010 or 2014 (1.22% and 1.51%, respectively).

**Table 5-2f. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Foster Care Homes for Adults/Developmental Disabilities, 2010-2014,**

Year Provider in Operation	Foster Care Homes for Adults/ Developmental Disabilities with Direct Care Workers				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	1,991	836	972	1,155	1,426
Health Insurance with Family Coverage					
Percent of providers who offered benefit	1.99	1.66	1.99	2.98	3.64
Percent of direct care workers who enroll/use benefit	0.65	0.86	1.92	2.48	3.32
Health Insurance for Employee Only					
Percent of providers who offered benefit	4.30	4.30	4.64	6.95	6.62
Percent of direct care workers who enroll/use benefit	2.95	5.15	5.90	4.84	5.33
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	16.89	18.87	22.19	27.15	28.48
Percent of direct care workers who enroll/use benefit	12.38	34.13	34.22	36.85	48.24
Paid Holidays					
Percent of providers who offered benefit	9.60	11.59	14.57	17.88	19.21
Percent of direct care workers who enroll/use benefit	7.78	20.93	21.98	23.08	39.90
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	1.32	1.32	1.32	2.98	2.98

(continued)

**Table 5-2f. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Foster Care Homes for Adults/Developmental Disabilities, 2010-2014 (continued)**

Year Provider in Operation	Foster Care Homes for Adults/ Developmental Disabilities with Direct Care Workers				
	2010	2011	2012	2013	2014
Percent of direct care workers who enroll/use benefit	0.29	0.86	0.29	1.12	1.11
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	0.66	0.66	0.33	2.32	2.32
Percent of direct care workers who enroll/use benefit	1.22	1.54	1.62	1.24	1.51

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 5.2.8 Assisted Living Facility: Aged/Physical Disabilities

#### *Health Insurance: Family Coverage and Employee Only*

**Table 5-2g** shows the proportion of ALFs-APD that offered health insurance with family coverage and employee coverage increased from 2010 to 2014. Similar proportions of ALFs-APD offered family coverage compared and employee coverage in 2010 (37.75% and 43.05%, respectively). In 2014, more ALFs-APD offered employee only coverage compared to health insurance with family coverage (60.93% and 50.33%, respectively). The proportion of direct care workers enrolled in health insurance with family coverage increased slightly from 2010 to 2014 (8.96% to 13.85%). The proportion of ALF-APD direct care workers enrolled in employee only health insurance also increased from 2010, 18% (18.74%) in 2010 to 26% (25.51%) in 2014.

#### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

Personal time off and paid time off are offered by more ALFs-DD in 2014 compared to 2010 while the percentage of direct care workers enrolled in these benefits also increased overtime. In 2010, about half (53.64%) of ALFs-APD offered personal time off to their direct care workers. By 2014, almost three quarters (75.50%) of ALFs-APD offered personal time off to these same staff. The proportion of ALF-APD direct care workers using personal time off increased from 57.92% in 2010 to 68.24% in 2014. A third of ALFs-APD (35.10%) offered paid holidays to their direct care workers which increased to over half (55.63%) of ALFs-APD in 2014. The proportion of ALF-APD direct care workers enrolled similarly increased from 2010 to 2014 (39.46% and 55.49%, respectively).

*Retirement Benefits: Pension, 401(k) or 403(b)*

Retirement benefits are offered by more ALFs-DD in 2014 compared to 2010 although very few direct care workers enrolled in either year. About two-fifths (40.40%) of ALFs-APD offered retirement benefits to their direct care workers in 2010 compared to over half (52.32%) of ALFs-APD offered retirement benefits to their direct care workers in 2014. Few ALF-APD direct care workers enrolled in retirement benefits and there has been little change overtime. In 2010 about 12% (11.62) of direct care workers enrolled in retirement benefits compared to 17% (16.69%) in 2014.

*Life Insurance*

The proportion of ALFs-APD offering direct care workers life insurance is increasing over time, although the proportion of ALF-APD direct care workers enrolled in this benefit has not changed over time. In 2010, about 20% (23.18%) of ALFs-APD offered life insurance to direct care workers which increased about 40% (39.07%) in 2014. In contrast, in 2010, about 20% (23.18%) ALFs-APD offered life insurance to direct care workers compared to a similar proportion in 2014 (20.78%) indicating there has been little to no change in ALF-APD direct care workers enrolling in life insurance over time.

**Table 5-2g. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Assisted Living Facilities: Aged/Physical Disabilities, 2010-2014**

Year Provider in Operation	Assisted Living Facility: Aged/Physical Disabilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	2,566	3,259	3,611	4,165	4,640
Health Insurance with Family Coverage					
Percent of providers who offered benefit	37.75	40.40	41.72	48.34	50.33
Percent of direct care workers who enroll/use benefit	8.96	8.61	11.39	8.86	13.85
Health Insurance for Employee Only					
Percent of providers who offered benefit	43.05	45.70	47.68	57.62	60.93
Percent of direct care workers who enroll/use benefit	18.74	18.77	20.83	17.97	25.51
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	53.64	56.95	60.93	69.54	75.50
Percent of direct care workers who enroll/use benefit	57.92	56.78	60.46	59.52	68.24
Paid Holidays					
Percent of providers who offered benefit	35.10	40.40	43.05	51.66	55.63

(continued)

**Table 5-2g. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at Assisted Living Facilities: Aged/Physical Disabilities, 2010-2014 (continued)**

Year Provider in Operation	Assisted Living Facility: Aged/Physical Disabilities				
	2010	2011	2012	2013	2014
Percent of direct care workers who enroll/use benefit	39.46	42.75	48.45	48.32	55.49
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	40.40	39.74	40.40	45.03	52.32
Percent of direct care workers who enroll/use benefit	11.62	12.51	14.63	11.60	16.69
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	23.18	25.83	27.15	31.13	39.07
Percent of direct care workers who enroll/use benefit	19.71	17.07	15.90	15.23	20.78

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 5.2.9 In-Home Care Agency

#### *Health Insurance: Family Coverage and Employee Only*

**Tables 5-2h** shows that few in-home care agencies offered insurance benefits to their direct care staff and little change occurred from 2010 to 2014. In 2010, 17% (17.31%) of these agencies offered health insurance with family coverage while 15% (15.38%) of these facilities offered employee only insurance to their direct care workers. In 2014 only 19% (19.23%) of these facilities offered family coverage insurance, which is similar to 21% (21.15%) of in-home care agencies that offered employee only insurance to their direct care workers. Very few direct care workers at in-home care agencies are enrolled in either health insurance with family coverage or employee only coverage and there has been no change over time. In 2010 and 2014, 2% (2.40% and 2.03%, respectively) of direct care workers were enrolled in health insurance with family coverage. Similarly, the proportion of direct care workers enrolled in employee only health insurance did not change from 2010 and 2014 (4.96% and 4.90% respectively).

#### *Paid Time Off: Personal Time off (Vacation and Sick) and Paid Holidays*

Between 2010 and 2014, personal time off and paid holidays were increasingly offered by in-home care agencies to their direct care staff. For example, in 2010, one-fifth (19.23%) in-home care agencies offered paid, personal time off to their direct care workers compared to just over a third (36.54%) of in-home care agencies in 2014. About 18% (18.47%) of

direct care workers at in-home care agencies used personal time off in 2010 compared to about 28% (28.29%) in 2014.

The proportion of in-home care agencies offering paid holidays to direct care workers also increased from 2010 to 2014 (17.31% to 23.08%, respectively). Relatively few direct care workers at in-home care agencies used paid holidays in 2010 and 2014 (12.71% and 16.41%, respectively).

*Retirement Benefits: Pension, 401(k) or 403(b)*

The proportion of In-home Care Agencies offering direct care workers retirement benefits decreased from 2010 to 2014 by about 2%. This was the only provider type and the only fringe benefit where the proportion of providers offering the benefit declined between 2010 and 2014. In 2010 17% (17.31%) of these agencies offered retirement benefits to their direct care workers compared to 15% (15.38%) in 2014. Very few direct care workers enrolled in retirement benefits across any year and no change occurred between 2010 and 2014. In 2010 and 2014 only 2% (2.15% and 2.39% respectively) of direct care workers at in-home care agencies enrolled in retirement benefits.

*Life Insurance*

Very few in-home care agencies offered life insurance in any year from 2010 to 2014 to their direct care workers. There also was no change in the proportion of in-home care agencies that offered life insurance to direct care workers in 2010 and 2014 (5.77% in both years). The percentage of direct care workers enrolled in this benefit has decreased over time with 5% (4.96%) enrolled in 2010 compared to just 3% (2.93%) in 2014. This was the only instance where fringe benefit use declined over the time period.

**Table 5-2h. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at In-Home Care Agencies, 2010-2014, Weighted by Direct Care Workers**

Year Provider in Operation	In-Home Care Agency				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	2,880	3,715	4,341	5,131	4,719
Health Insurance with Family Coverage					
Percent of providers who offered benefit	17.31	19.23	17.31	19.23	19.23
Percent of direct care workers who enroll/use benefit	2.40	1.79	1.09	1.30	2.03
Health Insurance for Employee Only					
Percent of providers who offered benefit	15.38	17.31	17.31	19.23	21.15
Percent of direct care workers who enroll/use benefit	4.96	4.63	3.13	3.73	4.90

(continued)

**Table 5-2h. Fringe Benefits Offers and Enrollment/Use by Direct Care Workers at In-Home Care Agencies, 2010-2014, Weighted by Direct Care Workers (continued)**

Year Provider in Operation	In-Home Care Agency				
	2010	2011	2012	2013	2014
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	19.23	19.23	21.15	21.15	36.54
Percent of direct care workers who enroll/use benefit	18.47	16.28	15.32	16.10	28.29
Paid Holidays					
Percent of providers who offered benefit	17.31	17.31	19.23	19.23	23.08
Percent of direct care workers who enroll/use benefit	12.71	10.73	10.97	11.50	16.41
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	17.31	15.38	15.38	15.38	15.38
Percent of direct care workers who enroll/use benefit	2.15	1.89	1.70	1.91	2.39
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	5.77	3.85	3.85	3.85	5.77
Percent of direct care workers who enroll/use benefit	4.96	3.59	3.32	3.94	2.93

Note: Unit of analysis is providers for offer of benefit and direct care workers for enrollment/use.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 5.3 Provision of Fringe Benefits by LTC Provider Characteristics

#### 5.3.1 Introduction

**Table 5-3** analyzes how the provision of selected fringe benefits is affected by specific provider characteristics. The same fringe benefit categories are explored for this analysis as in the previous section of the report: (1) health insurance with family coverage, (2) health insurance for the employee only, (3) paid: personal time off (vacation time or sick leave), (4) paid holidays, (5) retirement benefits such as a pension plan such as a 401(k) or 403(b), (6) life insurance. The characteristics explored include (1) facility characteristics, such as type of ownership, location, primary payer source, provider size, and educational requirements for direct care workers; (2) characteristics of the individuals served such as race and ethnicity; and (3) the characteristics of the direct care workers such as, demographic characteristics of direct care workers.

**Table 5-3. Offer of Fringe Benefits, Total Providers, by Provider Characteristics, 2014 (% of Providers)**

<b>Provider Characteristics</b>	<b>Health Insurance with Family Coverage</b>	<b>Health Insurance for Employee Only</b>	<b>Personal Time Off, Vacation Time, Sick Leave</b>	<b>Holidays</b>	<b>Pension or 401(k) or 403(b) Accounts</b>	<b>Employer-Sponsored Life Insurance</b>
Total Number of Providers	<b>911</b>	<b>1,137</b>	<b>1,607</b>	<b>1,143</b>	<b>885</b>	<b>776</b>
Type of Ownership						
Private, non-profit	52.23	69.06	78.48	60.79	56.26	51.22
Private, for profit	21.47	25.13	47.01	30.47	17.97	14.39
Government: federal, state, county or local	10.63	9.80	14.32	12.66	5.82	5.81
Chain Ownership						
Part of corporate chain (yes)	50.70	58.63	73.25	52.95	49.31	46.25
Individual entity (no)	18.92	26.78	44.40	31.01	18.33	14.04
MSA						
Metropolitan	32.92	40.47	55.04	37.83	30.74	26.73
Micropolitan	25.78	34.40	57.41	42.20	27.12	25.99
Non-Metropolitan/Non-Micropolitan	32.65	42.87	67.79	60.75	41.60	34.46
Dependence on Medicaid						
> median beneficiaries with Medicaid as primary payer	42.37	52.43	67.55	52.10	41.65	33.80
< =median beneficiaries with Medicaid as primary payer	25.13	31.65	48.88	32.23	24.10	22.84

(continued)

**Table 5-3. Offer of Fringe Benefits, Total Providers, by Provider Characteristics, 2014 (% of Providers)**  
(continued)

Provider Characteristics	Health Insurance with Family Coverage	Health Insurance for Employee Only	Personal Time Off, Vacation Time, Sick Leave	Holidays	Pension or 401(k) or 403(b) Accounts	Employer-Sponsored Life Insurance
Most Common Disability Among Individuals Served						
Frailty, dementia, and physical disabilities	23.46	26.17	43.59	31.29	20.19	16.11
Intellectual/ developmental disabilities	43.77	57.98	72.91	52.58	45.99	42.44
Severe mental illness	11.26	11.26	18.46	9.44	8.35	5.41
Traumatic brain injury	12.62	15.59	60.17	30.88	5.37	0.00
HIV	0.00	100.00	100.00	100.00	100.00	0.00
Ethnicity of Direct Care Workers						
High Hispanic/Latino workers (> median)	44.16	52.21	68.83	49.67	42.59	36.72
Low Hispanic/Latino workers (<= median)	21.48	29.23	45.47	31.75	21.12	19.04
Race of Direct Care Workers						
High minority workers (> median of all non-white race categories)	13.10	15.51	31.47	20.81	8.77	9.83
Low minority workers (< =median of all non-white race categories)	52.59	66.59	83.51	61.15	55.50	46.29
Ethnicity of Beneficiaries						
High Hispanic/Latino beneficiaries (> median)	34.01	39.29	54.58	41.99	30.93	24.02
Low Hispanic/Latino beneficiaries (< =median)	30.97	39.78	56.59	39.13	30.83	28.13

(continued)

**Table 5-3. Offer of Fringe Benefits, Total Providers, by Provider Characteristics, 2014 (% of Providers)  
(continued)**

Provider Characteristics	Health Insurance with Family Coverage	Health Insurance for Employee Only	Personal Time Off, Vacation Time, Sick Leave	Holidays	Pension or 401(k) or 403(b) Accounts	Employer-Sponsored Life Insurance
Race of Beneficiaries						
High minority beneficiaries (> median of all non-white race categories)	26.20	32.69	48.48	33.18	25.51	23.70
Low minority beneficiaries (< =median of all non-white race categories)	39.49	49.32	66.60	49.17	38.28	31.72
Age of Target Population						
Elderly (65 years or more)	25.66	29.61	45.66	31.27	22.04	18.07
Younger individuals with disabilities (Less than 65 years)	38.57	50.90	67.56	49.07	40.49	36.79
Employer Size						
Large provider (more than 75 beneficiaries)	57.42	59.80	74.15	58.62	54.24	42.98
Small provider (75 beneficiaries or less)	30.80	38.95	55.51	39.19	29.97	26.45
Education of Direct Care Workers						
High education (Associate's degree or higher)	31.88	44.71	59.03	50.35	40.66	29.96
Low education (less than Associate's degree)	33.12	40.30	57.66	39.17	30.20	27.54

(continued)

**Table 5-3. Offer of Fringe Benefits, Total Providers, by Provider Characteristics, 2014 (% of Providers)**  
(continued)

Provider Characteristics	Health Insurance with Family Coverage	Health Insurance for Employee Only	Personal Time Off, Vacation Time, Sick Leave	Holidays	Pension or 401(k) or 403(b) Accounts	Employer-Sponsored Life Insurance
Training of Direct Care Workers						
Less than 75 hours	25.59	33.73	51.45	37.58	25.88	22.76
75 hours or more	51.55	59.50	73.58	48.12	46.82	40.42
Wage Rates						
Less than \$12.00 per hour	31.68	41.13	57.94	39.75	30.63	27.06
\$12.00 to \$16.00 per hour	38.04	45.38	65.55	50.73	36.99	31.14
More than \$16.00 per hour	62.69	64.28	71.68	67.85	57.80	51.27

Note: The provider is the unit of analysis.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

Looking across all fringe benefit categories, private, non-profit providers are most likely to provide fringe benefits and government operated providers are least likely. The largest proportion of providers that offered most benefits are also part of a corporate chain and larger (have more than 75 beneficiaries). Geographic location of providers appears to have had little influence over the proportion of providers providing most benefits except for paid, personal time off and paid holidays. Provider characteristics related to their direct care workers, including education and training of direct care workers and their wages, do appear to influence the proportions of providers offering fringe benefits although there is variation across the different types of benefits. Age, Medicaid dependence, primary type of disability served and race of beneficiaries appear to be related to the proportion of providers offering these benefits. Ethnicity and race of direct care workers also shows a relationship to the proportion of the providers that offered health insurance with family coverage, employee only health insurance, paid personal time off (vacation/sick), paid holidays, retirement benefits, and life insurance.

### **5.3.2 Health Insurance: Family Coverage**

#### *Characteristics of Providers*

Those providers that are more likely to offered health insurance with family coverage can be characterized as private, non-profit; part of a corporate chain, larger in size, had a higher proportion of direct care workers with more than 75 hours of training, and offered more than \$16.00 per hour to direct care workers. Just over half (52.23%) of private, non-profit providers offered health insurance with family coverage in 2014 to their direct care workers. Fewer private, for profit and government (federal, state, county or local) providers offered health insurance with family coverage to direct care workers (21.47% and 10.63%, respectively). About half (50.70%) of providers owned by corporate chains provided health insurance with family coverage to their direct care staff compared to about a fifth (18.92%) of providers that operate as individual entities. A third of providers located in both metropolitan and non-metropolitan/non-micropolitan offered health insurance with family coverage to their direct care workers (32.92% and 32.65% respectively), compared to about a quarter (25.778%) of those providers located in micropolitan areas. Provider size appears to influence the offered of health insurance with family coverage. Almost 60% (57.42%) of large providers (more than 75 beneficiaries) provided health insurance with family coverage compared to only about 30% (30.80%) of small providers (75 beneficiaries or less).

A similar proportion of providers that had a higher or lower proportion of direct care workers with an Associate's Degree or higher level of education (31.88% and 33.12%, respectively) offered health insurance with family coverage. The amount of training that direct care workers have appears to be related to the proportion of providers that offered health insurance with family coverage. About a quarter (25.59%) of providers that had a higher

proportion of direct care workers with less than 75 hours of training offered health insurance for family members. In contrast, over half (51.55%) of providers that had a higher proportion of direct care workers with more than 75 hours of training offered health insurance for family members. Providers that pay their direct care workers more are also more likely to offered health insurance for family members. About two thirds (62.69%) of providers that paid their direct care workers more than \$16 per hour offered health insurance with family coverage compared to those providers that paid \$12-16 or less than \$12 per hour (38.04% and 31.68% respectively).

### *Characteristics of Individuals Served*

Those providers that had a higher proportion of younger individuals with disabilities are and a lower number of minority beneficiaries are more likely to have offered health insurance with family coverage to their direct care workers. A larger proportion (42.37%) of providers that had more than the median percentage of beneficiaries with Medicaid as their primary payer offered health insurance with family coverage to direct care workers compared to about a quarter (25.13%) of providers that had less than the median percentage of beneficiaries with Medicaid as their primary payer. Providers that serve individuals with intellectual/development disabilities (42.37%) are more likely to offered health insurance with family coverage to their direct care workers than providers primarily serving other populations. Just under a quarter (23.46%) of providers primary serving individuals with frailty, dementia and physical disabilities, offered this benefit to their direct care workers. Fewer providers primarily serving both individuals with severe mental illness and traumatic brain injury offered this benefit to their direct care workers (11.26% and 12.62% respectively) while no providers serving individuals with HIV offered health insurance with family coverage. The proportion Hispanic/Latino beneficiaries does not influence the proportion of providers that offered health insurance with family coverage. A larger proportion of providers with a lower proportion of minority beneficiaries offered health insurance with family coverage compared to providers that had a higher number of minority beneficiaries (39.04% and 26.20% respectively). Only a quarter (25.66%) of providers offered health insurance with family coverage if they primarily serve an older (65 and older) population compared to almost 40% (38.57%) of providers who serve younger people with disabilities.

### *Characteristics of Direct Care Workers*

The race and ethnicity of direct care workers appears to influence if providers offered insurance with family health insurance coverage. A larger proportion of providers with a higher proportion of Hispanic/Latino direct care workers offered health insurance with family coverage compared to those providers with a lower proportion of Hispanic/Latino workers (44.16% and 21.48%, respectively). On the other hand, only about a tenth (13.10%) of providers that had a high proportion of minority direct care workers offered health insurance

with family coverage to all direct care workers compared to over half (52.59%) of providers that had a lower proportion of minority direct care workers.

### **5.3.3 Health Insurance: Employee Only**

#### *Characteristics of Providers*

Those providers that are more likely to have offered employee only health insurance can be characterized as private, non-profit; part of a corporate chain, larger in size, had a higher proportion of direct care workers with more than 75 hours of training, and offered more than \$16.00 per hour to direct care workers. Almost 70% (69.06%) of private non-profit providers offered employee-only health insurance to their direct care workers. In contrast, a smaller proportion of private, for profit and government (federal, state, county, or local) providers offered employee-only health insurance to direct care workers (25.13% and 9.80%, respectively). Close to three-fifths (58.63%) of providers owned by corporate chains offered employee-only health insurance compared to just over a quarter (26.75%) of providers that are individually owned. About the same proportion of providers in metropolitan and non-metropolitan/micropolitan locations offered employee only insurance (40.47% and 42.87% respectively) compared to about a third (34.40%) of providers in micropolitan areas. About 60% (59.80%) of large providers (more than 75 beneficiaries) provided employee-only insurance to their direct care workers compared with about 40% of smaller providers (75 beneficiaries or less). Those providers that either had a higher proportion of direct care workers with an Associate's Degree or higher or less than an Associate's degree offered employee-only health insurance (44.71% and 40.30%, respectively).

About 60% (59.50%) of providers that had a higher percentage of staff with 75 or more hours of training offered employee-only insurance compared to a third (33.73%) of providers that had a lower proportion of direct care workers with less training. Direct care staff wages appear to influence the proportion of providers that offered employee-only insurance to these staff. About two-thirds (64.28%) of providers that pay direct care workers more than \$16 per hour offered this benefit compared to over two-fifths of providers that paid \$12-16 per hour (45.38%) and less than \$12 per hour (41.13%).

#### *Characteristics of Individuals Served*

Those providers that had a higher proportion of younger individuals with disabilities, a higher proportion of Medicaid beneficiaries, more commonly served individuals with intellectual/developmental disabilities or HIV, had fewer minority beneficiaries are more likely to have offered employee only health insurance to their direct care workers. About half (52.43%) of providers serving a higher proportion of beneficiaries with Medicaid as the primary payer offered employee-only health insurance compared to about a third (31.65%) of providers that had a lower proportion of beneficiaries with Medicaid as the primary payer.

Approximately a quarter (26.17%) of providers that primarily serve individuals with frailty, dementia and physical disabilities offered employee-only health insurance to their direct care workers, while over half (57.98%) of providers that primarily serve individuals with intellectual/developmental disabilities provided employee insurance. There is no difference in the proportion of providers with high and low percentage of Hispanic/Latino beneficiaries that offered employee only insurance to their direct care workers (39.29% and 39.78%, respectively). About half (49.32%) of providers that had a low proportion of minority beneficiaries offered employee-only health insurance to their direct care workers, compared to only about a third (32.69%) of providers that had a higher proportion of minority beneficiaries. Only about 30% (29.61%) of providers serving primarily an elderly population offered this benefit compared to about half (50.90%) of providers that primarily serve younger individuals (less than 64) with disabilities.

#### *Characteristics of Direct Care Workers*

The race and ethnicity of direct care workers appears to influence if providers offered employee only health insurance. A higher percentage of providers with a larger proportion of Hispanic/Latino direct care workers offered employee-only health insurance compared to providers with a lower proportion of Hispanic/Latino direct care workers (52.21% and 29.23%, respectively). Just over two-thirds (66.29%) of providers with a lower proportion of minority direct care workers offered employee only insurance to their direct care workers compared to only about 16% (15.51%) of providers that had a higher proportion of minority direct care workers.

### **5.3.4 Paid Personal Time Off: Vacation and Sick Leave**

#### *Characteristics of Providers*

Those providers that are more likely to have offered employee paid, personal time off to their direct care workers can be characterized as private, non-profit; part of a corporate chain, and larger in size. Over three-quarters (78.48%) of private, non-profit providers offered personal time off to their direct care workers compared to just under half (47.01%) of private, for profit providers. Only 14% (14.32%) of government-owned providers offered paid time off to their direct care workers. About three-fourths (73.25%) of providers that are part of a corporate chain provide this benefit while only 44% of individually owned providers do so. Just over two-thirds (67.79%) of non-metropolitan/non-micropolitan compared to just over half of both metropolitan and micropolitan providers (55.04% and 57.41%, respectively) offered personal time off to their direct care workers. About three-fourths (74.15%) of larger providers (more than 75 beneficiaries) were more likely to offer paid personal time off compared to just over half (55.51%) of smaller providers (75 beneficiaries or less). Similar proportions of providers offered personal time off to their direct care workers regardless if the provider had a higher or lower percentage of workers with an Associate's degree or higher (59.03% and 57.66%, respectively).

Almost three-fourths (73.58%) of providers that had a higher percentage of staff with 75 or more hours of training offered employee-only insurance compared to half (51.75%) of providers that had a lower proportion of direct care workers with less training. As the average direct care worker wage rate increases, the proportion of providers offering personal time off to these same staff also increases. Just under 60% (57.94%) of providers that offered less than \$12 offered this benefit compared to two-thirds (65.55%) of providers that offered \$12-16 per hour, while about 70% (71.68%) of providers that offered more than \$16 per hour offered personal time off to their direct care workers.

### *Characteristics of Individuals Served*

Providers that serve more individuals with Medicaid as their primary payer, most commonly serve individuals with intellectual/development disabilities, HIV, or severe mental illness, and primarily serve younger individuals with disabilities (less than age 65) and serve fewer minority beneficiaries are more likely to have provided their direct care workers with personal time off. Just over two-thirds (67.55%) of providers that had a higher percentage of individuals with Medicaid as the primary payer offered personal time off to their direct care workers compared to less than half (48.88%) of those providers that served a lower percentage of beneficiaries without Medicaid as the primary payer. All providers that primarily serve individuals with HIV offered personal time off to their direct care workers. More than half of providers serving individuals with intellectual/development disabilities and those providers serving individuals with TBI provide this benefit (72.91% and 60.17%, respectively). About two-fifths (43.59%) of providers serving individuals that are frail, have dementia and physical disabilities offered personal time off, while almost three-quarters (79.91%) of providers that primarily serve people with intellectual or developmental disabilities provide this benefit to direct care workers. The same proportion of providers, about 55%, offered personal time off regardless if they had a high or low percentage of Hispanic/Latino beneficiaries (54.58 and 56.59%, respectively). Two-thirds (66.60%) of providers that had a lower percentage of minority beneficiaries provided personal time off to direct care workers compared to just under 50% (48.48%) of all providers with a higher percentage of minority beneficiaries. A greater proportion of providers that serve individuals that are younger and physically offered personal time off to direct care staff compared to those providers that primary serve older individuals (65 and older) (67.56% and 45.66%, respectively).

### *Characteristics of Direct Care Workers*

The race and ethnicity of direct care workers appears to influence if providers offered insurance employee only health insurance. Over two-thirds (68.83%) of providers that had a higher percentage of Hispanic/Latino direct care workers offered personal time off to all direct care workers compared to 45% (45.47%) providers that had fewer Hispanic/Latino direct care workers. A much higher proportion of those providers (83.51%) with low

proportion of minority direct care workers offered personal time off compared to those providers with a higher proportion of minority direct care workers (31.47%).

### **5.3.5 Paid Time Off: Paid Holidays**

#### *Characteristics of Providers*

Similar to providers that offered personal time off, providers that offered paid holidays are larger providers located in non-metropolitan or micropolitan areas, that are chain-owned, are private, non-profit, had a higher proportion of direct care workers with more than 75 hours of training, and offered higher direct care worker wages are more likely to offered paid holidays to their direct care workers. A larger proportion of private, non-profit providers (60.79%) offered this benefit to direct care workers compared to private, for-profit providers and providers owned by the government (federal, state, county or local) (30.47% and 12.66%, respectively). Just over half (52.95%) of the corporate-owned chain providers offered paid holidays compared to about 30% (31.01%) of individually owned providers. A larger proportion of providers (60.75%) located in a non-metropolitan or micropolitan areas offered paid holidays compared to providers in metropolitan and micropolitan areas (37.83% and 42.80% respectively).

Almost 60% (58.62%) of larger providers (more than 75 beneficiaries) provided paid time off compared to less than 40% (39.19%) of smaller providers (75 beneficiaries or less). Half of providers (50.35%) which had a higher percentage of direct care workers with an Associate's Degree or higher offered paid holidays compared to only about 40% (39.17%) of providers that had a lower percentage of direct care workers with an Associate's Degree or more. Close to half (48.12%) of providers that had a higher percentage of direct care workers with 75 or more hours of training offered employee-only insurance compared to about two-fifth (37.58%) of providers that had a lower proportion of direct care workers with less training. Provider direct care worker hourly wages influence if direct care staff are offered paid holidays or not with the proportion of providers offering this benefit increasing as the hourly wage does up. Almost 70% (67.85%) of providers that pay more than \$16 per hour offered paid holidays to their direct care workers compared to about half and two-fifths of providers that pay \$12-16 or less than \$12 per hour (50.73% and 39.75% respectively).

#### *Characteristics of Individuals Served*

Providers that served a higher percentage of beneficiaries with Medicaid as the primary payer, most commonly serve individuals with intellectual/development disabilities or HIV, serve younger and disabled individuals, and serve fewer minority beneficiaries are more likely to have provided their direct care workers with paid time off. Over half (52.10%) of those providers with a higher percentage of Medicaid beneficiaries provided paid time off compared to about a third (32.23%) of those providers with fewer primary Medicaid beneficiaries. Over half (52.58%) of providers serving individuals with

intellectual/development disabilities also provide paid holidays compared to about a third of providers serving people with frailty, dementia, and physical disabilities (31.29%). Similar proportions of providers, about 40%, offered paid holidays regardless if they had a high or low proportion of Hispanic/Latino beneficiaries (41.99% and 39.13%, respectively). About half (49.17%) of providers with a low proportion of minority beneficiaries offered paid holidays to direct care workers compared to only a third (33.13%) of those providers with a high proportion of minority beneficiaries. Similarly, almost half of those providers targeting younger individuals with disabilities provide paid holidays to direct care workers, while only about a third (31.27%) of those providers who target older people (age 65 and older) offered paid holidays to direct care workers.

#### *Characteristics of Direct Care Workers*

The race and ethnicity of direct care workers appears to influence if providers offered insurance employee only health insurance. A higher proportion of providers with a higher proportion of Hispanic/Latino direct care workers offered paid holidays to all direct care workers compared to providers that had a low proportion of Hispanic/Latino workers (49.67% and 31.75% respectively). About three-fifths (61.15%) of providers with a low proportion of minority workers offered paid holidays compared to about a fifth (20.81%) of providers with a high proportion of minority workers.

### **5.3.6 Retirement Benefits: Pension, 401(k) or 403(b)**

#### *Characteristics of Providers*

Those providers that are more likely to offered retirement benefits to their direct care workers can be characterized as private, non-profit; part of a corporate chain, larger in size, located in a non-metropolitan/micropolitan area, had a large proportion of direct care workers with their Associate's Degree or higher as well as more training, and offered a higher salary wage. About half (56.26%) of private, non-profit providers offered retirement benefits to their direct care workers compared to about 18% (17.97%) of private, for profit providers and 6% (5.82%) of government owned providers. About half (49.31%) of corporate chain-owned providers offered retirement benefits compared to less than 20% (18.33%) of providers that operate as individual entities. A higher percentage of providers located in a non-metropolitan or micropolitan area offered retirement benefits (41.60%), followed by a smaller proportion of those providers located in metropolitan and micropolitan areas (30.74% and 27.12% respectively). More than half (54.24%) of large providers (more than 75 beneficiaries) offered retirement benefits compared to only 30% (29.97%) of smaller providers (75 beneficiaries or less).

Half (50.35%) of providers that had a higher percentage of direct care workers with an Associate Degree or higher offered retirement benefits compared to about two-fifths (39.17%) of providers that had a lower percentage of direct care workers with that level of

education. A greater percentage of providers that had a higher percentage of direct care workers with 75 or more hours of training offered retirement benefits compared to providers that had fewer direct care workers with less training (46.82% and 25.88% respectively). More than half of providers paying direct care workers \$16 or more an hour offered retirement benefits compared to about a third of providers offering \$12-16 per hour and less than \$12 per hour (36.99% and 30.63% respectively).

#### *Characteristics of Individuals Served*

Providers that served a higher percentage of beneficiaries with Medicaid as the primary payer, most commonly serve individuals with intellectual/development disabilities or HIV, serve younger and disabled individuals, and serve fewer minority beneficiaries are more likely to have provided their direct care workers with retirement benefits. A larger proportion of providers (41.65%) that had a higher percentage of beneficiaries with Medicaid as the primary payer offered retirement benefits compared to about a quarter (24.10%) of providers with a lower percentage of Medicaid primary beneficiaries. About 46% of providers that primarily serve individuals with intellectual/developmental disabilities offered retirement benefits, while about 20% of providers that primarily serve individuals with frailty, dementia and physical disabilities offered retirement. The same proportion of providers, 31%, offered paid holidays regardless if they had a high or low proportion of Hispanic/Latino beneficiaries (30.93% and 30.83% respectively). A higher proportion of providers that had a low proportion of minority beneficiaries offered retirement benefits compared to providers that had a high proportion of minority beneficiaries (38.28% and 25.51%). A much higher proportion of providers that serve a younger, disabled population offered retirement benefits to direct care workers compared to those providers with an elderly population (40.49% and 22.04% respectively).

#### *Characteristics of Direct Care Workers*

The race and ethnicity of direct care workers appears to influence if providers offered retirement benefits to their direct care workers. Higher proportions of providers offered retirement benefits if they had a higher percentage of direct care workers that were Hispanic/Latino, were not minority, had a higher proportion of direct care workers with an Associate's Degree or more, required 75 or more hours of training, and were paid \$16 per hour. More providers with a higher percentage of Hispanic/Latino workers offered retirement benefits compared to providers with a low percentage of Hispanic/Latino workers (42.59% and 21.12%, respectively). A much greater proportion (55.50%) of providers that had a low percentage of minority workers offered retirement benefits to direct care workers compared to facilities with a high proportion of minority direct care workers (8.77%).

### **5.3.7 Life Insurance**

#### *Characteristics of Providers*

Those providers that are more likely to offered life insurance to their direct care workers can be characterized as private, non-profit; part of a corporate chain, larger in size, had a large proportion of direct care workers more training, and offered a higher salary wage. About half (51.22%) of private, non-profit providers offered direct care workers life insurance. Far fewer private, for profit providers (46.39%) offered this benefit to direct care workers compared to even fewer providers owned by the government (5.81%). A larger proportion of corporate chain providers compared to individual owned providers offered life insurance to their direct care staff (46.25% and 14.04% respectively). Just over a third (34.46%) of providers located in non-metropolitan and non-micropolitan areas offered life insurance to direct care workers compared to both metropolitan and micropolitan areas in which a similar proportion of providers in these areas offered life insurance to direct care workers (26.73% and 25.99% respectively). A higher proportion of larger providers (more than 75 beneficiaries) offered life insurance to direct care workers compared to smaller providers (75 beneficiaries or less) (42.98% and 26.45%, respectively). A similar proportion of providers that had a higher proportion of direct care workers with an Associate's Degree or higher compared to providers that had a lower proportion of direct care workers with an Associate's Degree or higher (29.96% and 27.54%, respectively).

About a quarter (22.76%) of providers that required direct care workers to had less than 75 hours of training offered life insurance to these workers compared to 40% (40.42%) of providers that required less training. Provider direct care worker hourly wages are associated with whether providers offered life insurance with the proportion of providers offering this benefit increasing as the hourly wage does up. About 50% (51.27%) of providers that offered more than \$16 per hour offered paid holidays to their direct care workers compared to smaller proportions of those providers that offered \$12-16 or less than \$12.00 per hour (31.14% and 27.06%, respectively).

#### *Characteristics of Individuals Served*

Providers that served a higher percentage of beneficiaries with Medicaid as the primary payer, most commonly serve individuals with intellectual/development disabilities, serve younger and disabled individuals, and serve fewer minority beneficiaries are more likely to provide their direct care workers with life insurance. A third of providers (33.80%) with a higher percentage of beneficiaries that had Medicaid as the primary payer offered retirement benefits compared to just over a fifth (22.84%) of providers that had a lower percentage of Medicaid beneficiaries. Providers that serve primarily individuals with intellectual/development disabilities had the highest proportion (42.44%) of providers offering life insurance to direct care workers. In contrast, only 16% (16.11%) of providers primarily serving individuals that are frail, with dementia, and physical disabilities offered

life insurance to direct care workers. There is little difference in the proportion of providers offering life insurance according to whether they had a high or low proportion of Hispanic/Latino beneficiaries. Approximately 28% (28.13%) of providers with a low percentage of Hispanic/Latino beneficiaries offered life insurance compared to 24% (24.02%) of providers with a high number of beneficiaries that are Hispanic/Latino. A higher proportion of providers that had a low proportion of minority beneficiaries offered life insurance compared to providers that had a high number of minority beneficiaries (31.72% and 23.70%). A larger percentage of providers that serve a younger, disabled population offered life insurance to direct care workers compared to those providers serving an elderly population (36.79% and 18.04%, respectively).

### *Characteristics of Direct Care Workers*

The race and ethnicity of direct care workers appears to influence if providers offered life insurance to their direct care workers. A higher proportion of providers with a higher percentage of Hispanic/Latino direct care workers offered life insurance to direct care workers compared to providers that had a low percentage of Hispanic/Latino workers (36.72% and 19.04%, respectively). A greater percentage of providers with a low percentage of minority workers offered life insurance compared to those providers with a high percentage of minority workers (46.29% and 9.83%). Educational characteristics of direct care workers are not associated with the proportion of direct care workers receiving life insurance while training requirements do.

**Table 5-4** analyzes how direct care workers use and enrollment of selected fringe benefits varies by specific provider characteristics. The same fringe benefit categories are explored for this analysis as in the previous section of the report (1) health insurance with family coverage, (2) health insurance for the employee only, (3) paid: personal time off (vacation time or sick leave), (4) paid holidays, (5) retirement benefits such as a pension plan such as a 401(k) or 403(b), (6) life insurance. The characteristics explored include (1) facility characteristics, such as type of ownership, location, primary payer source, provider size, and educational requirements for direct care workers (2) characteristics of the individuals served such as race and ethnicity, and (3) the demographic characteristics of the direct care workers including race and ethnicity.

**Table 5-4. Direct Care Workers Use/Enrollment in Fringe Benefits, by Provider Characteristics, 2014 (% of Direct Care Workers)**

<b>Provider Characteristics</b>	<b>Health Insurance with Family Coverage</b>	<b>Health Insurance for Employee Only</b>	<b>Personal Time Off, Vacation Time, Sick Leave</b>	<b>Holidays</b>	<b>Pension or 401(k) or 403(b) Accounts</b>	<b>Employer-Sponsored Life Insurance</b>
Total Number of Providers	<b>911</b>	<b>1,137</b>	<b>1,607</b>	<b>1,143</b>	<b>885</b>	<b>776</b>
Type of Ownership						
Private, non-profit	7.65	55.39	77.74	56.38	23.74	52.61
Private, for profit	8.99	18.20	59.69	44.34	8.31	17.58
Government: federal, state, county or local	18.03	28.15	62.07	55.30	40.77	59.53
Chain Ownership						
Part of corporate chain (yes)	10.51	32.98	67.31	53.06	17.43	35.84
Individual entity (no)	5.71	26.31	61.53	40.05	8.86	20.31
MSA						
Metropolitan	8.16	31.77	64.55	46.66	15.01	31.38
Micropolitan	10.30	29.44	75.97	56.99	12.56	30.96
Non-Metropolitan/Non-Micropolitan	10.69	22.03	54.57	49.64	10.57	18.30
Dependence on Medicaid						
> median beneficiaries with Medicaid as primary payer	9.26	26.69	64.71	51.12	12.19	24.30
< =median beneficiaries with Medicaid as primary payer	8.06	40.25	69.40	43.23	17.47	39.84

(continued)

**Table 5-4. Direct Care Workers Use/Enrollment in Fringe Benefits, by LTC Provider Characteristics, Weighted by Direct Care Workers, 2014 (continued)**

<b>Provider Characteristics</b>	<b>Health Insurance with Family Coverage</b>	<b>Health Insurance for Employee Only</b>	<b>Personal Time Off, Vacation Time, Sick Leave</b>	<b>Holidays</b>	<b>Pension or 401(k) or 403(b) Accounts</b>	<b>Employer-Sponsored Life Insurance</b>
Most Common Disability Among Individuals Served						
Frailty, dementia, and physical disabilities	9.75	21.54	59.87	47.76	11.08	20.06
Intellectual/ developmental disabilities	6.97	53.09	81.24	52.56	22.61	55.56
Severe mental illness	3.84	7.66	49.80	37.24	4.09	13.57
Traumatic brain injury	8.82	13.19	43.43	28.92	3.02	0.00
HIV	0.00	100.00	100.00	100.00	38.46	0.00
Ethnicity of Direct Care Workers						
High Hispanic/Latino workers (> median)	9.27	29.67	64.25	47.68	14.92	30.06
Low Hispanic/Latino workers (<= median)	6.61	33.63	67.79	49.60	11.54	29.24
Race of Direct Care Workers						
High minority workers (> median of all non-white race categories)	4.18	18.99	44.84	32.50	5.08	17.89
Low minority workers (< =median of all non-white race categories)	9.36	32.07	67.77	50.23	15.50	31.56
Ethnicity of Beneficiaries						
High Hispanic/Latino beneficiaries (> median)	8.46	22.89	62.27	48.99	12.06	26.38
Low Hispanic/Latino beneficiaries (< =median)	9.08	38.68	68.20	47.12	16.71	34.00

(continued)

**Table 5-4. Direct Care Workers Use/Enrollment in Fringe Benefits, by LTC Provider Characteristics, Weighted by Direct Care Workers, 2014 (continued)**

<b>Provider Characteristics</b>	<b>Health Insurance with Family Coverage</b>	<b>Health Insurance for Employee Only</b>	<b>Personal Time Off, Vacation Time, Sick Leave</b>	<b>Holidays</b>	<b>Pension or 401(k) or 403(b) Accounts</b>	<b>Employer-Sponsored Life Insurance</b>
Race of Beneficiaries						
High minority beneficiaries (> median of all non-white race categories)	7.95	44.46	70.99	46.86	18.04	41.56
Low minority beneficiaries (< =median of all non-white race categories)	9.01	26.15	63.30	48.47	13.13	26.47
Age of Target Population						
Elderly (65 years or more)	9.60	21.70	60.58	46.63	11.08	20.10
Younger individuals with disabilities (Less than 65 years)	6.84	50.24	76.08	51.22	21.56	52.21
Employer Size						
Large provider (more than 75 beneficiaries)	6.84	21.04	58.27	39.67	12.12	25.35
Small provider (75 beneficiaries or less)	9.49	34.10	67.74	51.30	15.13	31.84
Education of Direct Care Workers						
High education (Associate's degree or higher)	7.17	29.09	49.55	43.13	8.38	20.22
Low education (less than Associate's degree)	9.09	30.80	68.48	49.17	15.57	32.11
Training of Direct Care Workers						
Less than 75 hours	8.27	27.23	59.06	44.73	15.26	25.54
75 hours or more	9.77	36.15	76.01	53.93	12.57	37.66

(continued)

**Table 5-4. Direct Care Workers Use/Enrollment in Fringe Benefits, by LTC Provider Characteristics, Weighted by Direct Care Workers, 2014 (continued)**

<b>Provider Characteristics</b>	<b>Health Insurance with Family Coverage</b>	<b>Health Insurance for Employee Only</b>	<b>Personal Time Off, Vacation Time, Sick Leave</b>	<b>Holidays</b>	<b>Pension or 401(k) or 403(b) Accounts</b>	<b>Employer-Sponsored Life Insurance</b>
Wage Rates						
Less than \$12.00 per hour	5.57	27.98	61.88	40.54	11.56	28.63
\$12.00 to \$16.00 per hour	11.31	37.51	68.85	51.18	16.19	23.75
More than \$16.00 per hour	15.34	33.14	78.63	71.68	15.36	35.55

Note: Unit of analysis is provider

Note: Includes providers <30 responses (Adult day services, IC Specialized Living, and Specialized living services)

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

Across all fringe benefit categories, few direct care workers were enrolled in health insurance with family coverage overall and there was little variation among provider characteristics. The largest share of direct care workers enrolled in employee only health insurance and both categories of paid time off. Direct care workers employed by providers that had private, non-profit ownership, that were chain owned, that employed direct care works with less education but more training, and offered more than \$16.00 per hour in wages were more likely to be enrolled. In comparison, lower proportions of direct care workers enrolled in retirement benefits and life insurance with some similarities and differences across different provider characteristics. The highest proportion of direct care workers enrolled in retirement benefits or life insurance were employed by the government and chain-owned providers. In contrast, differences in direct care worker enrollment in retirement benefits and life insurance can be seen among the type of individuals providers primarily serve, including type of disability, age and race.

### **5.3.8 Health Insurance: Family Coverage**

#### *Characteristics of Providers*

Few direct care workers enrolled in health insurance with family coverage in 2014. The largest share of direct care workers enrolled in health insurance with family coverage were employed by government-owned providers (18.03%) compared to under 10% of those direct care workers employed by non-profit or for-profit providers (7.65% and 8.99%, respectively). Just over 10% (10.51%) of direct care workers, employed by a chain, enrolled in health insurance with family coverage compared to about 6% (5.71%) of those direct care workers employed by non-chains. Similar, low proportions of direct care workers are enrolled in health insurance with family coverage regardless of geographic location. Micropolitan and rural providers had 10% (10.30%) and 11% (10.69%) of direct care workers enrolled in family coverage while even fewer (8.16%) direct care workers employed by metropolitan providers enrolled. Under 10% of direct care workers enrolled whether they were employed by large or small providers (6.84% and 9.49%, respectively). While there are also not large differences in the percentage of direct care workers enrolled in family coverage by providers that employ direct care workers with more education and training, there is a slight difference when looking at different wage amounts offered by providers. As direct care workers' wages increase, the proportion of direct care workers enrolled in family coverage also increases slightly. About 6% (5.57%) of direct care workers enrolled in family coverage insurance if they were paid less than \$12.00 per hour compared to about 15% (15.34%) of direct care workers enrolled if providers paid more than \$16.00 per hour.

#### *Characteristics of Individuals Served*

The beneficiary characteristics that providers primarily serve that had little to no influence on the percentage of direct care workers enrolled in health insurance with family coverage. Less than 10% of direct care workers enrolled in family coverage insurance regardless of

any beneficiary characteristics including, proportion Medicaid, common disability served, age, ethnicity and race.

### *Characteristics of Direct Care Workers*

The ethnicity and race of direct care workers employed by providers also has little to no influence on the percentage of direct care workers enrolled in health insurance with family coverage. Less than 10% of direct care workers enrolled in family coverage insurance despite a high or low proportion of Hispanic/Latino or minority workers.

### **5.3.9 Health Insurance: Employee-only**

#### *Characteristics of Providers*

A larger proportion of direct care workers enrolled in employee-only health insurance. Factors related to enrollment include employment by non-profit providers, providers owned by a chain, smaller providers, providers that have a higher proportion of direct care workers with more training, and providers that pay direct care workers more than \$12.00 per hour. Over half (55.39%) of direct care workers employed by nonprofit providers were enrolled in employee-only health insurance compared to about 18% (18.20%) of for-profit providers and 28% of government-owned providers. About a third (32.98%) of direct care workers, employed by a chain enrolled in employee-only health insurance compared to about 26% (26.31%) of direct care workers employed by non-chains. Over a third (34.10%) of direct care workers, employed by small providers, enrolled in employee-only health insurance compared to about a fifth (21.04%) of direct care workers employed by large providers. There is a difference in enrollment by the wages offered by providers. The widest gap of direct care workers enrolled in employee only health insurance exists between those employed by providers that paid less than \$12.00 per hour compared to those that paid \$12.00-16.00 per hour (27.98% and 37.51%, respectively). The proportion of direct care workers enrolled in employee-only health insurance drops slightly when they were employed by providers that paid more than \$16.00 per hour to 33% (33.14%), which is unexpected.

#### *Characteristics of Individuals Served*

More direct care workers enrolled in employee-only health insurance among providers that serve a lower proportion of Medicaid beneficiaries, served younger individuals with intellectual/development disabilities or HIV, had a lower proportion of Hispanic/Latino beneficiaries and had a higher proportion of minority beneficiaries. About 40% (40.25%) of direct care workers were employed by providers with a lower proportion of Medicaid beneficiaries enrolled in employee only insurance compared to 27% (26.69%) of direct care workers employed by providers with a higher proportion of Medicaid beneficiaries. More than half (53.09%) of direct care workers employed by providers that primarily served individuals with intellectual/development disabilities were enrolled in employee-only health insurance. Of those providers serving younger individuals with disabilities, 50% (50.25%) of

their direct care workers enrolled in employee only insurance compared to about 20% (21.70%) of direct care workers employed by providers that served an elderly population. Higher proportions of direct care workers employed by providers with a higher proportion of non-ethnic beneficiaries and a higher proportion of minority beneficiaries (38.68% and 44.46%, respectively) were enrolled in employee only health insurance.

#### *Characteristics of Direct Care Workers*

The race of direct care workers employed by providers has some influence on the percentage of direct care workers enrolled in employee-only health insurance while ethnicity does not. About a third (33.63%) of direct care workers employed by providers that have a lower proportion of minority workers are enrolled in employee-only health insurance compared to about fifth (18.99%) of direct care workers employed by providers that have a higher proportion of minority direct care workers.

### **5.3.10 Paid Personal Time Off: Vacation and Sick Leave**

#### *Characteristics of Providers*

A larger proportion of direct care workers used paid, personal time off if they were employed by providers that are private, non-profit, located in a micropolitan area, have a larger proportion of direct care workers with less education, require more training, and pay direct care workers more than \$16.00 per hour. Over half of direct care workers used paid time off regardless of the type of provider ownership they were employed by, although over three-fourths (77.74%) of direct care workers employed by nonprofit providers used paid, personal time off compared to lower proportions of direct care workers employed by for-profit and government providers (59.69% and 62.07%, respectively). Over three-fourths (75.97%) of direct care workers employed by providers in a micropolitan area used paid, personal time off compared to two-thirds (64.55%) of direct care workers employed by providers in a metropolitan location and just over half (54.57%) of direct care workers employed by providers located in a rural area. Almost 70% (68.48%) of direct care workers, employed by providers that have a higher proportion of direct care workers with less education used the benefit of paid, personal time off compared to almost half (49.55%) of direct care worker employed by providers with a higher proportion of direct care workers that have more education. Over three-fourths (76.01%) of direct care workers, employed by providers that have a larger proportion of workers with more training used paid personal time off compared to those direct care workers employed by providers that require less training (59.06%). As the wages that providers offer increase, the proportion of direct care workers enrolled in paid, personal time off increases at the highest wage level. Almost two-thirds of direct care workers, employed by providers that pay less than \$12.00 per hour used paid, personal time off compared to 69% (68.85%) of direct care workers paid \$12.00-\$16.00 per hour and over 75% (78.68%) of direct care workers who were paid more than \$16.00 per hour.

### *Characteristics of Individuals Served*

A large proportion, over half, of direct care workers employed by providers across all beneficiary characteristics, used paid, personal time off, with the exception of providers that primarily serve individuals with traumatic brain injury. Over two-thirds of direct care workers used paid time off whether their employer had had a high or low proportion of Medicaid beneficiaries (64.71% and 69.40%, respectively). The largest proportions of direct care workers used paid time off if they were employed by providers that primarily served individuals with HIV, severe mental illness, or frailty, dementia, and physical disabilities (100%, 81.24% and 59.87%, respectively). A large difference in the proportion of direct care workers exists by direct care workers employed by providers who primarily served an elderly or younger disabled population (60.58% and 76.08%, respectively). There is little difference in the proportion of direct care workers using paid, personal time off when by the ethnicity or race of the beneficiary population.

### *Characteristics of Direct Care Workers*

The race of direct care workers employed by providers has some influence on the percentage of direct care that used paid, personal time off while ethnicity does not. Over two-thirds (67.77%) of direct care workers, employed by providers that have a lower proportion of minority workers, used paid, personal time off compared to 44% (44.84%), of direct care workers employed by providers that have a higher proportion of minority direct care workers.

### **5.3.11 Paid Time Off: Paid Holidays**

#### *Characteristics of Providers*

A larger proportion of direct care workers were offered paid holidays if they were employed by providers that are non-profit or government owned, chain-owned, located in a micropolitan area, smaller in size, have a larger proportion of direct care workers with more training, and pay direct care workers more than \$16.00 per hour. Over half of direct care workers used paid holidays if they were employed by a non-profit or a government entity (56.38% and 55.30%, respectively). A somewhat lower proportion (44.34%) of direct care workers used paid holidays if they worked for for-profit providers. More than half (53.06%) of direct care workers that were employed by chains, used paid holidays compared to 40% (40.05%) of direct care workers not employed by chains. Over half (56.99%) of direct care workers employed by providers in a micropolitan area used paid holidays compared to lower and similar proportions of direct care workers employed by providers located in a metropolitan or rural areas (46.66% and 49.64%, respectively). Providers also reported that about half of direct care workers (51.30%) employed by small providers used paid holidays compared to almost 40% (39.67%) of direct care workers employed by large providers. Over half (55.93%) of direct care workers, employed by providers that have a larger proportion of direct care workers with more training used paid holidays off compared

to those direct care workers employed by providers that require less training (44.73%). As the wages that providers offered increases, the proportion of direct care workers that used paid holidays also increased. Forty percent (40.54%) of direct care workers that were employed by providers that paid less than \$12.00 per hour used paid holidays off compared to about half (51.18%) of direct care workers paid \$12.00-\$16.00 per hour. When direct care workers were paid more than \$16.00 per hour there was a large increase to almost 80% (78.68%) of direct care workers using paid holidays.

#### *Characteristics of Individuals Served*

Over half of direct care workers employed by providers that had a higher proportion of Medicaid beneficiaries, served more individuals that had HIV or intellectual/developmental disabilities and were primarily younger people disabilities used paid holidays. Over half (51.12%) of direct care workers, employed by providers with a larger proportion of Medicaid beneficiaries, used paid holidays compared to 43% (43.23%) of direct care workers employed by providers with a lower proportion of Medicaid beneficiaries. The largest proportions of direct care workers used paid holidays if they were employed by providers that primarily served individuals with HIV or severe mental illness, (100% and 52.56%, respectively). There was a small difference in the proportion of direct care workers using paid holidays between those employed by providers who primarily served an elderly and that served primarily a younger disabled population (46.63% and 51.22%, respectively).

#### *Characteristics of Direct Care Workers*

The race of direct care workers employed by providers also has some influence on the percentage of direct care that used paid, personal time off while ethnicity does not. About half (50.23%) of direct care workers, employed by providers that have a lower proportion of minority workers, used paid, personal time off compared to about a third (32.50%) of direct care workers employed by providers that have a higher proportion of minority direct care workers.

### **5.3.12 Retirement Benefits: Pension, 401(k) or 403(b)**

#### *Characteristics of Providers*

A larger proportion of direct care workers enrolled in retirement benefits were employed by providers that are government owned compared to nonprofit and for-profit owned providers. About 41% of direct care workers employed by government-owned providers enrolled in retirement benefits compared to under about 20% of those direct care workers employed by non-profit and less than 10% for-profit providers (23.74% and 8.31%, respectively). Under 20% (17.43%) of direct care workers, employed by chains enrolled in retirement benefits compared to about 9% (8.86%) of those direct care workers employed by non-chains. Similar, low proportions (11%-15%) of direct care workers were enrolled in retirement benefits regardless of geographic location. Employment by large or small providers made

little difference in the percentage of direct care workers enrolled in retirement benefits (12.12% and 15.13%, respectively). Less than 10% (8.38%) direct care workers, employed by providers that have a higher proportion of direct care workers with more education enrolled in retirement benefits compared to a slightly higher proportion (15.57%) of direct care workers employed by providers that have a direct care workers with less education. There is little difference in the percentages of direct care workers enrolled in retirement benefits when comparing employees that offered more or less training and lower or higher wages.

#### *Characteristics of Individuals Served*

The beneficiary characteristics that providers primarily served that had little to no influence on the percentage of direct care workers enrolled in retirement benefits. Between 10 to 20% of direct care workers enrolled in retirement benefits regardless of the proportion of Medicaid service user, beneficiary age (elderly or young), ethnicity and race. There was a larger difference in the proportion of direct care workers enrolled in retirement benefits by the most common disability their employer served. Almost 40% (38.46%) of direct care workers, employed by providers primarily serving an HIV population, enrolled in retirement benefits compared to about 20% (22.61%) of those direct care workers employed providers serving individuals with intellectual/development disabilities. Far lower proportions of direct care workers enrolled in retirement benefits if employed by the other provider types, including providers serving primarily frailty, dementia and physical disabilities, severe mental illness, and traumatic brain injury (11.08%, 4.09%, and 3.02%, respectively).

#### *Characteristics of Direct Care Workers*

The race of direct care workers employed by providers has some influence on the percentage of direct care workers enrolled retirement benefits while ethnicity does not. About 16% (15.50%) of direct care workers employed by providers that had a lower proportion of minority workers enrolled in retirement benefits compared to about 5% (5.08%) of direct care workers employed by providers that had a higher proportion of minority direct care workers.

### **5.3.13 Life Insurance**

#### *Characteristics of Providers*

A higher proportion of direct care workers enrolled in life insurance were employed by providers that were government owned, nonprofit, chain owned, located in a metro or micropolitan area, and had a higher proportion of direct care workers with more training. The largest share of direct care workers enrolled in life insurance benefits were employed by the government and nonprofit providers (59.53% and 52.61%, respectively) compared to under 20% (17.58%) of those direct care workers employed by private, for-profit providers. Over a third (35.43%) of direct care workers, employed by chain owned providers enrolled

in life insurance compared to about a fifth (20.31%) of direct care workers employed by non-chains. About a third of direct care workers employed by providers located in metropolitan or micropolitan areas (31.38% and 30.96%, respectively) enrolled in life insurance compared to under 20% (18.30%) of direct care workers employed by rural providers. A slightly higher proportion of direct care workers (32.11%) employed by providers that had a higher proportion of direct care workers with less education enrolled in life insurance compared to about a fifth (20.22%) of direct care workers employed by providers that have a direct care workers with more education. A higher proportion of direct care workers enrolled in life insurance if employed by providers that required more training compared to providers requiring less training (37.66% and 25.54%, respectively).

#### *Characteristics of Individuals Served*

A larger proportion of direct care workers enrolled in life insurance when employed by providers that had a lower percentage of Medicaid beneficiaries, served more individuals with intellectual/developmental disabilities and were younger, and had a higher proportion of minority beneficiaries. About 40% (39.84%) of direct care workers employed by providers with a lower proportion of Medicaid beneficiaries enrolled in life insurance compared to about quarter (24.30%) of direct care workers employed by providers with a higher proportion of Medicaid beneficiaries. Over half (55.56%) direct care workers enrolled in life insurance if they were employed by providers that primarily served individuals with intellectual/developmental disabilities. No direct care workers, employed by provider's primarily serving individuals with traumatic brain injury or HIV, enrolled in life insurance. There is a relatively large difference in the proportion of direct care workers enrolled in life insurance if they were employed by providers who primarily serve an elderly or younger and disabled population (20.10% and 52.21%, respectively). About two-fifths (41.56%) of direct care workers employed by providers that had a higher proportion of minority beneficiaries enrolled in life insurance compared to 26% (26.47%) of direct care workers employed by providers with a lower proportion of minority beneficiaries.

#### *Characteristics of Direct Care Workers*

The race of direct care workers employed by providers has some influence on the percentage of direct care workers enrolled in life insurance benefits while ethnicity does not. Almost a third (31.56%) of direct care workers employed by providers that have a lower proportion of minority workers enrolled in life insurance compared to about 18% (17.89%) of direct care workers employed by providers that have a higher proportion of minority direct care workers.

## **5.4 Predictors of Benefit Offerings for Long-Term Care Direct Care Workers**

**Table 5-5a** and **5-5b** present multivariate analyses of selected fringe benefit offerings—employee-only health insurance and paid time off—to direct care workers. The analysis was conducted pooling all long-term care providers. The table provides information on which factors affect the offer of these two fringe benefits by providers to direct care workers in Oregon holding other factors constant. The analyses focus on certain characteristics of long-term care providers that may influence fringe benefit offerings, including the types of providers as well as their ownership, size, location, and requirements around training for direct care workers. Other factors that were accounted for include the ethnicity, race, education levels, and pay of the direct care workers, as well as the service users' age and primary payer source for services received. The analyses considers the effect these factors play in whether providers are more or less likely to Table 5-6a provides data on the odds that a provider will offer employee only health insurance and Table 5-6b provides data on the odds that a provider will offer paid time off, vacation time, or sick leave to full-time direct care workers.

### **5.4.1 Employee-Only Health Insurance for Full-Time Direct Care Workers (Table 5-5a)**

In general, the type of long-term care provider did not have a statistically significant effect on whether they offered employee-only health insurance to their full-time direct care workers. Long-term care providers who were private for-profit, part of corporate chain, larger in size, located in metropolitan areas, and required more training for their direct care workers were significantly more likely to offer their full-time direct care workers employee-only health insurance. On the other hand, certain differences among direct care workers and service users resulted in a significantly lower likelihood to offer this benefit. Providers with higher proportions of Hispanic/Latino direct care workers and direct care workers with lower pay, as well as higher proportions of service users who paid primarily with Medicaid were significantly less likely to offer employee-only health insurance to their full-time direct care workers.

#### *Long-Term Care Provider Factors*

The type of long-term care provider had very little effect on whether providers were likely to offer employee-only health insurance to their full-time direct care worker. Non-profit providers were over two times as likely to offer employee-only health insurance than were providers that were government-owned ( $p=0.0005$ ). On the other hand, the odds that privately owned, for-profit providers would offer full-time direct care workers employee-only health insurance are less than for government entities ( $p=0.0028$ ). Providers that were part of a corporate chain were almost three times more likely to offer employee-only health insurance to their full-time direct care workers than those providers that were not part of a

corporate chain ( $p < 0.0001$ ). Larger providers ( $p = 0.0086$ ) and providers that required at least 75 hours of training for their direct care workers ( $p = 0.0066$ ) were significantly more likely to provide employee-only health insurance coverage to their full-time direct care workers. And finally, providers that were located in metropolitan areas were almost three times more likely to offer employee-only health insurance benefits to their full-time direct care workers than providers in rural areas ( $p < 0.0001$ ). However, those providers located in micropolitan areas were significantly less likely to offer employee-only health insurance to their full-time direct care workers than providers located in more rural areas ( $p = 0.0033$ ). Similarly, the odds that providers will offer employee-only health insurance is much higher among providers located in metropolitan areas than for providers located in rural areas. Providers who paid a higher proportion of their direct care workers less than \$12.00 an hour also were significantly less likely to offer their full-time direct care workers employee-only health insurance than those providers who paid more of their employees at or above the \$12.00 an hour rate ( $p = 0.0017$ ).

#### *Direct Care Worker Factors*

Among the direct care worker factors analyzed, the factors that affected the odds that providers will offer employee-only health insurance to their direct care workers included the ethnicity of the direct care worker and their education level. Providers who reported higher proportions of Hispanic/Latino direct care workers were significantly less likely to offer employee-only health insurance to their full-time direct care workers ( $p = 0.0018$ ). Providers who reported higher proportions of direct care workers who had more than high school levels of education were more likely to offer employee-only health insurance to their full-time direct care workers ( $p = 0.0397$ ).

#### *Service User Factors*

The service user factor that had a significant effect on whether providers offered employee-only health insurance to their full-time direct care worker was the proportion of service users who paid with Medicaid for the services received. Providers with a higher proportion of Medicaid beneficiaries were less likely to offer their full-time direct care workers employee-only health insurance than providers with lower proportions of Medicaid beneficiaries ( $p = 0.0215$ ).

**Table 5-5a. Logistic Regression of Employee-only Health Insurance Offered to Full-time Direct Care Workers**

<b>Variables</b>	<b>Coefficient</b>	<b>Odds Ratio</b>	<b>P-Value</b>
<b>Type of Provider</b>			
Nursing Facility	-1.8888	1.2980	0.9958
Residential Care APD	-3.5966	0.2350	0.9921
Residential Care DD Adult	-1.6370	1.6700	0.9964
Adult APD	-5.7896	0.0260	0.9872
Adult DD	-5.5294	0.0340	0.9878
Assisted Living Facility APD	-1.8266	1.3820	0.9960
In Home Care Agency	-5.6632	0.0300	0.9875
Adult Day Services APD	-5.3336	0.0410	0.9882
IC Specialized Living	12.2662	>999.999	0.9968
Specialized Living Services	11.6308	>999.999	0.9970
<b>Type of Ownership</b>			
Private, nonprofit organization	0.6173	2.1700	0.0005
Private, for profit organization	-0.4599	0.7390	0.0028
Government - federal, state, county, or local	0.0000	1.0000	.
<b>Part of Corporate Chain Ownership</b>			
Yes	0.5168	2.8110	<.0001
No	0.0000	1.0000	.
<b>Proportion of Direct Care Workers Who are Hispanic/Latino</b>	-0.0115	0.9890	0.0018
<b>Proportion of Direct Care Workers Who are Nonwhite</b>	-0.0034	0.9970	0.1723
<b>Proportion of Beneficiaries Who Have Their Care Paid by Medicaid</b>	-0.0050	0.9950	0.0215
<b>Proportion of Beneficiaries Who Are Over Age 65</b>	0.0016	1.0020	0.6305
<b>Number of Beneficiaries</b>	0.0092	1.0090	0.0086
<b>Proportion of Direct Care Workers With More Than a High School Education</b>	0.0119	1.0120	0.0397
<b>Whether the Provider Requires 75 or More Hours of Training</b>			
Yes	0.2587	1.6780	0.0066
No	0.0000	1.0000	.

(continued)

**Table 5-5a. Logistic Regression of Employee-only Health Insurance Offered to Full-time Direct Care Workers (continued)**

Variables	Coefficient	Odds Ratio	P-Value
<b>Whether the Provider is Rural</b>			
Metropolitan	0.7603	2.9140	<.0001
Micropolitan	-0.4512	0.8680	0.0033
Non-Metropolitan/Non-Micropolitan	0.0000	1.0000	.
<b>Proportion of Direct Care Workers Who Make Less Than \$12.00 per hour</b>	-0.0068	0.9930	0.0071

Note: Unit of analysis is providers

Note: Include providers <30 (Adult day services, IC Specialized Living, and Specialized living services).

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

#### **5.4.2 Paid Time Off for Full-Time Direct Care Workers (Table 5-5b)**

Similar to the offering of employee-only health insurance, a number of factors affected the odds that long-term care providers in Oregon offered paid personal time off, vacation time, or sick leave to their full-time direct care workers. Long-term care providers who were privately owned, part of corporate chain, larger in size, and required more training for their direct care workers were significantly more likely to offer their full-time direct care workers employee-only health insurance. On the other hand, certain differences among direct care workers and service users resulted in result significantly less likely to offer this benefit. Providers with higher proportions of minority direct care workers and direct care workers with lower pay were significantly less likely to offer paid time off benefits to their full-time direct care workers.

##### *Long-Term Care Provider Factors*

Similar to the offering of the employee-only health insurance benefit, the type of long-term care provider had very little effect on whether they were more or less likely to offer paid personal time off, vacation time, or sick leave to their full-time direct care workers. However, the type of ownership did have a significant effect on which providers offered paid time off to their direct care workers. Privately owned, for-profit were almost five times more likely to offer paid time off than providers who were government owned ( $p < 0.0001$ ). Likewise, providers who were private, non-profit entities were almost four times more likely to offer paid time off to their full-time direct care staff than government-owned providers ( $p = 0.0413$ ). Providers that were part of a corporate chain were about two times more likely to offer paid time off to their full-time direct care workers than those providers that were not part of a corporate chain ( $p < 0.0001$ ). Providers that served more long-term care service users ( $p = 0.0124$ ) were more likely to offer paid time off, and those providers that required at least 75 hours of training for their direct care workers were two times more likely to offer their full-time direct care workers paid time off benefits than those providers

who did not require at least 75 hours of training for their direct care workers ( $p=0.0004$ ). Providers who paid more of their direct care workers less than \$12.00 an hour also were significantly less likely to offer their full-time direct care workers paid time off, vacation time, or sick leave than those providers who paid more of their direct care workers at above the \$12.00 an hour rate ( $p=0.0315$ ).

### *Direct Care Worker Factors*

The direct care worker factors that had the most effect on whether full-time workers were offered paid time off, vacation time, or sick leave included the race of direct care workers and the wages paid to them. Providers who reported higher proportions of minority direct care workers were significantly less likely to offer paid time off to their full-time direct care workers ( $p=0.0001$ ).

### *Service User Factors*

Among the service user factors examined in the analysis, including the proportion of service users who paid with Medicaid and the proportion of services users age 65 or older, none had a significant effect on whether the provider offered paid time off to full-time direct care workers.

**Table 5-5b. Logistic Regression of Paid Personal Time off, Vacation Time, or Sick Leave offered for Full-Time Direct Care Workers**

Variables	Coefficient	Odds Ratio	P-Value
<b>Type of Provider</b>			
Nursing Facility	8.3029	0.3040	0.9946
Residential Care APD	-7.0175	<0.001	0.9941
Residential Care DD Adult	-3.9475	<0.001	0.9967
Adult APD	-9.5652	<0.001	0.992
Adult DD	-9.3399	<0.001	0.9922
Assisted Living Facility APD	9.0503	0.6420	0.9939
In Home Care Agency	-10.1589	<0.001	0.9915
Adult Day Services APD	-9.0637	<0.001	0.9924
IC Specialized Living	9.7315	1.2690	0.9992
Specialized Living Services	9.2998	0.8240	0.9988
<b>Type of Ownership</b>			
Private, nonprofit organization	0.3783	3.8820	0.0413
Private, for profit organization	0.5998	4.8450	<.0001
Government - federal, state, county, or local	0.0000	1.0000	.

(continued)

**Table 5-5b. Logistic Regression of Paid Personal Time off, Vacation Time, or Sick Leave offered for Full-Time Direct Care Workers (continued)**

Variables	Coefficient	Odds Ratio	P-Value
<b>Part of Corporate Chain Ownership</b>			
Yes	0.3659	2.0790	<.0001
No	0.0000	1.0000	.
<b>Proportion of Direct Care Workers Who are Hispanic/Latino</b>	0.00192	1.0020	0.4943
<b>Proportion of Direct Care Workers Who are Nonwhite</b>	-0.0078	0.9920	0.0001
<b>Proportion of Beneficiaries Who Have Their Care Paid by Medicaid</b>	-0.00134	0.9990	0.5176
<b>Proportion of Beneficiaries Who Are Over Age 65</b>	-0.00328	0.9970	0.2083
<b>Number of Beneficiaries</b>	0.014	1.0140	0.0124
<b>Proportion of Direct Care Workers With More Than a High School Education</b>	-0.00395	0.9960	0.2809
<b>Whether the Provider Requires 75 or More Hours of Training</b>			
Yes	0.355	2.0340	0.0004
No	0.0000	1.0000	.
<b>Whether the Provider is Rural</b>			
Metropolitan	0.2967	2.0930	0.0594
Micropolitan	0.1454	1.8000	0.4246
Non-Metropolitan/Non-Micropolitan	0.0000	1.0000	.
<b>Proportion of Direct Care Workers Who Make Less Than \$12.00 per hour</b>	-0.0042	0.9960	0.0315

Note: Unit of analysis is providers

Note: Include providers <30 (Adult day services, IC Specialized Living, and Specialized living services)

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.



## 6. TURNOVER

### 6.1 Introduction

**Chapter 6** provides data on turnover among direct care workers employed by long-term care providers participating in the Medicaid program in Oregon. **Highlight Box 4** summarizes the findings of this chapter. Annual turnover rate was calculated as the estimated total number of direct care workers in 2014 (Q18) divided by the number of current direct care workers (Q12) and then was adjusted by the proportion of year for which the data were collected. **Figure 6-1** describes the average annual turnover rate of OR direct care workers in 2014 by provider type. **Table 6-2** analyzes how turnover varies by provider, client, and direct care worker characteristics.

#### **Highlights Box 4: Turnover Among Direct Care Workers Employed by Long-Term Care Providers Participating in the Medicaid Program in Oregon**

- Average annual turnover among direct care workers was 64% a year, with wide variation across provider types. Residential care facilities for adults with developmental disabilities had the highest turnover rates at 90% per year, while adult foster care homes for people with developmental disabilities had the lowest turnover rate at 30%. Nursing facilities had turnover rates of 54%.
- Provider, service user, and direct care worker characteristics were associated with different turnover rates. Nonprofit ownership, chain ownership, micropolitan and rural location, providers focusing on people with developmental disabilities and severe mental illness, a low proportion of minority workers, and a high proportion of minority service users were associated with high turnover rates. Turnover rates did not differ by whether the provider served a high or low proportion of Medicaid beneficiaries.
- A multivariate analysis of turnover rates found that, controlling for other factors, the following variables were statistically significantly associated with higher turnover rates: residential care facilities for adults with developmental disabilities, for-profit and chain ownership, requiring direct care workers to have 75 or more hours of training, and lower wages paid to direct care workers. Variables statistically significantly associated with lower turnover rates include: proportion of long-term care workers who are nonwhite location in a metropolitan areas and proportion of service users who use Medicaid as their primary method of payment for services.

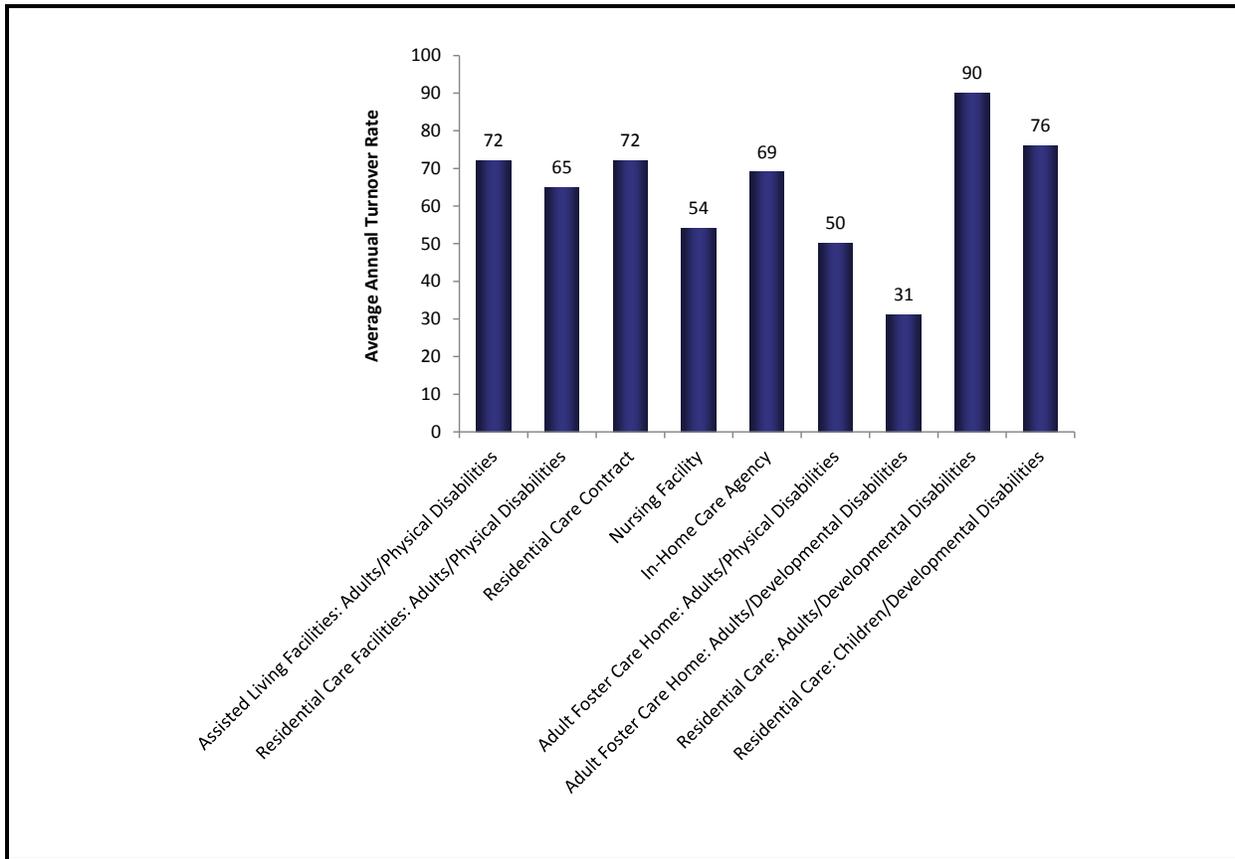
Oregon long-term care providers had high turnover rates of direct care workers in 2014. RCFs-APD had the highest turnover rates while AFCs-APD had the lowest. Certain, provider characteristics that are related to higher turnover rates in OR. The characteristics of those providers include those that are part of a corporate chain, micropolitan and non-metropolitan/non-micropolitan, and those with a higher proportion of direct care workers with more than 75 hours of training. There are slight differences in the proportion of

provider turnover rates when looking at beneficiary characteristics including race and ethnicity. Providers with a larger proportion of low minority direct care workers, however, had a higher turnover rate compared to those providers with a larger proportion of high minority direct care workers.

### **6.1.1 Overall Turnover Rates (Figure 6-1) (Table 6-1)**

**Figure 6-1** and **Table 6-1** show overall turnover in 2014 was 64% a year. AFCs-DD had the lowest turnover rate and are the only provider to have less than a 70% turnover of their direct care workers (67%). RCFs-DD had the highest turnover over rate of direct care workers, over 100% (106%). In-home Care Agencies and ALFs-APD had the second highest direct care worker turnover rates at 89% and 91% respectively. AFCs-DD, Nursing Facilities, and RCFs-APD had lower, but still high, rates of direct care worker turnover from 76% to 86% (77%, 82%, and 86% respectively).

**Figure 6-1. Average Turnover Rate of Direct Care Workers, by Provider Type, 2014**



Note: Turnover calculated as estimated total number of direct care workers in 2014 divided by the number of current direct care workers. Unit of analysis is providers. No columns for Adult Day Services and Specialized Living Facilities because there were <30 responses. Data on Residential Care Facilities with Contract Rates Residential Care Facilities for Children with Developmental Disabilities, and Supportive Living Services for Individuals with Developmental Disabilities are included in **Appendix D**.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table 6-1. Average Turnover Rate of Direct Care Workers, by LTC Provider Type, 2014**

LTC Provider Type	Average Annual Turnover
Total Number of Providers	2,867
Total LTC Providers	0.64
Assisted Living Facilities: Aged/Physical Disabilities	0.72
Residential Care Facilities: Aged/Physical Disabilities	0.65
Residential Care Contract	0.72
Nursing Facility	0.54
In-Home Care Agency	0.69
Adult Foster Care Home: Aged/Physical Disabilities	0.50
Adult Foster Care Home: Adults/Developmental Disabilities	0.31
Residential Care: Adults/Developmental Disabilities	0.90
Residential Care: Children/Developmental Disabilities	0.76

Note: Turnover calculated as estimated total number of direct care workers in 2014 divided by the number of current direct care workers. Unit of analysis is providers.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 6.1.1 Provider Characteristics

**Table 6-2** shows that almost all types of providers, regardless of their characteristics or the characteristics of their beneficiaries had high turnover rates of direct care workers in 2014. Private, non-profit facilities had over a 68% turnover of their direct care workers in 2014 compared to a 61% turnover of these workers in private, for-profit providers. In contrast, government providers experienced a lower turnover rate of their direct care workers (28%). Providers owned by a corporate chain had a 50% higher direct care worker turnover rate compared to those providers that were individually owned providers (75% compared to 50%). Providers located in non-metropolitan/micropolitan areas had a 100% turnover of their direct care workers compared to those providers located in metropolitan and micropolitan areas (54% and 84%, respectively). Turnover rates in large or small providers are equally high (63% and 61%, respectively).

Providers that had a higher proportion of direct care workers with a higher education (more than an Associate's Degree) compared to those that did not had a seven percentage point lower turnover rate of their direct care workers in 2014 (57% and 63% respectively). In contrast to education levels, training requirements of direct care workers appears to be associated with turnover rates, although not in the expected direction. Providers that required 75 or more hours of training had a higher turnover of these staff compared to providers that required less training (less than 75 hours) (68% and 59% respectively). Turnover rate of direct care workers and the wages appear to be somewhat inversely related. Providers that paid less than \$12.00 per hour had a 66% turnover rate compared

with 54% for providers that paid \$12.00 to \$16.00 per hour and 75% for providers that paid more than \$16.00 per hour.

**Table 6-2. Average Turnover Rate of Direct Care Workers, by Provider Characteristics, 2014**

Provider Characteristics	Average Annual Turnover
Total Number of Providers	<b>2,867</b>
Type of Ownership	
Private, non-profit	0.68
Private, for profit	0.61
Government: federal, state, county or local	0.28
Chain Ownership	
Part of corporate chain (yes)	0.75
Individual entity (no)	0.50
MSA	
Metropolitan	0.54
Micropolitan	0.84
Non-Metropolitan/Non-Micropolitan	2.00
Dependence on Medicaid	
> median beneficiaries with Medicaid as primary payer	0.63
< =median beneficiaries with Medicaid as primary payer	0.64
Most Common Disability Among Individuals Served	
Frailty, dementia, and physical disabilities	0.56
Intellectual/ developmental disabilities	0.68
Severe mental illness	0.74
Traumatic brain injury	0.32
HIV	0.31
Ethnicity of Direct Care Workers	
High Hispanic/Latino workers (> median)	0.63
Low Hispanic/Latino workers (< =median)	0.60
Race of Direct Care Workers	
High minority workers (> median of all non-white race categories)	0.49
Low minority workers (< =median of all non-white race categories)	0.75

(continued)

**Table 6-2. Average Turnover Rate of Direct Care Workers, by Provider Characteristics, 2014 (continued)**

Provider Characteristics	Average Annual Turnover
Ethnicity of Beneficiaries	
High Hispanic/Latino beneficiaries (> median)	0.53
Low Hispanic/Latino beneficiaries (< =median)	0.64
Race of Beneficiaries	
High minority beneficiaries (> median of all non-white race categories)	0.63
Low minority beneficiaries (< =median of all non-white race categories)	0.59
Age of Target Population	
Elderly (65 years or more)	0.58
Younger individuals with disabilities (Less than 65 years)	0.65
Employer Size	
Large provider (more than 75 beneficiaries)	0.63
Small provider (75 beneficiaries or less)	0.61
Education of Direct Care Workers	
Higher than median education	0.57
Lower than median education	0.64
Training of Direct Care Workers	
Less than 75 hours	0.59
75 hours or more	0.68
Fringe Benefits Offered in 2014	
Health insurance with family coverage	0.52
Health insurance for employee only	0.79
Paid personal time off, vacation time, or sick leave	0.50
Paid holidays	0.76
Pension or 401(k) or 403(b) accounts	0.42
Employer-sponsored life insurance	0.73
Wage Rates	
Less than \$12.00 per hour	0.66
\$12.00 to \$16.00 per hour	0.54
More than \$16.00 per hour	0.75

Note: Turnover calculated as estimated total number of direct care workers in 2014 divided by the number of current direct care workers. Unit of analysis is providers.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

The ethnicity and race of direct care workers appears to have some influence over turnover rates of direct care workers. Providers with a higher proportion of Hispanic/Latino direct care workers had a slightly higher turnover rate (88%) of these staff compared to providers with a lower proportion of Hispanic/Latino direct care workers (84%). The race of direct care workers had a bigger impact on turnover rates compared to ethnicity. Providers with a lower proportion of minority workers had a much larger turnover rate compared to those providers with a higher proportion of minority workers (94% and 78%, respectively).

## 6.2 Predictors of the Annual Turnover Rate for Long-Term Care Direct Care Workers

**Table 6-3** presents the results of a multivariate analysis of annual turnover rates for direct care workers. The analysis was conducted pooling all long-term care providers. The table provides information on which factors affect the turnover rate for direct care workers in Oregon holding other factors constant. The analysis focuses on certain characteristics of long-term care providers that may influence the turnover rates of direct care workers, including the types of providers as well as their ownership, size, location, and requirements around training for direct care workers. Other factors that were accounted for in the regression include the ethnicity, race, and education levels of the direct care workers, as well as the service users' age and primary payer source for services received.

**Table 6-3. OLS Regression of Direct Care Worker Turnover Rate, 2014**

Variables	Coefficient	P-Value
<b>Type of Provider</b>		
Nursing Facility	0.0553	0.8080
Residential Care APD	0.0457	0.8422
Residential Care DD Adult	0.4484	0.0144
Adult APD	0.1438	0.4658
Adult DD	-0.0148	0.9398
Assisted Living Facility APD	0.0994	0.6554
In Home Care Agency	0.1837	0.4983
Adult Day Services APD	0.0883	0.8184
IC Specialized Living	0.5226	0.6494
Specialized Living Services	0.0663	0.9361
<b>Type of Ownership</b>		
Private, nonprofit organization	0.0702	0.5749
Private, for profit organization	0.2506	0.0252
Government - federal, state, county, or local	0.0000	.

(continued)

**Table 6-3. OLS Regression of Direct Care Worker Turnover Rate, 2014 (continued)**

Variables	Coefficient	P-Value
<b>Part of Corporate Chain Ownership</b>		
Yes	0.2134	0.0002
No	0.0000	.
<b>Proportion of Direct Care Workers Who are Hispanic/Latino</b>	-0.0002	0.8532
<b>Proportion of Direct Care Workers Who are Nonwhite</b>	-0.0017	0.0277
<b>Proportion of Beneficiaries Who Have Their Care Paid by Medicaid</b>	-0.0016	0.0188
<b>Proportion of Beneficiaries Who Are Over Age 65</b>	-0.0007	0.5032
<b>Number of Beneficiaries</b>	-0.0006	0.5012
<b>Proportion of Direct Care Workers With More Than a High School Education</b>	0.0013	0.4168
<b>Whether the Provider Requires 75 or More Hours of Training</b>		
Yes	0.1283	0.0333
No	0.0000	.
<b>Whether the Provider is Rural</b>		
Metropolitan	-0.3278	0.0012
Micropolitan	-0.1439	0.2159
Non-Metropolitan/Non-Micropolitan	0.0000	.
<b>Proportion of Direct Care Workers Who Make Less Than \$12.00 per hour</b>	0.1933	0.0164

Note: Unit of analysis is providers.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

### 6.2.1 Long-Term Care Provider Factors

In general, most long-term care provider types did not affect the turnover rate of direct care workers, although the type of ownership, the hours required for direct care worker training, and the pay of direct care workers had significant effects on the turnover rate of direct care workers. Among provider types, only residential care facilities for aged/physical disabilities were significantly more likely to have higher turnover rates ( $p=0.0144$ ).

Private for-profit providers had significantly higher turnover rates of direct care workers compared to government-owned providers ( $p=0.0252$ ). Being part of a corporate chain also significantly increased the turnover rates of direct care workers compared to providers that were individual entities ( $p=0.0002$ ). Unexpectedly, providers that required at least 75 hours of training for direct care workers had higher turnover rates than providers with lower training requirements ( $p=0.0333$ ). However, providers located in metropolitan areas had

lower turnover rates of their direct care workers when compared to providers located in more rural areas ( $p=0.0012$ ). Providers that had a higher proportion of low wage direct care workers (less than \$12.00 an hour) had higher turnover rates than providers who had a lower proportion of low wage direct care workers.

### **6.2.2 Direct Care Worker Factors**

Among the direct care worker factors accounted for, the race and pay of the direct care workers significantly affected their turnover rates overall. Those providers who had higher proportions of minority direct care workers were significantly more likely to have lower turnover rates than those providers with less minority direct care workers ( $p=0.0277$ ). The proportion of direct care workers with higher levels of education had no significant effect on their turnover rates.

### **6.2.3 Service User Factors**

Primary payer source for the services received was a significant predictor of turnover. Unexpectedly, providers that had higher proportion of service users who used Medicaid as their primary payer for services had statistically significantly lower turnover rates than those providers with lower proportions of Medicaid service users, although the size of the effect is small ( $p=0.0188$ ). The proportion of service users who were age 65 or older did not have a significant effect on the turnover rates of direct care workers.



## **7. DISCUSSION**

Low wages and the lack of fringe benefits among direct care workers employed in the long-term care industry are long-standing concerns by policymakers, both nationally and in Oregon. Direct care workers are agency or facility employees who provide direct hands-on personal care services to persons with disabilities or the elderly requiring long-term services and supports in the provider's facility, client's home or other setting. Common examples of direct care workers are certified nursing assistants (CNAs), nursing assistants (NAs), certified medication aides (CMAs), restorative aides (RAs), home health aides, and personal care assistants.

Aside from the direct negative impact that low wages and lack of fringe benefits have on direct care workers and their families, these employment characteristics arguably make it more difficult for long-term care providers to recruit and retain workers. Advocates for higher wages and fringe benefits also argue that these conditions are associated with higher turnover and lower quality of care.

This report provides the information required by the budget note included in the Budget Report for HB5029. The report presents data on wages, fringe benefits, and turnover of direct care workers collected in summer/fall 2014 from Oregon long-term care providers who participated in Medicaid. Data were not collected from independent providers in the consumer-directed home care option of the Oregon Medicaid program. RTI International, a large nonprofit research institute, with a regional office in Portland, designed and fielded the survey and conducted the analyses.

This chapter summarizes the report and discusses several explicit policy issues related to wages, fringe benefits and turnover among long-term care providers in Oregon that participate in the Medicaid program.

### **7.1 Characteristics of Direct Care Workers**

In 2014, 36,685 direct care workers were employed by long-term care providers participating in Medicaid, with the largest employers being nursing facilities, assisted living facilities for aged/physical disabilities, and in-home care agencies. The typical direct care worker was white, non-Hispanic, female, aged 18 to 44, and had a high school education. About two-thirds of direct care workers are employed full time.

### **7.2 Wages of Direct Care Workers**

Providers reported that the most important factors that they considered when setting wages for direct care workers were: the legally required minimum wage, the education and experience of individual workers, and the wages of other long-term care providers. Somewhat surprisingly, although the Medicaid rate was cited as a factor by about a third of

long-term care providers, and was especially important for nursing facilities and in-home care agencies, it was not one of the top rated factors. Although analysts often make comparisons are often make comparisons with the wages of fast-food workers, hardly any providers (less than 5%) said that they take fast-food worker wages into account when setting the wages for direct care workers.

Direct care workers are, indeed, low-wage workers. In 2014, the median wage among all providers was \$10.51 per hour; the mean (average) wage was \$11.10 per hour. If the median and mean wage is calculated weighting by the number of direct care workers that each provider employed, the median and mean wages are slightly higher—the median wage is \$11.15 and the mean wage is \$12.38. The minimum wage in Oregon is \$9.10 per hour. Nursing facilities pay substantially more than other types of providers and pull up the median and mean; there is very little variation in wages across other provider types, which typically pay \$10-11 an hour.

Among providers in operation in 2014 and also during the period 2003-2014, wages increased over the time period, although not as much as inflation or Medicaid rate increases. For example, weighted by the number of direct care workers, average wages increased from \$9.21 in 2003 to \$11.20 in 2014; inflation-adjusted 2003 wages would be have been \$12.07 in 2014, about a dollar an hour less.

Although there is variation across provider types, Medicaid payment rates to providers serving older people and younger persons with physical disabilities generally increased faster than direct care payment rates. For example, the Medicaid payment rate for nursing facilities increased by 88% increase between 2003 and 2014, which was over three times faster than the reported direct care worker wage increase. Overall, Medicaid payment rates increased at a slower rate from 2009 to 2014 and were more comparable to increases in wages by direct care workers, which probably reflects the Great Recession in terms of rate increases and wage increases. Data is not available to conduct a comparable analysis of payment rates for providers of services to people with developmental disabilities.

### **7.3 Fringe Benefits**

Provision of fringe benefits varies greatly among long-term care providers. The offer of fringe benefits is much more common to full-time employees than to part-time workers. The most commonly offered fringe benefit is paid personal time off (60.21%), followed by paid holidays (45.60%), and employee-only health insurance (41.90%). Nursing facilities, assisted living facilities, and residential care facilities for adults with developmental disabilities offer benefits to a substantial portion of direct care workers; in home care agencies and adult foster care facilities offer few benefits. For providers in operation in 2014, a greater proportion of long-term care providers offered various fringe benefits in 2014 than they did in 2010.

Direct care worker participation in fringe benefits varies greatly by the type of fringe benefit. Fringe benefits that typically require an employee financial contribution, such as health insurance, retirement benefits, and life insurance, have low participation rates. For example, while about 31% (30.85%) of long-term care providers offer some type of retirement benefits, only about 15% (14.25%) of direct care workers participate. Conversely, participation rates for “free” benefits are much higher. For example, about 56% (56.06%) of providers offered personal time off and almost two-thirds of (65.17%) direct care workers used the benefit.

### **7.3.1 Direct Care Worker Turnover**

Turnover rates are often used as an indicator of quality of care. Providers with high turnover rates are likely to have periods where they operate short-staffed and new workers need time to learn the needs and preferences of consumers. Like long-term care providers nationally (American Health Care Association, 2014), Oregon has a high turnover rate among direct care workers. Average annual turnover among direct care workers was 64% per year, with wide variation across provider types. Residential care facilities for adults with developmental disabilities had the highest turnover rates at 90% per year, while adult foster care homes for people with developmental disabilities had the lowest turnover rate at 30%. Nursing facilities had turnover rates of 54%, in line with national averages.

The relationship between wages and turnover rates is U-shaped, with high higher turnover rates among providers paying low wages, then declining turnover rates as wages increase, and then increasing turnover as wages increase to high levels. In a multivariate analysis, holding other factors constant, lower wages were strongly related to increased turnover.

Although the reason for this relationship is not clear, workers at high-wage providers may have skills that make them able to leave their high paying provider for other, even better, payment. The relationship between fringe benefits and turnover seems to vary widely by the type of fringe benefit offered.

### **7.3.2 Policy Variables of Interest: Dependence on Medicaid Payments**

Providers often argue that they cannot afford to raise wages and provide fringe benefits because the Medicaid rates are too low to allow these changes to be affordable. If this is true, then, providers with the highest dependence on Medicaid reimbursement should have the lowest average wages, should be least likely to offer fringe benefits, and should have the highest turnover rates. The data suggest a more complicated process.

In terms of wages, there was little difference in payment rates between providers which had more than the median percentage of service users who used Medicaid to pay for their services and providers which had less than the mean percentage of service users to pay for their services. Among all providers, the average wage (weighted by the number of providers) was \$11.10 per hour compared to \$10.88 per hour for low-Medicaid providers

and \$11.41 per hour for high-Medicaid facilities.<sup>1</sup> In a multivariate analysis, however, high Medicaid providers did have lower wages, but the magnitude was small. Each percentage point increase in the percent Medicaid reduced average wages by \$0.01. Thus a 20 percentage point increase in the provider's percent Medicaid would result in a reduction in average wages by about \$0.20.

### ***7.3.3 Policy Variable of Interest: Aged/Physical Disability vs. Developmental Disability***

Although there is overlap in terms of populations served, most long-term care providers target either an aged/physically disabled population or a population with developmental disabilities. In Oregon, providers are just about evenly split between the two populations. In a slightly different perspective, about a quarter of service users are under age 65, with three quarters age 65 and older.

The outcomes of wages, fringe benefits and turnover vary somewhat according to the target population and age of the population served. When weighted by providers, there is virtually no difference in average wages between providers that target people with frailty, dementia and physical disabilities vs. developmental disabilities or by age (roughly \$11.10). On the other hand, when weighted by the number of direct care workers, direct care workers that are employed by providers that target people with frailty, dementia and physical disabilities make almost \$2 more an hour compared to direct care workers employed by providers that target people with developmental disabilities (\$12.96 and \$11.09, respectively). When weighted by the number of direct care workers, similar differences exist by service user age.

On the other hand, on all but one fringe benefit (family coverage health insurance), providers serving people with developmental disabilities were more likely to offer fringe benefits than were providers serving people with frailty, dementia and physical disabilities. For example, twice the percentage of providers serving people with developmental disabilities as providers serving people with frailty, dementia and physical disabilities offered benefits. The same pattern exists by age, with providers serving younger people with disabilities more likely to offer fringe benefits.

Finally, providers targeting people with developmental disabilities or younger people had higher turnover rates than providers serving people with frailty, dementia and physical problems or older people. For example, providers serving people with developmental disabilities had a 68% turnover rate compared to a 56% turnover rate for providers that served people with frailty, dementia and physical problems.

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<sup>1</sup> Among all providers, the average wage (weighted by the number of direct care workers) was \$12.38 per hour compared to \$12.03 per hour for low-Medicaid providers and \$12.51 per hour for high-Medicaid facilities.

### **7.3.4 Policy Variable of Interest: Training**

With the exception of nursing facilities, where federal regulations require that direct care workers receive at least 75 hours of training before they begin caring for residents, most long-term care providers require little training of their direct care workers. Nearly 80% of providers require less than 75 hours of training (the federal minimum for certified nurse assistants in nursing homes and home health aides working in home health agencies), including 14% of providers that require no training.

Providers that required more training paid direct care workers higher wages. Weighted by the number of direct care workers, providers that require 75 or more hours of training pay an average of \$13.72 compared to \$11.73 for providers that require less training. Nursing homes dominate the 75 hours or more training category. Similarly, providers that require 75 hours or more of training (again, mostly nursing homes) were more likely to offer fringe benefits to their direct care workers.

Surprisingly, providers that required higher levels of training had higher turnover rates. Providers that required 75 hours or more of training had an annual turnover rate of 68% compared to 59% for providers that required less training. This higher turnover rate may reflect the more demanding work conditions or it may mean that these providers attract staff who have skills in demand by other employers that are able to offer these workers more attractive jobs.

### **7.3.5 Strategies to Increase Direct Care Workforce Wages through Medicaid Rate Increases**

There are four potential strategies for states to increase the wages of direct care workers in long-term care. First, states can increase the minimum wage. Since average wages for direct care workers in Oregon are only about \$2 more than the state minimum wage, this approach would likely raise wages for a significant portion of direct care workers, depending on how high the minimum wage level is. On the other hand, the minimum wage applies to broad categories of workers beyond direct care workers in long-term care and may have other employment effects. Opponents of increases in the minimum wage argue that it would make workers more expensive and employers will hire fewer of them if they are forced to pay higher wages. In addition, these wage increases would likely be reflected in higher Medicaid costs and higher costs for other services purchased by the state. Analyzing the macroeconomic and state budgetary impact of a higher minimum wage is beyond the scope of this report.

Second, as part of the Medicaid contract with providers, states could specify that all participating providers must pay direct care workers a minimum specified wage. This approach has the advantage of targeting Medicaid-participating providers. While this

strategy is theoretically possible, to our knowledge, no state has this type of requirement, except to the extent that providers may be required to pay the state minimum wage.

Third, states can increase Medicaid payment rates and hope that providers will increase wages. However, without specific requirements that providers increase wages, many providers will chose not to do so.

Fourth, states can enact wage-pass through legislation which combines increasing the Medicaid payment rates with the requirement that providers increase wage levels as a condition of participating in Medicaid. Wage pass-through legislation has been a widely used method to increase direct care workers' wages with about half of all states (n=23) implementing wage pass-through programs from 1999-2004 (Miller et al., 2012), although it has been less popular in more recent years. Wage pass-through legislation increases the state's Medicaid payment rate with the intention of increasing direct care workers' compensation via increased wages or fringe benefits. The Institute of Medicine Committee on the Future Health Care Workforce for Older Americans (2008) endorsed wage pass-throughs as a way to increase wages and benefits of direct care workers. Wage pass-through legislation attempts to ensure that the increased payment rate be passed on to direct care workers by (1) requiring a set daily dollar amount to be allocated to direct care workers' hourly wages, or (2) requiring a proportion of the Medicaid payment increase to be used for increased wages or benefits (North Carolina Division of Facility Services, 2000). Some states made their initiatives optional while other states have made them mandatory.

The earlier research evidence on the effectiveness of wage pass-through programs is mixed. A review by Paraprofessional Health Institute (2003) assessed individual state evaluations and one larger 13 state evaluation to understand the impact of wage pass through initiatives on turnover and retention of direct care workers. The larger evaluation found there were varying results for effects of wage pass through programs on turnover rates and retention with some states making determinations of a positive impact, some not, and others had inconclusive findings (North Carolina Division of Facility Services 2000).

Although most of the investigations to assess the impact of wage pass-through programs are of small programs and are from the early 2000s, there have been a few more recent evaluations. Feng et al. (2010) found moderate gains (3%-4%) for nursing home certified nurse assistant hours per resident day in 21 of 23 states analyzed with wage pass-through policies in place from 1996-2004. This study also found a significant increase, among 21 states, in CNA staffing immediately following wage pass-through adoption, although when wage pass-through states are compared with non-adopter states this relationship fades (Feng et. al 2010). Feng et al. (2010) caution that the positive effects on increased staffing occur mostly in the first 2 years of wage pass-through adoption and are not sustained over time.

Two studies, Baughman and Smith (2007, 2010), found a direct relationship between wage pass-through initiatives and increased wages for direct care workers<sup>2</sup> (7% and 12% increases, respectively) as a result wage pass-through policies in 20-23<sup>3</sup> states. After controlling for various levels of state implementation and provider participation, only states with optional wage pass-through policies had significantly higher wage increases compared to other states.

States that have implemented wage pass-through initiatives offer some lessons for implementation. For example, to ensure that wage pass-through programs increase wages, policy makers and researchers have concluded that enforcing accountability of providers via monitoring and auditing are essential to ensure the Medicaid rate increase is being used as it was intended. Paraprofessional Healthcare Institute (PHI; 2003) provides as list of ways in which some states with WPT programs have built their accountability systems. These steps include:

- Requiring providers to submit a plan describing how they intent to institute the increase
- Conducting a survey of providers post wage pass-through implementation to determine whether and how they participated
- Requiring providers to submit detailed cost reports and conducting a full, annual state audit to assess provider expenditures.

While supportive of higher Medicaid reimbursement rates, providers have not been enthusiastic about wage pass-through legislation. First, providers argue that they are underpaid relative to their costs. Thus, rate increases should reduce the level of that underpayment for existing services. Second, they oppose Medicaid's detailed involvement in how providers spend the money that they receive, seeing that as an infringement of management prerogatives. Third, Medicaid only pays rate increases for service users who are Medicaid eligible, but not all service users are Medicaid-eligible. Thus, under wage pass-through legislation providers argue that they are forced to raise prices for private-pay and other payers to pay for the wage increases for staff whose time is not reimbursed by Medicaid.

## 7.4 Conclusion

Direct care workers are the backbone of the long-term services and supports industry. These workers provide residents, clients, and patients (depending on provider type) with day-to-day basic care to ensure that their daily care needs are being met. Nationally, the

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<sup>2</sup> Baughman and Smith (2007) define direct care workers broadly including those working in hospitals, nursing homes, other health settings and community care. In their 2010 analysis they used the same definition but dropped hospital aides from their analysis because they are not eligible for wage pass-through payments.

<sup>3</sup> Baughman and Smith included 23 states with wage pass-through programs in their 2007 analysis and 20 in their 2010 analysis.

U.S. Bureau of Labor Statistics (2013b) estimates the need for an additional 1.3 million direct care worker positions between 2012 and 2022. The nation, including Oregon, will have difficulty recruiting and retaining these workers unless working conditions—including wages and fringe benefits—are improved.

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## **Appendix A**

### **Quality Control Steps on Questionnaire Data**

RTI International used a quality control process to assure that survey data was accurate and of high quality. Those procedures are described below.

#### **1. Sample Preparation Stage**

- 1.1. All providers provided by DHS were listed together to eliminate duplicate records. Duplicates were defined as 2 or more providers with same street address and same home office name and same corporate name and same provider specialty. Within each set of "twins," one was removed and one was kept.
- 1.2. From the frame of 2,581 adult foster care homes, a systematic sample was selected of 1667 APDs and 914 DDs. These were included in the survey.
- 1.3. All of the other providers in the list provided by DHS were included in the survey (with the exception of duplicates).

#### **2. Questionnaire Receiving Stage**

- 2.1. Clerk visually viewed hardcopy questionnaire viewed to see if there is evidence that provider is out of scope (e.g., states no Medicaid contract, states out of business) or a non-complete (e.g., minimum questions in section 1 are blank).
- 2.2. Clerk scanned Questionnaire ID barcode and assigned appropriate status code  
Questionnaire Received - Full  
Questionnaire Received Blank  
Questionnaire Received But Out of Business  
Questionnaire Received – Claims No Medicaid Contract
- 2.3. Clerk scanned questionnaire into Teleform system; Teleform extracted answers to coded questions and all write-in numeric questions.
- 2.4. On 100% of questionnaires, clerk compared digital image of all write-in numeric questions to hardcopy. Clerk made any corrections to data files.
- 2.5. Clerk data entered verbatim information on page 12.

#### **3. Data Collection Stage**

- 3.1. 100% of mailout cases were reviewed before mailout.
- 3.2. A supervisor performed audio monitoring of prompters as they were on the phone with providers
- 3.3. During the course of the survey some providers explained to us that they did not have a Medicaid contract, were out of Business, or had received duplicate questionnaires. These explanations came either when they called us at the Toll Free Inquiry Line, or when the prompter called them. There were many cases we had not realized were duplicates in our sample review due to the nature of the provider's set-up (e.g., cases existed for both their old name as well as their new name, two providers had merged). We stasured these cases as Duplicate or No Medicaid Contract or Out Of Business as we learned of them from the provider.

#### **4. Data Review Stage**

- 4.1. Completeness Review among cases with the status of "Full Questionnaire Received." Examined cases with large amounts of missing data. Some cases had to be restated as "Questionnaire Received but Out Of Business" if the comments

indicated that they were not in business or not serving clients/residents. Some cases had to be restated as "Questionnaire Received Blank" if they seemed to be in business and eligible but had not answered enough questions.

4.2. Address Analysis. Identified all cases with common addresses. Classified each set of twins as Duplicate or Co-Located.

*Duplicate*: Name, address, and provider specialty type the same. These are essentially the exact same case. Many of these had already been identified during the survey (see 3.3) and were coded out at that time, but there were others duplicates of which we were unaware.

*Co-Located*: Name and address the same, provider specialty type different. These were 2 or occasionally 3 licenses (often complementary licenses such as Residential Care Contract Rates and Assisted Living APD) at the same location, generally a large facility. The survey was designed to consider unique licenses as unique cases, and the questionnaire instructed providers to answer separately according to the license printed on the questionnaire. However, providers often did not realize that the different questionnaires they received were targeted to different licenses, and they responded a single time reflecting on all units and licenses in their facility.

*Data Reconciliation among Duplicates and Co-located*

4.2.1. The Noncomplete twin of an Ineligible/Out of Business or Ineligible/No Medicaid Contract case was restated to the same Out of Business or No Medicaid Contract code. This rule was used for duplicates, but not for co-located.

4.2.2. The Noncomplete twin of an Eligible/Non Complete case restated as Duplicate. This rule was used for duplicates but not for co-located.

4.2.3. The Noncomplete twin of an Eligible/Complete case was treated differently depending on whether the set was co-located or duplicate.

4.2.3.1. Among duplicates twins, the Noncomplete twin was restated as a Duplicate

4.2.3.2. Among co-located twins, we realized the question at hand was "which license/specialty type is this provider actually reporting for." Handwritten notes on the questionnaires and discussions with providers made it clear that many providers reflected on their entire operation (for example, their assisted living license as well as the residential care contract rates license which housed their memory unit within their assisted living facility) and did not focus their answers on the particular license indicated on the questionnaire label. Many providers with co-located licenses told prompters that they had completed their questionnaires and had in fact, done so, yet they had only completed one, not realizing that they were being surveyed twice. Therefore we adopted the following rules: First, if the twin of the complete cases was Out of Business or No Medicaid Contract, we assumed that the complete case would not reflect on that one, and would reflect on the specialty type indicated by their questionnaire label. Therefore we left the original specialty type unchanged and did not change any case statuses. Second, if the twin of the complete case was Not Complete, we imputed the provider specialty type by first considering the provider's response to Question 2 on the survey. If a single choice was selected and this mapped directly to a specialty type on the frame (e.g., nursing facility) we used this response as their specialty type. If multiple choices were selected or if their response did not map directly, we choose the specialty type among this provider's

licenses which was the most prevalent on the sample frame (for example, if they had licenses for Assisted Living Facility and Residential Care Contract Rates, we imputed their specialty type to be Assisted Living Facility because this was more prevalent on the frame).

4.2.4. If both twins completed, we compared their questionnaire data.

4.2.4.1. If the two questionnaires were different, we kept both because the differences in their answers signaled that they were responding about two distinct operations.

4.2.4.2. If the two questionnaires were equivalent, we discarded one and restated it as duplicate. Regarding the one that was kept, among collocates (not among duplicates) it was necessary to impute the provider specialty; we used the imputation rules described in 4.2.3.2.



## Appendix B Data Weights

In order to make the survey responses descriptive of the total population, the response questionnaires were weighted to make them descriptive of the total population of long-term care providers, service users, and direct care workers. The provider-level analysis weights were calculated in three steps: (1) calculate the sample weights, (2) calculate the non-response adjustment factor and, (3) apply the non-response adjustment factor to the sample weights to create the provider-level analysis weights. After the provider-level analysis weights were calculated, we created direct care worker-level analysis weights and beneficiary-level analysis weights using a similar methodology.

### Provider-Level Analysis Weights

The first step in creating the provider-level analysis weights was to calculate the sample weights. The sample weights reflect the design of the sample. As described in the **Sampling Section** the final sample design was a mix of sampling and census taking. For the provider types where a census was selected the sample weights are equal to 1. For the one provider type—adult foster homes—where a sample was selected the sample weights are equal to the inverse of the probability of selection. The probability of selection is the number of providers selected divided by the total number of providers for the given provider type. For the adult foster homes the Adult APD population total (after de-duping the file) was 1,667. We selected 394 of the 1,667 providers resulting in a probability of selection equal to  $394/1,667 = 0.236$ . The inverse of this probability is equal to 4.231, thus the sample weight for all Adult APD providers is 4.231. Similarly for the Adult DD providers the probability of selection was  $720/914 = 0.788$  thus the sample weight for Adult DD providers is 1.269.

The next step was to calculate the non-response adjustment factor. For all providers, by provider specialty, the number of responding providers and the number of eligible but non-responding providers was calculated. Using these results, by provider specialty, the non-response adjustment factor was calculated as eligible non-responders + eligible responders divided by eligible responders. The final step in calculating the provider-level weights was to multiply the non-response adjustment factor by the sampling weight.

### Direct Care-Level and Beneficiary-Level Analysis Weights

In addition to the provider-level analysis weights we created direct care and beneficiary weights. These weights were used in the analyses where we a given facilities' influence needed to be proportional to the number of direct care workers or the number of beneficiaries associated with the facility. To calculate the direct care-level weights, for each provider, we multiplied the provider-level analysis weight by the number of direct care works. We created separate direct care worker weights for 2003, 2005, 2007, 2009, 2010,

2011, 2012 and 2013. For the beneficiary-level weights, for each provider, we multiplied the provider-level analysis weight by the number of beneficiaries. The direct care worker weights are the provider weights inflated by the number of direct care workers. The beneficiary weights are the provider weights inflated by the number of beneficiaries.

## **Appendix C Data Recodes**

Prior to conducting any analyses or creating estimates we thoroughly reviewed the survey data for any reporting inconsistencies. As a result of our review we implemented a series of data recodes. In determining the rules for the data recodes we followed the data recoding conventions used on the National Study of Long Term Care Facilities funded by NCHS. The data recodes we performed were

1. For all the resident-level demographic variables (questions 7, 8, 9, 10 and 11), indicating the total number served by the responding facility, we forced the total served equal to the respondent's answer for question 6—this question asks how many individuals are served by the facility.

For example, question 7 asks the how many Hispanic individuals, Non-Hispanic individuals and the total individuals served by the facility. To be consistent with question 6, we set the total number of individuals served equal to the number of individuals indicated in question 6. We checked the sum of the number of Hispanic individuals and Non-Hispanic individuals the respondent answered. If the sum did not equal the value indicated in question 6 we adjusted the respondent's number of Hispanic and Non-Hispanic individuals proportionally using ratios such that the sum equaled the value for question 6.

2. Question 12 asks how many direct care workers are currently employed. This question is split by the number of full-time and part-time workers. We also asked for the total number of direct care workers. We forced the total number to be equal to the sum of the partial and full time workers. If either the number of full-time or part-time workers was missing and the respondent indicated the total we retained the respondent's answer. If the respondent did not indicate the total number of direct care workers and either the full-time or part-time number was missing we set the total equal to the non-missing value (either part-time or full-time). If all values were missing we left the result as missing and flagged this provider as having no direct care workers.
3. For all the direct care worker-level demographic variables (questions 13, 14, 15, 16, 17 and 25), indicating the total number of direct care workers employed by the responding facility, we forced the total employed equal to the respondent's answer for question 12—this question asks how many direct care workers are employed by the provider (see #2 above).

We used the same approach for this series of questions as was used for the resident demographics (see #1 above).

4. Question 18 asks how many direct care workers have even been employed between January 1, 2014 and the time the respondent answered the survey. Similar to question 12 this question is split by full-time, part-time and total number of direct care workers. To force the total number of direct care workers equal to the sum of the full-time and part-time number of direct care workers we followed the same approach as described for question 12 (see #2 above).
5. Question 27 asks if a provider was not in business for a given year (2003 – 2013) and the total number of direct care workers employed during that year. If a respondent indicated at least one employed direct care worker we forced the variable indicating the provider was not in business to equal no.
6. Question 28 asks if part-time direct care workers are offered various benefits. If the respondent indicated no then we forced the follow-up question, asking the minimum number of hours needed to receive the benefit, equal to missing.
7. Question Q29 asks how many direct care workers are enrolled in various benefits. We capped the number enrolled at the total number of direct care workers employed by the provider. Furthermore if the respondent indicated that at least one direct care worker was enrolled in a benefit we forced the variable that indicates if the benefit was offered to equal yes.

## Appendix D: Supplemental Tables

**Table D-1. Provider Characteristics, by Provider Type, 2014**

Characteristics of Providers	Residential Care		Supportive Living: Developmental Disabilities
	Contract	Children/ Developmental Disabilities	
Total % (Number of Providers)	89	40	56
Type of Ownership			
Private, non-profit	9.09	92.00	83.72
Private, for profit	90.91	8.00	13.95
Government: federal, state, county or local	0.00	0.00	2.33
Chain Ownership			
Part of corporate chain (yes)	77.33	84.62	28.57
Individual entity (no)	22.67	15.38	71.43
MSA			
Metropolitan	75.32	96.43	69.77
Micropolitan	7.79	3.57	13.95
Non-Metropolitan/Non-Micropolitan	16.88	0.00	16.28
Most Common Disability Among Individuals Served			
Frailty, dementia, and physical disabilities	92.11	0.00	0.00
Intellectual/ developmental disabilities	1.32	100.00	100.00
Severe mental illness	3.95	0.00	0.00
Traumatic brain injury	1.32	0.00	0.00
HIV	1.32	0.00	0.00
Number of Individuals Served			
0-25	42.86	100.00	76.74
26-50	33.77	0.00	9.30
51-75	18.18	0.00	4.65
76-100	2.60	0.00	4.65
100+	2.60	0.00	4.65

(continued)

**Table D-1. Provider Characteristics, by Provider Type, 2014 (continued)**

Characteristics of Providers	Residential Care		Supportive Living: Developmental Disabilities
	Contract	Children/ Developmental Disabilities	
Training Required for Direct Care Workers			
No formal training	11.84	0.00	0.00
Less than 75 hours of training	75.00	42.31	78.05
75 hours of training	5.26	57.69	12.20
More than 75 hours of training	7.89	0.00	9.76
Uses Contract Workers to Provide Direct Care			
Yes	11.84	7.14	9.76
No	88.16	92.86	90.24
Owner, Administrator/Director or Other Administrative Staff Provides Direct Care			
Yes	51.32	16.00	50.00
No	48.68	84.00	50.00

Note: Unit of analysis is provider. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-2. Service User Characteristics, by Provider Type, 2014**

Characteristics of Service Users	Residential Care		
	Contract	Children/ Developmental Disabilities	Supportive Living: Developmental Disabilities
Total % (Number of Service Users)	3,123	148	1,728
Ethnicity			
Hispanic/Latino	10.27	7.01	5.54
Not Hispanic/Latino	89.73	92.99	94.46
Race			
American Indian or Alaska Native	2.79	7.32	1.14
Asian	2.98	2.65	2.84
Black or African American	3.17	10.72	2.62
Native Hawaiian or Other Pacific Islander	2.23	3.50	1.08
White	84.93	69.32	89.78
Other	3.91	6.48	2.53
Sex			
Male	33.56	84.71	55.21
Female	66.44	15.29	44.79
Age of Individuals Served			
17 Years or Younger	0.13	94.90	22.72
18-65	6.52	5.10	71.69
65-74	13.66	0.00	4.90
75-84	37.79	0.00	0.68
85+	41.91	0.00	0.00
Primary Payer for Services Received by Provider			
Medicaid	50.11	91.13	88.48
Private Pay	41.79	0.00	0.18
Other Payer	8.10	8.87	11.34

Note: Unit of analysis is service users. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-3. Characteristics of Direct Care Workers, by Provider Type, 2014**

Characteristics of Direct Care Workers	Residential Care		
	Contract	Children/ Developmental Disabilities	Supportive Living: Developmental Disabilities
Total Number of Direct Care Workers	2,284	443	814
Ethnicity			
Hispanic/Latino	19.76	15.05	9.10
Not Hispanic/Latino	80.24	84.95	90.90
Race			
American Indian or Alaska Native	2.19	0.20	2.31
Asian	2.14	1.91	1.89
Black or African American	4.61	13.42	7.68
Native Hawaiian or Other Pacific Islander	4.63	0.67	2.08
White	74.84	66.27	76.22
Other	11.59	17.53	9.82
Sex			
Male	15.26	48.77	28.60
Female	84.74	51.23	71.40
Age of Direct Care Workers			
17 years or younger	1.66	0.00	1.75
18-44 years	77.26	92.57	62.89
45-64	18.55	6.56	29.30
65 years or older	2.53	0.87	6.07
Education of Direct Care Workers			
Less than high school graduate	7.36	7.28	2.66
High school graduate or GED	56.03	28.74	31.46
Some college	20.17	32.53	28.44
Associate's degree	5.76	9.93	9.76
Bachelor's degree	8.04	13.12	23.43
Post graduate degree	2.65	8.39	4.23
Full-Time vs Part-Time Status Currently			
Full-time	73.84	55.45	64.64
Part-time	26.16	44.55	35.36

(continued)

**Table D-3. Characteristics of Direct Care Workers, by Provider Type, 2014  
(continued)**

Characteristics of Direct Care Workers	Residential Care		
	Contract	Children/ Developmental Disabilities	Supportive Living: Developmental Disabilities
Full-Time vs Part-Time Status Ever Employed Between January 1, 2014 and Survey Completion			
Full-time	67.93	59.65	57.38
Part-time	32.07	40.35	42.62

Note: Unit of analysis is direct care worker. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-4. Factors in Determining Wages and Fringe Benefits for Direct Care Workers, by Provider Type, 2014**

Wage and Benefit Determining Factors	Residential Care		Supportive Living: Developmental Disabilities
	Contract	Children/Developmental Disabilities	
Total Number of Providers	<b>89</b>	<b>40</b>	<b>52</b>
Role of Unions in Determining Wages and Benefits			
Provider Determined	100.00	96.30	97.50
Collective Bargaining	0.00	3.70	2.50
Factors Taken into Account When Determining Wages and Fringe Benefits			
Medicaid Rate	28.57	62.07	60.00
Proportion of Private-Pay Individuals Served by Provider	14.29	3.45	2.50
Level of Charitable Donations to Organization	0.00	58.62	2.50
Local Unemployment Rate	2.60	58.62	7.50
Legally Required Minimum Wage	64.94	93.10	70.00
Profitability of Provider	33.77	37.93	47.50
Wages of other Long-Term Services and Supports Providers	57.14	93.10	82.50
Wages of Fast Food Companies	0.00	13.79	10.00
Education and Experience of Individual Workers	77.92	34.48	45.00

Note: Unit of analysis is provider. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-5. Direct Care Worker Wages for Direct Care Workers, by Provider Type, 2014**

Wages for Direct Care Workers	Residential Care		Supportive Living: Developmental Disabilities
	Contract	Children/ Developmental Disabilities	
Total Number of Direct Care Workers	<b>2,284</b>	<b>443</b>	<b>814</b>
Current Average Hourly Rate for Direct Care Workers (weighted by the number of direct care workers by provider)			
Median Rate	10.66	11.13	10.98
Mean Rate	11.03	10.99	11.00
Distribution of Direct Care Worker Wages (Rate per Hour)			
Less than \$9.10	0.43	0.00	4.88
\$9.10 - \$9.99	27.41	16.19	24.31
\$10.00 - \$10.99	26.56	35.31	32.14
\$11.00 - \$11.99	17.20	34.14	23.82
\$12.00 - \$12.99	9.22	10.47	5.12
\$13.00 - \$13.99	5.43	1.66	1.69
\$14.00 - \$14.99	3.47	0.97	2.47
\$15.00 - \$15.99	1.54	0.67	1.57
\$16.00 - \$16.99	1.76	0.59	2.11
\$17.00 and more	6.96	0.00	1.90
Average Wage per Hour for Most Recently Hired Direct Care Worker	10.02	10.40	10.27
Current Average Hourly Rate for Direct Care Worker Who Has Worked for Provider for 5 or More Years	12.08	12.02	11.52

Note: Unit of analysis is direct care worker.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-6. Wages for Direct Care Workers, by Provider Type, 2014 (Weighted by Providers)**

Wages for Direct Care Workers	Residential Care		Supportive Living: Developmental Disabilities
	Contract	Children/Developmental Disabilities	
Total Number of Direct Care Workers	<b>89</b>	<b>40</b>	<b>52</b>
Current Average Hourly Rate for Direct Care Workers (weighted by the number of direct care workers by provider)			
Median Rate	10.50	11.26	10.75
Mean Rate	10.66	11.03	10.89
Distribution of Direct Care Worker Wages (Rate per Hour)			
Less than \$9.10	0.63	0.00	3.44
\$9.10 - \$9.99	31.42	16.20	19.10
\$10.00 - \$10.99	31.83	35.51	35.34
\$11.00 - \$11.99	14.69	33.33	22.46
\$12.00 - \$12.99	7.64	10.59	7.10
\$13.00 - \$13.99	4.12	1.87	4.08
\$14.00 - \$14.99	2.46	1.25	2.48
\$15.00 - \$15.99	1.56	0.62	1.68
\$16.00 - \$16.99	1.24	0.62	1.84
\$17.00 and more	4.40	0.00	2.48
Average Wage per Hour for Most Recently Hired Direct Care Worker	9.96	10.39	10.57
Current Average Hourly Rate for Direct Care Worker Who Has Worked for Provider for 5 or More Years	11.83	12.12	12.18

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-7. Wages for Direct Care Workers at Residential Care Facilities for Children with Developmental Disabilities, 2003-2014**

Year Provider in Operation	Residential Care: Children/Developmental Disabilities								
	2003	2005	2007	2009	2010	2011	2012	2013	2014
Total Number of Providers	22	25	29	36	36	36	36	37	40
Number of Direct Care Workers	163	279	422	657	783	697	731	811	443
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$9.41	\$9.52	\$9.95	\$10.13	\$10.44	\$10.54	\$10.68	\$10.95	\$11.03
2003 wage rate adjusted for inflation	\$9.41	\$9.99	\$10.60	\$10.97	\$11.15	\$11.50	\$11.74	\$11.91	\$12.11
BLS estimate (personal care aides)	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of labor Statistics. BLS estimate for wages not available for 2014

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-8. Wages for Direct Care Workers at Supportive Living Services for Individuals with Developmental Disabilities, 2003-2014**

Year Provider in Operation	Supportive Living Services: Developmental Disabilities								
	2003	2005	2007	2009	2010	2011	2012	2013	2014
Total Number of Providers	20	23	29	35	36	39	38	43	52
Number of Direct Care Workers	516	581	639	781	776	796	840	897	814
Average Wages for Direct Care Workers									
Reported average hourly wage (weighted by number of direct care workers)	\$8.80	\$9.12	\$10.00	\$10.66	\$10.75	\$10.87	\$10.90	\$10.90	\$10.89
2003 wage rate adjusted for inflation	\$8.80	\$9.34	\$9.92	\$10.26	\$10.43	\$10.76	\$10.98	\$11.14	\$11.38
BLS estimate (personal care aides)	\$9.67	\$10.08	\$10.49	\$10.80	\$10.77	\$10.70	\$10.78	\$11.07	

Note: Unit of analysis is direct care worker. BLS is U.S. Bureau of Labor Statistics. BLS estimate for wages not available for 2014

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-9. Fringe Benefits for Direct Care Workers at Residential Care Facilities for Children with Developmental Disabilities, 2003-2014**

Year Provider in Operation	Residential Care: Children/ Developmental Disabilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	783	697	731	811	443
Health Insurance with Family Coverage					
Percent of providers who offered benefit	82.76	82.76	82.76	86.21	89.66
Percent of direct care workers who enroll/use benefit	0.88	1.78	1.13	0.85	1.25
Health Insurance for Employee Only					
Percent of providers who offered benefit	86.21	86.21	86.21	89.66	93.10
Percent of direct care workers who enroll/use benefit	34.33	37.62	35.47	35.37	54.52
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	89.66	89.66	89.66	93.10	96.55
Percent of direct care workers who enroll/use benefit	61.44	65.15	62.26	63.61	87.23
Paid Holidays					
Percent of providers who offered benefit	75.86	75.86	75.86	79.31	82.76
Percent of direct care workers who enroll/use benefit	49.12	52.87	52.08	55.10	73.21
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	65.52	72.41	68.97	75.86	86.21
Percent of direct care workers who enroll/use benefit	0.70	0.79	0.75	0.85	2.18
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	79.31	79.31	79.31	75.86	79.31
Percent of direct care workers who enroll/use benefit	38.91	40.59	39.06	35.71	50.47

Note: Unit of analysis is provider for offered benefits and direct care worker for enrollment/use of benefit.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-10. Fringe Benefits for Direct Care Workers at Supportive Living Services for Individuals with Developmental Disabilities, 2003-2014**

Year Provider in Operation	Supportive Living: Developmental Disabilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	776	796	840	897	814
Health Insurance with Family Coverage					
Percent of providers who offered benefit	40.00	45.00	40.00	45.00	47.50
Percent of direct care workers who enroll/use benefit	7.55	8.51	7.13	5.95	5.60
Health Insurance for Employee Only					
Percent of providers who offered benefit	52.50	57.50	57.50	57.50	62.50
Percent of direct care workers who enroll/use benefit	29.36	28.97	27.29	28.74	34.24
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	67.50	72.50	67.50	75.00	87.50
Percent of direct care workers who enroll/use benefit	56.04	56.79	54.11	52.10	64.48
Paid Holidays					
Percent of providers who offered benefit	52.50	52.50	52.50	57.50	62.50
Percent of direct care workers who enroll/use benefit	72.48	70.05	70.54	67.05	74.72
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	45.00	50.00	50.00	57.50	62.50
Percent of direct care workers who enroll/use benefit	18.79	9.82	12.40	14.37	17.60
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	30.00	30.00	30.00	32.50	40.00
Percent of direct care workers who enroll/use benefit	18.79	18.17	17.52	16.84	20.32

Note: Unit of analysis is direct care worker. Calculated percentages exclude missing data so percentages within each variable sum to 100%.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-11. Fringe Benefits for Direct Care Workers, by Provider Type, 2014**

Direct Care Worker Benefits	Residential Care		Supportive Living: Developmental Disabilities
	Contract	Children/ Developmental Disabilities	
Total Number of Providers	89	40	52
Health Insurance with Family Coverage			
Percent offer to full-time direct care workers	55.84	89.66	57.50
Percent offer to part-time direct care workers	15.58	58.62	22.50
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	69.60	129.00	84.00
Health Insurance for Employee Only			
Percent offer to full-time direct care worker	67.53	86.21	75.00
Percent offer to part-time direct care workers	18.18	58.62	17.50
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	73.62	129.00	65.00
Paid Personal Time Off, Vacation Time, or Sick Leave			
Percent offer to full-time direct care workers	96.10	96.55	100.00
Percent offer to part-time direct care workers	54.55	79.31	70.00
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	58.24	72.04	49.81
Paid Holidays			
Percent offer to full-time direct care workers	72.73	82.76	77.50
Percent offer to part-time direct care workers	57.14	65.52	47.50
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	36.76	72.58	36.00

(continued)

**Table D-11. Fringe Benefits for Direct Care Workers, by Provider Type, 2014  
(continued)**

Direct Care Worker Benefits	Residential Care		Supportive Living: Developmental Disabilities
	Contract	Children/ Developmental Disabilities	
Pension, or a 401(k) or 403(b)			
Percent offer to full-time direct care workers	49.35	86.21	70.00
Percent offer to part-time direct care workers	29.87	72.41	47.50
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	52.44	0.15	48.44
Life Insurance			
Percent offer to full-time direct care workers	42.86	79.31	60.00
Percent offer to part-time direct care workers	24.68	55.17	22.50
Average minimum required hours per month to receive benefit for part-time employees (mean minimum hours required)	66.00	129.00	78.44

Note: Unit of analysis is provider for offered benefits and direct care worker for enrollment/use of benefit.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-12. Fringe Benefits for Direct Care Workers at Foster Care Homes for Aged/Physical Disabilities in Oregon, 2003-2014**

Year Provider in Operation	Foster Care Homes for Aged/Physical Disabilities with Direct Care Workers				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	1,608	1,857	2,046	2,269	4,727
Health Insurance with Family Coverage					
Percent of providers who offered benefit	3.61	4.12	4.64	5.15	4.64
Percent of direct care workers who enroll/use benefit	1.90	1.92	2.24	3.14	3.31
Health Insurance for Employee Only					
Percent of providers who offered benefit	4.12	4.64	5.15	5.15	5.67
Percent of direct care workers who enroll/use benefit	2.85	3.56	3.98	2.69	4.49
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	13.92	13.92	17.53	21.13	22.16
Percent of direct care workers who enroll/use benefit	13.92	15.62	16.17	17.49	18.68
Paid Holidays					
Percent of providers who offered benefit	7.73	9.28	10.82	11.86	12.89
Percent of direct care workers who enroll/use benefit	13.61	15.34	13.93	16.59	16.78
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	1.03	2.58	3.09	2.58	1.55
Percent of direct care workers who enroll/use benefit	0.63	1.64	2.49	1.79	1.65
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	0.52	1.03	1.03	1.03	1.55
Percent of direct care workers who enroll/use benefit	0.00	1.37	1.24	1.12	1.42

Note: Unit of analysis is provider for offered benefits and direct care worker for enrollment/use of benefit.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-13. Fringe Benefits for Direct Care Workers at Residential Care Facilities for Children with Developmental Disabilities, 2003-2014**

Year Provider in Operation	Residential Care: Children/Developmental Disabilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	783	697	731	811	443
Health Insurance with Family Coverage					
Percent of providers who offered benefit	82.76	82.76	82.76	86.21	89.66
Percent of direct care workers who enroll/use benefit	0.88	1.78	1.13	0.85	1.25
Health Insurance for Employee Only					
Percent of providers who offered benefit	86.21	86.21	86.21	89.66	93.10
Percent of direct care workers who enroll/use benefit	34.33	37.62	35.47	35.37	54.52
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	89.66	89.66	89.66	93.10	96.55
Percent of direct care workers who enroll/use benefit	61.44	65.15	62.26	63.61	87.23
Paid Holidays					
Percent of providers who offered benefit	75.86	75.86	75.86	79.31	82.76
Percent of direct care workers who enroll/use benefit	49.12	52.87	52.08	55.10	73.21
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	65.52	72.41	68.97	75.86	86.21
Percent of direct care workers who enroll/use benefit	0.70	0.79	0.75	0.85	2.18
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	79.31	79.31	79.31	75.86	79.31
Percent of direct care workers who enroll/use benefit	38.91	40.59	39.06	35.71	50.47

Note: Unit of analysis is provider for offered benefits and direct care worker for enrollment/use of benefit.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.

**Table D-14. Fringe Benefits for Direct Care Workers at Supportive Living Services for Individuals with Developmental Disabilities, 2003-2014**

Year Provider in Operation	Supportive Living: Developmental Disabilities				
	2010	2011	2012	2013	2014
Total Number of Direct Care Workers	776	796	840	897	814
Health Insurance with Family Coverage					
Percent of providers who offered benefit	40.00	45.00	40.00	45.00	47.50
Percent of direct care workers who enroll/use benefit	7.55	8.51	7.13	5.95	5.60
Health Insurance for Employee Only					
Percent of providers who offered benefit	52.50	57.50	57.50	57.50	62.50
Percent of direct care workers who enroll/use benefit	29.36	28.97	27.29	28.74	34.24
Paid Personal Time Off, Vacation Time, or Sick Leave					
Percent of providers who offered benefit	67.50	72.50	67.50	75.00	87.50
Percent of direct care workers who enroll/use benefit	56.04	56.79	54.11	52.10	64.48
Paid Holidays					
Percent of providers who offered benefit	52.50	52.50	52.50	57.50	62.50
Percent of direct care workers who enroll/use benefit	72.48	70.05	70.54	67.05	74.72
Pension or 401(k) or 403(b) Account					
Percent of providers who offered benefit	45.00	50.00	50.00	57.50	62.50
Percent of direct care workers who enroll/use benefit	18.79	9.82	12.40	14.37	17.60
Employer-sponsored Life Insurance					
Percent of providers who offered benefit	30.00	30.00	30.00	32.50	40.00
Percent of direct care workers who enroll/use benefit	18.79	18.17	17.52	16.84	20.32

Note: Unit of analysis is provider for offered benefits and direct care worker for enrollment/use of benefit.

Source: RTI International analysis of the 2014 Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers.



**Appendix E:  
Oregon Wage and Fringe Benefit Survey of  
Long-term Care (LTC) Providers**





## Oregon Wage and Fringe Benefit Survey of Long-Term Care (LTC) Providers

This survey is being sent to the administrator or director of the following provider in the Oregon DHS Medicaid program:

This survey gathers information on direct care workers employed by providers participating in the Oregon Medicaid program and on the individuals they serve. This survey will provide information required by the Oregon legislature. **Completing this survey is required as a condition of participation in the Oregon Medicaid program as specified by your Medicaid contract with the Oregon Department of Human Services.**

### **DEFINITIONS FOR THE PURPOSE OF THIS QUESTIONNAIRE:**

**Provider:** The facility or service agency located at the address in the above box. Providers should answer the questionnaire in terms of the provider identified in the above box. Where providers at this address are licensed to provide more than one type of service, they should answer in terms of the provider type listed in the box.

Note: ➡ If this provider is a **Nursing Facility, Adult Foster Care Home, Assisted Living Facility, Residential Care Facility, Specialized Living Facility, Group Home, or Foster Home for Children with Intellectual and Developmental Disabilities provider** with more than one location, please answer this questionnaire with information pertaining only to the **specific location and type of service shown in the above box** of this questionnaire.

Note: ➡ If this provider is an **In-Home Agency, Adult Day Services provider, or a Specialized Services provider**, please provide information pertaining to all individuals receiving services from the organization and about all direct care workers employed by the organization, **regardless of location**.

**Direct care worker:** A paid worker who is a full-time or part-time employee of the provider (i.e., the provider is required to issue a US Federal Tax Form W-2 on their behalf) and who provides direct hands-on personal care services to persons with disabilities or the elderly requiring long-term services and supports in the provider's facility, client's home or other setting. Common examples of direct care workers are certified nursing assistants (CNAs), nursing assistants (NAs), certified medication aides (CMAs), restorative aides (RAs), home health aides, and personal care assistants. Contract workers are NOT included in this definition, and administrators/directors who provide direct care in addition to their administrative duties are NOT included in this definition.

**Individual:** A person receiving services from a provider. Examples of individuals are nursing home residents, individuals who go to a facility to attend an adult day service program, or individuals who receive care in their homes.

*If you have any questions concerning this survey, please contact  
Jessica Williams at RTI International at 1-877-226-1192*

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## INSTRUCTIONS

Please clearly mark your responses in the circles provided. Example



Written answers should be printed in the space provided. Example

0	2	5
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# 1 Background Information

**1.** Is the provider listed in the address label currently in business?

- Yes → CONTINUE  
 No → Please explain

If you answered NO, do not complete the questionnaire. Please explain in the space provided and return this survey in the postage-paid envelope to RTI International.

**2.** What type of long-term care services and supports provider is this? Mark all that apply.

- Assisted Living
- Residential Care Facility
- Nursing Facility
- Foster Homes for Children with Intellectual and Developmental Disabilities
- In-Home Agency
- Adult Foster Care Home
- Specialized Living Facility
- Adult Day Services
- Group Home
- Supportive Living
- Not any of these types of providers. → Contact RTI International at 1-877-226-1192.

**3.** What is the type of ownership of this provider? Mark only one answer.

- Private, nonprofit organization
- Private, for profit organization
- Government - federal, state, county, or local

**4.** Is this provider owned by a person, group, or organization that owns or manages two or more providers? This may include a corporate chain.

- Yes
- No

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**9.** Of the individuals currently served by this provider, how many are male and female? Write "0" if no individuals in either category.

Male

Female

Total (Note: Total should be the same as provided in question **6a** or **6b**.)

**10.** Of the individuals currently served by this provider, how many are in each of the following age categories? Write "0" if no individuals in any category.

17 years or younger

18-64 years

65-74 years

75-84 years

85 years or older

Total (Note: Total should be the same as provided in question **6a** or **6b**.)

**11.** Answer 11a or 11b. Do NOT answer both.

**11a.** Providers who are **Nursing Facilities, Adult Foster Care Homes, Assisted Living Facilities, Residential Care Facilities, Specialized Living Facilities, Group Homes, and Foster Homes for Children with Intellectual and Developmental Disabilities**: As of midnight yesterday, how many individuals receiving services from this provider had their care primarily paid by the following State, Federal, and other sources? If no individual had their care primarily paid from that source, write "0."

Medicare

Oregon's or Any Other State's Medicaid Program

Private Pay

Private Insurance

Other

Total Individuals (Note: Total should be the same as provided in question **6a** or **6b**.)

(Note: If you do not employ direct care workers enter "0" for questions 12-18 and skip question 19. Answer questions 20 and 21.)


**11b. Providers who are In Home Agencies, Adult Day Services, and Specialized Services:** Among individuals receiving services from this provider during the last 7 days, how many had their care primarily paid by the following State, Federal, and other sources? If no individual had their care primarily paid from that source, write "0."

<input type="text"/> <input type="text"/> <input type="text"/>	Medicare
<input type="text"/> <input type="text"/> <input type="text"/>	Oregon's or Any Other State's Medicaid Program
<input type="text"/> <input type="text"/> <input type="text"/>	Private Pay
<input type="text"/> <input type="text"/> <input type="text"/>	Private Insurance
<input type="text"/> <input type="text"/> <input type="text"/>	Other
<input type="text"/> <input type="text"/> <input type="text"/>	Total Individuals (Note: Total should be the same as provided in question 6a or 6b.)

### 3

### Types of Current Direct Care Workers

**Definition of direct care worker:** A paid worker who is a full-time or part-time employee of the provider (the provider is required to issue a US Federal Tax Form W-2 on their behalf) and who provides direct hands-on personal care services to persons with disabilities or the elderly requiring long-term care in the provider's facility or client home. Contract workers are NOT included in this definition, and administrators/directors who provide direct care in addition to their administrative duties are NOT included in this definition. A full time employee regularly works 35 hours or more a week; a part-time employee works 1-34 hours a week.

**12.** As of today, how many direct care workers are currently employed by this provider on a full-time or part-time basis?

<input type="text"/> <input type="text"/> <input type="text"/>	Number of full-time direct care workers currently employed
<input type="text"/> <input type="text"/> <input type="text"/>	Number of part-time direct care workers currently employed
<input type="text"/> <input type="text"/> <input type="text"/>	Total number of direct care workers currently employed

**13.** As of today, of the direct care workers currently employed by this provider, how many are Hispanic or Latino? Write "0" if no workers are Hispanic or Latino.

<input type="text"/> <input type="text"/> <input type="text"/>	Number of direct care workers who are Hispanic or Latino
<input type="text"/> <input type="text"/> <input type="text"/>	Number of direct care workers who are not Hispanic or Latino
<input type="text"/> <input type="text"/> <input type="text"/>	Total (Note: Total should be the same as provided in question 12.)

**14.** As of today, of the direct care workers currently employed by this provider, how many are in each of the following racial categories? Write "0" if no workers in any category.

<input type="text"/> <input type="text"/> <input type="text"/>	American Indian or Alaska Native	<input type="text"/> <input type="text"/> <input type="text"/>	Native Hawaiian or Other Pacific Islander
<input type="text"/> <input type="text"/> <input type="text"/>	Asian	<input type="text"/> <input type="text"/> <input type="text"/>	White
<input type="text"/> <input type="text"/> <input type="text"/>	Black or African American	<input type="text"/> <input type="text"/> <input type="text"/>	Other
<input type="text"/> <input type="text"/> <input type="text"/>	Total (Note: Total should be the same as provided in question 12.)		

<input type="text"/>							
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**15.** As of today, of the direct care workers currently employed by this provider, how many are in each of the following categories? Write "0" if no workers in either category.

Male

Female

Total (Note: Total should be same as total provided in question 12.)

**16.** As of today, of the direct care workers currently employed by this provider, how many are in each of the following age categories? Write "0" if no workers in any category.

17 years or younger

18-44 years

45-64 years

65 years or older

Total (Note: Total should be same as total provided in question 12.)

**17.** As of today, what is the education level of the direct care workers currently employed by this provider? Write "0" if no workers in any category.

Highest level of education attained is...

Less than high school graduate

High school graduate or GED

Some college

Associate's degree

Bachelor's degree

Post graduate degree

Total (Note: Total should be same as total provided in question 12.)

**18.** Between January 1, 2014 and today, how many total direct care workers **have ever been employed** by this provider on a full-time or part-time basis? Include any workers who worked at this provider for at least 8 hours.

Number of full-time direct care workers between January 1, 2014, and today

Number of part-time direct care workers between January 1, 2014, and today

Total number of direct care workers between January 1, 2014, and today


**19.** Does this provider require that direct care workers receive training prior to providing care to individuals? Mark only one answer.

- No formal training required
- Less than 75 hours of training
- 75 hours of training
- More than 75 hours of training

**20.** Does this provider use “contract workers” to provide direct care to individuals? Contract workers are staff that provide direct care, but are employees of another organization.

- Yes
- No

**21.** Does the owner, administrator/director or other administrative staff provide direct care to individuals needing services?

- Yes
- No

## 4

### Determining Wages and Benefits for Direct Care Workers

**22.** How does this provider determine the wages and fringe benefits for direct care workers?

- Provider determined
- Determined by a union or other collective bargaining process

**23.** What factors does this provider take into account when determining the wages and fringe benefits of direct care workers? Mark all that apply.

- Medicaid Rate
- Proportion of Private-Pay Individuals Served by Provider
- Level of Charitable Donations to Organization
- Local Unemployment Rate
- Legally-Required Minimum Wage
- Profitability of Provider
- Wages of Other Long-Term Services and Supports Providers
- Wages of Fast-food Companies
- Education and Experience of Individual Workers

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# 5

## Current and Prior Hourly Wages for Direct Care Workers

- 24.** Of the direct care workers employed by this provider since January 2014 (those reflected in your answer to question 18), what is the average salary per hour, before taxes and deductions? Please include both full-time and part-time workers. Do not include contract workers or administrators who also provide direct care.

\$   .   AVERAGE HOURLY RATE

- 25.** How many direct care workers currently employed by this provider (those reflected in your answer to question 12) are being paid the indicated wage rate per hour, before taxes and deductions? Please include full-time and part-time direct care workers.

Wage rate per hour	Number of workers currently paid this wage
Less than \$9.10	<input type="text"/> <input type="text"/> <input type="text"/>
\$9.10 - \$9.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$10.00 - \$10.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$11.00 - \$11.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$12.00 - \$12.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$13.00 - \$13.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$14.00 - \$14.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$15.00 - \$15.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$16.00 - \$16.99	<input type="text"/> <input type="text"/> <input type="text"/>
\$17.00 and more	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Total number of Workers</b>	<input type="text"/> <input type="text"/> <input type="text"/> Total should be the same as total provided in question 12.



**26.** At the time of this survey, what is the wage per hour, before taxes and deductions, for these types of direct care workers? Please include both full-time and part-time workers.

\$   .   wage per hour for the most recently hired direct care worker?

\$   .   average wage per hour for direct care workers who have worked at this provider for 5 or more years. Write "0" if no direct care workers have worked at this provider for 5 or more years.

**27.** Please report, or estimate, the requested information about number of direct care workers and their average wage per hour, for 2003-2013. Please include all direct care workers who were employed by this provider at this location at any time for each year. Please include both full-time and part-time workers.

	Check circle for each year that provider was not in business or was owned by another organization, and <b>SKIP the questions for this year.</b>	Total number of direct care workers employed by provider	Average hourly wage for direct care workers
2003	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2005	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2007	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2009	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2010	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2011	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2012	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2013	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>



# 6

## Current and Prior Fringe Benefits of Direct Care Workers

**28.** Does this provider currently offer the following fringe benefits to full-time and part-time direct care workers?

Type of Fringe Benefit	28a. Benefit offered to Full-time Direct Care Workers? Check YES or NO	28b. Benefit offered to Part-time Direct Care Workers? Check YES or NO If YES, answer 28C	28c. If benefit is available to part-time workers, what is the minimum number of hours per month required to receive benefit?				
Health insurance that includes family coverage	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <b>→</b> <input type="radio"/> No	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> hours/month				
Health insurance for the employee only	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <b>→</b> <input type="radio"/> No	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> hours/month				
Paid personal time off, vacation time, or sick leave	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <b>→</b> <input type="radio"/> No	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> hours/month				
Paid holidays	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <b>→</b> <input type="radio"/> No	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> hours/month				
Pension, or a 401(k) or 403(b) account	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <b>→</b> <input type="radio"/> No	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> hours/month				
Life insurance	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <b>→</b> <input type="radio"/> No	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> hours/month				

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**29.** Please report, or estimate, the requested information about fringe benefits offered to, and used by, direct care workers (full-time and part-time), for 2010-2014. Please include all direct care workers who were employed by this provider at this location at any time for each year. For 2014, please report on all direct care workers employed by the provider from January 1, 2014, to the date of the survey.

Type of fringe benefit	2010	2011	2012	2013	2014
Check circle for each year that a provider was not in business or was owned by another organization, and SKIP the questions for this year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Health insurance that includes family coverage	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No
Health insurance for the employee only	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No
Paid personal time off, vacation time, or sick leave	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No
Paid holidays	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> No

Table continued on next page

<input type="text"/>							
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Pension, or a 401(k) or 403(b) account	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]
Employer-sponsored life insurance	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]	Benefit offered? <input type="radio"/> Yes → How many direct care workers enrolled? <input type="radio"/> No [ ][ ][ ]

Name of person completing this questionnaire:

Position and organization:

Phone number:

E-mail address:

**Thank you for your participation! Please return this survey in the postage-paid envelope to RTI International.**

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

