



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

New York Home and Community Based Services (HCBS) Adult Day Health Center Provider Pre Survey

Directions: Providers will also be required to submit site surveys to the State **within 5 businessdays after completing the attestation** and quarterly February January 1, 2024, to retain their awards and maintain eligibility for future New York Home and Community Based Services enhanced Federal Medical Assistance Percentage (FMAP) funding opportunities.

1. The survey includes a combination of multiple choice, short answer, and descriptive narrative questions. Follow up questions may appear depending on the information you provide.
3. You will have the option to move forward and backward between pages using the Back and Next buttons on the bottom of the page.
4. You must submit this online initial survey for each site by **Friday March 01, 2024**. Please carefully review the directions before beginning the survey online. Only online submissions are accepted.
5. Failure to submit the survey by the deadline will result in exclusion from payment.
6. Please answer the following questions as accurately as possible. If your site is not currently tracking the information asked in the question, please begin tracking.

Please answer the following questions as accurately as possible.



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Section 1: General Intake

Please provide the following information:

1. Full Name:

2. Site Name:

Section 2: Activities and Budget:

Please select the programs and/or strategies that your program site will develop from the list below. Additional detail on these strategies is available in the Adult Day Health Center and AIDS Adult Day Health Center Guidance for Providers document. Please select at least one.

3. Workforce:

- Workforce retention strategies
- Development, implementation, and promotion of training programs for staff
- Recruit and retain a racially, ethnically diverse, and culturally competent workforce.

Section 3: Workforce

For this survey we only ask you provide information on a 3 month look back period for staff. (November 2023, December 2023, January 2024). If you are not currently tracking this data please enter or select the following: "Currently not tracking this data."

Direct Care Worker: "Workers", "Staff" or "Employees" for this initiative are described as "workers who directly provide services or who supervise the provision of services." These include staff that render Home and Community Based Services to members, staff that provide services that support Activities of Daily Living and Instrumentals of Daily Living (Nurses, Rehabilitation Therapists, etc.), as well as staff that prepare food for members on a regular basis specifically for the program. This includes staff that provide supervision for those workers other than directors and assistant directors.

4. Please enter the number of employees working **full-time** at your program site (full-time does not refer to full-time equivalents):



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5. Please enter the number of employees working **part-time** at your program site.

6. Please list the average hourly wages your program site provides to its staff. Staff means the workforce who provide direct service for your program and are paid directly or through an agency.

Average (\$/hour) for Straight Time Employee:

Minimum (\$/hour) for Straight Time Employee:

Maximum (\$/hour) for Straight Time Employee:

7. Please list the average and range of hourly wages your program site provides to its staff. Staff means the workforce who provide direct service for your program and are paid directly or through an agency.

Average (\$/hour) for Overtime Employee

Minimum (\$/hour) for Overtime Employee

Maximum(\$/hour) for Overtime Employee

8. What is your current direct care staff to ALP member ratio? Please base this number on members who attend on an average weekly basis. Example: 1 Direct Care Staff : 5 ALP members

9. With your most recently hired an employee, please share the following information:

a. Job Title

b. Date of job posting

c. Date of hire

10. With your most recently hired an employee, how long did it take (in weeks) between posting the position and hiring the first individual?



Section 4: Workforce Benefits

If you are not currently tracking this data, please enter the following: "Currently not tracking this data."

Does your program site offer benefit programs to employees? Select the from the option below:

	Yes	No
Full-Time	<input type="checkbox"/>	<input type="checkbox"/>
Part-Time	<input type="checkbox"/>	<input type="checkbox"/>

11. Please select the **benefits** that you provide from the following list:

- Paid Time Off
- Health Insurance
- Vision and/or dental insurance
- Disability Insurance
- None of the above

12. Please select the **transportation benefits** that you provide to staff from the following list:

- Commuting costs
- Gas
- Mileage
- Parking
- Public Transportation
- Ride Share
- Rental Cars
- Childcare
- Continuing Education Assistance



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None of the above

Other:

13. Did your program site have to turn down or delay requests for services due to lack of staffing any time in 2023? Turn Down: When a site needs to deny service or accept a new member due to lack of staffing.

14. If you selected 'Yes', please select the months in which your program site had to turn down requests.

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

15. If applicable, for instance of delays, please provide the typical length of time (in days) between service request and service fulfillment.

Example answer: 3 days

Section 5: Recruit and Retain an ethnically diverse and competent workforce.

If you are not currently tracking this data, please enter the following: "Currently not tracking this data."



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16. Please list the number of staff your program site employs by race / ethnicity.

Race	Full-Time Staff	Part-Time Staff
Asian		
Black or African American		
Hispanic or Latino		
Native American or Alaskan Native		
Hawaiian or Other Pacific Islander		
White or Caucasian		
Other		
Data Not Available		

17. Please list the number of staff your program site employs by gender identity.

Gender Identity	Full-Time Staff	Part-Time Staff
Female (including Transgender Female)		
Male (including Transgender Male)		
Non-Binary		
Other/Not Available		

18. Does your program site have recruitment strategies that help build a diverse workforce that reflects its client population? Yes No

a. If Yes, please list the strategies your program site employs that help build a diverse workforce that reflects its client populations. _____



19. Please list the number of staff your program site employs and/or is seeking staff by language spoken.

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

Section 6: Development, implementation, and promotion of training programs for staff

If you are not currently tracking this data, please enter or select the following: "Currently not tracking this data."

20. Does your program site require staff to complete any trainings beyond those required by New York State that aim to enhance their skills and improve quality of care?

Yes No

a. If your program site requires staff to complete any trainings beyond those required by New York State, how many hours of additional training does your program site require staff to complete? _____ hours

21. Please find the two categories of trainings below (required by your program site and voluntary). Please list the trainings that your staff completes under the relevant categories below.



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Program site Required	Additional Voluntary
a. <i>Example: CPR required for some staff.</i>	a. <i>Example: CPR also offered as voluntary for staff where certification is not required.</i>
b.	b.
c.	c.

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

Number: _____

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

Number: _____

24. How does your staff access trainings?

- Directly through the program site
- Via partnerships with other organizations such as Workforce Investment Organization, community colleges, other higher education organizations
- Through other agencies
- Other: _____

25. Please describe your program site's partnerships with other organizations, including how they facilitate trainings. _____

26. Does your program site incentivize training for staff? Yes No

a. Please select all the strategies your program site uses to incentivize trainings.

- Compensation for training hours
- Childcare or other caregiver coverage during training
- Bonuses for training completion or certification
- Wage increases for training completions or certifications
- Career advancement or mobility within the program site
- Currently not tracking the data
- Other: _____