

## Quarterly Workforce Impact Survey Q1 2024

### DD Services Quarterly Workforce Survey

The following survey is a collaborative effort of the Ohio Provider Resource Association, Ohio Association of County Boards of Developmental Disabilities, Ohio Health Care Association, The Arc of Ohio, Values and Faith Alliance, and Ohio Waiver Network.

**Survey Purpose:** The purpose of this survey is to collect information from agency providers in Ohio's DD system to assess the short and medium-term impact of Ohio's fiscal year 24/25 biennial budget. The information gathered over the course of 2024 and 2025 will help the above associations understand funding and service delivery gaps in the system and inform future budget advocacy efforts.

*Information gathered in this survey will be aggregated and shared with our partners in the DeWine administration and the Ohio General Assembly. Individual identifiable responses will not be distributed or otherwise publicized.*

**Intended Participants:** Agency providers of services in intermediate care facilities for individuals with intellectual disabilities (ICF-IID) and Ohio Department of Developmental Disabilities (DODD) administered Medicaid waivers (Level 1, Individual Options (IO), and Self-Empowered Life Funding (SELF) waiver).

**Survey Design:** After initial introductory questions, the survey is designed to ask you questions based on the types of services your agency offers. The questions are the same for each type of service line. If you provide multiple service lines, you will be asked the same series of questions for each service line.

**Survey Frequency:** The survey will be distributed once a quarter at least until quarter 3 of 2025. We encourage all participating providers to complete the survey each quarter.

***This survey is open till May 1st, 2024.***

Questions about the survey can be emailed to either Scott Marks ([smarks@opra.org](mailto:smarks@opra.org)) or Christine Touvelle ([ctouvelle@opra.org](mailto:ctouvelle@opra.org)).

**Additional Association Contacts:**

The Arc of Ohio- David Lewis- [David.Lewis@thearcofohio.org](mailto:David.Lewis@thearcofohio.org)

Ohio Association of County Boards of DD: Adam Herman- [AHerman@oacbdd.org](mailto:AHerman@oacbdd.org)

Ohio Health Care Association: Debbie Jenkins- [DJenkins@ohca.org](mailto:DJenkins@ohca.org)

Values and Faith Alliance: Dan Connors- [DConnors@stjosephhome.org](mailto:DConnors@stjosephhome.org)

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1. Please select the best option that describes your role in the field.

- ☐ I work for an agency provider
- ☐ I am an independent provider
- ☐ I work for a county board of developmental disabilities
- ☐ I am a person served by the system
- ☐ I am a family member or loved one of a person served by the system

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Thank you for your interest in completing this survey! This survey was designed to understand how rate increases funded by the most recent state budget impact services provided by agency providers. The DD Budget Coalition will be seeking feedback from non-agency provider system stakeholders in the near future. Please reach out to any of the representatives with any questions you may have.

### Additional Association Contacts:

The Arc of Ohio- David Lewis- [David.Lewis@thearcofohio.org](mailto:David.Lewis@thearcofohio.org)

Ohio Association of County Boards of DD: Adam Herman- [AHerman@oacbddd.org](mailto:AHerman@oacbddd.org)

Ohio Provider Resource Association: Christine Touvelle- [CTouvelle@opra.org](mailto:CTouvelle@opra.org) or Scott Marks- [SMarks@opra.org](mailto:SMarks@opra.org)

Ohio Health Care Association: Debbie Jenkins- [DJenkins@ohca.org](mailto:DJenkins@ohca.org)

Values and Faith Alliance: Dan Connors- [DConnors@stjosephhome.org](mailto:DConnors@stjosephhome.org)

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\* 2. What is the name of your agency/organization? (This information will only be used to help ensure non-duplication of agency responses and will not be shared in any reports)

3. What is your name? This information is only being collected should follow-up be necessary.

**First name**

**Last name**

4. What is your email? This information is only being collected should follow up be necessary.

**Email address**

5. On January 1, 2024, approximately how many people did you serve across your developmental disability-specific programs?

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6. WAIVER PROVIDERS: Since the state budget passed (7/1/23), please select how the budget impacted wages and benefits your agency offers. If your agency does not provide a given service, please respond with "Service Not Offered."

Pay differentials may include, but are not limited to, additional pay for certain shifts or days, working in certain locations, or meeting certain training requirements.

	Our STARTING Wage Increased	Our AVERAGE Wage Increased	Our pay differentials expanded and/or increased
Residential Waiver Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Day Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. ICF PROVIDERS: Since the state budget passed (7/1/23), please select how the budget has impacted wages and benefits your agency offers. If your agency does not provide ICF services, please respond with "Service Not Offered."

Pay differentials may include, but are not limited to, additional pay for certain shifts or days, working in certain geographies, or meeting certain training requirements.

	Our STARTING wage increased	Our AVERAGE wage increased	Our pay differentials expanded and/or increased
ICF	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. All Providers: Since the state budget passed (7/1/23), did you increase or expand any of the following employee benefits? Please select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Traditional employee benefits (health, dental, vision, disability, and life insurance) | <input type="checkbox"/> Retirement                  |
| <input type="checkbox"/> Bonuses  | <input type="checkbox"/> Employee assistance program |
| <input type="checkbox"/> Paid time off  | <input type="checkbox"/> Childcare cost assistance   |
| <input type="checkbox"/> Education and training   |  |
| <input type="checkbox"/> Other (please specify)   |  |

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9. From the period of January 1, 2024-March 31, 2024, please select all of the statements that apply to your ability to take on new referrals/admissions in each service line. If your agency does not provide a given service, please respond with "Not Offered."

	New Admissions	New Admissions with Complex Medical Care	New Admissions with Complex Behavior Support
ICF	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Waiver Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Day Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. From the period of January 1, 2024-March 31, 2024, did you have to serve notice/discharge people you serve as a result of staffing shortages. If your agency does not provide a given service, please respond with "Not Offered."

	Individuals with Complex Care	Individuals with Complex Medical Care	Individuals with Complex Behavior Support
ICF	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Waiver Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Day Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>

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[illegible]

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12. From the period of January 1, 2024-March 31, 2024, please select the statement that best matches your staffing capacity in each service. If your agency does not provide a given service, please respond with "Service Not Offered."

[illegible]



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13. Compared to Quarter 4 of 2023 (10-1-23 to 12-31-23), how do you feel your agency's overall ability to provide **quality DD services** was impacted between January 1, 2024, and March 31, 2024?

- ☐ Our ability to provide quality services has greatly decreased.
- ☐ Our ability to provide quality services has slightly decreased.
- ☐ Our ability to provide quality services has stayed the same.
- ☐ Our ability to provide quality services has slightly increased.
- ☐ Our ability to provide quality services has greatly increased.
- ☐ Other (please specify)

14. Please share any other stories or data points that demonstrate the impact of the budget increases on your staffing capacity and/or your ability to provide services.