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SOCIAL & ECONOMIC SCIENCES RESEARCH CENTER
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A Longitudinal Study of Workforce Stability: Individual Providers in Washington State

**For the Washington State Home
Care Quality Authority**

By: *SESRC – Puget Sound Division*
 Candiya Mann

February 2010

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Social & Economic Sciences Research Center-Puget Sound Division
203 E. 4th Avenue, Suite 521
P.O. Box 43170
Olympia, WA 98504-3170
(360) 586-9292
Fax: (360) 586-2279

Sponsorship

This project was sponsored by the Home Care Quality Authority.

About SESRC

The Social and Economic Sciences Research Center (SESRC) at Washington State University is a recognized leader in the development and conduct of survey research.

SESRC-Puget Sound Division provides technical services and consultation to assist clients in acquiring data, understanding what data means, and applying that information to solving problems. The SESRC Puget Sound Division specializes in research design, data collection and analysis, using both qualitative and quantitative methods. The Division also provides interpretive reports, policy studies, presentations and consulting services directly to individual clients, organizations and consortia.

Acknowledgements

This evaluation was based on multiple data sources, each of which was made possible through the generous help from many different organizations. The authors would like to thank the management of the Home Care Quality Authority for their coordination and support in all components of the evaluation. We are grateful to the Washington State Department of Social and Health Services for coordinating the selection of individual provider (IP) payment records and Activities of Daily Living scores and joining together the various data sources. In addition, we would like to thank the Washington State Employment Security Department for providing IP employment data. Finally, while the consumer and individual provider surveys were not formally part of this study, they do provide helpful supporting information. We appreciate the valuable insights contributed by the individual providers and consumers who participated in the surveys.

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INTRODUCTION

INTRODUCTION

One of the missions of the Home Care Quality Authority (HCQA) is to support a strong and stable cadre of in-home care service workers participating in Washington State’s “individual provider” program. In December 2008, HCQA contracted with Washington State University’s Social and Economic Sciences Research Center (SESRC) to conduct a labor market analysis of this topic.

The purpose of this study is to examine the stability of the individual provider (IP) workforce over a five year span: January 2004 through January 2009. The analysis covers topics such as turnover, exits from the profession, and outside employment held concurrently with IP work.

This project builds upon a similar study completed for HCQA in 2007. It includes new data sources, additional years of data, and an expanded set of research questions.¹

BACKGROUND

The prevailing method for public provision of in-home personal care for aged and persons with disabilities in the US has been through a state agency contracting with local home care agencies. Starting in 1983 with Medicaid waiver programs, Washington State has developed an alternative system in which the recipients of care, or their guardians, contract directly with individual providers, using public funds. The state has standardized many features of the process so that the administrative burden for care recipients who become employers is not excessive. In Washington State, the individual provider option coexists with a continuation of the traditional agency care model. Recipients of services have both options: they can contract directly with an IP or receive care through an agency which contracts with a state or regional public agency.

Because a relative of a care recipient can serve as an individual provider to that recipient, the individual provider workforce can be viewed as consisting of two separate components: IP’s providing services for family members (“family providers”) and IP’s providing services for non-family members (“non-family providers”). Family providers comprise about 65 percent of the individual provider workforce.²

While HCQA is responsible for managing some aspects of the individual provider program, the state’s Office of Financial Management is ultimately responsible for the collective bargaining agreement for IP workers. In addition, the public programs under which IP’s are paid are operated by the Department of Social and Health Services (DSHS), through its Aging &

¹ Dave Pavelchek and Candiya Mann, “Evaluation of Interventions to Improve Recruitment and Retention: Summary of Results,” Washington State University – Social and Economic Sciences Research Center, November 2007. http://www.hcqa.wa.gov/Surveys/survey_docs/HCQA%20Summary%20Report%202007.pdf

² Family and non-family providers can differ in their reasons for joining and remaining in the field so they are discussed separately, as appropriate throughout this report.

Disability Services (ADSA), the Developmental Disabilities Division (DDD), a division of ADSA, and the Children's Services Administration (CSA).

Changes in IP Employment Benefits

During this study, there were several important changes in the employment benefits offered to IP's. These included changes in health insurance coverage, worker's compensation coverage, paid leave, and wage levels.

Health Insurance Coverage

Prior to 2005, health insurance coverage was available to a relatively small number of IP's through the Basic Health Plan (BHP). This program provided insurance coverage to low-income persons throughout the state. Eligibility was based on income level, and the program frequently had caps on the number of enrollees. While a few IP's qualified for BHP, most were not eligible. The program featured small monthly premiums, patient co-payments and a modest deductible. It included family coverage but did not provide vision or dental benefits.

Starting in January 2005, health insurance coverage became available to all IP's under a Taft-Hartley Trust established through collective bargaining – the SEIU Healthcare 775 NW MultiEmployer Health Benefits Trust (hereinafter "Trust"). The Trust is a comprehensive medical plan that includes dental and vision benefits. It features small enrollee premiums, some patient co-payments and no deductible. It does not include family coverage. To be eligible, the IP must have been working for at least three months, must work at least 86 hours per month, and with limited exceptions under the law, must not be eligible for other sources of health insurance.

Worker's Compensation Insurance

Through collective bargaining, all individual providers received workers compensation insurance coverage which provides medical and time-loss benefits for on-the-job injuries, starting October 1, 2004.

Paid Leave

Paid leave was also negotiated in the bargaining agreement, with accrual of leave credit starting in the summer of 2006.

Wage Increases

In the 4th quarter of 2004, IP wages increased from \$8.43 per hour to \$8.93 per hour. Further wage increases were implemented in the third quarter of 2006, the third quarter of 2007 and the third quarter of 2008 to \$10.03 per hour. On July 1st, 2007, a new wage scale, based on cumulative career experience was established. Wages are now subject to step increases for each 2,000 hours worked in Washington State.

Mileage Reimbursement

Starting July 1st, 2008, IP's could be compensated for the use of their personal vehicles to provide transportation, such as essential shopping and travel to medical services, up to 60 miles per month, per consumer.

Home Care Referral Registry of Washington State³

Another initiative that started during the timeframe of this study was the Home Care Referral Registry of Washington State (hereafter referred to as “Referral Registry”). The Referral Registry was implemented through a phased geographic roll-out, from January 2005 to September 2006. Therefore, some counties had access to the Referral Registry for longer than others.

The Referral Registry provides a service for matching consumers⁴ with IP’s. It can be accessed via telephone or the internet. The goal of the Referral Registry is to ease the process of matching IP’s with consumers and to facilitate better quality matches that will be longer-lasting and more positive experiences for both parties.

METHODOLOGY

Prior Research

In 2004, HCQA received funding to improve the recruitment and retention of individual providers. Several initiatives were eventually implemented, drawing on both federal and state funding. The single most expensive new initiative was the availability of subsidized health insurance to individual providers meeting eligibility criteria. Several other initiatives were also implemented, including improved wages and implementation of the Referral Registry.

HCQA contracted with SESRC to conduct an evaluation of the initiatives. This was a multi-pronged evaluation. In addition to several surveys, SESRC conducted an analysis of changes in the recruitment and retention of individual providers, based on data from the Social Service Payment System (SSPS) and wages and hours from the Unemployment Insurance files.

The evaluation attempted to answer the question: Did the availability of health care benefits improve recruitment and retention of IP’s in Washington State?

Overall, the evaluation demonstrated that retention among IP’s in Washington State improved following the implementation of the initiatives between 2004 and 2006. The effects on recruitment were not as clear, though there were indications that the initiatives played a part in some individual providers’ decisions to join the profession.

This study expands upon the prior research by adding new data sources, research questions and additional years of data.⁵ For the first time, the effect of the consumers’ level of care is factored into the analysis of how often they change individual providers. Likewise, this is the first time that Referral Registry usage has been included in the labor market analysis.

³ The Home Care Referral Registry of Washington State was previously referred to as “Referral and Workforce Resource Centers”.

⁴ Please note: This report uses the term “consumers” to refer to the recipients of in-home services who employ individual providers.

⁵ Please see Appendix A for a full list of the formal research questions.

Research Topics

This study addresses changes in workforce stability through both the consumers' and individual providers' perspectives. From the consumer side, the research examines indicators such as turnover rates (consumers changing IP's) and the relationship between the severity of service needs and Referral Registry usage. On the individual providers' side, the analysis covers topics such as the rate at which IP's leave the field or hold outside employment concurrent with their IP work.

Data Sources

This project is based on five data sources.

1) Social Service Payment System (SSPS)

SSPS is the central DSHS system for authorizing and issuing vendor payments for a wide range of non-medical services to clients. The SSPS data included information for each IP and consumer about whether each IP was providing IP services each month.

2) Unemployment Insurance Records

The Washington State Employment Security Department Unemployment Insurance records included industry of employment and wage data. It was available on a quarterly basis.

3) CARE Assessment Tool: Activities of Daily Living Scores

On a regular basis, trained social and health professionals assess consumers' need for assistance in performing activities of daily living (ADL). The ADL assessment is one component of the Comprehensive Assessment Report and Evaluation (CARE) tool. The ADL assessment results in a score, ranging from 0 to 28.⁶ Higher scores denote greater care needs. DSHS Aging and Disability Services Administration (ADSA) provided the most recent ADL score per consumer receiving services from individual providers.⁷

4) Referral Registry Data

HCQA provided Referral Registry data that included the dates that consumers requested lists of IP's available to work.

In order to maintain confidentiality of sensitive data, these four datasets were joined together by DSHS Research and Data Analysis. All identifying information was removed before the data was transferred to SESRC.

⁶ Please see Appendix C for additional information about ADL scores.

⁷ Since historical ADL scores were not available, analysis involving ADL scores was limited to 2007 and 2008.

5) Survey Data

In addition to the administrative data sources mentioned above, this study also refers to the findings from surveys of individual providers and consumers that SESRC conducted for HCQA in 2006 and 2008.⁸

Data Limitations

Unfortunately, some obvious measures of recruitment and retention were impossible to run due to limitations in the data. For instance, the datasets did not include an indicator of consumer authorizations to receive services, only whether or not they actually received services. This means that there was no way to measure unmet demand (consumers who were authorized for services but were unable to find an IP.) Likewise, IP's who were eligible and searching for work were not included. IP's do not become a part of the reporting system until they have a contract with a consumer and have begun to provide services. Therefore, there was no way to measure the size of the pool of available IP's. Similarly, there is no way to differentiate between an IP taking a voluntary break from IP employment and one actively looking for work.

Time Periods

The 2007 study compared indicators of recruitment and retention in two time periods: January-December 2004 and February 2005-January 2006. This project continues the analysis with three additional time periods, bringing the data up to January 2009.

Data Source	Period 1	Period 2	Period 3	Period 4	Period 5
SSPS	February 2004-January 2005	February 2005-January 2006	February 2006-January 2007	February 2007-January 2008	February 2008-January 2009
ESD	Q1-4 2004	Q1-4 2005	Q1-4 2006	Q1-4 2007	Q1-4 2008

Note: Each period is a full year to minimize any seasonal effects.

⁸ For more information about these surveys, please see http://www.hcqa.wa.gov/Surveys/survey_main.html

FINDINGS

The purpose of this study is to examine the stability of the individual provider (IP) workforce over a five year span. It incorporates analysis of an extensive database of information, covering employment, wages, IP payment records, Activities of Daily Living (ADL) scores, and HCQA Referral Registry requests and hires. In addition to the record data, this study incorporates the results of the most recent two rounds of surveys of consumers and individual providers.

Overall, this study found marked improvements in the stability of the workforce, both from the standpoints of the consumers as well as the individual providers. The report first addresses workforce stability from the perspective of the consumers. Next, it discusses the research questions pertaining to IP's.

Previous research has shown substantive differences between family and non-family IP's, such as differing motivations for joining and remaining in the field. Therefore, many of the research results are presented separately for these two populations.

WORKFORCE STABILITY – CONSUMERS’ PERSPECTIVE

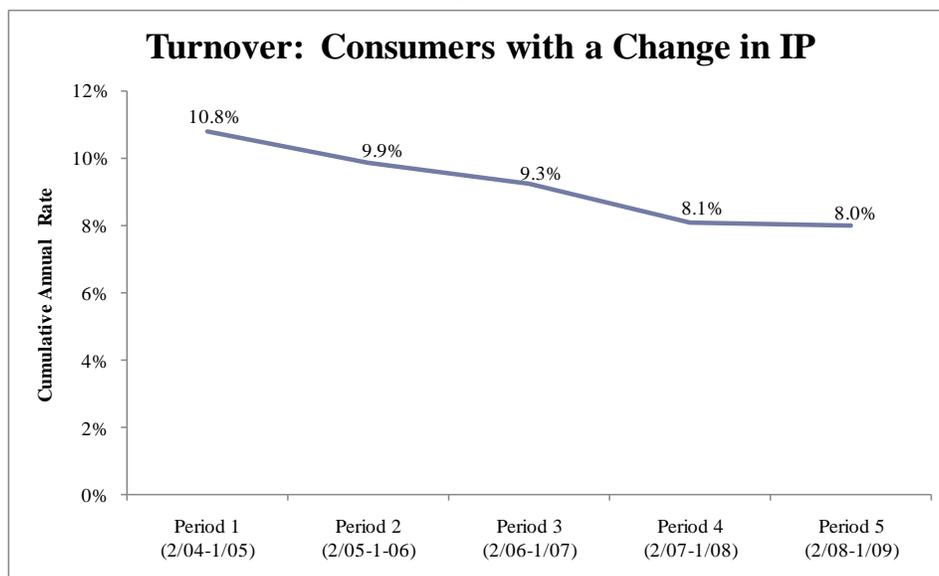
From the consumers’ perspective, there are many strong indicators that the stability of the workforce improved during the study timeframe: January 2004 through January 2009. Workforce stability can be measured many different ways. The factors considered from the consumer’s perspective include the following:

- Turnover rates
- Referral Registry usage
- Changes in the level of difficulty consumers report in finding a new IP

One way to measure workforce stability is turnover rates. In contrast with workforce studies of other fields, this study defined turnover from the perspective of the *consumer*: the percentage of consumers experiencing a change in IP.

Cumulative annual turnover rates declined in each of the study periods except the most recent, which held steady.^{9 10} (See Figure 1.) These declines were statistically significant. Overall, turnover declined from 10.8 percent in the first study period to 8.1 percent in the fourth period.

Figure 1



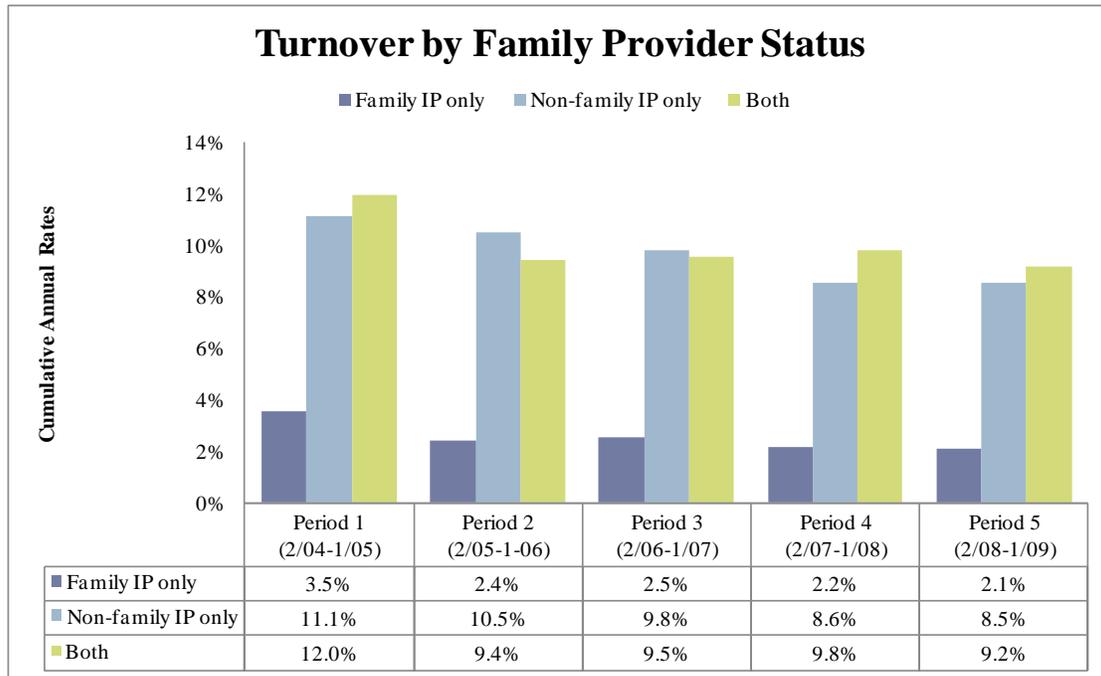
As expected, turnover rates were much lower among consumers receiving services from family providers compared those with non-family providers. This was true for all study periods. (See Figure 2.)

⁹ Cumulative annual turnover is calculated as the number of unduplicated consumers who changed IP’s at least once during each study period divided by the number of distinct consumers receiving IP services during that period. Consumers who changed IP’s multiple times are counted only once. The declines are statistically significant from study period one to two, two to three, and three to four.

¹⁰ Two-sample test: data were insufficient for a time series test. Please see the Appendix for details on this and other measures.

Through the duration of the study, consumers with non-family providers experienced the greatest declines in turnover.¹¹ Declines among this group were statistically significant for each of the study periods except the most recent. In contrast, turnover for consumers with family providers declined significantly only between periods one and two. There were no statistically significant changes in turnover rates for consumers with both family and non-family providers.

Figure 2



Another factor that affects turnover is the level of care a consumer needs. As the severity of care needs increases, consumers change IP's more frequently.¹² This correlation is statistically significant.

There was also interest in exploring whether consumers who hired IP's through the HCQA Referral Registry experienced longer matches and lower subsequent turnover rates. The results of this analysis were inconclusive; further research is needed on this topic.^{13 14}

¹¹ Unless otherwise noted, all references to statistically significant differences meet a $p < 0.01$ threshold.

¹² Turnover is calculated differently in this analysis than for the overall turnover rate: on an individual consumer basis, per year, the number of months each consumer changed providers divided by the number of months they received service. Level of care is defined as most recent ADL score per consumer. Analysis is limited to 2007 and 2008 since historical ADL scores were not available.

¹³ Among consumers who changed providers in 2007, this analysis examined turnover rates in the following 12 months. Turnover was defined as the number of months with a new provider out of the total number of months receiving services. Registry users were compared to non-Registry users: consumers who hired an IP in 2007 but did not request a list of available IP's from the Referral Registry.

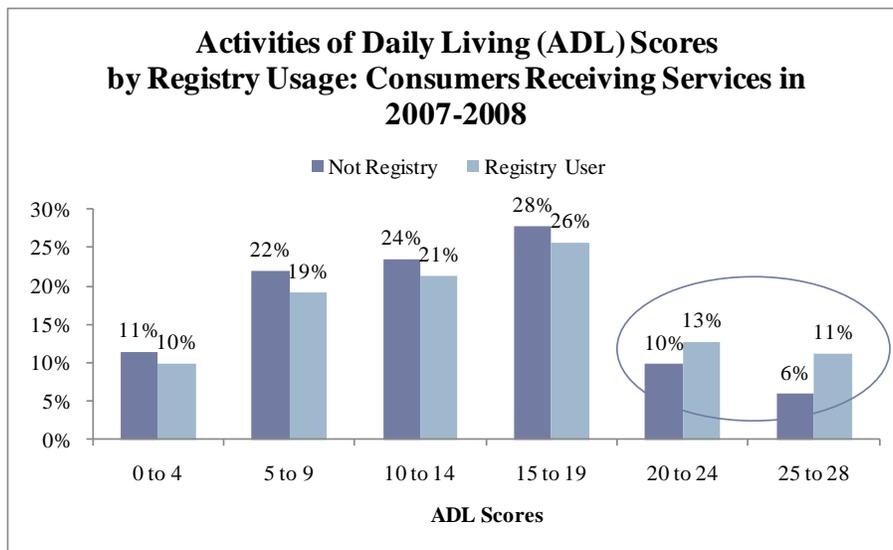
¹⁴ Registry usage was not a statistically significant factor in predicting future turnover. More research is needed on this topic. This analysis had several weaknesses, among them: it is not certain that the consumers who requested lists of available IP's from the Referral Registry and subsequently hired an IP actually hired *from the Registry*; one of the legitimate uses of the Registry is to find an IP for short-term, temporary services, and this analysis is intended to

In the 2007 study, one unexpected anecdotal finding from a number of sources was that the Registry was being used as a “last resort” when the IP, consumer, or case manager was unable to find an appropriate match through other sources. As stated in the 2007 report:

This has interesting implications for future research because it means that the population of consumer/employers and IP’s using the Referral Registry may not be representative of the general population; these may be “hard to place” cases with special needs. The role and effectiveness of the Referral Registry deserve future research.

For the first time, due to the addition of ADL scores to this year’s study, it was possible to examine the relationship between Registry usage and consumers’ level of care. The data confirmed the anecdotal reports. There was a statistically significant correlation between Registry usage and ADL scores. Referral Registry users were more likely to need higher levels of care, compared to consumers who did not use the Registry. Among consumers who used the Registry, 24 percent had ADL scores above 20 compared to 16 percent of the non-Registry consumers. (See Figure 3.)

Figure 3



2006 and 2008 Consumer Surveys

Survey data gathered directly from the consumers corroborates the findings from the above employment analysis. One of the hypothesized outcomes of a stable workforce is that consumers will easily be able to find a new IP when they need one. Comparing the survey results suggests that finding a new IP was considerably easier in 2008 than 2006.¹⁵ The proportion of consumers

evaluate the permanent hires; and finally, the analysis was based on only 83 Registry users and 2,983 non-Registry users.

¹⁵ The percentage of consumers hiring a new individual provider in the prior year remained consistent between the 2006 and 2008 surveys, at 31 percent.

stating that finding an IP was easy rose from about one-quarter (26%) to over half (52%). This improvement applied to both those who hired family and non-family providers.¹⁶

The ease of finding an IP was analyzed by various factors, such as whether the IP was a family member and the consumers' age. In general, finding an IP was easier for consumers who hired a family member (65% "easy") than a non-family member (47% "easy"). Consistent with the 2006 results, the 2008 survey showed that finding an IP became easier as the consumers' age increased, leveling out after 60 years of age.

¹⁶ Likewise, in 2006, over half (57%) of the consumers indicated that finding an IP was difficult. In the 2008 survey, this dropped to about one-third of consumers (34%).

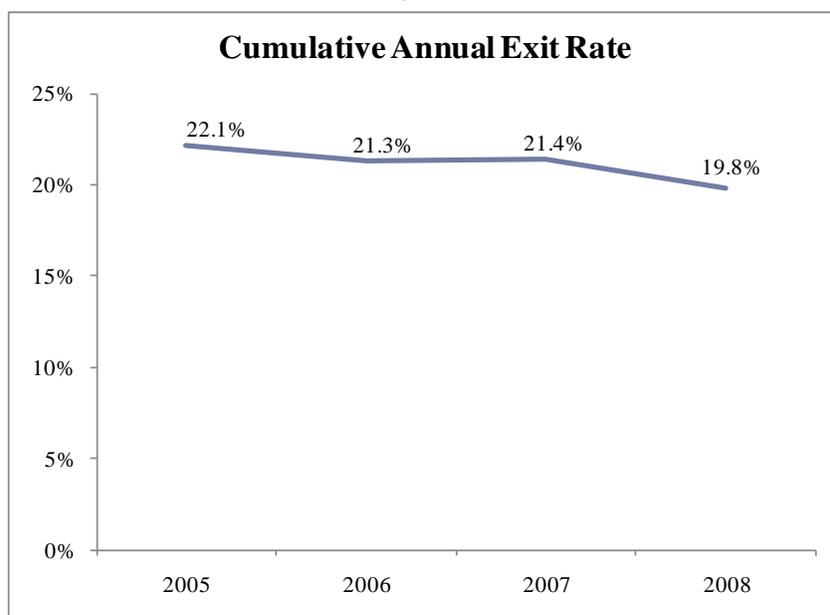
WORKFORCE STABILITY – INDIVIDUAL PROVIDERS’ PERSPECTIVE

The indicators examined from the individual providers’ perspective also support the conclusion of increased workforce stability. These indicators include the following:

- Percentage of IP’s leaving the industry
- Percentage of IP’s who also maintain employment outside their IP work
- Percentage of long-term consumer-IP matches
- Among a sample of all IP’s, if they plan on remaining in the field

Another measure indicating that retention has improved is the cumulative annual percentage of IP’s leaving the industry.^{17,18} There were statistically significant declines in the percentage of IP’s exiting the industry in 2006 and in 2008.¹⁹ (See Figure 4.) Overall, the percentage of IP’s leaving the industry for at least one quarter declined from 22.1 percent in 2005 to 19.8 percent in 2008.

Figure 4



Among the IP’s who left the field, there was interest in their employment after they stopped working as an IP. In each of the years covered by this study, the most common field to which

¹⁷ The IP industry is defined as North American Industry Classification System (NAICS) code 814110. Please note that this is a change from the previous study, which used Class Codes, a subdivision of NAICS codes, to define the IP work. Class Codes were not available for this analysis.

¹⁸ Cumulative annual exit rate is defined as follows: on an annual basis, the number of IP’s providing services in one quarter and not the following quarter divided by the number of IP’s providing services that year. This is the rate of IP’s leaving the field for at least one quarter of the year. IP’s who leave and return multiple times in a year were counted as an exiter only once.

¹⁹ The decline from 2005 to 2006 was significant at the .05 level.

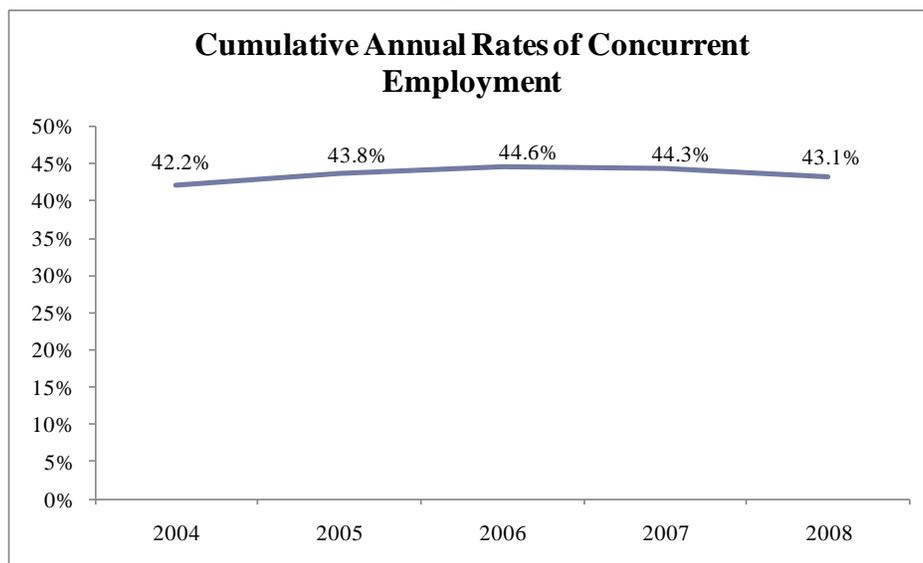
exiting IP's transferred was health care (22% of exiting IP's in 2008), followed by social assistance (14%), retail trade (11%), and education services (11%).²⁰

Most of the exiting IP's who moved into the health care and social assistance sectors continued to work with the same population: the elderly and persons with disabilities. The most common NAICS codes within health care were "home health care services", which generally referred to skilled nursing services, "nursing care facilities", "homes for the elderly", and "general medical and surgical hospitals". In the social assistance sector, the most common NAICS code was "services for the elderly and persons with disabilities".²¹

In addition to reviewing IP transfers to other fields, the analysis also explored whether IP's combined their work as an IP with outside employment.²² The hypothesis behind this analysis is that IP's who are satisfied with their IP work would not need to hold down other paying jobs in the same timeframe. Thus, declines in concurrent employment would indicate increased stability in the workforce.

The rate of concurrent employment increased in 2005 and decreased in 2008.²³ (See Figure 5.) Both of these changes were statistically significant. It is unclear if the decrease in 2008 signals that IP work better met workers' needs or if the decrease reflects the general tightening of the labor market due to the recession – in other words, that the IP's simply had more difficulty finding other jobs.

Figure 5



²⁰ Please see Appendix A for detailed tables of results.

²¹ The health care and social assistance fields are grouped in the same NAICS sector. For the purposes of this study, health care fields were designated by NAICS codes beginning with 620, 621, 622, and 623, and social assistance NAICS were assigned to codes beginning with 624.

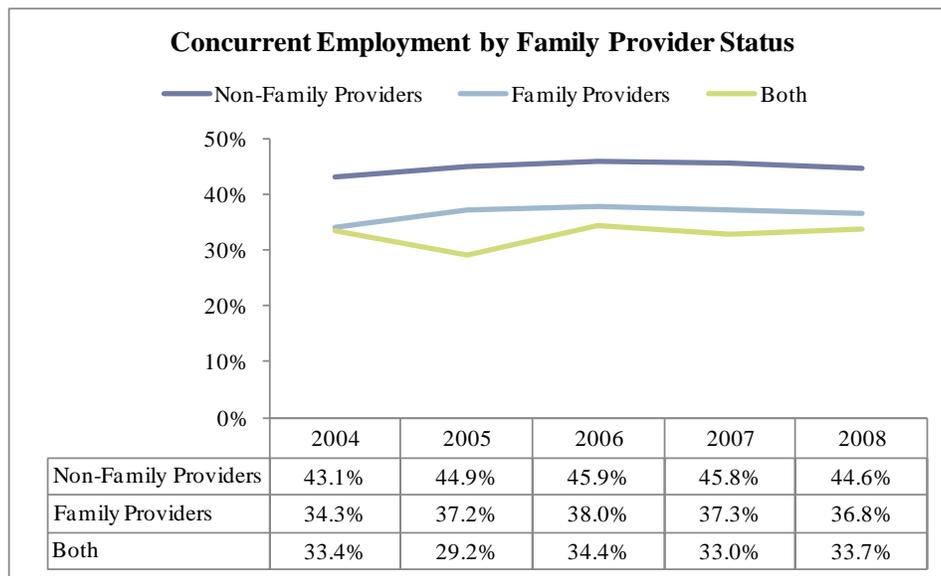
²² The number of IP's with multiple employers was calculated as the number of IP's who provided IP services in each month of the calendar quarter and also had employment outside of NAICS code 814110 in that same quarter divided by the number of IP's providing services in each month of the quarter.

²³ These findings, based on analysis of ESD data, are consistent with the 2008 IP survey results. Among the respondents with a consumer at the time of the survey, 40 percent of the family providers and 37 percent of the non-family providers reported having paying employment outside of their job as an IP.

In general, non-family providers were more likely to have outside employment than family providers. This was true for the entire timeframe covered by the study. (See Figure 6.)

Similar to those exiting the field, among IP’s with outside employment, the largest share found their other employment in the health care sector (19% of the IP’s with outside employment in 2008). Most often, this consisted of jobs where they continued serving the same population (elderly and persons with disabilities). Other sectors accounting for at least 10 percent of the IP’s with outside employment were education services (12%), retail trade (12%), and social assistance (10%). These were the top four sectors in all years covered by the study.

Figure 6



There was also interest in exploring where the IP’s worked before they became an IP. The most common sectors of employment before entering the IP workforce were also the most common sectors discussed above as the source of concurrent outside employment as well as employment after they leave the IP field. These sectors are health care, education services, retail trade, and social assistance.

One other measure that indicates increased stability of the workforce is the length of time IP’s worked with the same consumer. In December of 2006, 47 percent of the IP’s had provided more than 24 months of consecutive service to the same consumer. In 2008, this accounted for 54 percent of the IP’s. This increase in long-term consumer-IP matches was statistically significant.

2006 and 2008 Individual Provider Surveys

Input gathered from the individual providers themselves supports the employment data analysis. In the 2008 phone survey of IP’s, over three-quarters (76%) of the non-family providers and 45 percent of the family providers planned to continue working as an IP after their current consumer

no longer needed their services. The 2006 mail survey investigated retention with a slightly different question so the results aren't strictly comparable; however, it appears that intention to remain in the field increased between 2006 and 2008.

RESEARCH SUMMARY

Overall, this evaluation demonstrated that workforce stability and retention among IP's in Washington State improved measurably between January 2004 and January 2009. There were statistically significant improvements in many measures. Turnover rates declined, as did the percentage of IP's leaving the profession and the percentage combining their IP work with outside employment. Over the same period, the proportion of long-term matches between consumers and IP's increased.

Qualitative data from both consumers and providers also supports the conclusion that workforce stability has improved. Consumers reported improvements in their experience of finding and hiring a new IP, with a much larger percentage indicating that this process was easy.

According to surveys of the individual providers, it appears that the percentage intending to remain in the field has increased. IP's identified three main factors as affecting retention: 1) wages, 2) health insurance, and 3) finding the right consumer. Washington State implemented improvements in all of these areas during the timeframe of this study. Health insurance coverage became available to most IP's in 2005; wages increased incrementally in most years; and HCQA rolled out the Referral Registry between January 2005 and September 2006.

Beyond the effects on recruitment and retention, this research (and the 2007 study) illuminated other complexities of the field. One unique characteristic of this labor pool is that this workforce is strongly motivated by non-economic factors. For instance, the most common reason for joining the field was that a friend or family member needed care (cited by 97 percent of family providers and 77 percent of non-family providers in the 2006 survey).

Another complexity in the field in Washington State is that the IP service delivery model coexists with the agency model. These two models interact in a couple of ways. From the consumer's perspective, they have the option to receive service from either an IP or an agency worker. From the IP's standpoint, they have the option to work as an IP or as an agency provider. With both models competing for workers, this could also affect the recruitment and retention of IP's. The relationship between these two service delivery models deserves further research.

In summary, all indications point to improved stability in the individual provider workforce. This includes analyses based on DSHS records, Employment Security Department data, and reports from individual providers and consumers themselves.

APPENDIX A: SUPPORTING TABLES

Percentage of Exiting IP's Transferring to Each NAICS Sector: 2005-2008

NAICS Sector	2005	2006	2007	2008
Health care	21.1%	21.4%	21.7%	21.6%
Social assistance	14.2%	14.3%	12.7%	13.5%
Retail trade	10.8%	10.7%	12.0%	10.8%
Education services	10.6%	10.4%	10.3%	10.6%
Accommodation and food services	8.3%	7.6%	7.2%	8.1%
Administrative and support and waste management and remediation services	7.2%	8.4%	7.1%	6.8%
Manufacturing	5.9%	6.2%	6.4%	5.6%
Public administration	3.2%	3.0%	3.3%	3.2%
Other services, except public administration	2.5%	2.3%	2.4%	2.3%
Arts, entertainment, and recreation	2.4%	2.3%	2.3%	2.7%
Transportation and warehousing	2.2%	2.0%	2.1%	2.3%
Construction	2.0%	2.0%	2.2%	2.0%
Finance and insurance	1.8%	2.3%	2.0%	2.8%
Professional, scientific, and technical services	1.8%	1.7%	1.6%	2.0%
Wholesale trade	1.8%	1.6%	1.6%	1.9%
Real estate and rental and leasing	1.5%	1.3%	2.1%	1.5%
Agriculture, forestry, fishing and hunting	1.4%	1.3%	1.6%	1.1%
Information	1.2%	1.0%	1.2%	1.2%
Utilities	0.1%	0.1%	0.2%	0.1%
Management of companies and enterprises	0.0%	0.0%	0.1%	0.1%
	100.0%	100.0%	100.0%	100.0%

Among IP's with Concurrent Employment outside the IP Field, the Percentage in Each NAICS Sector: 2004-2008

NAICS Sector	2004	2005	2006	2007	2008
Health care	18.1%	18.4%	18.2%	18.1%	18.8%
Education services	12.1%	12.2%	12.4%	12.3%	12.4%
Retail trade	11.0%	11.4%	11.6%	12.1%	11.8%
Social assistance	9.7%	9.6%	9.4%	9.7%	10.3%
Accommodation and food services	8.2%	7.8%	7.3%	7.2%	7.1%
Administrative and support and waste management and remediation services	8.0%	8.1%	7.8%	7.2%	6.4%
Manufacturing	7.7%	7.3%	8.1%	7.8%	7.9%
Public administration	3.3%	3.2%	3.3%	3.3%	3.8%
Other services, except public administration	3.2%	3.1%	3.1%	3.2%	3.2%
Arts, entertainment, and recreation	2.5%	2.5%	2.4%	2.6%	2.5%
Transportation and warehousing	2.5%	2.3%	2.2%	2.3%	2.3%
Agriculture, forestry, fishing and hunting	2.2%	1.7%	1.7%	1.6%	1.5%
Professional, scientific, and technical services	2.1%	2.4%	2.4%	2.5%	2.3%
Finance and insurance	2.1%	2.2%	2.3%	2.4%	2.4%
Wholesale trade	2.1%	2.1%	2.0%	2.3%	2.2%
Construction	1.8%	2.1%	2.2%	2.1%	2.0%
Real estate and rental and leasing	1.8%	2.0%	1.9%	1.9%	1.7%
Information	1.4%	1.2%	1.4%	1.3%	1.2%
Utilities	0.1%	0.1%	0.1%	0.1%	0.1%
Management of companies and enterprises	0.0%	0.0%	0.1%	0.1%	0.1%
	100.0%	100.0%	100.0%	100.0%	100.0%

Sectors of Employment before First Payment as an IP: 2004-2008

NAICS Sector	2004	2005	2006	2007	2008
Health care	20.3%	20.3%	20.9%	19.8%	20.6%
Education services	13.4%	11.8%	10.5%	10.9%	11.0%
Retail trade	11.9%	12.4%	11.8%	13.5%	12.6%
Social assistance	9.8%	10.4%	12.4%	11.9%	12.4%
Accommodation and food services	9.7%	9.0%	8.9%	9.2%	9.4%
Administrative and support and waste management and remediation services	7.1%	8.3%	8.1%	8.0%	7.3%
Manufacturing	6.1%	6.4%	6.4%	6.0%	6.4%
Public administration	3.7%	3.1%	2.9%	3.1%	3.3%
Other services, except public administration	2.6%	2.8%	3.0%	2.3%	2.6%
Wholesale trade	2.2%	1.8%	1.8%	2.0%	1.8%
Transportation and warehousing	2.1%	1.8%	1.8%	1.9%	1.4%
Arts, entertainment, and recreation	2.1%	2.5%	2.4%	2.5%	2.3%
Agriculture, forestry, fishing and hunting	2.1%	1.9%	1.7%	1.6%	1.7%
Finance and insurance	2.0%	2.4%	2.3%	2.1%	2.0%
Professional, scientific, and technical services	1.9%	1.6%	1.6%	1.9%	2.2%
Real estate and rental and leasing	1.3%	1.6%	1.6%	1.5%	1.3%
Information	0.9%	1.0%	1.0%	0.9%	0.8%
Construction	0.8%	0.7%	0.7%	0.8%	0.7%
Utilities	0.1%	0.2%	0.1%	0.1%	0.1%
Management of companies and enterprises	0.0%	0.0%	0.1%	0.1%	0.0%
	100.0%	100.0%	100.0%	100.0%	100.0%

Number of Consecutive Months IP's Had Provided Service to the Same Client: December 2006 and in December 2008. This table provides a rough measure of consistency, with snapshots of two points in time.

	Dec-06	Dec-08
1 year or less	30%	29%
13-24 months	23%	17%
Over 2 years	47%	54%
Total	100%	100%
N	26130	29506

APPENDIX B: ACTIVITIES OF DAILY LIVING SCORES

CARE Classification Groups Effective July 1, 2009²⁴

Classification	ADL or Behavior Point Score	Group	Base Hours of Group
Group E Exceptional care = yes Mood and behavior = yes or no and Cognitive performance score = 0-6	ADL Score 26-28	E High	417
	ADL Score 22-25	E Med	346
Group D Cognitive performance score = 4-6 Clinically complex = yes and Mood and behavior = yes or no OR Cognitive performance score = 5-6 Clinically complex = no and Mood and behavior = yes or no	ADL Score 25-28	D High	277
	ADL Score 18-24	D Med-High	234
	ADL Score 13-17	D Med	185
	ADL Score 2-12	D Low	138
Group C Cognitive performance score = 0-3 Clinically complex = yes and Mood and behavior = yes or no	ADL Score 25-28	C High	194
	ADL Score 18-24	C Med-High	174
	ADL Score 9-17	C Med	132
	ADL Score 2-8	C Low	87
Group B Mood and behavior = yes, Clinically complex = no and Cognitive performance score 0-4, OR Clinically Complex = no Cognitive performance score >2 Behavior Score is > 1 and ADL score >1	ADL Score 15-28	B High	147
	ADL Score 5-14	B Med	82
	ADL Score 0-4	B Low	47
OR Clinically Complex = no Cognitive performance score > 2 and ADL score > 1	Behavior Points 12 or higher	B High	147
	Behavior Points greater than 6	B Med High	101
	Behavior Points greater than 4	B Med	82
	Behavior Points greater than 1	B Low	47

²⁴ CARE Classification Groups provided by DSHS, November 16, 2009.

Group A Mood and behavior = no Clinically complex = no and Cognitive performance score = 0-4		ADL Score 10-28		A High	71
		ADL Score 5-9		A Med	56
		ADL Score 0-4		A Low	26