

Survey Prep Worksheet

Survey opens February 1st

Please read these instructions first before completing this Prep Worksheet.

This is NOT the official survey. This Prep Worksheet is designed to help you prepare your responses for the online survey. Many of the responses will require research on your part, while others can be answered without much effort.

You may fill out this document or print the Prep Worksheet and use it to write in as many of your responses as possible. Once you've completed this, you'll be able to complete the online survey in less than 30 minutes by dropping in the answers from your worksheet. To make it simple, the question numbers on the Prep Worksheet correspond with the online survey, which includes 44 questions in all.

To take the online survey, go to www.benchmarking.homecarepulse.com.

The survey is open from Febuary 1st - Febuary 28th.

If your company uses one of the following home care scheduling software companies, a report gathering the data needed for this prep worksheet has been created for your use. Each company can provide appropriate data for the following survey questions:



(13, 19, 20a, 21-21a, 23a, 24, 26, 28-29, 32-35)



(13-15, 19, 20a-21, 22-36)



(13-14, 19, 20a-36)



(13, 19, 20a, 21-21a, 22a, 23a-29, 32-35)



(13, 19, 20a-22a, 24-26, 28-35)

Please contact your scheduling software with questions regarding the report they have created.

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Questions 1-12 are concerning your business demographics.

FINANCIAL QUESTIONS

SPECIAL NOTE - It is very important that you answer the following financial questions as accurately as possible. PLEASE do not leave out any 2016 expenses found on your final income statement. If you have an expense that doesn't seem to fit in any of the fields listed, please list the amounts in the "other" categories under the proper expense type. We have broken things out into more detailed categories, so we can properly calculate the data according to national accounting standards, thus upholding the integrity of the data.



13) 2016 Annual Revenue - Please list your annual revenue for the calendar year of 2016.

Only include revenue associated with your private duty home care business. Please enter a figure, even if it is \$0.

Example: _____ \$1,000,000 _____ 2016: _____



14) Direct Care Expenses - List 2016 expenditures for the following "Direct Care" categories.

Round to the nearest hundred dollars. If you did not have expenses in a category, please leave the default value of \$0.

***Other Direct Care Expenses** - This includes any other expenses related to taking care of your clients, such as rubber gloves, uniforms, etc.

Example	2016	
\$550,000 _____	_____	Caregiver wages
\$18,000 _____	_____	Workers comp insurance
\$0 _____	_____	Caregiver benefits (health, 401k, supplemental, etc.)
\$60,000 _____	_____	Caregiver payroll taxes (employer taxes, unemployment insurance, etc.)
\$2,000 _____	_____	Caregiver reimbursements (mileage, meals, etc.)
\$2,000 _____	_____	Caregiver ongoing training (not initial training)
\$0 _____	_____	*Other direct care expenses



15) Caregiver Recruitment Expenses - List 2016 caregiver recruitment expenditures for the following categories.

Round to the nearest hundred dollars. If you did not have expenses in a category, please leave the default value of \$0.

Example	2016	
\$1,500 _____	_____	Caregiver job ads, postings, and networking
\$500 _____	_____	Caregiver background checks and screenings
\$1,500 _____	_____	Caregiver retention (bonuses, recognition program, satisfaction mgmt, etc.)
\$1,000 _____	_____	Caregiver onboarding and initial training
\$40,000 _____	_____	Team wages associated with recruitment
\$750 _____	_____	All other expenses related to recruiting caregivers

*This information can be found in these scheduling software's reports.

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16) Sales & Marketing Expenses - List 2016 sales and marketing expenditures for the following categories.

Round to the nearest hundred dollars. If you did not have expenses in a category, please leave the default value of \$0.

Example	2016	
\$5,000	_____	Advertising (print, radio, TV, internet, etc.)
\$1,500	_____	Networking and events (community, gifts, conventions, trade shows/marketing etc.)
\$35,000	_____	Sales rep salaries
\$10,000	_____	Sales rep bonuses and perks
\$2,600	_____	All other marketing-related expenses (consulting, etc.)

17) Operating Expenses - List other 2016 operating expenditures for each of the categories below.

Round to the nearest hundred dollars. If you did not have expenses in a category, please leave the default value of \$0.

***Other operating expenses** - office supplies, gifts, staff trainings, bookkeeping, satisfaction programs, licensing fees, etc.

Example	2016	
\$24,000	_____	Rent, maintenance, and utilities
\$70,000	_____	Office support wages (admins, schedulers, HR staff, nurses)
\$55,000	_____	Executive team wages (exclude all owners)
\$3,500	_____	Scheduling software, including telephony
\$0	_____	Franchise royalty fees (if applicable)
\$2,500	_____	Travel/meals/entertainment expenses
\$2,800	_____	*Other operating expenses (exclude owners' salary and benefits)

18) Other Non-Operational Expenses - List other expenses for 2016 for each of the categories below.

Round to the nearest hundred dollars. If you did not have expenses in a category, please leave the default value of \$0.

Example	2016	
\$1,000	_____	Charitable donations
\$5,000	_____	Interest expenses (loans, notes, etc.)
\$10,000	_____	Other taxes (non-employee related)
\$100,000	_____	Owner salaries
\$15,000	_____	Owner misc. (perks and other expenses)



19) 2016 Total Billable Hours – For 2016, how many total hours of care did your business bill?

Live-in care is billed daily for 24 hour care, i.e. caregiver sleeps in the home.

Example	2016	
1,100	_____	Hourly care hours
500	_____	Live-in care hours (1 day and night = 24 hours)

*This information can be found in these scheduling software's reports.

20) Service Billing Methods - Select the best description of how you typically bill for HOURLY in-home care services?

- Bill by length of visit (i.e. how long the caregiver stays for each visit)
- Bill by caregiver skill needed (e.g. companion, personal care attendant, CNA, etc.)
- Bill based on length of visit and caregiver skill needed, depending on the situation
- Other (please specify): _____



20a) Hourly Billing Rates - What is the average hourly billing rate you charge for the following length of visits?

Round up to the nearest \$0.50 increment.

Example	2016	
\$25.00 _____	_____	1-2 hour visits
\$21.00 _____	_____	3-5 hour visits
\$21.00 _____	_____	6-11 hour visits
\$20.00 _____	_____	12-24 hour visits



20b) Skill Level Billing Rates - What are the average hourly rates you charge clients for the following types of caregivers?

Example	2016	
\$22.00 _____	_____	Companion/Homemaker
\$25.00 _____	_____	Personal Care Attendant (trained to take care of personal care needs)
\$35.00 _____	_____	Certified Nurse Assistant or Certified Home Health Aid



21) Live-In Care - Did your business offer live-in care* services in 2015 and/or 2016?

*Live-in care is billed at a flat daily rate because the caregiver is expected to sleep in the client's home at night. This is not to be confused with 24-hour care, where the client is billed hourly for around-the-clock care.

	2015	2016
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>



21a) Live-In Care Bill Rates - What are your average DAILY rates for live-in care visits?

Live-in care is billed at a flat daily rate because the caregiver is expected to sleep in the client's home at night. This is not to be confused with 24-hour care, where the client is billed hourly for around-the-clock care.

Example: \$250 _____ 2016: _____

*This information can be found in these scheduling software's reports.

SALES & MARKETING QUESTIONS



22) Inquiry Tracking/Reporting - Which statement most accurately describes your consistency in tracking service inquiry calls to your office during 2016?

These are prospective clients/family members calling your office about services.

- We track every inquiry call and who referred them.
- We track most of the inquiry calls and who referred them.
- We do little or no tracking of inquiries and who referred them.



22a) Number of Inquiry Calls - How many prospective client inquiry calls did you receive in 2016 (i.e. clients/family members looking for service)?

Include all locations your business operates and is reporting on.

Please include all inquiries you received in 2016, not just “warm/hot” leads. If someone called for services and provided some kind of contact information, such as a phone number/address/email, this is considered an inquiry.

Example: _____ 200 _____ 2016: _____



23) In-Home Assessments - Do you conduct an in-home assessment or in-home care consultation with the client/family members as a part of your intake process?

Yes No



23a) Number of In-Home Assessments - How many new client assessments did your business perform in 2016?

Include all locations your business operates.

Example: _____ 150 _____ 2016: _____



24) Number of New Clients - How many total new clients started services in 2016?

Include all locations your business operates.

Example: _____ 75 _____ 2016: _____

**This information can be found in these scheduling software's reports.*

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25) Top Consumer Marketing Sources - Input your top two revenue-generating consumer marketing sources in 2016. Then input the percentage of 2016 annual revenue for which each top method was responsible.

Consumer Marketing includes marketing activities focused on reaching directly to the consumer, such as paid advertising, direct mail, social media sites such as Facebook and Twitter, consumer web/internet marketing, consumer lead generation websites, etc.

You will be provided with two drop-down menus in the online survey to select your top consumer marketing sources.

Consumer Marketing Source 1: _____ % of Annual Revenue: _____
Consumer Marketing Source 2: _____ % of Annual Revenue: _____



26) Top Referral Sources - Please input your top two revenue-generating referral sources in 2016. Then select the percentage of 2016 annual revenue for which each top method was responsible.

Referral Sources include marketing activities focused on networking and building relationships in your community with healthcare providers, senior care professionals, current and past clients/family members, etc.

You will be provided with two drop-down menus in the online survey to select your top referral sources.

Referral Marketing Source 1: _____ % of Annual Revenue: _____
Referral Marketing Source 2: _____ % of Annual Revenue: _____

RECRUITMENT & RETENTION QUESTIONS



27) Top Caregiver Recruitment Sources and Methods - Please input your top two most effective caregiver recruitment sources and methods used in 2016.

You will be provided with two drop-down menus in the online survey to select your top recruitment sources and methods.

Recruitment Source 1: _____
Recruitment Source 2: _____



28) Caregivers Employed - How many caregivers were actively employed by your business as of December 31st for each of the following years?

(Used in caregiver turnover calculation.) Whole numbers only.

Example: _____ 30 _____ 2015: _____ 2016: _____



29) Caregivers Terminated/Quit - How many employed caregivers were either terminated or quit during 2016?

(Used in caregiver turnover calculation.) Whole numbers only.

Example: _____ 10 _____ Terminated/Quit in 2016: _____

*This information can be found in these scheduling software's reports.

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30) Caregiver Hourly Wages - What is your average starting HOURLY wage for the following types of professional caregivers?

***Personal Care Attendant** - This is a caregiver who specifically handles clients in need of bathing assistance, incontinence care, hygiene assistance, etc.

Example: _____ \$12.00 _____
Companion/Homemaker: _____
*Personal Care Attendant: _____
Certified Nurse Assistants (CNAs): _____



31) Caregiver Live-in Wages - What is your average starting daily wage for a LIVE-IN caregiver*?

***Live-in caregivers** live in the client's home and sleep at least 8-hours during a 24 hour shift. The care is billed and paid on a daily flat rate rather than an hourly rate.

Example: _____ \$125.00 _____ Starting Live-In Caregiver Wage: _____

OPERATIONAL & TECHNOLOGY QUESTIONS



32) Client Volume - How many active clients did you have on service as of December 31, 2015, and December 31, 2016?

Include all locations your business operates.

Example: _____ 30 _____ 2015: _____ 2016: _____



33) Clients Stopped Services - How many total clients stopped services in 2016?

(Used in client turnover calculation.) Include all locations your business operates.

Example: _____ 15 _____ Stopped services in 2016: _____



34) Clients Serviced - How many total clients did you provide service for during 2016?

(Used in average client lifetime value calculation.)

Example: _____ 50 _____ Clients serviced in 2016: _____

*This information can be found in these scheduling software's reports.

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35) Client Average Length of Service* - As of December 31, 2016, what was the average length of time, in months, your active clients had been on services with your business?

(Used in average client lifetime value calculation.) Please be as accurate as possible. If you are making an uneducated guess, please put "Unknown" instead.

***How to figure Client Length of Service** - Identify the number of active clients your business had as of December 31, 2016, and calculate how many months each had been on service up to that point. Then add up the total number of months and divide it by the number of active clients.

For example, ABC Agency had 50 clients as of December 31, 2016. These 50 clients' total number of months on service equals 500. $500/50 = 10$ months. ABC Agency's average Client Length of Service is 10 months.

Example: 10 Months: _____



36) Readmission Rates - Is your business tracking readmission rates of clients returning to care facilities from their homes?

Yes No

36a) Readmission Rates - What is the readmission rate of your clients from their homes back into a facility?

Please enter a percentage.

Example: 20% Readmission Rate: _____

37) Office Support Staff - How many office staff (non-caregiver employees occupied each of the following positions in your business as of December 31, 2016?

(Used to calculate sales per full-time employee.)

Count part-time employees as half (.5) an employee. Leave blank if you do not have someone in a particular position.

Full-time employees are 30+ hrs/week. Part-time employees are less than 30 hrs/week.

IMPORTANT NOTE - If you or another staff member perform two functions, please put .5 for each function. For example, if the administrator also does scheduling, put .5 for each to demonstrate that this individual does scheduling part of the time and is an administrator part of the time.

Total should equal total number of office staff in your business, with part-time employees counting as .5 or half.

Example	2016	
<u>2</u>	_____	Active owners (+5% ownership)
<u>2</u>	_____	Executive management
<u>2.5</u>	_____	Administrative staff (payroll, billing, secretarial)
<u>1.5</u>	_____	Sales reps
<u>1</u>	_____	Client care coordinator/care schedulers
<u>4</u>	_____	Supervisors in the field, checking on clients/caregivers
<u>0</u>	_____	Other (please specify): _____

*This information can be found in these scheduling software's reports.

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37a) Office Support Staff Wages - What is the average salary for the following office staff positions (non-caregivers) in your business.

Please input a dollar amount.

Example	2016	
\$100,000	_____	Active owners (+5% ownership)
\$60,000	_____	Executive management
\$35,000	_____	Administrative staff (payroll, billing, secretarial)
\$50,000	_____	Sales reps
\$35,000	_____	Client care coordinator/care schedulers
\$40,000	_____	Supervisors in the field, checking on clients/caregivers

38) What impact did The Affordable Care Act (Obamacare) have on your business in 2016?

- Extremely Negative Impact
- Somewhat Negative Impact
- No Impact
- Somewhat Positive Impact
- Extremely Positive Impact

38a) In what specific ways did The Affordable Care Act (Obamacare) impact your business?

39) Software Scheduling Companies - Who is your scheduling software provider and how likely are you to recommend it on a scale of 1-10? (10 being "Highly Recommend")

Scheduling Software: _____ Rating: _____

40) Technology - What other technologies is your business utilizing that are making a difference in the way you provide care? (select all that apply)

e.g. family online portals, tablets in the home, care documentation, etc.

- Online/ smartphone applications used by caregivers to view and/or edit care logs
- Online portals where family members can check care logs and schedules
- Online/ automatic payment options
- GPS location services for client and/or caregiver
- Online or application based scheduling/ time clock functions for caregivers
- Social Media used to connect with clients and their families
- Remote monitoring tools
- Telephony timekeeping system
- Mobile satisfaction services/applications
- Ipad/Tablets in the clients home
- 3rd party customer relationship management system (please specify) _____
- Other (please specify) _____

41) Reputation Management - What reputation management websites did you use during 2016?

(select all that apply)

- Caring.com
- Carelike.com
- Agingcare.com
- Bestofhomecare.com
- Yelp.com
- Angieslist.com
- Aplaceformom.com
- Senioradvisor.com
- Other (please specify) _____
- Do not use any reputation management websites

41a) How likely are you to recommend the reputation management sites that you used in 2016 to someone else?

On a scale from 0 to 10, with 10 being "Highly Recommend": _____

THREATS, OPPORTUNITIES & STRENGTHS QUESTIONS

42) Growth Opportunities - What do you see as your #1 growth opportunity in 2017?

Please select one.

- Accreditation
 - Accountable Care Organizations (ACO's) and/or Bundled Payment Programs
 - Adding geriatric care management services
 - Adding Medicare Certified services
 - Best of Home Care® Award qualification (Home Care Pulse)
 - Best of Home Care Leader In Excellence qualification (Home Care Pulse)
 - Caregiver recruitment and retention program.
 - Company expansion into a new market(s)
 - Contracts with CCRC's, independent, and assisted living communities.
 - Increasing client referrals by improving client satisfaction
 - Leveraging the Home Care Pulse Satisfaction Management program.
 - Medicaid Waiver program
 - Offering of other service/product lines
 - Online reputation management
 - Strengthening relationships with referral sources
 - Other (please specify): _____
-

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43) What Sets Your Business Apart - When speaking with potential clients, referral sources, and your community, what are the top three things you tell them that sets your business apart from your competition?

Select three from the list provided. If something is not listed, please select "Other" and provide a description.

- 24/7 availability
 - Accredited (e.g. Joint Commission, CHAP, etc.)
 - Advanced technology (e.g. telephony, scheduling software, etc.)
 - Affordability
 - Award winner (e.g. Chamber of Commerce Awards, etc.)
 - Best of Home Care® Award winner (Home Care Pulse)
 - Caregivers - high quality (recruiting, selecting, training, and retaining)
 - Client satisfaction (provide proof of happy clients)
 - Continuum of care
 - Dementia care experts
 - Detailed care plans
 - Effective communication from business
 - Exceptional customer service
 - Executive experience
 - Faith-based organization
 - Franchise support
 - Gathering feedback from clients
 - Geriatric care manager(s) on staff
 - In-depth hiring and screening process
 - Low caregiver turnover
 - Membership - Home Care Association of America
 - Membership - Private Duty Home Care Association (PDHCA)
 - Membership - State Home Care Association
 - Non-franchise
 - Nurse supervisors
 - Online access to schedules/info (clients and families)
 - Professionalism of business
 - Quality of caregiver training
 - Quick response to problems
 - Routine spot checks
 - Specialized disease specific programs
 - Years in business
 - Nothing really sets us apart from the competition.
 - Other 1 (please specify): _____
 - Other 2 (please specify): _____
 - Other 3 (please specify): _____
-

44) Threats – What do you see as your top three threats to the future growth of your business in 2017?

Select three from the list provided. If one of your top threats is not listed, please specify in the “Other” field.

- 2016 United States Congress
- 2016 White House Administration
- Affordable Care Act regulation in general (Obamacare)
- Attracting enough referrals
- Business expenses rising
- Caregiver shortages
- Caregiver turnover
- Cash flow restraints/business capital
- Overtime pay enforcement (Companionship exemption ruling)
- Decrease in potential referral sources
- Employer mandate (as found in the Affordable Care Act)
- Fight for \$15 wage battle (increase in minimum wage)
- Health insurance costs rising
- Increasing competition
- Office support turnover
- Online private home care models (e.g. Honor, CareLinx, HomeHero, Care.com, etc.)
- Other federal government regulations (besides Obamacare)
- Privately hired caregivers
- State regulations (i.e., additional training requirements, overtime pay, etc.)
- Struggling economy
- Unionization
- White Collar Exemption increases for salaried employees
- Workers compensation premiums rising
- Other 1 (please specify): _____
- Other 2 (please specify): _____
- Other 3 (please specify): _____

Great work! You're now ready to take the online survey. Visit <http://benchmarking.homecarepulse.com> on February 1, 2017 to get started.

The Home Care Benchmarking Survey will be available February 1st – February 28th.

Be sure to keep your completed copy of this prep worksheet close by as you take the online survey. That way, you can quickly refer to your answers and should be able to complete the online survey in less than 30 minutes. It's also a good idea to refer to this sheet throughout the year.
