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## Hospice Salary & Benefits Questionnaire

Conducted in Cooperation with

### The National Association for Home Care & Hospice

Published by: Hospital & Healthcare Compensation Service  
 PO Box 376 Oakland, NJ 07436-0376 (201) 405-0075 Fax (201) 405-2110  
 www.hhcsinc.com

**Deadline to Participate  
August 6**

Agency Name: \_\_\_\_\_  
 Name of Multi-Chain System: \_\_\_\_\_ Number of Offices: \_\_\_\_\_  
 Contact Name, Title: \_\_\_\_\_  
 Agency Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

May we publish the name of your organization as a participant in this survey:  Yes  No All data received from participants will remain confidential. No data that identifies a specific agency will be released. A blank response shall be considered "No."

Data Effective <b>July 2010</b>	Homecare Report Publication Date <b>October 2010</b>	Hospice Report Publication Date <b>November 2010</b>
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#### ORDER FORM

	Yes, please send me _____ copies of the 2010-2011 <b>HOME CARE Salary &amp; Benefits Report</b>				Yes, please send me _____ copies of the 2010-2011 <b>Hospice Salary &amp; Benefits Report</b>			
	HOME CARE				Hospice			
	Hard Copy	Hard Copy & Excel CD <sup>^</sup>	PDF (CD) <sup>+</sup>	PDF & Excel CDs <sup>^</sup>	Hard Copy	Hard Copy & Excel CD <sup>^</sup>	PDF (CD) <sup>+</sup>	PDF & Excel CDs <sup>^</sup>
Pre-Paid Participant <sup>†*</sup>	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$115.00	<input type="checkbox"/> \$415.00	<input type="checkbox"/> \$115.00	<input type="checkbox"/> \$415.00
Billed Participant <sup>†</sup>	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$455.00	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$455.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$435.00
Nonparticipant <sup>†</sup>	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$595.00	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$595.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$550.00
<sup>†</sup> Shipping \$15 per Report/PDF								
NJ Tax 7% - NJ Locations Only								
Total(s)								

<sup>†</sup> **Add \$15.00 Shipping per Report (UPS Ground)** Shipping charges apply for UPS Ground (Contiguous United States). Additional charges applied for shipping to AK, HI, and APO. *UPS will not deliver to a PO Box.*

+ PDF CD must be shipped. Files are too large to email.

\* Payment must be received by August 31 to qualify for pre-paid rate. Make checks payable to: Hospital & Healthcare Compensation Service. Send check with survey or copy of order form to ensure proper credit to your account.

<sup>^</sup> The Excel CD contains the salary/hourly/visit data tables from the published Report. It does not contain fringe benefits or Report summary. CD must be purchased in conjunction with the hard copy/PDF.

**Due to the sensitive nature of the data, there are no returns.**

Please make checks payable to: Hospital & Healthcare Compensation Service – PO Box 376 – Oakland, NJ 07436

Name, Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Method of Payment:  American Express  MasterCard  Visa  Check  Purchase Order (Attach)

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Credit Card Number

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Expiration Date (MMYY)

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Credit Card Billing Address: \_\_\_\_\_

## Facility Information

Are you reporting for a:  HOMECARE  HOSPICE<sup>51</sup>      Is your agency Medicare Certified?  Yes  No

As of 12/31/2009	HOMECARE	HOSPICE
Annual Gross Revenue	\$	\$
Number of FTEs		
Number of Annual Visits		
Number of Unduplicated Patients (Patient Census)		
Number of HOSPICE Patient Days		

See the last page of questionnaire for definitions of terms used.

1. Type of Ownership of Home Care/Hospice Organization  
 VNA/VNS<sup>21</sup>       Private       Government<sup>12</sup>       Hospital-Based<sup>50</sup>       Publicly Held<sup>33</sup>
2. Profit Status  
 Not-for-profit<sup>23</sup>       Proprietary (For-Profit)<sup>33</sup>
3. Type of Home Care Programs  
 Home Health<sup>45</sup>       Hospice<sup>51</sup>       Support Care       Personal Care       Home Infusion Therapy
4. Type of Hospice [Answer No. 4 Only if your agency is a *Hospice* or has a *Hospice Program*.]  
 Free Standing<sup>F</sup>       Home Health-Based<sup>A</sup>       Hospital-Based<sup>H</sup>       Skilled Nursing Facility<sup>S</sup>
5. Services
 

<input type="checkbox"/> Adult Day Services	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Pediatric Home Care	<input type="checkbox"/> Private Duty
<input type="checkbox"/> Dietitian Services	<input type="checkbox"/> Medicare	<input type="checkbox"/> Pediatric Hospice	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> DME	<input type="checkbox"/> Nursing (RN, LPN)	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Social Services
<input type="checkbox"/> Home Care Aide	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Speech Pathology
<input type="checkbox"/> Infusion Services	<input type="checkbox"/> Pastoral Care	<input type="checkbox"/> Physician Care	<input type="checkbox"/> Volunteer

6. Salary Increases

	Management	Nonmanagement	RNs	Therapists	Social Workers	HCAs
<b>ACTUAL % INCREASE GRANTED between 8/2009 and 7/2010</b>						
<b>PLANNED % INCREASE between 8/2010 and 7/2011</b>						

7. Does the Agency grant Retention Bonuses for the following?

	Management	Clinician – Hourly	Clinician – Per Visit
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Service Required	_____ Years	_____ Years	_____ Years
Average Retention Bonus	\$ _____	\$ _____	\$ _____

8. What is your estimated annual turnover rate in percents for the following jobs?  
 [Turnover rate is the number of times, on average, an agency replaced a position in one year (12 months). Turnover does not include hiring for new or increased positions. Excludes employees terminated during their probationary period. Turnover rate = Total number of resignations, terminations, and vacancies divided by the number of actual positions, multiplied by 100. ]

	% Turnover		% Turnover		% Turnover
All Employees		Clinical/Client Svcs.		HCA	
Top Level Execs. (CEO, COO, CFO, etc.)		Social Worker		OT	
Finance		RN		PT	
Human Resources		LPN		Speech Pathologist	

9. What is the average caseload for the following jobs?

Average caseload represents the average number of patients assigned to a particular employee at any given time.

	RN	LPN	HCA	Physical Therapist	Occupational Therapist	Chaplain	Social Worker
<b>HOME CARE</b>							
<b>Hospice</b>							

10. What is the average number of actual patient visits per day performed for the following jobs?

Actual patient visits are the average number of face-to-face patient visits, including travel and paperwork time. All visits (including admission and complex) count as one (1) visit to compute average patient visits per employee, within a job, per eight (8) hour day.

	RN	LPN	HCA	Physical Therapist	Occupational Therapist	Therapy Assistant	Chaplain	Social Worker
<b>HOME CARE</b>								
<b>Hospice</b>								

11. What is the number of phone calls to patients/families related to plan of care logged per week for the following jobs?

	RN	LPN	HCA	Physical Therapist	Occupational Therapist	Chaplain	Social Worker
<b>HOME CARE</b>							
<b>Hospice</b>							

12. Please report additional pay rate in dollars (\$) for on-call duty or working 2<sup>nd</sup>, 3<sup>rd</sup>, or weekend shift.

	On-Call Hourly Rate	Hourly			Routine Visit		
		2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift	Weekend	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift	Weekend
31 Occupational Therapist							
32 Physical Therapist							
33 Therapy Assistant							
35 Speech/Lang. Pathologist							
36 RN							
37 Hi Tech Nurse							
38 LPN							
44 Home Care Aide I (HCA I)							
45 Home Care Aide II (HCA II)							
46 Home Care Aide III (HCA III)							
47 Medical Social Worker							

**Hospice Only**

13. What is the average length of stay? \_\_\_\_\_ days What is the median length of stay? \_\_\_\_\_ days

14. What is the percentage of patients discharged? \_\_\_\_\_ % Alive \_\_\_\_\_ % Dead

15. Please indicate the following: (must total 100%)

Days of General Inpatient	% Days of Continuous Care	% Days of Inpatient Respite	% Days Routine Care Day Rate	Total
%	%	%	%	= 100%

16. What percent of your caseload resides in a SNF or LTC Facility? \_\_\_\_\_ %

17. Does the Hospice have its own Inpatient Unit?  Yes  No Number of inpatient beds \_\_\_\_\_

18. Does the Hospice have its own Residence?  Yes  No Number of residential beds \_\_\_\_\_

A. How is the Residence funded?

Private Pay  Fundraising  Medicaid  Other \_\_\_\_\_

B. How is the Residence staffed?

RN  LPN  HCA  Social Worker  Other \_\_\_\_\_



Salaried Positions	Number of FTEs	Salaries as of 7/1 to nearest \$100			Average Annual Bonus Paid
		Average Annual Salary*	Formal Salary Range		
			Minimum	Maximum	
13. DIRECTOR OF CLINICAL SERVICES					
14. DIRECTOR OF SOCIAL WORK AND COUNSELING					
15. DIRECTOR OF DME					
16. DME TECHNICIAN					
17. DIRECTOR OF REIMBURSEMENT/BILLING					
18. BUSINESS OFFICE MANAGER					
19. ACCOUNT EXECUTIVE					
20. CASE MANAGER/TEAM LEADER					
21. CLINICAL SUPERVISOR					
22. QUALITY IMPROVEMENT/UTILIZATION REVIEW MANAGER					
23. SUPERVISOR OF HOME CARE AIDES					
24. SUPERVISOR OF REHABILITATION SERVICES					
25. CLINICAL NURSE SPECIALIST					
26. ORIENTATION NURSE / INSTRUCTOR / EDUCATOR					

	Number Employed	Hourly Rate	Number of Hours Worked/Week	Contract Position (Y/N)
27. MEDICAL DIRECTOR				
28. PHYSICIAN				

Hourly & Per Visit Rate Positions	Hourly & Per Visit Rates as of 7/1							
	# Hourly FTEs	Avg. Hourly Rate*	Formal Hourly Range		# Visit FTEs	Avg. Per Visit Rate*	Formal Per Visit Range	
			Min	Max			Min	Max
31. OCCUPATIONAL THERAPIST								
32. PHYSICAL THERAPIST								
Routine Visit Rate								
Admission Visit Rate								
33. THERAPY ASSISTANT								
34. RESPIRATORY THERAPIST								
35. SPEECH/LANGUAGE PATHOLOGIST								
Routine Visit Rate								
Admission Visit Rate								

\*Base Pay/Rate Only

Hourly & Per Visit Rate Positions	Hourly & Per Visit Rates as of 7/1							
	# Hourly FTEs	Avg. Hourly Rate*	Formal Hourly Range		# Visit FTEs	Avg. Per Visit Rate*	Formal Per Visit Range	
			Min	Max			Min	Max
36. REGISTERED NURSE (RN)								
Routine Visit Rate								
Admission Visit Rate								
37. HI TECH NURSE								
38. PRACTICAL NURSE (LPN)								
39. NURSE PRACTITIONER								
40. PSYCHIATRIC NURSE								
41. PEDIATRIC NURSE								
42. PHARMACIST								
43. REGISTERED CLINICAL DIETITIAN								
44. HOME CARE AIDE I (HCA I)								
45. HOME CARE AIDE II (HCA II)								
46. HOME CARE AIDE III (HCA III)								
47. MEDICAL SOCIAL WORKER								

Hourly Rate Positions	Number of FTEs	Hourly Rate as of 7/1		
		Average Hourly Rate*	Formal Hourly Range	
			Minimum	Maximum
48. CASE WORKER				
49. INTAKE/CUSTOMER SERVICE REPRESENTATIVE				
50. DISCHARGE PLANNER				
51. BILLING CLERK				
52. ACCOUNTING CLERK				
53. COMPLIANCE COORDINATOR				
54. HOME CARE AIDE COORDINATOR				
55. DIRECTOR OF VOLUNTEER SERVICES				
56. DIRECTOR OF BEREAVEMENT SERVICES				
57. CHAPLAIN				
58. PAYROLL CLERK				
59. SECRETARY/CLERK II				
60. SECRETARY/CLERK I				

\*Base Pay/Rate Only

Hourly Rate Positions	Number of FTEs	Hourly Rate as of 7/1		
		Average Hourly Rate*	Formal Hourly Range	
			Minimum	Maximum
61. COMPUTER OPERATOR				
62. PURCHASING/SUPPLY CLERK				
63. MEDICAL RECORDS CLERK				
64. EXECUTIVE ASSISTANT II				
65. EXECUTIVE ASSISTANT I				
66. RECEPTIONIST				

\*Base Pay/Rate Only

### Fringe Benefits

**Please answer the following questions pertaining to Fringe Benefits provided to your full-time employees.**

What is the actual cost of all Nonstatutory\* Fringe Benefits provided to your employees as % of base compensation?

(\*Nonstatutory benefits are those not required by law such as benefits surveyed below. Statutory benefits are: Social Security, Medicare, Unemployment Insurance, and other federal or state mandated benefits as, workers compensation and FMLA.)

**MANAGEMENT** \_\_\_\_\_ %

**CLINICIANS** \_\_\_\_\_ %

#### I. CAFETERIA PLAN

Does the Agency offer a Cafeteria Plan for funding employee benefits?

YES  NO

#### II. VACATION TIME or PAID TIME OFF (PTO) BANK SYSTEM

(\*Paid Time Off is the combined compensated time for all Paid Holidays, Excused Paid Absences, Personal Days, Vacation Time and Sick Leave.)

1. Which of the following does the Agency offer?

PTO\* or  Vacation Time

2. How many days off are given after the number of years shown are worked?

	After 1 Year	After 5 Years	After 10 Years	After 15 Years	After 20 Years
<b>MANAGEMENT</b>	Days	Days	Days	Days	Days
<b>CLINICIANS</b>	Days	Days	Days	Days	Days

3. When are employees eligible to take Vacation Time or PTO?

A. Upon employment

C. After 60 days

E. After 6 months

B. After 30 days

D. After 90 days

F. After 1 year

#### III. PAID HOLIDAYS (If PTO, skip to question IV.)

1. How many holidays (including Christmas and excluding other religious holidays) are paid though not worked?

**MANAGEMENT** \_\_\_\_\_

**CLINICIANS** \_\_\_\_\_

2. How many religious holidays (excluding Christmas) are paid though not worked? \_\_\_\_\_

3. What is the rate of pay for holidays worked?

A. No additional pay

**MANAGEMENT**

**CLINICIANS**

B. 1 1/2 x base pay

C. 2 x base pay

D. 2 1/2 x base pay

E. 3 x base pay

F. Equal time off (no additional pay)

III. PAID HOLIDAYS (continued)

4. When are employees eligible for Paid Holidays?  
 A. Upon employment                       C. After 60 days  
 B. After 30 days                               D. After 90 days

IV. EXCUSED PAID ABSENCES (If included in PTO, skip to question V.)

1. How many days with pay are granted annually for personal leave? (Exclude death in family/FMLA) \_\_\_\_\_ Days  
2. How many days with pay are granted annually for sick leave? \_\_\_\_\_ Days  
3. How many days with pay are granted for death-in-family leave per occurrence? \_\_\_\_\_ Days  
4. What is the maximum number of days of excused paid absences that can be used or banked? \_\_\_\_\_ Days  
5. After what period of employment may an employee use Paid Days off?  
 A. Upon employment                       C. After 60 days                       E. After 6 months  
 B. After 30 days                               D. After 90 days                       F. After 1 year

V. BREAKS (Not including lunch.)

1. How many breaks are permitted for each shift (not including lunch)?     None     1     2     3  
2. What is the time allowed for each break? (Answer in minutes.)     10 min.     15 min.     20 min.

VI. JURY DUTY PAY

What salary payments do employees on jury duty receive?

1. Full pay.  
 2. Difference between regular salary and juror's fees.  
 3. No salary paid.

VII. EDUCATIONAL ASSISTANCE

1. Does your Agency have an Educational Assistance Program for COLLEGE LEVEL courses for its employees?

MANAGEMENT	CLINICIANS
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES, then answer questions 2 and 3.

2. What reimbursements to employees are made for COLLEGE LEVEL courses?

- |   | MANAGEMENT               | CLINICIANS               |
|---|--------------------------|--------------------------|
| A. Full amount of tuition.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Part of tuition. (Indicate percent.)                     | _____ %                  | _____ %                  |
| C. Up to a fixed dollar amount. (Indicate amount per year.) | \$ _____                 | \$ _____                 |

3. Does your Agency have an Educational Assistance Program for NONCOLLEGE LEVEL courses for its employees?

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

If YES, then answer question 4.

4. What reimbursements to employees are made for NONCOLLEGE LEVEL courses such as nursing personnel training and education, technical training or computer training?

- |   | MANAGEMENT               | CLINICIANS               |
|---|--------------------------|--------------------------|
| A. Full amount of tuition.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Part of tuition. (Indicate percent.)                     | _____ %                  | _____ %                  |
| C. Up to a fixed dollar amount. (Indicate amount per year.) | \$ _____                 | \$ _____                 |

VIII. GROUP LIFE INSURANCE

1. Does the Agency carry Life Insurance for its employees?

MANAGEMENT	CLINICIANS
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES, answer next question.

Average Annual Premium per Employee \$ \_\_\_\_\_ or \$ \_\_\_\_\_ /\$1,000

2. How much insurance is provided for:

- |                                       |                          |                          |
|---------------------------------------|--------------------------|--------------------------|
| A. Fixed amount (Indicate \$ amount.) | \$ _____                 | \$ _____                 |
| B. 1 x salary                         | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 2 x salary                         | <input type="checkbox"/> | <input type="checkbox"/> |
| D. 3 x salary                         | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other (Indicate.)                  | _____                    | _____                    |

**VIII. GROUP LIFE INSURANCE (continued)**

- |   | MANAGEMENT                                | CLINICIANS                                 |
|---|---|--|
| 3. Agency pays entire cost.                   | <input type="checkbox"/>                  | <input type="checkbox"/>                   |
| 4. Employee pays entire cost.                 | <input type="checkbox"/>                  | <input type="checkbox"/>                   |
| 5. Agency and employee share cost.            | <input type="checkbox"/>                  | <input type="checkbox"/>                   |
|   | <b>Agency Pays _____%</b>                 | <b>Agency Pays _____%</b>                  |
| 6. What is the waiting period for enrollment? |   |  |
| <input type="checkbox"/> A. Upon employment   | <input type="checkbox"/> C. After 60 days | <input type="checkbox"/> E. After 6 months |
| <input type="checkbox"/> B. After 30 days     | <input type="checkbox"/> D. After 90 days | <input type="checkbox"/> F. After 1 year   |

**IX. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

- |   | MANAGEMENT   | CLINICIANS   |
|---|--|--|
| 1. Does the Agency carry AD&D coverage for its employees?<br><i>If YES, answer next question.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Average Annual Premium per Employee   | \$ _____   | or \$ _____/\$1,000                                      |
| 2. How much AD&D is provided for:   |  |  |
| A. Fixed amount (Indicate \$ amount.)   | \$ _____   | \$ _____   |
| B. 1 x salary   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| C. 1.5 x salary   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| D. 2 x salary   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| E. Other (Indicate.)  | _____  | _____  |
| 3. Agency pays entire cost.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| 4. Employee pays entire cost.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| 5. Agency and employee share cost.  | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
|   | <b>Agency Pays _____%</b>                                | <b>Agency Pays _____%</b>                                |

**X. LONG-TERM NONOCCUPATIONAL SICKNESS AND ACCIDENT DISABILITY INSURANCE**

- |   | MANAGEMENT   | CLINICIANS   |
|---|--|--|
| 1. Does the Agency have a Long-Term Nonoccupational Sickness and Accident Disability Insurance Program?<br><i>If YES, answer next question.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Agency pays entire cost.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| 3. Employee pays entire cost.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| 4. Agency and employee share cost.  | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
|   | <b>Agency Pays _____%</b>                                | <b>Agency Pays _____%</b>                                |
| 5. What is the waiting period for enrollment?   |  |  |
| <input type="checkbox"/> A. Upon employment   | <input type="checkbox"/> C. After 60 days                | <input type="checkbox"/> E. After 6 months               |
| <input type="checkbox"/> B. After 30 days   | <input type="checkbox"/> D. After 90 days                | <input type="checkbox"/> F. After 1 year                 |

**XI. HEALTH INSURANCE**

- |  |  |
|--|--|
| 1. Does the Agency have a Health Insurance Program?<br><i>If YES, answer next question.</i>        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Average Annual Premium per Employee (single)   | \$ _____   |
| 2. Employee Coverage   |  |
| A. Agency pays entire cost of employee coverage.   | <input type="checkbox"/>                                 |
| B. Employee pays entire cost of employee coverage.   | <input type="checkbox"/>                                 |
| C. Agency and employee share cost of employee coverage.  | <input type="checkbox"/> Agency Pays _____%              |
| 3. Dependent Coverage  |  |
| A. Are dependents covered under the Health Insurance Plan?<br><i>If YES, answer next question.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. Agency pays entire cost of dependent coverage.  | <input type="checkbox"/>                                 |
| C. Employee pays entire cost of dependent coverage.  | <input type="checkbox"/>                                 |
| D. Agency and employee share cost of dependent coverage.   | <input type="checkbox"/> Agency Pays _____%              |

**XI. HEALTH INSURANCE (continued)**

4. What is the waiting period for enrollment?

- A. Upon employment                       D. After 90 days                       E. After 6 months  
 B. After 30 days                               C. After 60 days                       F. After 1 year

**XII. DENTAL INSURANCE PLAN**

1. Does the Agency have a Dental Insurance Plan?

YES     NO

*If YES, answer next question.*

Average Annual Premium per Employee (single) \$ \_\_\_\_\_

2. Employee Coverage

- A. Agency pays entire cost of employee coverage.                        
B. Employee pays entire cost of employee coverage.                        
C. Agency and employee share cost of employee coverage.                       Agency Pays \_\_\_\_\_%

3. Dependent Coverage

A. Are dependents covered under the Dental Insurance Plan?

YES     NO

*If YES, answer next question.*

- B. Agency pays entire cost of dependent coverage.                        
C. Employee pays entire cost of dependent coverage.                        
D. Agency and employee share cost of dependent coverage.                       Agency Pays \_\_\_\_\_%

4. What is the waiting period for enrollment?

- A. Upon employment                       C. After 60 days                       E. After 6 months  
 B. After 30 days                               D. After 90 days                       F. After 1 year

**XIII. VISION INSURANCE**

1. Does the Agency have a Vision Insurance Plan?

YES     NO

*If YES, answer next question.*

Average Annual Premium per Employee (single) \$ \_\_\_\_\_

2. Employee Coverage

- A. Agency pays entire cost of employee coverage.                        
B. Employee pays entire cost of employee coverage.                        
C. Agency and employee share cost of employee coverage.                       Agency Pays \_\_\_\_\_%

3. Dependent Coverage

A. Are dependents covered under the Vision Insurance Plan?

YES     NO

*If YES, answer next question.*

- B. Agency pays entire cost of dependent coverage.                        
C. Employee pays entire cost of dependent coverage.                        
D. Agency and employee share cost of dependent coverage.                       Agency Pays \_\_\_\_\_%

4. What is the waiting period for enrollment?

- A. Upon employment                       C. After 60 days                       E. After 6 months  
 B. After 30 days                               D. After 90 days                       F. After 1 year

**XIV. LONG-TERM CARE INSURANCE**

1. Does the Agency have a Long-Term Care Insurance program?

YES     NO

2. Employee Coverage

- A. Agency pays entire cost.                        
B. Employee pays entire cost.                        
C. Agency and employee share cost.                       Agency Pays \_\_\_\_\_% of premium

**XV. 401(k)/403(b) PLAN**

1. Does the Agency have a 401(k) or 403(b) Plan?

YES     NO

2. Employee contributes what average percent of salary?

\_\_\_\_\_%



## Definitions

**FTE:** The sum of annual paid hours for all employees divided by 2,080 hours. This sets the standard for reporting FTEs. For per visit employees, divide their number of visits by the average number of visits made by a full-time employee.

**Government (public, official):** Operated by a government entity (state, city, county, federal).

**Gross Revenue:** Income generated by all of the agency's operations, before deductions for expenses.

**Home Health Care:** Professional services provided in the place of residence on either a part-time, intermittent, hourly, or shift basis.

**Hospice:** Organized program of interdisciplinary services for terminally ill patients and their families to provide palliative medical care and supportive social, emotional, and spiritual services in the place of residence.

**Hospital-based:** Organized as a department/division of a hospital.

**Hourly:** Compensation paid by the number of hours worked.

**Management:** Supervisory employees who are compensated by salary and are exempt from overtime pay.

**Personal Care:** Personal care related to assistance with Activities of Daily Living (ADL) provided on a part-time, intermittent, hourly, or shift basis in the place of residence.

**Personal Leave:** Personal Leave is all paid days granted that do not include Sick Leave, Death-in Family, Holidays, and Vacation Pay.

**Private:** Non-profit or proprietary; privately owned and controlled by an individual, partnership, or corporation.

**Profit Status:** Not-for-profit--excess revenue retained by the corporation; exempt from Federal income taxation under Section 501 of the IRC.

**Proprietary/For-profit:** Excess revenue distributed to owners or shareholders or held as retained earnings subject to federal taxation.

**PTO:** Paid Time Off is the combined compensated time for all Holidays, Excused Paid Absences, Personal Days, Vacation Time & Sick Leave.

**Publicly Held Company:** Company that issues stocks that are traded on a stock exchange.

**Salary:** Fixed base compensation paid regularly.

**Support Care:** Supportive services related to assistance with Instrumental Activities of Daily Living (IADL) provided on a part-time, intermittent, shift, or hourly basis in the place of residence.

**Unduplicated Patient/Client Census:** Number of individuals receiving service from an organization during a given period of time counted only once regardless of the number of services, frequency of admission, or payor source.

**VNA/VNS:** Visiting Nurse Association, Visiting Nurse Service. Governed by a community-based, voluntary board of directors.