

Survey Worksheet

Leading Home Care has launched the **2010 Private Duty in Home Health Survey**. This survey was designed to determine how many home health agencies in America also provide private duty home care. The survey will also determine the scope of private duty within certified home health agencies.

Whether or not your agency provides duty services, we need your input.

This detailed study will analyze financial and statistical data vital to decision-making for non-medical home care businesses operating within certified home health agencies. The purpose of this data collection is to identify financial and statistical benchmarks that will help you compare your business to other similar companies in your peer group.

Participants in the 2010 study will receive a complimentary copy of the summary report when it is published.

How to use this worksheet:

On the following pages, you will find all of the questions that are asked on the benchmarking survey. Please print out a copy of this worksheet.

Go to your financial statements and statistical reports for the calendar year 2009. You will also be asked for some financial and statistical data from the past five years. Complete the answers to the questions on the worksheet.

Please do not guess. Fill out the survey questions based on actual data that you have tracked in your business. If you have not tracked data to answer a specific question, leave that question blank. The more accurate and precise you are in answering the questions, the more valuable the results will be in the final report.

Only eligible participants who provide complete and accurate data will receive a copy of the final report. Responses that are obviously inaccurate, distorted, or incomplete will be deleted from the data set, and orders for the final report will not be fulfilled.

Once you have the worksheet completed, go to the following web site to enter the data. Once you have entered your data, you will receive a coupon code and will be directed to the shopping cart where you may purchase your copy of the 2009 report.

Enter Your Survey Data

www.leadinghomecare.com/survey

If you have questions about the survey process, please email

editor@leadinghomecare.com

or phone 502-339-0653

Leading Home Care's 2010 Private Duty in Home Health Care survey

Welcome to Leading Home Care's 2010 Private Duty in Home Health Survey

Non-Medical Home Care, or Private Duty Home Care, is the fastest growing segment of the health care industry. Many private duty home care companies are affiliated with Medicare Certified Home Health Agencies.

We are trying to determine how many Medicare Certified Home Health Agencies are providing private duty care, and how many do not. If you are a leader in a home health agency, please complete this survey whether or not you have private duty.

This survey is designed to be part of an on-going comprehensive study of home health agencies that provide home care through private pay. Your participation is vital. The results of this survey will provide respondents with the ability to benchmark themselves against peers for the first time.

Prior to completing the survey we recommend that you download and fill out the data points packet. This will help you collect the information the survey will require.

If you have not yet completed the data points packet, you may download the packet with instructions at www.leadinghomecare.com/survey

If you have downloaded and filled out the packet, you are ready to begin the survey.

Thanks, in advance, for your participation.

Jason Tweed, editor, Private Duty Today

Company Information

These first questions are designed to sub-categorize respondent companies by region, business type, and urbanization.

* 1. Which category best describes your total company?

2. How many active operating locations does your company have? (Include only your company. Do not include other franchise locations.)

Number of Locations:

3. What type of corporate structure is your company?

4. Which best describes the community you serve?

Your Role

Some questions in this study are tailored to individuals in specific roles.

* 5. Which best describes your role in your company?

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* **6. Did your company materially participate in private pay, non-medical home care for twelve full months in 2009?**

Yes

No, we have never had private duty home care

No, we are thinking about private duty but have not opened it yet

No, we have started private duty but did not have twelve full months of operation in 2009

No, we had a private duty business in the past but closed it.

7. If you currently have a private duty business, does it operate as a separate entity with it's own board of directors?

Yes

No

Thank You

Benchmarking data collection is limited to home health agencies that generated revenue from private duty home care for twelve months in 2009. If your private duty business was founded in 2009 or 2010 or if your company does not provide private duty home care services, you may complete the demographic information on the next page to receive a copy of the results of this survey.

To complete the demographic questions and receive a copy of the survey results, hit NEXT to continue.

If you do not wish to receive a copy of the survey results, you may exit the survey now. Thank you.

Company Statistics

These questions will help us determine industry growth over time.

8. What was the first year in which your company had twelve months of revenue from private duty home care?

Year

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9. This question will focus on growth of your entire organization 2005 through 2009.

Please enter total revenue from patient care for your entire home health organization for each year. If you had less than twelve months of revenue, please leave the box blank.

Please enter whole dollars. Do not use dollar signs or commas. Do not estimate. Please use exact figures.

2005	<input type="text"/>
2006	<input type="text"/>
2007	<input type="text"/>
2008	<input type="text"/>
2009	<input type="text"/>

10. This question will focus on the growth of your private duty business from 2005 to 2009.

What was the total client revenue from your private duty business in each of the following years? Only include those years when you had twelve full months of revenue. If you had less than twelve months of revenue in any year, please leave the box blank.

2005	<input type="text"/>
2006	<input type="text"/>
2007	<input type="text"/>
2008	<input type="text"/>
2009	<input type="text"/>

11. Using 2009 revenue figures only, what percentage of your private duty revenue came from each source below? Your totals should equal 100%. For this question enter whole numbers without decimals or percent signs. Enter "0" if you received no revenue from a source.

Private Pay	<input type="text"/>
Medicaid Waiver	<input type="text"/>
Veterans Administration	<input type="text"/>
State, County, or Local government programs	<input type="text"/>
Long Term Care Insurance	<input type="text"/>
Government grants	<input type="text"/>
Charitable grants and donations	<input type="text"/>
Other sources of revenue	<input type="text"/>

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12. Which of the following services does your company provide?

Check all that apply.

- Companion Care (homemaker, companion)
- Personal Care (Personal Care attendant, CNA, Home Health Aide)
- Skilled Care (Nurse, Physical Therapy, Other Therapy)
- Live-in Care
- Geriatric Care Management
- Personal Emergency Response System
- Medication Management
- Medication Reminder

Other (please specify)

13. What percent of your total private duty revenue came from the following services?

Companion Care (Homemaker, Companion)	<input type="text"/>
Personal Care (Personal Care Attendant, CNA, HHA)	<input type="text"/>
Skilled Care (RN, PT, OT, ST)	<input type="text"/>
Live-In Care	<input type="text"/>
Geriatric Care Management	<input type="text"/>
Personal Emergency Response System	<input type="text"/>
Medication Management	<input type="text"/>
Medication Reminder	<input type="text"/>
Other	<input type="text"/>

14. What do you charge on a monthly basis for basic level of service for the following?

Personal Emergency Response System	<input type="text"/>
Medication Management (Nurse manages medication, fills pill boxes, and gives injections)	<input type="text"/>
Medication Reminder	<input type="text"/>

Clients Served

These questions will benchmark client hours and clients served. Please do not estimate. If you served zero clients enter "0". If you are unsure of client numbers or hours of service DO NOT enter "0", simply leave the box blank.

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15. How many total, unique, individuals did you provide with private duty home care?

If you provided care to the same individual on multiple occasions or with multiple episodes, only count them once. Do not include patients who only received other services such as home health or hospice. Again, only enter data for those years where you provide twelve full months of service.

Please enter whole numbers. Do not use commas. Do not estimate. Please use exact figures.

2005	<input type="text"/>
2006	<input type="text"/>
2007	<input type="text"/>
2008	<input type="text"/>
2009	<input type="text"/>

16. How many hours of service did you provide through private duty?

Include only paid service. Do not include pro bono care. Do include care funded by philanthropic funds.

2005	<input type="text"/>
2006	<input type="text"/>
2007	<input type="text"/>
2008	<input type="text"/>
2009	<input type="text"/>

17. How many active caregivers did you employ in December, 2009? Active caregivers can be calculated by using the average number of payroll checks written in each pay period ending between December 1, 2009 and December 31, 2009.

18. Do you provide a "free in-home assessment" as part of your inquiry and intake process?

Yes

No

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19. On average, what percent of your inquiries and referrals do you convert to In-Home Assessments? What percent of your In-Home Assessments do you convert to Admissions?

Use whole numbers. Do not put in % symbol. Please don't guess. If you do not track this number, leave the answer blank.

Percent Inquiries / Referrals to Assessments?

Percent Assessments to Admissions?

20. On average, how many days does it take from the day you receive an inquiry or referral to the day you admit the client to service?

Office Employees

The following is to evaluate current full time equivalent staff. Please use your staff roster as of December 31, 2009. Full time equivalents are based on ≥ 30 hours per week. You may have employees whose time is split among multiple tasks. Do not split an individual into more than two categories. A full time employee whose time is split in multiple categories is considered two part time employees. Full time employees count as 1. Part time employees > 30 hours weekly count as full time. Part time employees ≤ 29 hours weekly count as part time. No employee counts as greater than one full time or less than one part time.

21. As of December 31, 2009, how many individuals were employed by your private duty business in executive, administrative or support staff roles working in your office. (Total individuals, not FTEs)

December 31, 2009 staff members

22. In each of the following categories how many FULL TIME employees did your private duty company employ as of December 31, 2009?

A full time worker whose tasks are split among multiple categories count as one part time employee in each of two categories. Include these positions in the part time category below.

Do not include sales and marketing staff. They will be counted in another question.

Please use whole numbers. Do not use decimals.

Management / Supervision

Recruitment and retention

Operations (scheduling, payroll, benefits, etc.)

Clerical/support staff

Nurse

Geriatric Care Management

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23. As of December 31, 2009 how many PART TIME employees did you have in each of the following categories?

Do not include sales and marketing staff. They will be included in another question.

A full time worker whose tasks are split among multiple categories count as one part-time employee in each of two categories.

Use whole numbers. Do not split an individual into more than two categories.

Management / Supervision	<input type="text"/>
Recruitment and retention	<input type="text"/>
Operations (scheduling, payroll, benefits, etc.)	<input type="text"/>
Clerical/support staff	<input type="text"/>
Nurse	<input type="text"/>
Geriatric Care Manager	<input type="text"/>

24. What were total wages and benefit costs for 2009 for all office employees listed above? Do not estimate.

Total office wages and benefits

2009 Marketing Expenditure

The next few questions focus on marketing expenditures. Please use actual expenses from each category, rounded to the nearest dollar. Do not use decimals, commas or dollar signs.

25. What was your total sales and marketing expenditure in 2009 for private duty? Include salaries and benefits or portions of salaries for staff with sales or marketing responsibilities, as well as all expenditures for advertising, promotion, web sites, and other marketing programs.

2009 total sales and marketing expenses

26. How many individuals did you employ in sales and marketing during 2009?

Please use whole numbers, not decimals.

Full Time - Sales (non-owner)	<input type="text"/>
Full Time - Marketing and Public Relations (non-owner)	<input type="text"/>
Part Time - Sales (non-owner)	<input type="text"/>
Part Time - Marketing and Public Relations (non-owner)	<input type="text"/>

27. What was the base salary paid to a full time sales representative in 2009? If you had more than one, give us the average.

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28. What was the total incentive compensation paid to a single sales representative above the base salary for 2009? If you had more than one, give us the average.

29. Describe your compensation plan for your top sales person in 2009.

- Salary only
- Salary plus commission - % of revenue
- Salary plus incentive - Bonus based on achieving goals
- Salary plus incentive - Incentive Dollars or cents per billable hour above a preset goal
- Straight commission
- Other

2009 Human Resources Expenses

In 2009, what were your total expenses related to human resources? This includes dedicated recruitment advertising, salaries and benefits of human resources staff, costs of screening tools and background checks, referral and retention programs. Please round all to the nearest dollar. Please do not estimate.

30. What were your total expenses related to recruitment, selection and retention of caregiving staff and office staff?

2009 total human resources expenditures

31. Does your company use some type of online assessment tool to aide in the selection of caregivers?

- Yes
- No

2009 Direct Costs of Providing Care

This category helps us calculate actual costs of providing care. Give us the total amount spent on providing care, including caregiver wages, benefits, unemployment insurance, workers compensation, and caregiver travel between clients.

32. Please use actual expenses for the following categories. Please round to the nearest dollar and do not estimate.

Total Cost of Care

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33. Which of the following employee benefits did you provide or offer to your caregivers?

- Company paid health insurance (fully paid)
- Company paid health insurance (partially paid)
- Employee paid health insurance
- Supplemental hospital insurance (i.e. AFLAC)
- Prescription drug coverage
- Dental insurance
- Disability insurance
- 401-K or other retirement program

Other (please specify)

2009 Office and Overhead Expenses

Please enter your total of overhead expenses for 2009 other than office employee costs which were reported above. Please use actual expenses, not estimates, rounded to the nearest dollar.

34. What were your other overhead expenses for operating your business? (Total overhead expenses, minus office staff expenses, sales and marketing expenses, and recruiting and retention expenses?)

Executive Compensation, Overhead Allocation, and Profit

Please answer the following about the compensation packages for non-owner executives, corporate allocation of overhead, and profit. Please use exact figures rounded to the nearest dollar.

35. In 2009, what was the total compensation paid to the Director or Administrator of Private Duty who was not an owner of the business?

Private Duty Director Compensation

36. Did the Director or Manager of Private Duty receive any type of incentive compensation in addition to a base salary?

Yes

No

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37. What was total overhead allocation charged to the private duty business to cover overhead at the home health agency or a parent organizations?

Total corporate allocation

38. What was the total reported profit for your private duty business after operating expenses and corporate allocation for overhead?

Total Profit

Sponsored Questions

The following questions are included in a separate data set and are optional. These questions will be shared with our corporate sponsors who helped fund this research.

39. Do you believe that accreditation improves your ability to market and sell your services?

Yes

No

40. Do you believe that accreditation is important to assuring overall quality in the non-medical home care industry?

Yes

No

41. With which groups are you currently accredited if any?

ACHC

CHAP

JCAHO

Private Duty Home Care Association / NAHC

Other

42. Is membership in a state or national home care association important to your company?

Yes

No

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43. Whether or not you are a member of an industry association, please check the topics or benefits that you believe to be valuable. Check up to three.

- Educational opportunities
- Representation to government officials
- Connection and communication with other business owners and staff
- Connection to third-party resources and vendors
- Social interaction with others in the industry
- Industry news
- Assistance with regulatory compliance
- Other benefit not listed
- I don't feel association membership is valuable to my company

If you checked other, please specify

44. Of which industry associations are you currently a member? Check all that apply. (Check all that apply)

- National Private Duty Association
- Private Duty Home Care Association
- Private Care Association
- VNAs of America
- National Association for Home Care & Hospice
- American Association for Home Care
- National Association of Professional Geriatric Care Managers
- A state home care association
- A local or state chapter of another association
- Other

Demographics

The following information will not be associated directly with your answers.

If you have provided information for this survey, you are eligible to receive a copy of the results of this survey. To receive the survey, you must complete the demographic questions below. We will send you a message by email in about eight to ten weeks to access your copy of the summary report.

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45. By providing this information you agree that we may contact you by email when the final report is available.

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="6"/>
ZIP/Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

Thank You

Thank you, your survey is now complete. Leading Home Care and Private Duty Today, wish to express our gratitude for your participation.

Providing the detailed data above will help our firm to create this comprehensive State of the Industry study of private duty home care.

For more information on this study, or to be included in our press release list, please contact Leading Home Care at 502-339-0653.

Click FINISH to complete your survey.