



The 12th Annual Edition of the  
**Home Care**<sup>TM</sup>  
BENCHMARKING STUDY

2021

# Survey Prep Worksheet

Survey open February 1<sup>st</sup> - March 31<sup>st</sup>

Please read these instructions first before completing this Prep Worksheet.

This is **NOT** the official survey. This Prep Worksheet is an **optional** tool designed to help you prepare your responses for the online survey. Many of the responses will require some research on your part, and many will be easy to answer off the top of your head.

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 61 questions in all.

To take the online survey, go to  
<https://benchmarking.homecarepulse.com/participate/>.



The Home Care Benchmarking Study and Survey are created in partnership with the Home Care Association of America (HCOA).



**Questions 1 - 10 are concerning your business demographics.**

No prep required.

## SALES & MARKETING QUESTIONS

**11. a) Inquiry Tracking/Reporting - Which statement most accurately describes your consistency in tracking service inquiry calls to your office during 2020?\***

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.

**b) Number of Inquiry Calls - How many prospective client inquiry calls did you receive in 2020 (i.e. clients/family members looking for service)?**

Please include all inquiries you received in 2020, not just “warm/hot” leads and include inquiries from all locations your business operates in and is reporting on. If someone called for services and provided some kind of contact information, such as a phone number/address/email, this is considered an inquiry.

**# of Inquiry Calls in 2020:** \_\_\_\_\_

**12. Number of In-Home Assessments - As part of your intake process, how many new client in-home assessments or in-home care consultations with the client/family members did your business perform in 2020?**

**# of In-Home Assessments in 2020:** \_\_\_\_\_

**13. Number of New Clients - How many total new clients started services in 2020?**

Include all locations your business operates.

**# of New Clients 2020:** \_\_\_\_\_

**14. Top Revenue Producing Consumer Marketing Sources - Select your top five revenue-generating marketing sources in 2020. Then select the percentage of 2020 annual revenue for which each top method was responsible.**

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

**#1 Marketing Source:** \_\_\_\_\_ **% of 2020 Revenue:** \_\_\_\_\_

**#2 Marketing Source:** \_\_\_\_\_ **% of 2020 Revenue:** \_\_\_\_\_

**#3 Marketing Source:** \_\_\_\_\_ **% of 2020 Revenue:** \_\_\_\_\_

**#4 Marketing Source:** \_\_\_\_\_ **% of 2020 Revenue:** \_\_\_\_\_

**#5 Marketing Source:** \_\_\_\_\_ **% of 2020 Revenue:** \_\_\_\_\_

**Question 15 - No prep required.**



## RECRUITMENT & RETENTION QUESTIONS

**Question 16 - No prep required.**

**17. Top Caregiver Recruitment Sources and Methods - Input your top two most effective caregiver recruitment sources and methods used in 2020.**

#1 Source/Method: \_\_\_\_\_

#2 Source/Method: \_\_\_\_\_

**18. a) Caregiver Applications - Did your business track the total number of caregivers who applied for employment in 2020?**

Yes          No          Do not know

**b) Number of Caregiver Applications - How many caregiver employment applications did your business receive in 2020?**

Number of Caregiver Applications in 2020: \_\_\_\_\_

**19. a) Caregiver Interviews - Did your business track the number of caregiver interviews conducted for employment in 2020?**

Yes          No          Do not know

**b) Number of Caregiver Interviews - How many caregiver interviews for employment did your business conduct in 2020?**

Number of Caregiver Interviews in 2020: \_\_\_\_\_

**20. Caregivers Hired - How many new caregivers were hired in 2020?**

Whole numbers only.

Caregivers Hired in 2020: \_\_\_\_\_

**21. Caregivers Terminated/Quit - How many employed caregivers were either terminated or quit during 2020?**

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

Caregivers Terminated/Quit in 2020: \_\_\_\_\_

**22. Caregivers Employed - How many caregivers were actively employed by your business for each of the following years?**

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

Number of caregivers employed as of 12/31/2019: \_\_\_\_\_

Number of caregivers employed as of 12/31/2020: \_\_\_\_\_

**23. Caregiver Hourly Wages - What was your average starting HOURLY wage in 2020 and 2021 for the following types of professional caregivers?**

2020

2021

_____	_____	Companion/Homemaker
_____	_____	Personal Care Attendant*
_____	_____	Certified Nurse Assistant (CNA)
_____	_____	Registered Nurse (RN)

Continued on the next page



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

#### 24. Caregiver Live-in Wages - What was your average starting daily wage for a LIVE-IN caregiver\* in 2020 and 2021?

If you do not offer live-in care services, please select, "Do not offer live-in care services" from the drop-down menu in the online survey.

2020 \_\_\_\_\_ 2021 \_\_\_\_\_ Starting Live-In Caregiver Wage

**\*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.

Questions 25-26 ask about Caregiver Benefits and Employment and don't require prep.

## OPERATIONAL & TECHNOLOGY QUESTIONS

Questions 27-29 regard benefits and training and are easily answered.

#### 30. a) Are you tracking hospital readmission rates?

Yes No

#### b) What was your hospital readmission rate in 2020?

This question requires a valid percent format.

2020: \_\_\_\_\_

#### 31. Client Volume - How many active clients did you have on service as of 12/31/19 and 12/31/20?

Include all locations your business operates.

2019: \_\_\_\_\_ 2020: \_\_\_\_\_

#### 32. Clients Stopped Services - How many total clients stopped services in 2020?

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

Clients Stopped Service in 2020: \_\_\_\_\_

#### 33. Clients Serviced - How many total clients did you provide service for during 2020?

Include all locations your business operates. (Used in average client lifetime value calculation.)

Clients Serviced in 2020: \_\_\_\_\_

#### 34. Active Clients at Close of 2020 - As of December 31, 2020, how many active clients did you have?

Active Clients at Close of 2020: \_\_\_\_\_

#### 35. Total Length of Service for All Active Clients for 2020 - As of December 31, 2020, what was the sum total of all your active clients' length of service?

How to calculate: Take how many months of service each of your active clients had as of December 31, 2020 and add them together. (Used in average client lifetime value calculation.)

Please be as accurate as possible. If you are making an uneducated guess, please skip this question instead.

Total length of service of all active clients (in months): \_\_\_\_\_



### 36. Office Support Staff - How many office staff (non-caregiver) employees occupied each of the following positions in your business as of December 31, 2020?

(Please include all locations for your agency. Count each full-time employee as 1 and each part-time employee as .5.

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

**Who should you include?** Office support staff includes **active owners**, directors, admins, schedulers, managers, supervisors, nurses, office assistants, etc, i.e. a position that provides support to your clients and your caregiving staff. Your total should not exceed your total number of office support staff.

\_\_\_\_\_ Active owners (+5% ownership)  
 \_\_\_\_\_ Executive Management  
 \_\_\_\_\_ Administrative staff (payroll, billing, secretarial)  
 \_\_\_\_\_ Sales reps  
 \_\_\_\_\_ Client care coordinator/care schedulers  
 \_\_\_\_\_ Supervisors in the field, checking on clients/caregivers  
 \_\_\_\_\_ Others not listed  
 \_\_\_\_\_ **Total**

### 37. Office Support Staff Quit/Terminated - How many office staff (non-caregivers) quit or were terminated in 2020?

(Please include all locations for your agency. Part-time employees are counted as .5, or half.)

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

**Who should you include?** Office support staff includes **active owners**, directors, admins, schedulers, managers, supervisors, nurses, office assistants, etc, i.e. a position that provides support to your clients and your caregiving staff.

# of Office Staff Quit/Terminated in 2020: \_\_\_\_\_

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

Please input dollar amount.

2020

\_\_\_\_\_ Active owners (+5% ownership)  
 \_\_\_\_\_ Executive management  
 \_\_\_\_\_ Administrative staff (payroll, billing, secretarial)  
 \_\_\_\_\_ Sales reps  
 \_\_\_\_\_ Client care coordinator/care schedulers  
 \_\_\_\_\_ Supervisors in the field, checking on clients/caregivers

Questions 39-43 are easily answered and require little to no preparation.

## 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 2020 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.



**44. Month & Year Started - What month and year did your home care business bring on its first client?\***

Month: \_\_\_\_\_

Year: \_\_\_\_\_

**45. 2020 Annual Revenue - Please enter your annual revenue for the calendar year of 2020.**

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

2020: \_\_\_\_\_

**Question 46 regards billing rate changes and requires little to no preparation.**

**47. Direct Care Expenses - List 2020 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 in a category, please leave the default value of \$0.

- \_\_\_\_\_ Caregiver wages
- \_\_\_\_\_ Workers comp insurance
- \_\_\_\_\_ Caregiver benefits (health, 401k, supplemental, etc.)
- \_\_\_\_\_ Caregiver payroll taxes (employer taxes, unemployment insurance, etc.)
- \_\_\_\_\_ Caregiver reimbursements (mileage, meals, etc.)
- \_\_\_\_\_ Caregiver ongoing training (not initial training)
- \_\_\_\_\_ \*Other direct care expenses not listed

**48. Caregiver Recruitment & Retention Expenses - List 2020 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.

- \_\_\_\_\_ Caregiver job ads, online recruitment sites, postings, and networking
- \_\_\_\_\_ Caregiver background checks and screenings
- \_\_\_\_\_ Caregiver retention (bonuses, recognition program, satisfaction mgmt, etc.)
- \_\_\_\_\_ Caregiver onboarding and initial training
- \_\_\_\_\_ Team wages associated with recruiting and retaining caregivers
- \_\_\_\_\_ Pre-employment assessments
- \_\_\_\_\_ All other expenses related to recruiting and retaining caregivers

**49. Sales & Marketing Expenses - List 2020 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.

- \_\_\_\_\_ Traditional advertising (print, radio, etc.)
- \_\_\_\_\_ Internet advertising (Google Ads, paid ads on Facebook, etc.)
- \_\_\_\_\_ Networking and events (community, gifts, conventions, trade shows/marketing to clients, etc.)
- \_\_\_\_\_ Search Engine Optimization (SEO)
- \_\_\_\_\_ Sales rep salaries
- \_\_\_\_\_ Sales rep bonuses and perks
- \_\_\_\_\_ Lead generation websites (Caring.com, etc.)
- \_\_\_\_\_ All other marketing-related expenses (consulting, etc.)



### 50. Operating Expenses - List other 2020 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.

- \_\_\_\_\_ Rent, maintenance, and utilities
- \_\_\_\_\_ Office support wages (admins, schedulers, HR staff, nurses)
- \_\_\_\_\_ Executive team wages (exclude all owners)
- \_\_\_\_\_ Scheduling software, including telephony
- \_\_\_\_\_ Franchise royalty fees (if applicable)
- \_\_\_\_\_ Association/membership dues (if applicable)
- \_\_\_\_\_ Travel/meals/entertainment expenses
- \_\_\_\_\_ \*Other operating expenses (exclude owners' salary and benefits)

### 51. 2020 Total Billable Hours - For 2020, 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.

- \_\_\_\_\_ Hourly care hours
- \_\_\_\_\_ Live-in care hours (1 day and night = 24 hours)

### 52. a) 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) Please enter an 'other' value for this selection

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

If your visit lengths vary from these, give your best estimate. Round up to the nearest \$0.50 increment.

2020

- \_\_\_\_\_ 1-2 hour visits
- \_\_\_\_\_ 3-5 hour visits
- \_\_\_\_\_ 6-11 hour visits
- \_\_\_\_\_ 12-24 hour visits

### c) Approximately what percentage of your total billable hours are billed for each length of visit?

2020

- \_\_\_\_\_ 1-2 hour visits
- \_\_\_\_\_ 3-5 hour visits
- \_\_\_\_\_ 6-11 hour visits
- \_\_\_\_\_ 12-24 hour visits

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

Round up to the nearest \$0.50 increment.

2020

- \_\_\_\_\_ Companion/Homemaker
- \_\_\_\_\_ Personal Care Attendant (Trained to take care of personal care needs)
- \_\_\_\_\_ Certified Nurse Assistant or Certified Home Health Aid



### 53. a) Live-In Care - Did your business offer live-in care\* services in 2020?

\*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.

Yes          No

### b) Live-In Care Billing Rates - What is your average DAILY rate for live-in care visits?

2020 Rate: \_\_\_\_\_

### 54. Percent of Revenue by Service Offering - What percent of your revenue in 2020 came from the following services?

Bottom total must equal 100%. Leave categories at 0% if these do not apply to services offered by your business.

2020

- \_\_\_\_\_ Hourly care (i.e. billed hourly)
- \_\_\_\_\_ Live-in care (i.e. billed daily, 24 hour/caregiver sleeps in the home)
- \_\_\_\_\_ Geriatric care management
- \_\_\_\_\_ Alert monitoring services
- \_\_\_\_\_ Private duty skilled nursing services
- \_\_\_\_\_ Healthcare staffing services
- \_\_\_\_\_ Medicare Home Health
- \_\_\_\_\_ Other services not listed

### 55. Percent of Revenue by Payer Source - What percent of your annual revenue in 2020 came from the following payer sources?

Bottom total must equal 100%. Leave categories at 0% if these do not apply to payer sources used by your business.

2020

- \_\_\_\_\_ Private pay (e.g. check, credit card, cash, etc.)
- \_\_\_\_\_ Long term care insurance
- \_\_\_\_\_ Veterans Administration programs
- \_\_\_\_\_ Billed Medicaid directly
- \_\_\_\_\_ Medicare reimbursement
- \_\_\_\_\_ Medicare Advantage reimbursement
- \_\_\_\_\_ Medicaid Waiver program
- \_\_\_\_\_ Workers compensation
- \_\_\_\_\_ Other insurance
- \_\_\_\_\_ Trusts/banks
- \_\_\_\_\_ Billed hospitals directly
- \_\_\_\_\_ Area Agencies on Aging (AAA)
- \_\_\_\_\_ Accountable Care Organization (ACO) (e.g. bundled payment program, fee for service, etc.)
- \_\_\_\_\_ Managed Care Organization (MCO)
- \_\_\_\_\_ Other payer sources not listed

### 56. COVID-Positive Clients - In 2020, how many COVID-positive clients and caregivers have you served?

COVID-Positive Clients: \_\_\_\_\_

COVID-Positive Caregivers: \_\_\_\_\_





**57. COVID-Positive Hourly Rate Increase - In 2020, how much did your rates increase for COVID-positive clients (in dollars)?**

If your rates didn't increase, put \$0.

2020: \_\_\_\_\_

**58. Wage Increase for Caregivers of COVID-Positive Clients - In 2020, how much did your business increase hourly wages for caregivers caring for COVID-positive clients (in dollars)?**

If your rates didn't increase, put \$0.

2020: \_\_\_\_\_

**59. COVID Expenses - In 2020, how much did your business spend on COVID-19 testing and PPE?**

This question requires a valid currency format.

COVID-19 Testing Expenses: \_\_\_\_\_

Personal Protective Equipment (PPE) Expenses: \_\_\_\_\_

**60. COVID Relief - In 2020, how much funding was your business able to receive from COVID-19 relief funds?**

This question requires a valid currency format.

2020: \_\_\_\_\_

**Question 61 - No prep required.**

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**Great work! You're now ready to take the online survey.**

Visit <https://www.benchmarking.homecarepulse.com/participate/> between Feb 1-Mar 31, 2020 to participate.

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 through the year.

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